MATERNAL MENTAL HEALTH:

Impact, Background, and Resources

UTAH DEPARTMENT OF HEALTH
You are not alone
You are not to blame
With help, you will be well
SO, WHAT EXACTLY IS MATERNAL MENTAL HEALTH?
WHAT IS MATERNAL MENTAL HEALTH?

• How many of you have heard of Baby Blues?
  • 80% of women will experience the baby blues
  • Dramatically improves within the first three weeks of childbirth
• Symptoms include:
  • Weepiness
  • Irritability
  • Feeling overwhelmed
  • Exhaustion
• When it doesn’t go away, or becomes worse, it can mean it’s something more serious
WHAT IS MATERNAL MENTAL HEALTH?

• The entire pregnancy, and through postpartum “fourth trimester” (up to one year, weaning)

• Many different illnesses:
  • Depression and Anxiety
  • Panic Disorder
  • Posttraumatic Stress Disorder
  • Obsessive Compulsive Disorder
  • Postpartum Psychosis
    • Higher risk for women who have bipolar disorder
WHAT IS MATERNAL MENTAL HEALTH?

It is...

• The most common complication of childbirth
• The most underdiagnosed obstetric complication in the US
• More common than you think. There are more new cases of mothers suffering from Maternal Depression each year than women diagnosed with breast cancer
VOICES OF UTAH MOMS

Sometime around weeks 6-8 of the pregnancy, I found myself on the floor of my bathroom in the early hours of the morning unable to sleep, sobbing, and contemplating terminating the pregnancy and ending my own life. It seemed to hit me literally overnight and it hit hard. Thanks to parents, siblings, and my wonderful Midwife, I was back on my feet within a few weeks. More women need to be educated about maternal mental health, including perinatal and postpartum struggles.

- Heather Dopp, Bountiful

I was suffering from panic attacks, flashbacks, severe anxiety, major rage, and intrusive thoughts about death. I didn’t fit the checkboxes of postpartum depression, so I stayed silent and didn’t get help for a very long time. Turns out I didn’t have postpartum depression, but postpartum PTSD. So many moms are suffering in silence and just don’t know they can get help.

-Alicia Glasscock, Riverdale

Three days after we came home it was like a switch had flipped and my biggest nightmare began. My mind was racing at all times. I was spiraling and I had no idea that this is so common with mothers. When my baby was almost three months old, I had gotten so bad I was now suicidal. I was convinced this was the best option for my family and myself. I was desperate. I found a therapist that specialized in Maternal Mental Health, and after my evaluation with her, I was sent to the Psychiatric inpatient lockdown unit. I could only see my baby a couple hours a day. Mothers should not suffer from this alone or in silence. We deserve more.

-Kelsie Oliver, Murray
WHO IS AT RISK?

- Previous mental health issues
- Family mental health issues
- Mixed feelings about pregnancy (planned or unplanned)
- Alcohol or other substance abuse
- Chronic illness – diabetes, HG
- Difficult pregnancy or delivery (NICU moms)
- Preterm birth
- Physical abuse
- Being a mom to multiples

Source: NIMH
WHO IS AT RISK?

• A stressful life event during pregnancy, or shortly after giving birth
• Unmarried women
• Inadequate social support
• Younger women <24 years
• Statistically significant link between childhood sexual abuse and postpartum depression
• Below Federal Poverty Level (133% of the FPL)

Source: NIMH
LATEST UTAH NUMBERS (PRAMS)

• **Pre-pregnancy** depression and anxiety went up again in 2017

• Anxiety and depression **during and postpartum** went up again, and anxiety nearly doubled in some age groups

• **Only half of women are getting help**
  • Nationally, of those only 6% are sustaining treatment

• **Utah women in WIC have significantly higher rates** of depression during pregnancy and postpartum

• **Utah’s depression during pregnancy** is significantly higher than the national rate

• Percentage of women whose healthcare workers asked about their mental health was significantly lower than the national rate

• New numbers – 1 in 3
Overall, 16% of Utah women reported a diagnosis of depression before pregnancy, 24% reported having anxiety before pregnancy, and 15% reported symptoms of postpartum depression. Of the women with a history of anxiety or depression before pregnancy, 26% went on to experience symptoms of postpartum depression compared to 11% of women without a history of mental health conditions.

More than half (55%) of Utah women younger than 18 had anxiety or depression within the three months before their pregnancy.
2015-2016 MATERNAL DEATHS

Pre-existing Mental Health Condition, Utah, 2015-2016

- 25% Had mental health condition
- 75% No mental health condition

Source: Perinatal Mortality Review Data
2015-2016 MATERNAL DEATHS

Causes of Maternal Deaths in Utah
2015-2016

- Accidental drug-related (3): 10
- Suicide: 8
- Obstetric complications: 7
- Other medical conditions: 6
- Cancer: 5
- Motor vehicle crash: 4

Cause of Death
• RURAL VS URBAN
  • 36% met criteria for depression, 8% receiving care

• SUBSTANCE USE
  • 18 of the 40 maternal deaths in Utah cited SUD between 2015-2016

• REFUGEE WOMEN
  • 1,319 resettled refugees in Utah
  • 27% of total arriving refugees had mental health symptoms
I went to the doctor for fatigue and forgetfulness, and I was diagnosed with Motherhood.
WHY WOMEN AREN’T GETTING HELP

• “I would like to have Dr. more open about being depressed or anxiety issues. It's hard as a woman/person to breakdown & admit they are having these feelings or issues. I felt dumb and that my feelings and thoughts would get better by the way I was brushed off...I think more women suffer with this and are afraid to say something & when you build up the nerve to finally say something and not feel heard, it was hard.”

• “It is difficult, embarrassing, and honestly confusing for mothers and all their hormones & emotions after having a baby. It is hard to bring up yourself and MANY women think they have to just deal with the way they're feeling.”

• Fear of child being taken away
• Small communities don’t want their neighbors knowing they’re getting help for mental health
• Long wait times, lack of specialists
RISK OF UNTREATED PMADS

- During pregnancy:
  - Delayed prenatal growth
  - Preterm birth
  - Low birthweight
- Postpartum
  - Reduced maternal sensitivity
  - Emotional regulation and attachment
  - Behavioral problems

“Maternal psychiatric illness, if inadequately treated or untreated, may result in poor compliance with prenatal care, inadequate nutrition, exposure to additional medication or herbal remedies, increased alcohol and tobacco use, deficits in mother-infant bonding, and disruptions within the family environment.”

ACOG 2008
TAKE-AWAY

At least 7,140 childbearing women affected by maternal mental health in Utah
SO WHAT’S THE GOOD NEWS?

• Women during this time are the MOST RESPONSIVE to treatment
• Counseling/Therapy, medication WORK
• Women see the most providers during this time
WHAT DIFFERENT GROUPS ARE TACKLING

- Utah Women and Newborns Quality Collaborative
  - Pilot, Universal Screenings
- Postpartum Support
  - International Utah Chapter
    - Training
    - Community Engagement
- Utah Department of Health
  - WIC, Home Visiting
  - Referral network
- Major hospital systems – U of U, Intermountain, St. Marks
WHAT CAN WE DO ABOUT THIS?

• Screening
  • What tool? (ACOG, USPSTF, Ped)
  • How often?
  • When?

“My desire to be well-informed is currently at odds with my desire to remain sane.”
Edinburgh Postnatal Depression Scale\textsuperscript{1} (EPDS)

Name: ___________________________ Address: ___________________________

Your Date of Birth: _______________ Baby’s Date of Birth: _______________

Phone: ___________________________

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt \textbf{IN THE PAST 7 DAYS}, not just how you feel today.

Here is an example, already completed.

I have felt happy:

☐ Yes, all the time
☐ Yes, most of the time This would mean: “I have felt happy most of the time” during the past week.
☐ No, not very often Please complete the other questions in the same way.
☐ No, not at all
Risk Factors

- **Significant Life Events Checklist:** During the past 12 months (check all that apply) 2 or more:
  - I lost my job even though I wanted to go on working
  - My husband or partner lost his job
  - I had a lot of bills I couldn't pay
  - I moved to a new address
  - My husband or partner said he didn't want me to be pregnant
  - I argued with my husband or partner more than usual
  - I got separated or divorced from my husband or partner
  - I have been physically or sexually abused in the past

- **Past Experience of Depression & Anxiety:** At any time in the past (including during or after a previous pregnancy) any one:
  - A doctor, midwife, nurse, or counselor told me I had depression
  - A doctor, midwife, nurse, or counselor told me I had anxiety
  - I sought help for depression or anxiety from a doctor, midwife, nurse or counselor
  - I had symptoms of depression or anxiety that lasted more than 2 weeks
  - I have taken medications for depression or anxiety
  - **Also Include:** Marital Status (single, married, living with partner, divorced, widowed) & Age
Triage

Mother completes EPDS in privacy. Check if language support is needed, make lead-in statement, and offer instructions for completing.

Step 1
Score EPDS and screen for risk factors

Step 2
Positive score on EPDS question 10 or risk of suicide or harm to infant or others?

Yes

Step 3
Score 0-9

Review anxiety subscale

Combined score of 4 or more on questions 3, 4, & 5?

Yes

Positive for anxiety
Initiate treatment or refer as needed

Continue routine care*

No

If patient is unable to ensure safety, refer to inpatient treatment or emergency services for further evaluation

Positive score:
Implement agency guidelines for self-harm and suicidal ideation and clinical assessment, engage support system*

Client is likely depressed:
Assess for depression and initiate treatment following agency guidelines.

Rule out thyroid dysfunction and ask bipolar screening questions

Positive for depression

Review treatment options, medication management, initiate warm handoff to IFT/CBT therapy, and peer support. Make plan for followup.

ALL PATIENTS: Provide education and resource packet.
Review self-care measures – S U N S H I N E.
*Advise that they may call if symptoms appear and/or worsen
WHAT CAN WE DO ABOUT THIS?

- Screening
- Referral Network
  - Where does someone go?
    - Website coming soon
  - Help Me Grow: 801.691.5322
Referral Network
Help Me Grow Utah is an information and referral helpline available at no cost that provides parents, physicians, and other providers with the knowledge and resources they need to make a difference in the lives of children.
WHAT CAN WE DO ABOUT THIS?

• Screening
• Referral Network
  • Where does someone go?
    • Website coming soon
  • Help Me Grow: 801.691.5322
• Stigma

Don’t be so hard on yourself... The mom in E.T. had an alien living in her house for days and didn’t notice.
@thegritandgraceproject
STIGMA

• Myths we can stop
  • Medication – you don’t have to stop cold turkey, and you will probably be able to continue breastfeeding
  • MMH just happens postpartum
  • MMH is just depression
  • Your child will be taken away
  • Others can experience this (dads, LGBT couples, infertility/infant loss, adoption, abortion, gestational carriers, grandparents)
  • You’re a bad mom if you need help
STIGMA

Myths we can stop
- You can only PMADS it right after pregnancy or once you’ve gone 6-7 months, you’re in the clear
- If you have an intrusive thought, you will act on it
- Only happens during your first birth
- We can’t talk about these things

“I didn’t know what it was, I thought it just meant I was a bad person.”
- Maternal Mental Health Mom @PSIUtah | @RisingPhoenixPodcast
WHAT CAN WE DO ABOUT THIS?

• Screening
• Referral Network
  • Where does someone go?
    • Website coming soon
    • Help Me Grow: 801.691.5322
• Stigma
• Talk to mom! Do what you’re ALREADY doing
WHAT TO SAY TO MOM

• This is not your fault.
• This must be very difficult for you.
• You are not alone. This is common, and you can be well.
• SUNSHINE and BAILANDO
WHAT TO SAY TO MOM

• Thank you for answering these questions
• Have you had thoughts of harming yourself or your baby***
• We have a lot of resources that I can give you to help
• Do you have someone who can help/take the baby so you can rest and get help?
• Recommend: SUNSHINE and BAILANDO
• **Sleep** - 4-6 hours. Have a family member give the first feeding of the night.

• **Understand** - Counseling with a trained maternal mental health professional (prevention). Find a qualified provider by calling Help Me Grow at (801-691-5322).

• **Nutrition** - Prenatal vitamin, avoid caffeine and sweets, and include protein and unsaturated fats. Ask your provider about your vitamin D levels; if they are low, they might affect your mood.

• **Support** - Share your feelings with a trusted friend or family member, support groups. Ask for help with baby care.

• **Hydration & Humor** – Drink two large pitchers of water daily. Make time for silliness and joy each day. If laughing seems impossible, it is time to seek more support.

• **Information** - Read on postpartum.net and take the EPDS each month.

• **Nurture** - Nature, spiritual practices, music and art, meditation, dates with friends or your partner, etc. Schedule time in your calendar weekly for doing things you enjoy beyond motherhood.

• **Exercise** - Walking even 10-20 minutes a day can help your body, mind, and spirit.
SUNSHINE AND BAILANDO

Plan de Bienestar Mental durante el embarazo y después del parto

Bromear: Dedícale tiempo especial cada día para reír - vea una película, juegue con sus hijos, pase tiempo con amigos. Si no puede conectar con la alegría y la risa, es hora de hablar con su doctora para obtener más ayuda.

Apooyo: Comparta sus sentimientos con una amigo o familiar de confianza o encuentre un grupo de apoyo. Pida ayuda con el cuidado de su bebé para que pueda tener una hora para sí mismo.

Información: Lea sobre el bienestar emocional en www.postpartum.net y tome la porción de depresión postnatal de Edimburgo. Llame a su doctor si su puntaje es 10 o más alto o si no quiere hacer algo que no sea "nuevo" en los próximos 10 sobre autolesiones.

Levantarse: Caminar por 10-20 minutos al día puede ayudar con su cuerpo, mente y espíritu. También puede probar a bailar, hacer yoga, zumba, a alguna otra manera de hacer ejercicio si está bien con su doctora.

Alimentar: Beba al menos de 2 litros de agua al día. Tome vitamina prenatal hasta un año después del parto. Evite cafeína y azúcar cuando sea posible, e incluya proteínas y grasas no saturadas en cada comida.

Natureza: Haga tiempo semanalmente para hacer cosas que disfruta afuera de la maternidad, como pasatiempos creativos, tiempo en la naturaleza, yoga, artes con amigos y con su pareja, etc.

Dormir: Trata de dormir por lo menos 6-7 horas seguidas cada noche para al menos 3 días a la semana. Cuando sea posible, pida a un familiar que de la primera alimentación al bebé de la noche mientras duerme.

Observación: El consultar con un profesional de salud mental temprano y tratar los problemas de salud mental. Añada más al llamar a Help Me Grow al número 801-691-5522 o por visitar postpartum.net.

Tools for Mental Wellness during Pregnancy and After Birth

Sleep: Aim for four to six hours of sleep in a row, at least three nights a week. Ask a family member or friend give the first feeding of the night so you can get enough rest.

Understanding: Counseling with a trained maternal mental health professional prevents and treats mental health issues. Learn more by calling Help Me Grow at 801-691-5522, or by visiting postpartum.net.

Nutrition: Take a prenatal vitamin throughout your postpartum. Avoid caffeine and sugar when possible. Include proteins and unsaturated fats at every snack and meal. Drink at least 8-10 glasses of water daily.

Support: Share your feelings with a trusted friend or family member, or find a support group online or in-person. Ask for help with baby care or getting an hour each day to yourself is essential.

Humor: Make time for silliness and joy each day. A funny movie, time with friends, or tickling your children can all improve your mood. If laughing seems impossible, it’s time to seek more support.

Information: Take the Edinburgh Postnatal Depression Scale monthly for a year postpartum to track your mental health. Call your provider if your score is 10 or above, or if you marked anything other than “never” on question 10 about self-harm.

Nurture: Care for yourself through nature, spiritual practices, music, and art, meditation, dates with friends, etc. Schedule weekly time in your calendar to do things you enjoy outside of motherhood.

Exercise: Walking 10-20 minutes a day can help your body, mind, and spirit heal and stay emotionally healthy. You can also try yoga or stretching if your provider gives you the go-ahead.
WHAT CAN WE DO ABOUT THIS?

• Screening
• Referral Network
  • Where does someone go?
    • Website coming soon
  • Help Me Grow: 801.691.5322
• Stigma
• Postpartum Parties
• Support partners
SUPPORT PARTNERS

- 1 in 10 dads (underreported)
- Highest incidence between 3-6 months
- Feeling of loss of control during birth, or postpartum
- Not sure what their place is
- Baby cries with them
- Guilt for going back to work
- Helplessness
- Not able to express emotions
- Lack of physical intimacy
I've typed and deleted a post similar to this hundreds of times in the last few months, deleted because I don’t want to be dramatic or overly sensitive, but if I can help someone, maybe it’s better to go through.

Y’all. I’m depressed. And postpartum depression in men is a real thing. Since my son came into this world and having the issues he did, I never had time to accept what happened with him, what’s happened with me, my life, my family, my well being and my emotions. But I can safely tell you they are not in check.

Here’s the thing. I’m a bright, smiley person, and I fight to be happy, but beneath that smile is a hurt and a broken man.

I spent time trying to accept the health of my son. How he was doing and if he was going to make it. I had to tackle medical bills, NICU stays, and a life flight coverage. I never got paternity leave, and didn’t need it since mom recovered so fast and him not being home, it was like he wasn’t even really there. Till he was. And now I’m unsure of how to acclimate to everything.

So here’s the dark part. I’m not looking to be suicidal or kill myself. But I fight the will of life a lot. So many days I just feel so much ill desire to live. Not a desire to kill myself. Just not wanting to live.

The hardest part, it’s having these bratty, awesome little kids. My God I love them so much. I can’t imagine putting them in the position of not having their father to grow up without. But 100 percent, if they weren’t here, bet you’re a** it would be easy to let it all go.
CONCLUSIONS

- This is COMMON but TREATABLE
- It can happen to ANYONE -- universal
- YOU have access to resources to send a mom
  - And YOU are seeing them during a critical time – touchpoints
- YOU can make a difference
RESOURCES FOR YOU

- Utah Department of Health
  - Data: PMR, Perinatal mental health
  - Local Health Departments, Resources, WIC, Home Visiting
- Utah Women and Newborns Quality Collaborative
  - Pilot – let us know if you want to be involved
- Help Me Grow: 801.691.5322
  - EPDS, will call patient back
- Medication questions:
  - Mother to Baby, Pregnancy Risk Line (801) 328-2229
- Psychiatric Consult Line (national):
  - 1-800-944-4773, ext 4
ADDITIONAL RESOURCES

• Psiutah.org
• Postpartum.net
• 2020mom.org
• Dadvice (for dads)
• Utah Podcast: Rising Phoenix Podcast
ADDITIONAL RESOURCES

• New Referral Network: maternalmentalhealth.Utah.gov
• Maternal and Infant Health Program, Utah Department of Health: mihp.Utah.gov
• White Paper: https://tinyurl.com/MMHwhitepaper
• Online EPDS: https://psychology-tools.com/epds

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Citations

6. Whiffen & Gotlib, 1989
8. Martins & Gaffan, 2000
12. Office of Primary Care and Rural Health: https://health.utah.gov/primarycare/?p=prgPco&sub=muap