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There is a crack in everything, that's how the light gets in.

Leonard Cohen Anthem (The Future 1992)

HBHC and PPMD

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The less we know about it, the scarier it is…

- **Motherhood myths**
- **Stigma of mental illness**
- **Fear re: child protection**
- **It's more than tears…**

Postpartum Mood Disorders

- **PPMD - broad term includes: postpartum depression, anxiety and panic, obsessive-compulsive disorder, and bipolar disorder**

▪ **Blues**	**30 - 75%**
▪ **PPMD**	**20%**
▪ **Depression**	**13%**
▪ **Psychosis**	**0.1 –0.2%**
	1 – 2 per 1,000
▪ **Anxiety**	**4 – 15%**

The "Blues"

- Most common time is 3rd or 4th day PP
- Last a few hours, a few days
- Within 2 weeks of the baby's birth
- Link: severity of symptoms and PPD
- 18 - 20 % postpartum depression within 1st year
- Symptoms should resolve within 2 weeks
- No treatment is required
- Self-care strategies (* social support)

Postpartum Depression (PPD)

- Non psychotic depression
- Up until 1 year postpartum, lasts at least 2 weeks
- No different than depression at any other time
- 13 % within 12 weeks postpartum
- Physical, social and, psychological factors

Signs and Symptoms of PPD

- « Not herself »
- Sadness
- Fatigue
- Loss of interest
- Discouragement
- Feelings of emptiness
- Inability to concentrate / Overwhelmed
- Changes in eating and/or sleeping

Signs and Symptoms (continued)

- Hopelessness and frustration
- Restlessness, irritability
- Anxiety / panic
- Guilt / shame
- Fear of being alone with baby
- Not responding to baby or overprotective
- Morbid thoughts (thoughts of harm)
- Physical symptoms (aches and pains)
- Having scary thoughts about the baby

How Long Does PPD Last?

- **A few weeks to a number of months**
- **Some say up to one year / 2 years**
- **Some have chronic experience**
- **70 to 80 % successfully treated and recover**
- **Increased risk of another episode**
- **If had PPD risk of depressive episode is at least 25% and up to 40% for another PPD**

Postpartum Psychosis

- **Severe, rare**
- **Rapid onset 48 –72 hrs PP**
- **Most within the first 2 weeks PP**
- **Most common symptoms:**
  extreme depressed or elated mood
- **Bizarre, confused or disorganized behavior (hallucinations, delusions)**

Why wait until the postpartum period to assess?

Risk Factors for PPD

Minor

- Low socio-economic status or change of status
- Obstetric or pregnancy complications

Moderate

- Maternal personality (worrier, anxious, nervous)
- Low self-esteem
- Relationship difficulties

Risk Factors (continued)

Strong

- Depression during pregnancy
- Anxiety during pregnancy
- Previous history of depression
- Family history of depression
- Stressful recent life event
- Lack of social support (perceived or received)

No Effect on Level of Risk

- Ethnicity
- Maternal age (except teens)
- Child's sex *
- Education
- Number of children

Prevention of PPD

- To date, no strategy has been consistently found to prevent PPD
- Most common – modify risk factors (primary, secondary, tertiary)
- Prepare, talk about it as a real possibility
- Interventions to target mothers at risk rather than all mothers

Prevention of PPD

- Antenatal/postnatal classes
- Intra-partum support
- Home visits
- Postpartum support groups
- Earlier postpartum follow-up
- Flexible PP care
- Psychological
- Pharmacological
- Hormonal Interventions

Screening and Assessment

- **Several tools available**
- **Should screening be universal?**
- **When should it be administered?**
- **Who should administer the tool?**
- **How often?**
- **What should be done for follow-up?**

In-depth Assessment:

- Depression
- Woman abuse
- Drugs/Alcohol Use
- History of abuse
- Supports
- Connecting the dots
- Early identification

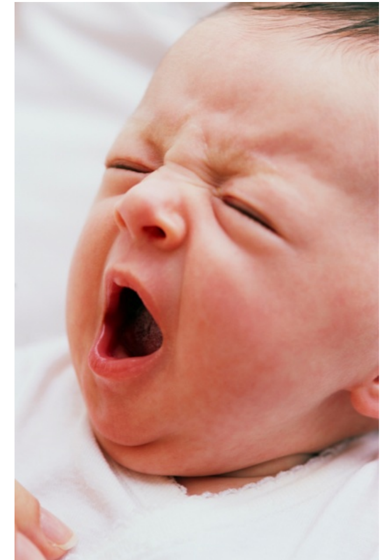
Edinburgh Scale (EPDS)

- Most widely used tool for screening
- 10 items, multiple choice
- Validated
- Translated into over 23 languages
- User friendly – (over the phone, etc.)
- No cost

Cox et al. (1987) Br J Psychiatry 150; 782-86

Cautions in Using the EPDS

- Not diagnostic
- Should be completed in privacy
- Can be used anytime and repeated
- Addresses only one somatic symptom
- Clinical judgment fundamental



Interpreting EPDS Scores

- 12 - likelihood of PPD symptoms

- Interpret with caution for:
  - Women who are non-English speaking
  - Use English as a second language
  - Are from diverse cultures

- Different cut-offs

- Does not provide indication of severity

When and Where to Refer

- **Mother concerned about mood / coping**
- **Partner or family member concerned**
- **Based on your clinical judgment**
- **Depends on type / severity of symptoms**
- **Scores above an established threshold**
- **Highly dependent on resources available**
- **Consider developing a care pathway and related protocols**

Immediate Referral

- **Mother expresses thoughts of harming herself or her infant**
- **Mother is having delusions, hallucinations, or acting out of touch with reality**
- **Mother should not be left alone or alone with her infant**

Treatment / Intervention

- **Antidepressants**
  - **Fear of side effects**
  - **Consider risks/advantages - breastfeeding**
  - **Fear of drug dependency**
  - **Social judgement**
  - **Lack of info provided**
  - **Consideration – mothers with addictions**
- **Complimentary interventions**
  - **Self-care (relaxation, nutrition, etc)**
  - **Breastfeeding support**

(Continued)

- Psychotherapy
  - Interpersonal
  - Cognitive –behavioural
  - Psychodynamic
  - Accessibility is a problem
- Support groups
  - Professional and peer lead
- Telephone support
  - Peer telephone support
  - Current IPT research

What Else Might Work?

- Increase social support
  - Involve family members
  - Depends on the quality of the relationship
  - Collaborate with other agencies
- Non-directive counselling
  - Active, supportive listening / home visits
- Alternative therapies
  - Massage, mediation, acupuncture

However beautiful the strategy, you should occasionally look at the results.

(Winston Churchill)

Barriers for Mother

- Shame
- Expectations
- Don’t want significant others to worry
- Denial
- Tendency to minimize / normalize symptoms
- Unable to disclose their concerns
- Cultural perception of PPD
- Linguistic limitations
- Fear of losing their child *
- Fear of being labelled as weak, crazy, etc.

More Reasons Why Mothers Don't Identify That They Need Help

- Feel overwhelmed – no time
- Treatment not acceptable
- Knowledge deficit
  - Don't know where to go
  - Don't know about existing interventions
  - Health services (physical, mental)
  - Myths
- Undiagnosed somatic symptoms
- Transportation and child care difficulties

Partners

- May not know / understand PPD
- Not always able to attend appointments
- Worried about disclosing beyond family
- Acts as intermediate with community (new immigrants)
- Also at risk of being depressed, higher with PPD
- Cultural roles

Professional Barriers

- Insufficient knowledge about PPD, tend to normalize, limited time
- Our timing is off
- Pharmacology (often the first approach)
- Limited links with community services
- Quality of relationship with mother
- Access, shortage
- What about the other 167 hours?
- Important to recognize limitations and fears

Family Physician Survey

- **56 % were confident they could provide brief counselling for women with PPMD**
- **32% were aware of community resources in their area and would refer women with PPMD**
- **29% felt they were able to give support to affected women in their practice**

- Best Start Resource Centre, 2006 survey of 355 family physicians through the College of Family Physicians

Intervention Tailored to Types of Women Presenting

- Culturally diverse women
- Aboriginal women
- Rural and remote women
- Women who use substances
- Women who have experienced abuse
- Adolescent mothers
- Single mothers
- Lesbian and bisexual mothers
- Women with disabilities

Making Professional Connections

Beyond HBHC:

- Spell it out
- Referral letter to physician
- Physician newsletters
- Joint HV and planning
- Making it mainstream
- Awareness campaigns
- How does the public see the issue?

Effects on Children

- Limited evidence that mild to moderate time limited depression has any effect on children
- Severe and chronic depression and other mood disorders affect a child's physical and psycho-social development

(Continued)

- Mother 2x more likely to have another depression within the next 5 yrs
- Effects of pharmacological treatment
- Other parent may experience depression
- Stress within the couple - reactions
- May have negative perception of child's behaviour
- Altered mother – child relationship
- May result in developmental delays

Attachment

- **An organized system involving how the child relates to his primary caregiver in a way to make the child feel safe**
- **Patterns in infancy and early childhood are predictive of behaviours in later life**

Influenced by:

- **Infant: unique characteristics, special needs, reactivity to people /environment**
- **Parent: responsiveness, childhood experiences, personality, supports, mental health (PPMD, etc.)**

Babies Who Don't Develop Secure Attachment May…

- **Have trouble interacting with their mother (may not want to be with her, or may be upset when with her);**
- **Be withdrawn or become passive; or**
- **Develop skills later than other babies.**
- **Experience challenges into toddlerhood, school age, teen years and adulthood**

(Canadian Paediatrics Society)

What Helps Moms and Families

- Social support
- Opportunity to talk openly
- Education, awareness
- Relationship with health professional
- Perceptions concur with those of the mother
- Professional up to date with resources
- Interpersonal interventions preferred
- Breastfeeding support, sleep

What Moms want:

Someone who:

- Doesn’t judge; takes time to listen
- Recognizes that there is a problem and offers reassurance.
- Understands that each woman is unique
- Doesn’t presume to know what they need and what is important to them
- Respects their spiritual, cultural and linguistic perspectives.

Support is key

- Involve families, friends
- Refer to community supports
- Self-care strategies, may benefit all women, especially those at risk
- Comprehensive, flexible PP care may benefit maternal mood and have other benefits as well

In Summary

- Each PP experience is different
  - Don't make assumptions about what is important to an individual mother
- Consider the social context for each individual woman
- No single cause, no single cure
- Timing is important

Resources

- Best Start
  www.beststart.org/resources/ppmd/index.html

- Canadian Paediatrics Society

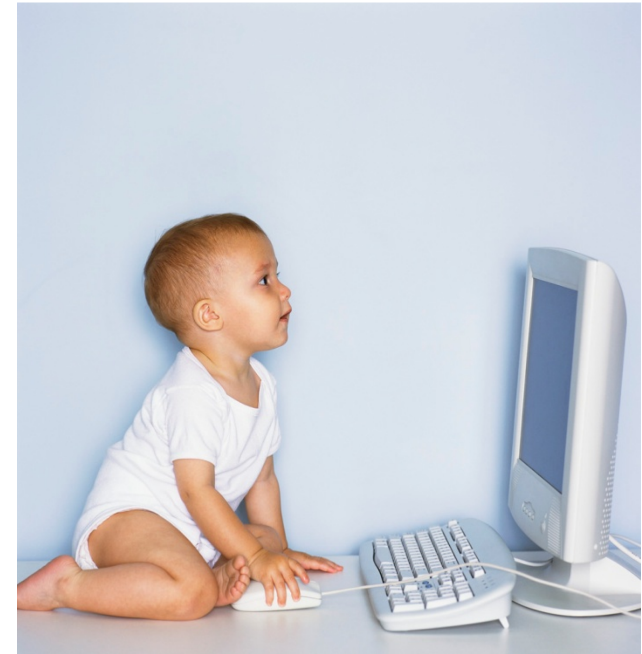
  www.cps.ca/english/statements/pp/pp04-03.htm
  www.caringforkids.cps.ca/pregnancy&babies/depression.htm

- CAMH
  www.camh.net/About_Addition_Mental_Health/Mental_Health_Information/Postpartum_Depression/

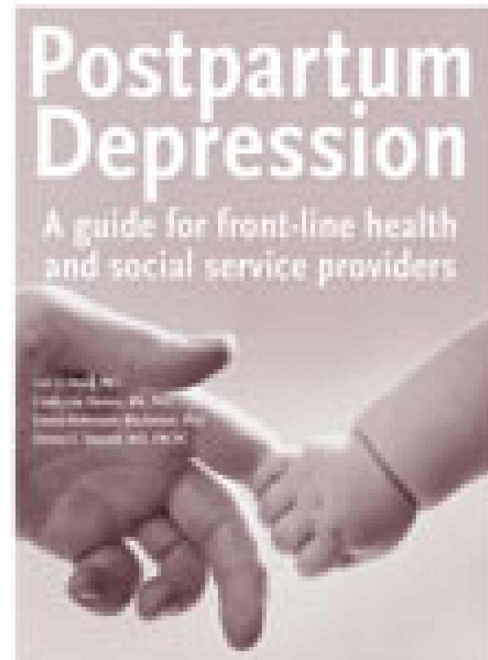
- The Marcé Society   www. marcesociety.com

- Pacific Post Partum Support Society
  www.postpartum.org

- RNAO
  www.rnao.org/Storage/11/600_BPG_Post_Partum_Depression.pdf



Creating Circles of Support
for Pregnant Women and New Parents


Postpartum
Depression
A guide for front-line health
and social service providers