Safety Action Series

Empowering Patients, Improving Outcomes

Maternal Mental Health

Monday, December 14, 2015
12:00 p.m. Eastern
Dial In: 888.863.0985
Conference ID: 87568157
Speakers

Lisa Kay, MSW
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Mid-Atlantic Regional Coordinator, Postpartum Support International
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Disclosures

- Lisa Kay, MSW has no real or perceived conflicts of interest to disclose.

- Lynne McIntyre, MSW has no real or perceived conflicts of interest to disclose.

- Katherine Stone has no real or perceived conflicts of interest to disclose.
Objectives

- Review key strategies for effective communication with patients and their families or other care providers.
- Learn from patients who have experienced a mental health challenge during pregnancy or the postpartum period.
- Hear tips to overcome patient education and engagement challenges.
- Explore educational tools and strategies available to help patients take an active role in their care.
The Facts

Postpartum Depression & Anxiety

- 1 in 7 women – 14%
- Spectrum includes depression, anxiety, OCD, PTSD, and Panic Disorder

Postpartum Psychosis

- 1 in 1,000 women - 0.01%
- In contrast to the intrusive thoughts of OCD, these women may have delusions and hallucinations.
- Risk of suicide and infanticide

50-85% of women will experience “baby blues” after welcoming a new baby to their lives, which is characterized by mild to moderate tearfulness, anxiety, and irritability. This is not a mental illness, but simply hormonal adjustment.
Why Conduct Screening?

• You Can’t Tell By Looking
  – When screening is based on clinical observation alone, 50% of women suffering are missed
  – 3 in 4 moms with depressive symptoms do not consult a professional
  – Most women say they still aren’t being asked about this or provided enough education to recognize illness and know what to do
Lynne McIntyre: My Experience

• Pregnancy
• Prenatal care
• Mental health history
• Anxiety, not depression
• Postpartum
  – “Let’s talk about birth control!”
  – 2nd maternity ward experience
Current Work

• Populations:
  – “Upper Caucasia”
  – Low SES, urban African Americans
  – Low SES, urban & suburban Latinas

• Setting:
  – Mary’s Center for Maternal & Child Care
  – $40 million/year FQHC
Current Work

• Services:
  – Support groups
  – Psychotherapy & Psychiatry
  – Community Support
  – Adjunct: WIC, Home Visiting, Charter School
Observations of Note

• “That’s a white woman’s disease”
• “Why did you have a baby if you didn’t want one?”
• Chronic condition that pre-dates pregnancy and continues after the postpartum
• Many, many women have intrusive thoughts
• PTSD is in the eye of the mother
• Classic support group model in low SES populations – a tough sell
• “Baby-friendly” hospitals/breastfeeding
Lisa Kay: My Experience - Perinatal Anxiety

- 6% of pregnant women and 10% of postpartum women experience clinical anxiety
  - Obsessive Compulsive Disorder during pregnancy, generate symptoms such as:
    - Constant worry
    - Racing and intrusive thoughts
    - Compulsive behaviors
    - Fear of harming unborn child
Repeated studies point to the risk of perinatal mental health disorders

30% of the maternal deaths can be attributed to accidental drug overdose or suicide.

Leading causes of death during pregnancy up through the first 42 days post delivery (N=74):
1. Accidental drug overdose
2. Pulmonary embolism
3. Motor vehicle crash

Working to - Stamp Out Stigma

• Campaign of the Association for Behavioral Health and Wellness - www.stampoutstigma.com

TAKE THE PLEDGE
As a supporter to those who have a mental illness or substance use disorder, I understand the importance of recognizing the high prevalence of mental illness and substance use disorders. I also know that when recognition is coupled with reeducation and understanding, health-seeking action can be taken. These actions lead to recovery, which is possible for everyone. The Three R’s (recognize, reeducate and reduce) depend on each other to effectively Stamp Out Stigma surrounding mental illness and substance use disorders. This is what I, as an individual, charge myself to do—to fully Stamp Out Stigma and clear the path to health-seeking behavior. It begins with me.
A Variety of Resources

- **Screen** -
  - PHQScreeners.com
    - PHQ 4 includes initial questions about depression and anxiety
  - Edinburgh postnatal depression scale

- **Refer** -
  - Insurance company
  - Postpartum Support International

- **Reassure (care providers and moms)** -
  - 2020 Mom
  - ACOG
Q&A Session

Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
Next Safety Action Series

Creating the Link: Coordinating Inpatient and Community Resources for Patients, Family, and Staff After a Severe Maternal Event

January 2016 – Date and Time to be Determined

Aimee Danielson, PhD
Director, Women’s Mental Health Program
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Camille Hoffman, MD, MSCS, FACOG
Assistant Professor, Ob-Gyn and Psychiatry
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