

Postpartum Depression: Not Just the “Baby Blues”

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Learning Objectives

- Participants will be able to recognize the difference between symptoms of the “baby blues” and clinical indicators of a potential Perinatal Mood or Anxiety Disorder
- Participants will have increased understanding of the different type of PMADs and the hallmark symptoms of each
- Participants will be able to provide referral information to parents in need of support.

Disclosure Statement

- I have no actual or potential conflict of interest in relation to this program/presentation

Introduction

- Who am I?



When the Bough Breaks



Why are we here?

- PMADs are the **#1** complication surrounding childbirth
- 20% of women (10% of dads/partners) will experience a PMAD following the birth of a baby
- Often not reported due to stigma, fear of judgement as a mother, of being thought of as “crazy”, having children taken away
- Instances where reported and not adequately screened, diagnosed, or supported

Provider Responses

- “All new moms worry”
- “Go take a walk”
- “You just need sleep”
- “You need to relax, try having a glass of wine at night”
- “You probably have a touch of the postpartum, it will go away”
- “It’s just the baby blues, all new moms feel this way”

How does mom feel when she walks away?

What are the “baby blues”?

- **NOT** a mild form of depression
- Strongly influenced by hormone withdrawal, the flood of maternal bonding hormones, and acute sleep deprivation
- Unrelated to psychiatric history
- 50-80% of women across cultures will experience the blues
- Features: Tearfulness, lability, reactivity, transient (comes and goes), predominant mood is happiness, Peaks 3-5 days post-delivery, lasts 2-3 weeks at most

Perinatal Mood & Anxiety Disorders

Postpartum Depression

- Sadness, excessive crying
- Irritability
- Appetite changes
- Sleep disturbance
- Difficulty focusing/concentrating/making decisions
- Loss of interest, pleasure and joy
- Social isolation
- Worthlessness
- Guilt and shame
- Suicidal thoughts
- Lack of feelings/bonding toward baby
- No ADLs
- *"I just don't feel like myself"*

Perinatal Mood & Anxiety Disorders

Postpartum Anxiety

- Keyed up/Can't be still
- Excessive worry about baby's health or own health
- High alert
- Sleep disturbance
- Racing thoughts
- Shortness of breath/heart palpitations/stomach upset
- "What ifs" and the rabbit hole
- Sometimes accompanied by panic: extreme incapacitating anxiety, chest pain, dizzy, shortness of breath, rapid heart rate

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****A WORD ABOUT SCARY THOUGHTS****

- 94-98% of new parents will experience scary thoughts
- Typically center around harm coming to baby either accidental or intentional
- Intrusive, unwanted, vivid, at times gruesome/graphic
- The nature of the thoughts are not used as an indicator
- More concerned with level of distress thoughts cause
- Also present as nightmares

<https://medium.com/the-cut/do-i-really-want-to-hurt-my-baby-110d7e3cdd58>

<https://www.glamour.com/story/postpartum-nightmares>

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Postpartum Obsessive Compulsive Disorder

- Intrusive thoughts typically of harm coming to baby
- Often results in behaviors to avoid harm or minimize triggers
- Examples: Cleaning bottles, showering, laundry/clothes, rituals, *reassurance seeking*

**Studies finding excess of Oxytocin in women with OCD in postpartum period

"Beyond the Fear: A Story of Postpartum OCD" – You Tube

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Postpartum Post Traumatic Stress Disorder

- Experience or witness a traumatic event
 - “Trauma is in the eye of the beholder”
- Symptoms include:
 - Re-experiencing through flashbacks or emotional flooding
 - Distressing memories
 - Nightmares
 - Avoiding triggers

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Postpartum Post Traumatic Stress Disorder

Examples of trauma:

- Emergency C-Section
- Postpartum Hemorrhage
- Premature birth
- Infant in NICU
- Forceps/vacuum extraction
- Severe Pre-Eclampsia
- 3rd/4th degree tear
- Hyperemesis Gravidarum

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Postpartum Post Traumatic Stress Disorder

- Those who have experienced past physical trauma have an increased risk for PTSD
- Triggers include: fear of unknown, body memories of abuse, loss of control over own body, fear of invasive procedures.
- What you can do: Empower patient by asking permission before touching, checking cervix, explaining procedures and ask before performing them *patients will remember*

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Postpartum Post Traumatic Stress Disorder

Overall Themes:

- Perceived lack of caring
- Poor communication
- Feeling powerless
- Ends justifying the means

**Find ways to empower the patients as much as possible, focus on communication, and protecting dignity

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Postpartum Bi-Polar

- Often misdiagnosed as depression
- Typically presents with depressive symptoms
- Must have at least one episode of mania
- 50% of women with bipolar mood disorder are first diagnosed in postpartum period
 - Often given antidepressant for depression and become manic

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Postpartum Psychosis

- This is **NOT** Postpartum Depression!
- Delusions, hallucinations, disorientation, VERY rapid mood shifts, insomnia, bizarre behaviors, waxes and wanes
- **THIS IS A MEDICAL EMERGENCY**
- 1-2 in 1,000. Of those 5% suicide and 4% infanticide
- Usually quick onset within first three weeks
 - CAN see on Day 1

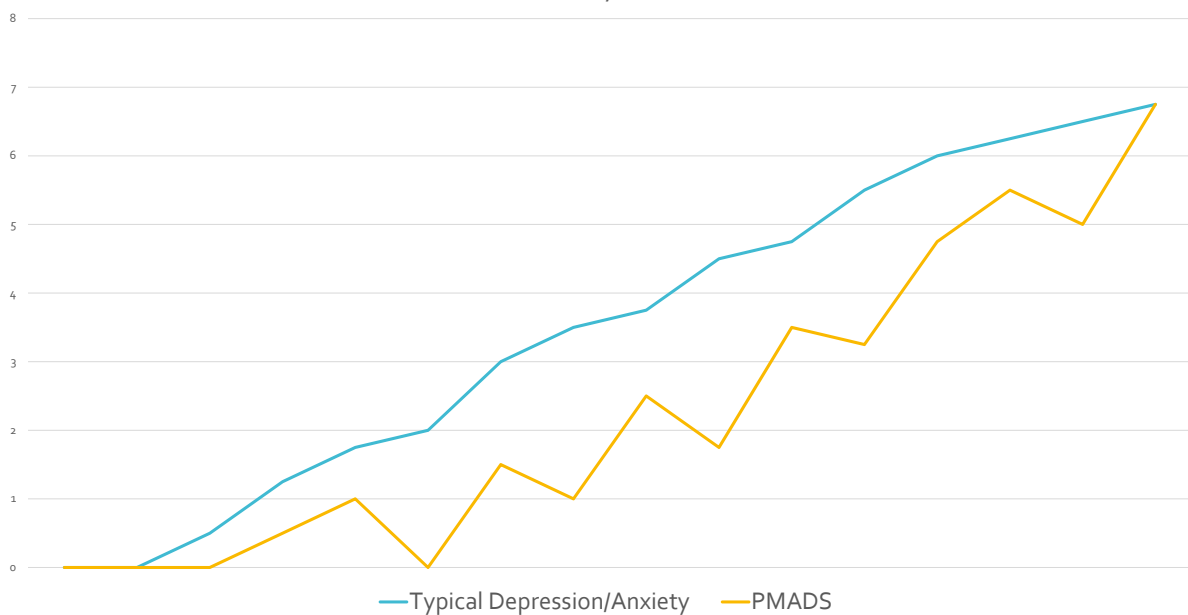
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What makes this different?

THERE IS A BABY!

- Sense of urgency
- Sleep deprivation
- Stigma and social pressure
- Treatment and prognosis
 - Therapy
 - Medication
 - Both are most effective
 - Alternative therapies

Recovery Trends



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Risk Factors:

Psychological

- Personal/family history of mental illness
- Previous history of a PMAD
- Significant mood reactions to hormonal changes

Biological

- Endocrine issues

Social

- Single parenting
- Multiples
- Lack of support
- Family conflict
- Relational conflict
- Perfectionism
- Age
- Baby's temperament
- Breastfeeding difficulty

Life

- Unplanned pregnancy
- Recent move
- Job change
- Financial strain

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What do I do as a provider?

Ask!

How is mom doing *beyond* the physical

"How are you feeling?"

"On a scale of 1-10 tell me how bad you feel?"

"A lot of new moms will experience scary thoughts, do you have any thoughts that are scaring or worrying you?"

"Are you having thoughts of hurting yourself or the baby?"

Listen!

Get in the hole, don't try to fix!

Get at the authentic suffering

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What do I do as a provider?

Provide Information!

Give materials at discharge and go through them with mom AND partner

Refer!

PSI/Psychiatric Consult Line 1-800-944-4773, ext 4

Postpartum Resource Center of NY <https://postpartumny.org/>

Postpartum Stress Center www.postpartumstress.com

Crouse Family Support Group www.crouse.org/familysupport
315-470-7940

Shameless plug www.cnytherapysolutions.com
315-552-0180

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QUESTIONS??



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