



Emotional and Social Care

- Psychological Changes
- Perinatal Mood & Anxiety Disorders

Psychological Stages Taking-In

- 1st – 2nd day
- Physical exhaustion; physical and/or emotional dependence
- Elation/excitement
- Reliving, verbally and mentally, the events of her labor & delivery
- HUNGER
- Progresses from fingertip touch of infant to more "palming", stroking, and massaging



Psychological Stages Taking-Hold

- 2nd &/or 3rd day
- Actively seeks help with self-care
- Begins to focus on needs of infant
- Anxious about her mothering abilities
- Frequent mood swings

Psychological Stages Letting-Go

- First 2-6 weeks postpartum
- Begins to see baby as an emerging individual
- Focuses on issues larger than those associated directly with herself and her baby
- May need to grieve

Fatigue

- Major issue identified during the 1st two weeks postpartum in low-risk women
- Mothers may begin the postpartum period in a sleep-deprived state
- Fatigue may inhibit the mother's recovery and performance as a mother
- Affects emotional adjustment and assuming maternal role

Baby Blues

- 60-80% of new mothers
- Appears between 3rd and 10th postpartum day, lasts less than 2 weeks, peaks on the 5th day
- Psychological adjustments and hormonal changes are thought to be the main cause, fatigue, discomfort and over stimulation may play a part

Baby Blues Signs/Symptoms

- Tearfulness/sadness – feelings of being inadequate, being unable to care for baby and self
- Mood swings – crying frequently or easily, feeling let down, being irritable or oversensitive
- Anxiety
- Fatigue
- Insomnia

Postpartum Cultural Practices

- Hot and Cold Beliefs
- Postpartum Confinement
- Differences between Western and Non-Western Postpartum Practices

Postpartum Cultural Practices

“It is interesting that women’s status has been considered relatively higher in Western cultures than in non-Western cultures, yet paradoxically less recognition seems to be given to new mothers in the United States.”

(Kim-Goodwin, 2003, p.76)

Attachment

- On-going process
- Includes such activities as – touching (especially skin-to-skin), eye contact, listening to one another, recognizing one another’s odor, moving in rhythmic harmony
- Activities that enhance attachment





Attachment Culture

- Effective attachment behaviors differ from culture to culture
- Accept all activities that do not harm the baby

On the patient's 3rd PP day, the nurse enters the room and finds the patient crying. The patient states that she doesn't know why she is crying, and she can't stop. Which of the following is the most appropriate statement for the nurse to make?

- A. "There is no need to cry, you have a healthy baby."
- B. "Are you dissatisfied with your care?"
- C. "Many new mothers have shared with us their same confusion of feelings; would you like to talk about them?"
- D. "This happens to lots of mothers, you'll get over it."

The maternity (baby) blues most often appears:

- A. During the first week after birth
- B. After the first month if the woman cannot return to work
- C. When the infant has a growth spurt at six weeks of age
- D. Late in the third postpartum month

It is estimated that this occurs in more than half of all new mothers:

- A. Maternity (Baby) Blues
- B. Postpartum panic disorder
- C. Postpartum psychosis
- D. Post-traumatic stress disorder

When the new mother actively begins to seek help with self-care, she would be considered to be in which psychological stage?

- A. Taking-in
- B. Taking-back
- C. Taking-hold
- D. Letting-go

Which of the following nursing activities most effectively promotes mother-infant attachment?

- A. Keeping the baby under a radiant warmer in the mother's room.
- B. Caring for the newborn in the nursery so the woman can rest.
- C. Demonstration of newborn care by an experienced professional.
- D. Encouraging touch and skin-to-skin contact between mother and baby.

In providing culturally appropriate care for the postpartum woman, it is important for the nurse to recognize that:

- A. Attachment behaviors do not differ from culture to culture.
- B. Naming the baby is essential for bonding to occur.
- C. Caregivers should support cultural practices that do not harm the infant.
- D. The importance of complimenting the baby to bring good luck.

A nurse is caring for a patient who is 1 day postpartum. The nurse is assessing for maternal adaptation and mother-infant bonding. Behaviors that indicate the need for nursing interventions include which of the following?

1. Methodically cares for the newborn without evidence of bonding.
2. Touches the infant and maintains close physical proximity.
3. Views the infant's behavior as uncooperative during diaper changing.
4. Identifies and relates infant's characteristics to family members.
5. Interprets the infant's behavior as meaningful and a way of expressing needs.

- A. 2, 4
- B. 1, 3
- C. 4, 5
- D. 2, 3

Postpartum blues occurs in approximately 60 – 80% of women during the first few days after birth and generally lasts up to 10- 14 days. Identify contributing factors of postpartum blues.

1. Fatigue from the work of labor and birth
2. Disappointment in the characteristics of the baby
3. Individual or family socioeconomic factors
4. Anxiety about assuming a new role as a mother
5. Rapid decline in estrogen and progesterone
6. Postpartum physical discomfort and/or pain

- A. 1, 2, 4
- B. All of the above
- C. 2, 5, 6
- D. 1, 3, 4

A patient in the early postpartum period is very excited and talkative. She is repeatedly telling the nurse every detail of her labor and birth. Because the woman will not stop talking, the nurse is having difficulty completing her postpartum assessments. The appropriate response of the nurse is to:

- A. come back later when the patient has quieted down and stopped talking.
- B. realize the patient is in the taking-in phase of maternal adjustment.
- C. tell the patient to be quiet for a moment so she can finish her assessments.
- D. try and redirect the patient's focus so she will become quiet.

Emotional and Social Care

- Perinatal Mood and Anxiety Disorders (PMAD)

Perinatal Mood and Anxiety Disorders

- Facts about depression in women
 - Over the life-span, 21% of women will experience depression vs. 13% of men
 - The rates of depression rise rapidly after puberty in girls
 - There is an increased prevalence of depression during the reproductive years
 - There is an increased risk of recurrence in the perimenopausal years between ages 45-50
 - And finally, the rates of depression decrease after menopause

Why do we care about PMADs?

- #1 Medical complication related to childbearing
- Impacts marital, family and ALL relationships
- Chronic illness in the mother, particularly bipolar disorder and major depression
- Negatively affects mother-infant interaction over the first year
- Potential for child abuse and failure to thrive through neglect
- Developmental delays/behavioral problems
- Infanticide/Homicide/Suicide

Postpartum Depression

- As many as 8% - 20% of mothers experience Postpartum Depression
- Most frequently begins 2-3 weeks postpartum and may last 3-14 months
- Onset is often slow, although it can be rapid, can occur any time in the first year

Postpartum Depression Risk Factors

- Depression during pregnancy (strongest predictor)
- Previous Postpartum Depression
- Personal or family psychiatric disorder
- Social isolation/poor support system
- Major life stressors

Postpartum Depression Signs/Symptoms

- Loss of interest and pleasure in everyday activity
- Loss of energy
- Anxiety
- Feelings of worthlessness or guilt
- Inability to concentrate
- Changes in appetite and/or sleep patterns
- Feelings of being a failure at motherhood
- Suicidal feelings

Postpartum Depression Causes

- Biological/Physical
 - Hormones, Thyroid, discomfort, pain
- Psychological
 - Sleep deprivation, fatigue, anxiety
- Social/Emotional
 - Myths of Motherhood
 - Motherhood is Instinctive
 - The Perfect Baby
 - The Perfect Mother

Postpartum Depression Assessment/Screening

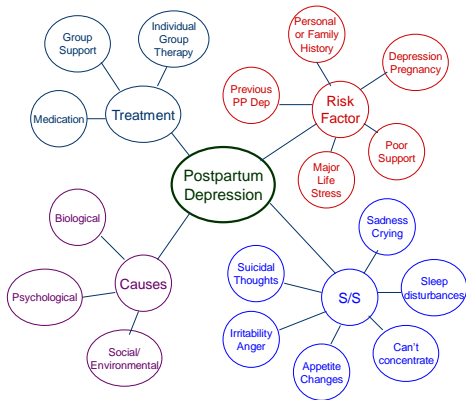
- Edinburgh Postnatal Depression Scale (EPDS)
 - 10 question scale completed in about 5 minutes by mother
- Beck's Postpartum Depression Screening Scale (PDSS)
 - 35-item, self-report questionnaire that can be completed in 5-10 minutes

Coping with Loss of Control

- Encountering terror
- Losing Self-Esteem (Dying of Self)
- Struggling to survive
- Regaining control (grief work)

Postpartum Depression Treatment

- Individual and/or couple therapy
- Group support
- Antidepressant and/or anti-anxiety medication
- Medication for sleep
- Treat thyroiditis
- Inadequate treatment can lead to chronic depression or relapse



Postpartum Psychosis

- Most immediate danger to infant and mother
- Characterized by volatile thought patterns and affect, and often near manic behavior
- Extreme agitation, delusions, hallucinations
- Typically appears within a few days after birth and most often within the first three weeks
- Occurs 1-2/1000, 5% suicide and 2-4% infanticide rate
- Requires immediate hospitalization

Postpartum Panic/Anxiety Disorder

- Panic attacks, characterized by the acute onset of intense anxiety, in the postpartum period, may last for minutes or hours
- May occur in up to 10% of women
- Onset is typically 2-3 weeks postpartum
- Women most likely to develop this condition are those with a pre-existing history of mild anxiety disorder

Postpartum Obsessive-Compulsive Disorder

- Characterized by intrusive and obsessive thoughts of harming the baby, exaggerated fear of being left alone with the baby, anxiety, depression, and/or unnecessarily vigilant protectiveness of the baby
- 3-5% of new mothers develop obsessive symptoms
- Onset typically within 6 weeks postpartum
- Treatment – psychotherapy, medication

Post Traumatic Stress Disorder

- Reported to range from 1.5% to 6%
- Intense fear, helplessness, loss of control and horror
- Risk factors – high degree of OB intervention, dissatisfaction with the care received during L&D, cesarean delivery and long, painful labor

A nurse makes a follow-up phone call to a patient who is postpartum and exhibiting signs of fatigue, insomnia, appetite changes, and feelings of guilt and letdown. The nurse knows these signs and symptoms are characteristic of

- A. postpartum blues.
- B. a psychiatric disorder.
- C. the letting-go phase.
- D. postpartum depression.

The most dangerous postpartum mood and anxiety disorder is:

- A. Postpartum panic disorder
- B. Postpartum mood and anxiety disorder
- C. Postpartum psychosis
- D. Postpartum depression

Onset of postpartum depression can occur:

- A. anytime during the first year after delivery.
- B. during the first 6 months after delivery.
- C. during the first 6 weeks after delivery only.

Nursing actions that can reduce posttraumatic stress disorder due to childbirth are:

- A. Communicating that the trauma is not important; instead, it is important that the baby is born healthy and has a good Apgar score.
- B. Demonstrating that they care for the woman and communicate effectively during the childbearing process.
- C. Documenting the trauma and the woman and her family's reaction.

In which postpartum mood and anxiety disorder can delusions and hallucinations occur?

- A. Postpartum obsessive-compulsive disorder
- B. Bipolar II disorder
- C. Postpartum panic disorder
- D. Postpartum psychosis

Repetitive behaviors and thoughts are key components of which of the following mood and anxiety disorders?

- A. Postpartum depression
- B. Postpartum obsessive-compulsive disorder
- C. Postpartum psychosis
- D. Bipolar II disorder

Compared to nondepressed mothers, women with postpartum depression display:

- A. More responsiveness to their infants' cues
- B. More affection to their infants
- C. Less affectionate behavior with their infants
- D. None of the above

Two instruments that have been deemed reliable and valid measures to screen women for postpartum depression are:

- A. The PDSS and the EPDS
- B. The AHRQ and a general depression scale
- C. The Beck Depression Inventory I and II
- D. Instruments developed by Gable and Brown.

PP Depression occurs in 8-20% of PP women. Assessment for factors predisposing a patient to PP depression should begin prenatally. Which of the following patients would you consider at risk for PP depression.

- A. A patient who is unmarried primipara with family support.
- B. A patient who has previously had PP blues.
- C. A patient who is a primipara with documented ambivalence about her pregnancy in the first trimester.
- D. A patient who is a primipara with a history of depression and a lack of a supportive relationship.

Needs of Childbearing Women

- A companion or spokesperson to provide support during pregnancy, birth, and the first year postpartum
- Supportive professionals who are knowledgeable about mental health and who will access for mood disorders
- Time and place to talk about the pregnancy, the birth, and the continuing postpartum experience

Universal Message

- You are not alone
- You are not to blame
- You will be well
- Your experience is real and there is help

www.postpartum.net

