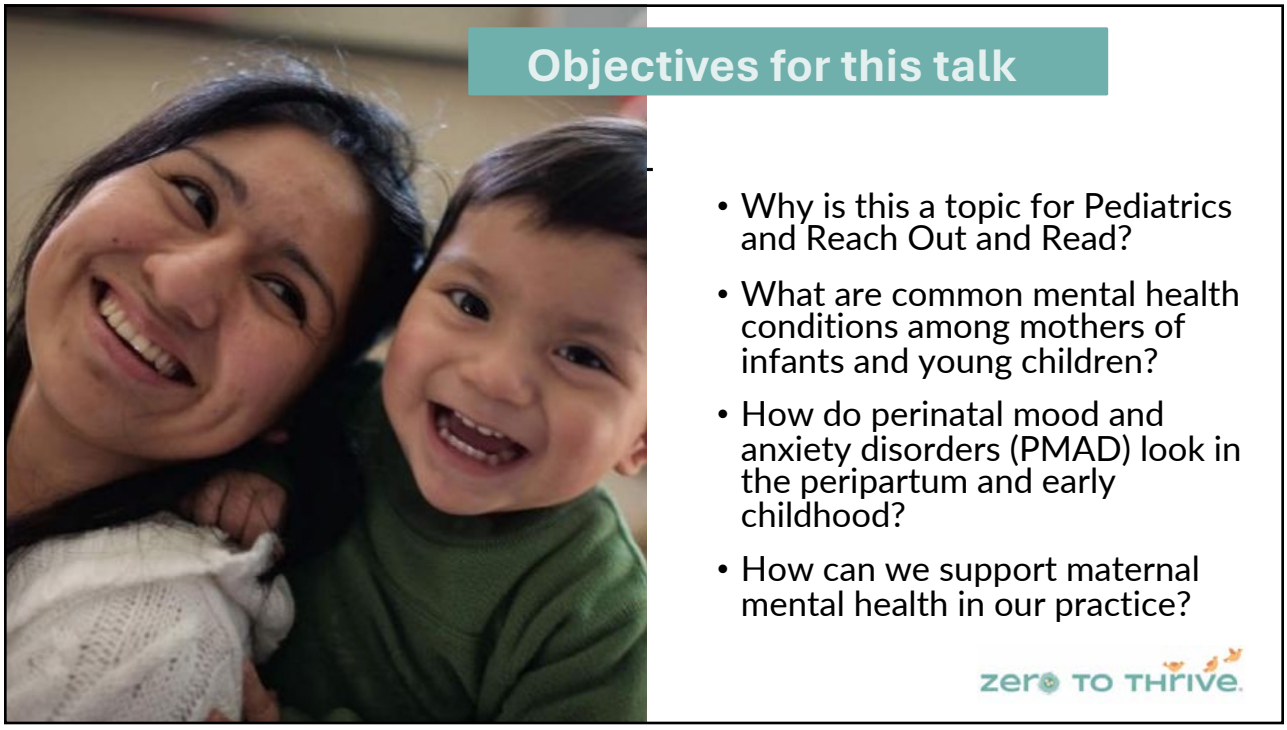

Support for Mothers: Understanding and Responding to Maternal Mental Health Needs in Pediatric Primary Care
Kate Rosenblum, PhD, ABPP
MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN
zero TO THRIVE

1


Objectives for this talk
• Why is this a topic for Pediatrics and Reach Out and Read?
• What are common mental health conditions among mothers of infants and young children?
• How do perinatal mood and anxiety disorders (PMAD) look in the peripartum and early childhood?
• How can we support maternal mental health in our practice?
zero TO THRIVE

2

Some of what I discuss may not directly apply to your scope of work. But I encourage you to listen for what might apply or how you can use it- in your work with Reach Out and Read and in the world.

*We are **all** invested in supporting mothers- in our work, and in our communities. It is my hope that there will be lessons here whether it is about a parent in clinic, a friend, a family member, or even yourself.*

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

3

Why is this a topic for Pediatrics and Reach Out and Read?

zero TO THRIVE

4

New Vision

A world where every child has the relationships essential to learn and thrive.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE.

5

Relational Health as a "Vital Sign"

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE.

6

And so, too, is maternal mental health

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

7

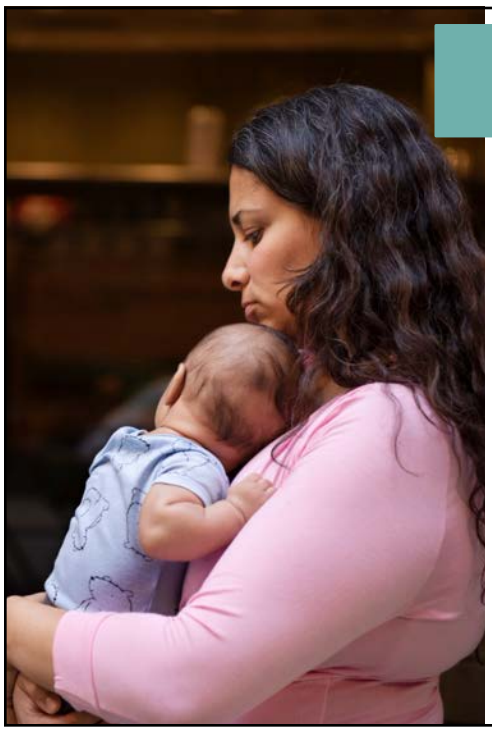
Why should pediatric care providers care about maternal mental health?

An abundance of research demonstrates that *maternal mental health* is associated with:

- early relational health, and with
- child outcomes across a wide variety of domains
- and, of course, it is important to mothers themselves!

zero TO THRIVE

8



IMPACT OF UNTREATED MATERNAL MENTAL HEALTH DISORDER

- Increased risk for adverse birth outcomes
- Increased risk for child outcomes:
  - difficult infant/child temperament,
  - child behavior problems, and
  - negative effects on child cognitive development
- Impact on early relationships
  - Disrupted mother-infant interaction
- Untreated, it can be deadly.

[1]Davis et al., *JAACAP,* 2007
[2]O'Connor et al., *BJP, 2002*
[3]Van den Bergh et al., *Child Dev,* 2005;
[4]Deave, et al., *BJOG*, 2008.

zero TO THRIVE

9

This does not mean that if a parent is depressed they will not bond with their baby, nor that they will be 'bad parents'.

We need to stop the stigma – there are many wonderful parents who have struggled with mental illness, but their suffering is preventable.

Children need us to take care of their parents.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

10

Suicide is a leading cause of maternal death- 20% of deaths in the postpartum are due to suicide.

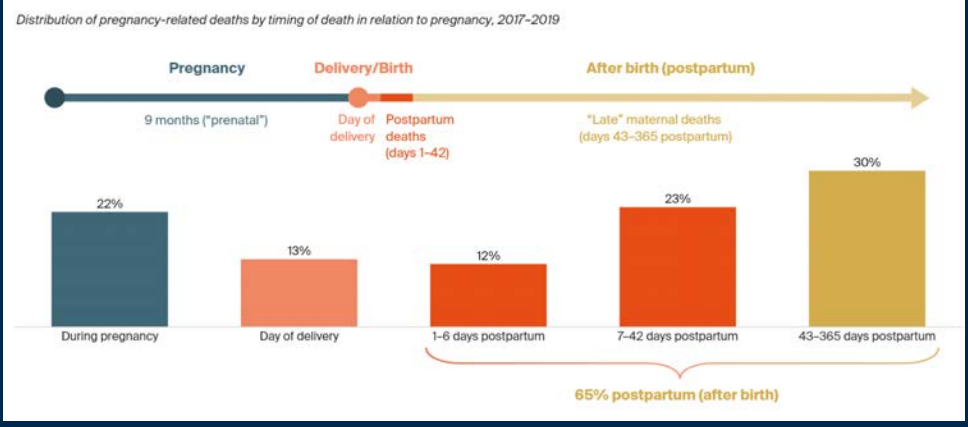
MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

11

In the US each year there are approximately

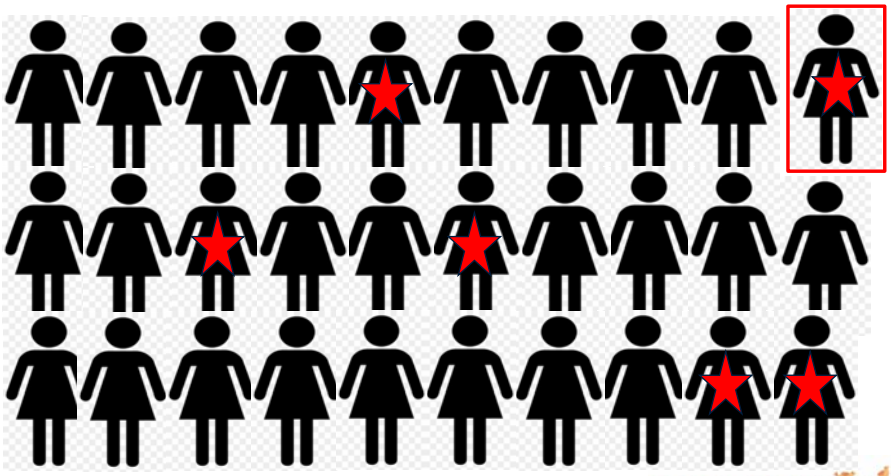
3.6 million live births, and 22 maternal deaths for every 100,000 live births



12

If you are in a room of 30 women who are pregnant or postpartum- <u>one</u> is at risk for suicide.

- 1/5 women experience depression
- 1/5 women with untreated depression have risk for suicide.



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

13

UNTREATED is Key. There is help!

- Effective treatments exist
- When we recognize and identify maternal mental health needs, we can open the door to help and healing
- Everyone has a role to play!

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

14

What are common mental health conditions among mothers of infants and young children?

zero TO THRIVE.

15

Spectrum of Perinatal Mental Health Disorders

• Antenatal Depression	15%-40%
• Postpartum Depression	15%-40%
• Postpartum Blues	50%-85%
• Postpartum Psychosis	1-2/1000
• Postpartum Anxiety	10-20%
• OCD	0.2- 4%
• PTSD	3-7%

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE.

16

Postpartum Mood and Anxiety Disorders

- **Postpartum Depression** 15%-40%
- **Postpartum Anxiety** 10-20%

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

17

Symptoms of Depression (DSM 5)

- Depressed or irritable mood
- Loss of joy , loss of interest in usually pleasurable activities (anhedonia)
- Change of appetite (weight loss or gain)
- Change in sleep (insomnia/hypersomnia)
- Poor/loss of energy and fatigue
- Cognitive slowing, memory/concentration problems, indecisiveness
- Psychomotor slowing or agitation
- Feelings of worthlessness, hopelessness or excessive guilt
- Death wish, recurrent thoughts about death, suicidal intent/plan

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

18

PPD may have 'unique features'

- Excessively anxious /concerned about baby's health and own performance as mother
- Fearful of "going crazy"
- Preoccupied with intrusive thoughts either to harm the baby or that something terrible will happen to baby
- A study of found that the most common cluster of symptoms were:
  1) mood swings
  2) heightened sense of confusion
  3) anxiety / insecurity

  NOT depressed mood or sad affect

MICHIGAN MEDICINE UNIVERSITY OF MICHIGAN

(Beck & Indman, 2005)

zero TO THRIVE

19

What are some of the risk factors for PPD?

- Genetics or history of depression
  - Prior depression (30%), prior postpartum depression (50%)
  - Depression in pregnancy (60%); Anxiety in pregnancy (25-50%)
- Psychosocial factors
  - Social support/partner support
  - Loneliness
  - Life stress
  - Childcare stress
  - Infant temperament
- Societal expectations
  - Myths of motherhood
  - Work-family stresses

MICHIGAN MEDICINE UNIVERSITY OF MICHIGAN

zero TO THRIVE

20

A note on fathers

- Fathers get depressed, too (up to 25%)
- In the context of mother's postpartum depression, about 30-50% of fathers also experience depression
- Father depression is also linked with child outcomes
- Not uncommon for fathers to feel "left out"

21

Spectrum of Perinatal Mood Disorders

• Antenatal Depression	15%-40%
• Postpartum Depression	15%-40%
• Postpartum Blues	50%-85%
• Postpartum Psychosis	1-2/1000
• Generalized Anxiety	10-20%
• OCD	0.2- 4%
• PTSD	3-7%

22

Baby Blues are common. Psychosis is rare but is a true psychiatric emergency.

- Blues:
- 50-85%
- Labile mood
- Tearful, mildly disturbed sleep
- No major change in functioning
  - Begins 2-4 days after birth
  - Resolves by 2nd week
- Physiologic reaction to birth experience, physical exhaustion, and/or hormonal changes
- No treatment necessary if remits in 2 weeks

- 0.1-0.2%
- Extremely disturbed mood
- Highly agitated
- Severely disturbed sleep
- Delusions/hallucinations
- Suicidal thoughts
- Major loss of functioning
  - Rapid decline over 1-2 weeks
- Psychiatric emergency

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

23

Spectrum of Perinatal Mood Disorders

• Antenatal Depression	15%-40%
• Postpartum Depression	15%-40%
• Postpartum Blues	50%-85%
• Postpartum Psychosis	1-2/1000
• Generalized Anxiety	10-20%
• OCD	0.2- 4%
• PTSD	3-7%

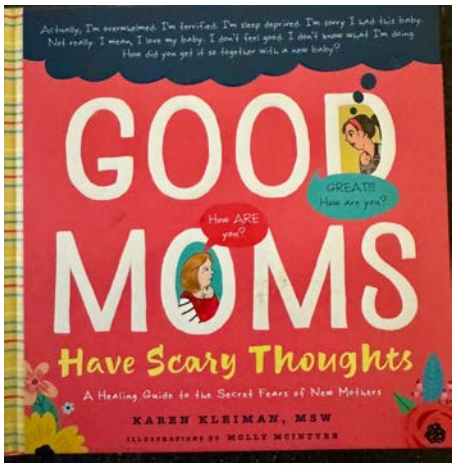
MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

24

Intrusive Thoughts- OCD symptoms

- >90% of postpartum women have intrusive thoughts of *accidental harm* to their baby (illness, fall, abduction, suffocation)
- 50% of postpartum mothers w/ depression have intrusive thoughts about *intentionally harming* their baby
- Most mothers with intrusive thoughts of either kind DO NOT actually harm their babies.
- It is important to pay attention if women have these thoughts in the context of *psychosis or bipolarity*



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

25

Spectrum of Perinatal Mood Disorders

• Antenatal Depression	15%-40%
• Postpartum Depression	15%-40%
• Postpartum Blues	50%-85%
• Postpartum Psychosis	1-2/1000
• Generalized Anxiety	8-10%
• OCD	0.2- 4%
• PTSD	3-7%

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

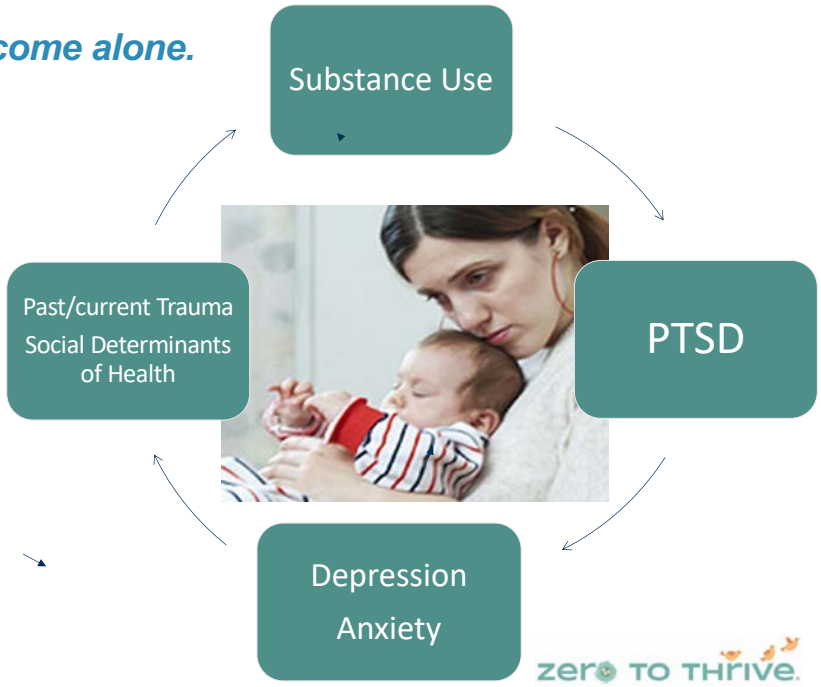
26

Depression does not come alone.

When there are several factors at play like …….

- Trauma, violence, loss, separation, loneliness, no social network…
- Financial /economic instability, food insecurity, housing challenges, no childcare….

..it is common to see co-occurring illness



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

27

How can we support maternal mental health in our practice?

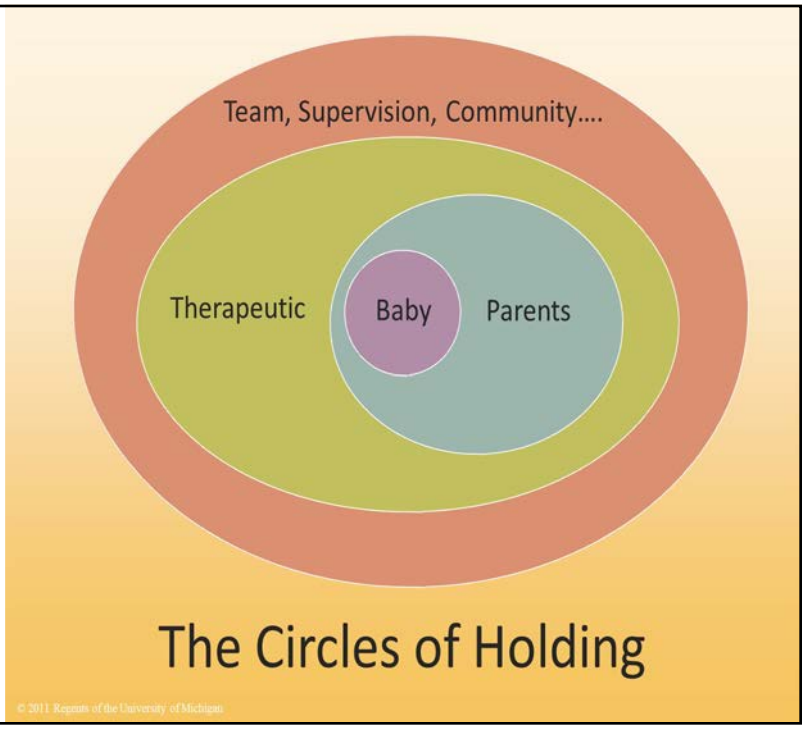
zero TO THRIVE

28

"Do unto others as you would have others do unto others."

Jeree H. Pawl
1986

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN



29

"How we are is as important as what we do."

-Jeree Pawl

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

30

Range of strategies

- "Light touch" – environment
- Screening
- Asking
- Listening
- Responding
- Referring

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

31

Light Touch

- How are we inviting mothers to share their feelings and experiences?

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

32

What is visible in our offices?

You're not alone

Pregnant or just had a baby? The National Maternal Mental Health Hotline is free, confidential, and here to help, 24/7.

1-833-TLC-MAMA

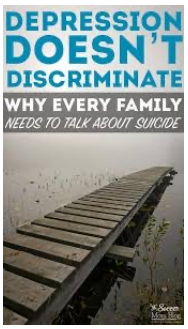
National Maternal Mental Health Hotline

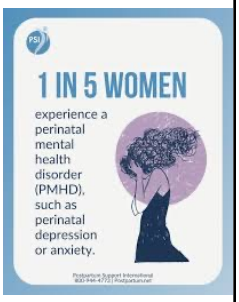
HRSA

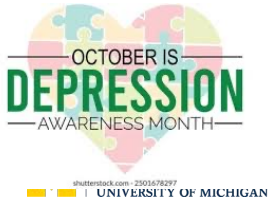
Text Call

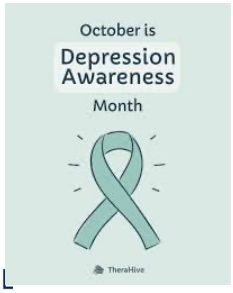
MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

33









UNIVERSITY OF MICHIGAN

34

PSI Public Awareness Posters

www.postpartum.net/resources/psi-awareness-poster/

zero TO THRIVE

A Program of the University of Michigan Department of Psychiatry

35

PSI

POSTPARTUM SUPPORT INTERNATIONAL

office: **503-894-9453**

helpline call or text: **800-944-4PPD** (4773)

helpline text Spanish: 971-203-7773

postpartum.net

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

36

Videos

- **PSI Educational DVDs (promo/trailer):**
  - https://vimeo.com/ondemand/postpartumvideo
- **PSI Public Service Announcements:**
  - www.postpartum.net/news-and-blog/publicserviceannouncement/

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

37

Screening

- Standard screening instruments
- Integrating these into pediatric practice takes intention and attention
  - How will this be incorporated into the medical record?
  - Who will follow up?
  - What resources do we have and where can we refer?
- Screening instruments do not replace asking and listening
- and asking and listening do not replace screening.
  - Detection is 6x higher if screening instruments are included!

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

38

Common Screening Tools

Depression

- Edinburgh Postnatal Depression Scale (EPDS)
- PHQ 2/9

Anxiety

- GAD-7

Trauma/PTSD

- Primary Care PTSD Screen (PC-PTSD)
- ACE adverse childhood experiences

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

39

Let's talk about suicide

- **The main message: Don't be afraid to talk about suicide.**
- Do not avoid questions that are uncomfortable.
- Assess, Refer, and Follow Up – Have a system in place.
- Acknowledge her wisdom in being honest.
- If a suicide risk is present, call friend or family member and escort patient to an emergency facility.
- Have someone stay with patient until family/friend arrives.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

40

Resources

SAMHSA
Suicide Safe
A free mobile app for health care providers.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

41

What is the Papageno effect?

- Papageno is a character in Mozart's "The Magic Flute" who contemplates suicide but is reminded by three spirits to use his magic bells and finds non-suicide alternatives.
- The Papageno effect describes the protective effect of sharing stories about suicidality in a way that conveys hope, healing and a non-suicide resolution.
- Research shows that when details of positive coping during moments of crisis are included in discussions (e.g., media covering suicides), it may have a protective quality for those who may be experiencing thoughts of suicide themselves.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

42

PSI Facilitated Virtual Peer Support Groups

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

43

PSI ONLINE SUPPORT GROUPS SCHEDULE

WEEKLY GROUPS:

MON:
- Perinatal Mood Support for Moms
- Loss Support for Parents
- Postpartum Psychosis Support for Moms
- Desi Chaat (South Asian Moms)
- Pregnancy After Loss

TUE:
- Perinatal Mood Support for Moms
- Perinatal Mood Support for Parents
- Apoyo Perinatal
- Black Moms Connect
- Pregnancy Mood Support

WED:
- Military Moms (Pregnancy & Postpartum)
- Perinatal Mood Support for Moms
- Queer & Trans Parents
- Pregnancy Mood Support

THU:
- Perinatal Mood Support for Moms
- NICU Parents
- Fertility Challenges
- Termination for Medical Reasons

FRI:
- Perinatal Mood Support for Parents
- Pregnancy & Infant Loss for Moms

SUN:
- Black Moms Connect
- Perinatal Mood Support for Moms

MONTHLY GROUPS:

1ST:
- 1st Sunday - Support for Families Touched by PPP
- 1st Monday - Birth Moms

2ND:
- 2nd Monday - Support for Families After Maternal Death

3RD:
- 3rd Wednesday - Mindfulness

BI-MONTHLY GROUPS:

- 1st & 3rd Tuesday - Perinatal OCD Support for Moms
- 1st & 3rd Friday - Dads Support
- 1st & 3rd Sunday - Perinatal Mood Support for Parents
- 2nd & 4th Wednesday - Special Needs & Medically Fragile Parenting
- 2nd & 4th Thursday - Pregnancy & Infant Loss for Parents

SCAN HERE FOR UP-TO-DATE SCHEDULE

Current as of 12/8/2021

Postpartum Support International | www.postpartum.net | 800.944.4773

MICHIG
UNIVERSIT

irive.

44

A few important points

- We do not "put the thought in their head" nor increase risk of suicide if we ask about suicidal thoughts or feelings
- Among depressed people passive suicidal ideation ("others would be better off if I weren't here" or "sometimes I wish I could just disappear"") is relatively common – but that doesn't mean it is unimportant
- If we don't screen we collude ("you don't think about killing yourself, do you?")…
- …but if we screen and don't act, it's malpractice
- and there is help!

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

45

We can open the door…

"When the nurse came in all she had to do was ask one or two questions and then the floodgates opened and it became obvious to her what was going on."

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

46

We can listen...

- Listening and genuine empathy are the often among our **most powerful** interventional tools
- We often want to jump into action when we hear difficult things; however, parents may vary in their trust of professionals as well as their readiness for feedback/change
- Often we have **to sit with the difficult feelings** and listen before offering advice.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

47

We can respond...

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

48

Messages to Convey:

1) You are not alone. Perinatal depression and anxiety are common.
2) You may experience these symptoms: …
3) Symptoms may appear during pregnancy, right after birth, or in the first year(s) of your child's life
4) You did not cause this
5) Don't wait. There is help, and you deserve to be healthy.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

49

Messages to Convey:

1) You are not alone. Perinatal depression and anxiety are common.

Between 15-20% of women experience perinatal depression and anxiety. That is about 1 million women a year. It affects women of all cultures, incomes, and backgrounds.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

50

Messages to Convey:

2) You may experience these symptoms:

- Feeling sad
- Mood swings
- Difficulty concentrating
- Lack of interest in things you used to enjoy
- Changes in eating or sleeping habits
- Panic and/or anxiety
- Feeling like ”I’m going crazy.”
- Feeling guilty or inadequate
- Feeling distant from your baby or not feeling bonded
- Irrational thinking

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

51

Messages to Convey:

3) Symptoms may appear during pregnancy, right after birth, or in the first year(s) of your child’s life

Baby Blues affect most people

But if symptoms last for more than 2 weeks, or if you have symptoms that get worse and are still present after that time, you may have postpartum depression or anxiety

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

52

Messages to Convey:

4) You did not cause this

You are not a bad person.

You have a common and treatable illness.

Many factors can contribute to this, including: the major hormone shifts you have experienced, family history, stress, isolation, and how much social support you have from your family and community

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

53

Messages to Convey:

5) Don't wait. There is help.

We have evidence-based treatments that can help. The sooner the better-- you deserve to be healthy!

Talk to your child's doctor or nurse- they can help you find resources in your community.

Or contact [Postpartum Support International/ or a hotline or resource in your area] to get referrals and help

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

54

Treatment Options

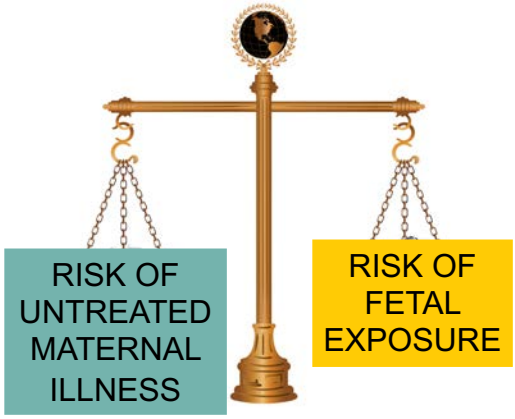
- **Psychotherapy**
  - Effective treatments for PMADs exist
  - Psychotherapy is typically the front-line treatment for mild to moderate PMAD
  - Cognitive Behavioral Therapy, Interpersonal Psychotherapy, Perinatal Dialectical Behavior Therapy, Mom Power/Strong Roots Group Therapy, Infant Mental Health / Home Visiting
- **Medication**
  - Evidence-based treatments exist
  - Important to have a PCP or specialist who knows about PMADs
  - Mis-and dis-information leaves mothers without access to information they need to make the best decision they can for themselves and their babies.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

55

Pharmacotherapy in Peripartum = Balancing Risks



CASE-BY-CASE DECISION
DISCUSS WITH PROVIDER

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

56

Complementary Alternative Approaches

- Sleep hygiene (more bright light during day, dark at night)
- Circadian rhythm therapy (=light therapy)
- Exercise – e.g., walk outdoors at a brisk pace for 20 min 5x/week
- Diet/nutrition (e.g., vitamin D, omega-3s)
- Social support/Respite

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

57

Supporting Sleep

- Sleep is a big issue for all mothers of infants and young children
- If women report interrupted sleep- but is able to sleep – they will be tired but functional
  - If mom is exhausted and not sleeping well 'prescribe sleep'
  - Engage supports
  - Try CAM approaches- mindfulness, warm baths
- If mom doesn't sleep at all for 3+ nights this is an emergency- refer for meds consult/psychiatric care

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

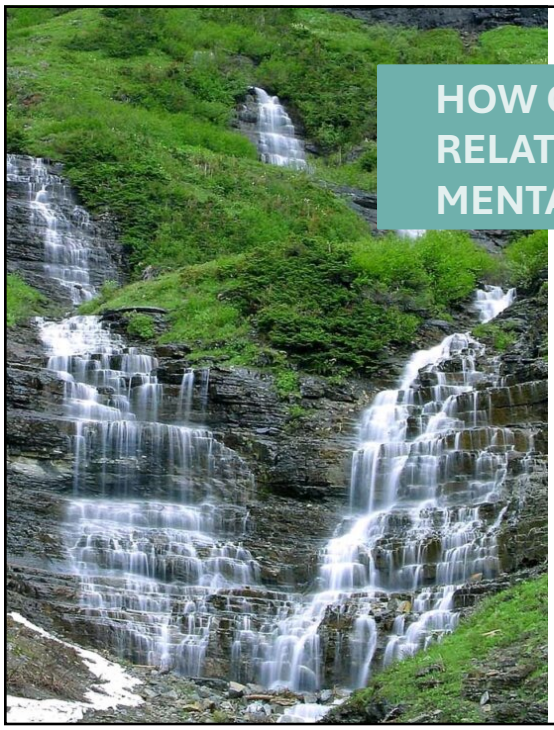
58

What are resiliency factors?

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

59



HOW CAN STRENGTHENING EARLY RELATIONAL HEALTH HELP MATERNAL MENTAL HEALTH?

The potential for "cascading effects":

- Early relational health can lead to feelings of connection and efficacy for the parent, and in turn, to feeling less stressed and distressed
- Lower stress and distress can lead to more positive impacts on interactions and ERH
- Evidence that parenting interventions can also lead to better maternal mental health

zero TO THRIVE

Adina et al., 2020

60

How can I support ERH during an office visit?

zero TO THRIVE

A Program of the University of Michigan Department of Psychiatry

61

The Thrive with Your Baby Clinic

zero TO THRIVE

A Program of the University of Michigan Department of Psychiatry

62

The Serve and Return

The child "serves" by reaching out for interaction—with eye contact, facial expressions, emotional expression, gestures, babbling, or touch.

A responsive caregiver will "return the serve" by speaking back, playing peekaboo, or sharing a toy or a laugh, mirroring the emotion.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Harvard Center for Developing Child

zero TO THRIVE

63

As provider I ask myself?

What promotes "serve and return" in parent? What promotes relational health?

- Let me support parents' observations
  - Support to observe without judgement and self-criticism
- Let me support parents as they give voice to their child's experience
  - Builds appreciation for baby's inner emotional life
- Let me encourage their wondering and curiosity
  - Fosters reflective parenting

zero TO THRIVE

64

As provider I too follow..

- Observe, Serve and Return
- Attend to my own reactions to parent-child behaviors
- Elevate Parent Voice

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

65

As provider I.. Observe the Dyad's "Serve"

- Watch for and notice moments of dyadic mutuality, shared positive affect, mutual gaze, responsive vocalizations, etc.
- Can be while reading a book, singing, play without toys, etc.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

66

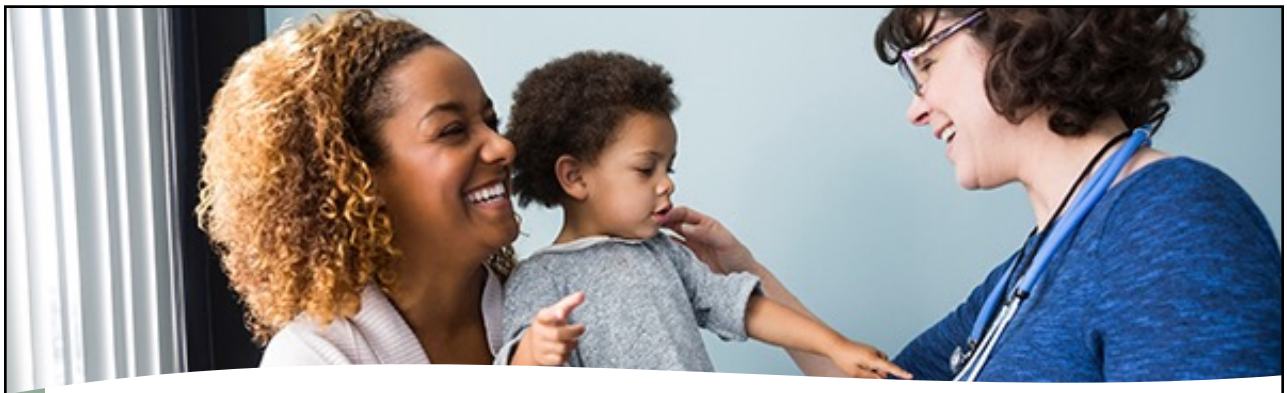
As provider I.. "Return" what was observed

- "I see how you are both looking at the book together!"
- "Dad you let her turn the page on her own."
- "Did you see how she reached for you to have you pick her up and then you picked her up?"
- "She copied the sound you just made!"

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

67



What is my intent for the parents' experience?

- To feel safe
- To feel seen, valued, and understood
- To not feel judged
- To be seen with all their strengths and efforts, yet also understood in what is hard and needs support
- To join in mutual wondering stance, and hold hope and persistence to "figure it" out together

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

68

SUMMARY

- PMADs are common, and are related to early relational health
- When we open the door to hearing how mothers are feeling, we also open the door to connecting mothers to meaningful, potentially life-saving help.
- There are a range of strategies we can employ.
- Strengthening early relational health can reduce parenting stress and promote maternal mental health
- Together we can achieve the vision of a world where every child has the relationships essential to learn and thrive!

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

69

Thank you.

katier@med.umich.edu

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

70