

Perinatal Mood Disorders

Agenda

OBJECTIVES:

- Learners will self-report an increase in knowledge about strategies and evidencebased practices designed to improve outcomes for perinatal mood disorder patient populations after attending the educational session.
- Learners will self-report increased confidence utilizing strategies and evidencebased practices designed to improve outcomes for perinatal mood disorder patient populations after attending the educational session.

Perinatal mood disorders are TEMPORARY and TREATABLE with professional help.





Statistics

75% remain untreated

Suicide and
overdose are the
LEADING CAUSE OF
DEATH of women in
1st year following
pregnancy

MOST COMMON complication of pregnancy/birth

40% develop symptoms following childbirth

27% enter pregnancy with anxiety or depression

33% develop symptoms during pregnancy



Significance

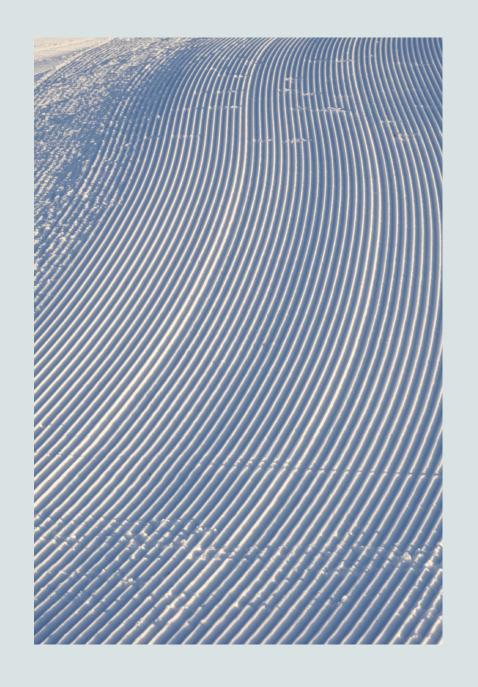
MOTHERS:

- Poor prenatal care
- Substance use
- Physical/emotional/sexual abuse
- Less responsive to baby's cues
- Fewer positive interactions with baby
- Breastfeeding challenges
- Low maternal self-efficacy

Significance

CHILDREN:

- Preterm birth, SGA, LBW
- Stillbirth
- Longer stay in NICU
- Excessive crying
- Impaired parent-child interactions
- Behavioral, cognitive, emotional delays
- Adverse childhood experiences



Significance

PARENTS:

- Increased number of ED and clinic visits
- Lower parental self-efficacy
- Limited adherence to safety guidance (safe infant sleep/car seat usage)
- Fathers, partners, adoptive parents at risk for mental health conditions
- Paternal depression (1 in 10)

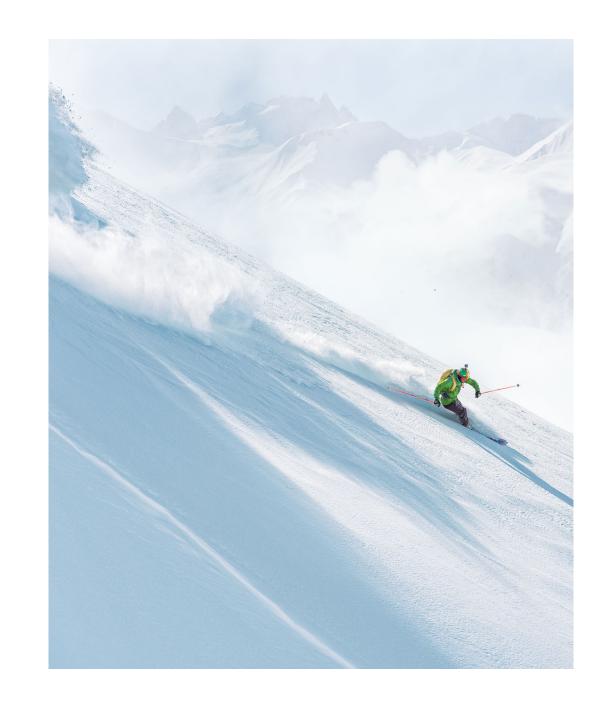


Terminology

- •Perinatal Depression (PND) Persistent sadness, fatigue, lack of interest, guilt
- •Postpartum Anxiety (PPA) Excessive worry, panic attacks, irritability
- •Postpartum OCD (PPOCD) Intrusive thoughts, compulsions, hyper-vigilance
- Postpartum PTSD Trauma from birth, flashbacks, hyperarousal
- •Postpartum Psychosis Hallucinations, delusions, disconnection from reality (medical emergency)



- •Biological
- Psychological
- Social
- Historical



Matrescence



Physical Changes



Emotional and Psychological Changes



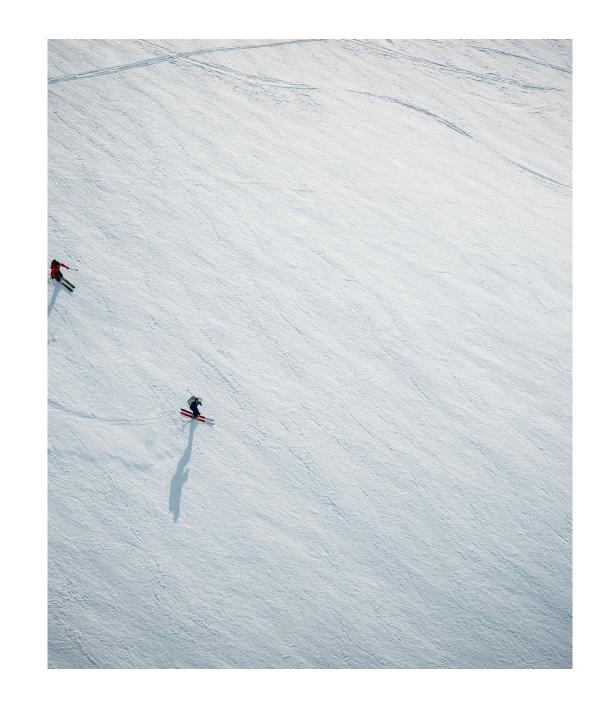
Social Changes



Cultural Expectations

Signs and Symptoms

- Persistent sadness, mood swings
- Overwhelming anxiety, panic attack
- Sleep disturbances (beyond newborn needs)
- Lack of bonding with the baby
- •Intrusive thoughts, fear of harming the baby
- Suicidal thoughts or thoughts of selfharm



Diagnosis and Screening

Edinburgh Postnatal depression scale (EPDS)

GENERALIZED ANXIETY DISORDER-7 (GAD-7)

CLINICAL ASSESSMENTSS

The Edinburgh Postnatal Depression Scale (EPDS)

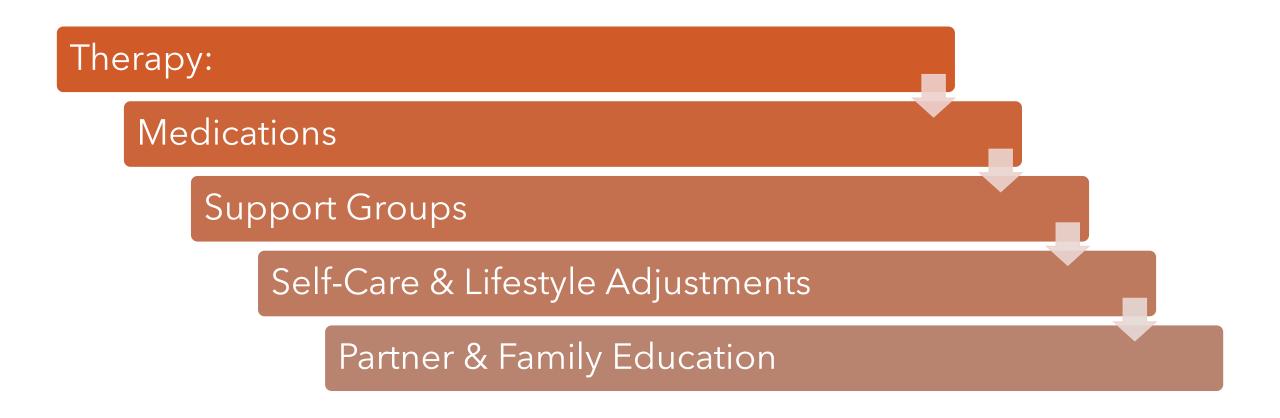
- The most commonly used screening tool
 - Consists of 10 Self-Reported questions
 - Takes LESS than 5 minutes to complete
 - Translated into 50 languages

The EPDS excludes constitutional symptoms of depression (ex. changes in sleep) which are common in pregnancy and the postpartum period

Edinburgh Postnatal Depression Scale¹ (EPDS) Your Date of Birth:

aby's Date of Birth:	Phone:
s you are pregnant or have recently had a baby, we wone answer that comes closest to how you have felt IN The lere is an example, already completed. have felt happy: Yes, all the time Yes, most of the time No, not very often No, not at all	HE PAST 7 DAYS, not just how you feel today.
the past 7 days:	
1. I have been able to laugh and see the funny side of things As much as I always could Not quite so much now Definitely not so much now Not at all 2. I have looked forward with enjoyment to things As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all 3. I have blamed myself unnecessarily when things went wrong Yes, most of the time Yes, some of the time Not very often No. never	*6. Things have been getting on top of me Yes, most of the time I haven't been able to cope at all Yes, sometimes I haven't been coping as well as usual No, most of the time I have coped quite well No, I have been coping as well as ever *7 I have been so unhappy that I have had difficulty sleeping Yes, most of the time Yes, sometimes Not very often No, not at all *8 I have felt sad or miserable Yes, most of the time Yes, quite often Not very often
I have been anxious or worried for no good reason No, not at all Hardly ever Yes, sometimes Yes, very often	No, not at all *9 I have been so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally
5 I have felt scared or panicky for no very good reason Yes, quite a lot Yes, sometimes No, not much No, not at all	No, never *10 The thought of harming myself has occurred to me Yes, quite often Sometimes Hardly ever Never
dministered/Reviewed by	Date

Care Actions



Microsystem

Hormones

Social support

Maternal confidence/competence/efficacy

Spirituality/culture

Childcare (accessibility, cultural expectations)

Suicidality

Mesosytem



Perinatal health care experiences

Provider prejudice

Community violence

How Traumainformed care can address Historical trauma

Cultural competence

Integrated services

Community involvement

Healing informed care

Preventing Re-traumatization

Exosystem

Reproductive health policy

Media

FMLA

Paid leave (paternal and maternal)

ADA

Narcissism of maternal mother

Partner support

Macrosystem

Culturally Representational/Appropriate Care, policy, healthcare systems

Gender expectations

Policy (welfare policy, WIC, breastfeeding support, SNAP etc.)

Healthcare systems

Culture

Racism



Thank you

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