

Perinatal Mental Health – More Than Baby Blues

Presented by Stephanie Morales, MA, LMFT



webinar outline

Webinar Overview:

Postpartum Depression occurs in up to 20 percent of all new mothers. It's considered the number one postpartum childbirth complication. After this one hour webinar, you will have a better understanding of how perinatal mental health extends beyond depression, impacts the entire family, and can be identified before the family is in crisis.

Presenter Bio:

With over 10 years of experience, Stephanie Morales, MA, LMFT, is known internationally for her work with perinatal mental health. Stephanie works closely with members of the birthing community, medical and mental health professionals to enhance understanding of parenting, reproductive mental health, and perinatal mood disorders. Offering lectures on Postpartum Mood Disorders and Cultural Considerations, Stephanie is considered a leader in her field with regard to meeting the rich cultural needs of her clients.

Stephanie is a member of many professional organizations including Resolve, ASRM, and The Los Angeles County Perinatal Mental Health Taskforce and acts as co-coordinator for Postpartum Support International.

Currently, Stephanie maintains a private practice in Hermosa Beach, California where she works exclusively with women and couples struggling throughout their reproductive period. She is a proud mother of two daughters, wife and a survivor of postpartum depression.



Outline:

1. Webinar Experience and Handouts

- <http://injoyvideos.com/perinatal-mental-health>

2. Stephanie Morales, Licensed Marriage and Family Therapist

- <http://stephaniemoralesmft.com/>

3. Overview

- Understand the range of perinatal mental health disorders, prevalence, and causes
- Increase awareness of risk factors
- Learn how to talk about maternal depression
- Review link between screening results and referrals/ resources for perinatal depression treatment
- Explore cultural considerations and special populations.

4. Myths of Motherhood

5. Myths and Misconceptions

- Pregnancy and Childbirth is a wonderful experience
- Motherhood is “instinctive”; you will know just what to do
- You will have a beautiful, healthy baby
- Breastfeeding is instinctual, both you and your baby will know how to do it
- You will be the perfect mother
- This is supposed to be the best time of your life.
- Good mothers don't get depressed

Questions?

Call us at 800.326.2082 x2

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6. What is Perinatal?

7. This is definitely not what I expected....

8. The Face of Perinatal Mental Health

9. The Baby Blues....not a disorder

10. Symptoms of the Blues

11. Etiology

- Rapid hormone changes
- Physical and emotional stress of birthing
- Physical discomforts
- Emotional letdown after pregnancy and birth
- Awareness and anxiety about increased responsibility
- Fatigue and sleep deprivation
- Disappointments including the birth, spousal support, nursing, and the baby

12. Perinatal Mental Health Disorders

13. Antenatal Depression/Anxiety

15.

- Untreated Depression in Pregnancy Increases Risk of Postpartum Depression by 50-80%

16. Postpartum Depression

- Major depressive disorder, recurrent, with postpartum onset (296.3)
- Occurs in up to 20% of all new mothers
- Onset is generally gradual, but can be rapid and begin any time within the first year (despite what the DSM says)

17. Symptoms of Postpartum Depression

18. Symptoms of Postpartum Depression

19. Fear of Childbirth and Postpartum Depression

- Pregnant women with diagnosed fear of Childbirth are at greater risk of Postpartum Depression.
- “...having a fear of childbirth puts women with no history of depression at an approximately three times higher risk for postpartum depression.” ~University of Finland

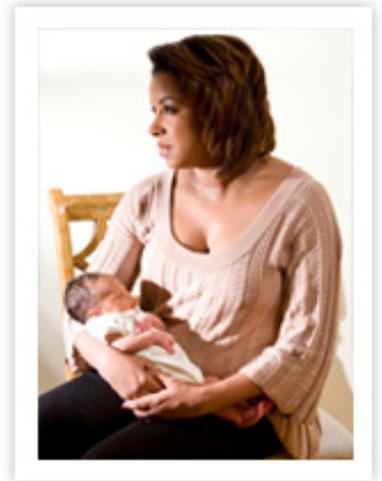
20. Postpartum Obsessive Compulsive Disorder

- 3% - 5% of new mothers may develop OCD symptoms

21. Symptoms of Postpartum Obsessive Compulsive Disorder

22. Postpartum Panic Disorder

- May occur in about 10% of postpartum women
- Panic attacks (racing heart, difficulty breathing, sweating, shaking, sense of being out of control)
- Sometime first episode is during pregnancy
- May awaken from sleep in panic without a trigger
- Increases feelings of helplessness and inadequacy



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23. Postpartum Psychosis

- Occurs 1 to 2 per 1,000 postpartum women
- 5% suicide and 4% infanticide rate
- Early onset (first few days postpartum)
- Requires immediate medical intervention and hospitalization!

24. Symptoms of Postpartum Psychosis

25. Not Guilty by Reason of Insanity

26. Postpartum Post-Traumatic Stress Disorder

- May occur in 1-6% of postpartum women
- Often related to a traumatic birth experience or prior sexual abuse
- Depression and anxiety tend to co-occur
- Sometimes related to fear that depressive/anxious symptoms will resurface.

27. What Causes Perinatal Mental Health Disorders?

28.

29. Risk Factors for Postpartum Depression

- 50-80% risk if previous episode of Postpartum Depression
- 50% risk if depression or anxiety during pregnancy
- Personal or family history of mental illness or substance abuse
- History of severe Premenstrual Syndrome or Premenstrual Dysphoric Disorder
- Prior perinatal loss
- Abrupt weaning

30. Risk Factors for Postpartum Depression

- Past abuse or neglect/trauma
- Mother's loss of her own mother
- Medical complications in mother or baby
- Social isolation
- Poor support system
- Mood changes while taking birth control pill or fertility medication
- Thyroid dysfunction

31. Paternal Perinatal Depression - Symptoms

32. Cultural Considerations and PPD

33. Postpartum Depression Knows No Cultural Barriers or Bounds

34. Receiving Treatment

- Stigma - being labeled as crazy or as a bad parent
- Financial Difficulties - high cost of psychiatric care rules out therapy
- Lack of awareness/education
- Depression



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35. Prevention and Early Intervention

- Pregnancy is the window of opportunity for prevention and identification of risk factors
- Early intervention is crucial if mood symptoms are present during pregnancy
- Reduces negative impact on child

36. Treatment

- Three Critical Components

37. Medical Intervention

- Rule out other medical causes
- Rule out postpartum thyroiditis which occurs in about 10%
- Psychotropic medication evaluation

38. Therapeutic Interventions

39.

40. Social Support

41. Social Support

42. Support Group Musts

- Convenient location, facility and parking
- Make groups available for mother's with other young children
- Assure confidentiality
- Offer at low fee or no fee to increase access to support
- Market your group, get the word out!
- Use culturally and linguistically appropriate staff/peers whenever possible.
- Be consistent!

43.

44. Why Care So Much About Maternal Depression?

45. Consequences of Untreated Postpartum Depression

- If left untreated can become chronic depression; impact on woman, child, family then much greater
- Can have multigenerational impact
- One of the most significant mental health issues impeding children's readiness for school. (Mental Health Policy Panel, Department of Health Services)
- Increased incidence of childhood psychiatric disturbance, behavior problems, and poor social development.
- Implications for impaired attachment.
- Potential for child abuse and neglect

46. Thank you!

- Thank you, Stephanie!
- Please visit <http://stephaniemoralesmft.com/>

47. Special Offer – Final Thoughts

- Special Offer for those who listened live.
- Watch for our next webinar on:
- Need a certificate of attendance? Email: lwilson@injoyvideos.com
- Short survey



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National Resources:

- Postpartum Support International
 - www.postpartum.net
- National Institute of Mental Health:
 - <http://www.nlm.nih.gov/medlineplus/postpartumdepression.html>
- Online support group:
 - <http://www.ppdsupportpage.com/>
- Postpartum Men:
 - www.postpartummen.com
- MedEdPPD:
 - <http://www.mededppd.org/>
- Postpartum Progress Blog:
 - [ww.postpartumprogress.typepad.com](http://www.postpartumprogress.typepad.com)
- National Hopeline:
 - www.hopeline.com
 - (800) SUICIDE (784-2433)



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InJoy Birth and Parenting

Hereby states that

Completed the webinar program:

Perinatal Mental Health— More than the Baby Blues

Facilitated by Stephanie Morales, MA, LMFT, on March 26, 2014.

This webinar was the equivalent of one contact hour of continuing education.

A handwritten signature in black ink, appearing to read "Laurel", is centered on the page.

Laurel Wilson, IBCLC, CLE, CCCE, CLD