



## Issue Brief

# A Call for Comprehensive Perinatal Psychotherapy Training

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Perinatal depression occurs in 10 to 15% of all new mothers<sup>1,2</sup> and has been found to be as high as 23 to 52% in low-income populations.<sup>3,4</sup> Untreated depression during pregnancy and the postpartum period is associated with negative outcomes for mothers, infants and families. For instance, depression during pregnancy can influence maternal self-care and reduce the likelihood that women receive adequate pre-natal care.<sup>5</sup> It is also associated with elevated risks of preterm birth, low birth weight, intrauterine growth restriction,<sup>6</sup> pre-eclampsia,<sup>7,8</sup> illicit substance use<sup>9</sup> and in severe cases suicidality and infanticide. Untreated depression during pregnancy is also one of the strongest predictors of postpartum depression (PPD), which is a well-known risk factor for negative cognitive and emotional developmental outcomes for children.<sup>6,10</sup>

## Current Efforts to Address Perinatal Depression

With the increasing awareness of the frequency and impact of perinatal mental health issues, public health efforts have been made to promote screening<sup>11</sup> and provide follow-up treatment.<sup>12</sup> For instance, some states have initiated programs that provide perinatal psychiatric consultations to primary care and specialty practitioners who can prescribe for pregnant and postpartum women, and care coordination services to promote access to psychotherapy.<sup>13,14</sup> Recently, a federal bill, Bringing Postpartum Depression Out of the Shadows as part of the 21st Century Cures Act, was passed to support the development of similar programs in other states.

## The Importance of A Family-Based Psychotherapy Approach

While these efforts promote detection and referral to psychotherapy, they do not ensure the availability of



adequate psychotherapy options. It is particularly important to focus on psychotherapy for this patient population for a variety of reasons. First, many perinatal women will only seek psychotherapy as they prefer not to take medication while pregnant or breastfeeding.<sup>15-17</sup> Indeed, a large cross-cultural study found that for those who seek professional help, “talk therapy” is seen as the preferred treatment.<sup>18</sup> Secondly, psychotherapy is the only evidence-based treatment option during pregnancy and breastfeeding that is risk free for baby and mother and is therefore considered a first-line approach for mild-to-moderate depression.<sup>19</sup> Thirdly, combined treatment approaches (medication plus psychotherapy) or psychotherapy alone tend to be more effective for co-morbid disorders, such as post-traumatic stress disorder, obsessive compulsive disorder, and substance abuse disorders.<sup>20-22</sup> These are present in at least one half of women with PPD.<sup>23,24</sup> Lastly, but importantly, evidence suggests that treatments that target symptom reduction only, such as medication, are not sufficient to prevent the associated negative outcomes in children.<sup>25-27</sup> Rather, it is thought that the association between maternal depression and negative child outcomes occur, at least in part, as a result of a complex set of interactions within the family system that do not completely resolve after a mother’s depression remits.<sup>28-30</sup>

Certain types of psychotherapy interventions for perinatal women have shown positive outcomes for mothers, infants and families. For instance, psychotherapy interventions that address the infant-mother relationship seem to reduce the impact of PPD on children's cognitive and emotional development by improving maternal sensitivity, responsiveness, affective involvement, reflective capacity, and attachment security.<sup>29, 31-38</sup> Similarly, psychotherapy interventions designed to include partners in treatment can positively impact maternal mood, improve the quality of the co-parenting relationships, and promote positive outcomes in children.<sup>39-43</sup>

## Translating Evidence-Based Therapies into Practice

Given the importance of psychotherapy that addresses the family system, there is a need to provide trainings for therapists in a family oriented approach to perinatal mental health issues. While several such evidence-based, manualized psychotherapies have proven effective,<sup>32,44-48</sup> the use of these treatments remains limited due to the financial and logistical challenges of integrating new forms of psychotherapy into on-going clinical care settings.<sup>49, 50</sup> Indeed, several of these treatment models require a team approach of infant therapists, maternal group therapists and dyadic therapists working together, which further increases barriers to implementation. Moreover, evidence suggests that efforts to implement manualized psychotherapies in real-world settings face sustainability and fidelity challenge.<sup>51</sup> Therapists tend to integrate what they find to be useful into their own style of practice and adapt therapies that have been validated in a pre-screened, narrowly defined patient populations to meet the specific needs of their patients' more complex presentations.

## Providing Psychotherapy Trainings Offers A Practical Solution

The perinatal period is a sufficiently distinct stage of life to warrant a minimum requirement for specialty training amongst therapists working with this patient population. Such practice is standard of care for therapists working with patients at other important life stages (childhood,

older adults, etc). To this end, evidence-informed trainings on perinatal mental health issues could offer one realistic solution, improving therapists' capacity to meet the specific needs of mothers and their families without requiring therapists to adopt an entirely new model of psychotherapy. Such trainings could cover essential topics of perinatal mental health (e.g., perinatal differential diagnosis, common risk factors, importance of social support and ways of connecting women to appropriate supports, common emotional issues, and strategies for addressing stigma and improving engagement), as well as evidence-based techniques for supporting the mother's relationship with her infant and partner. Given the relative ease and affordability of such trainings, this common sense approach deserves to be more rigorously tested and compared to other evidence-based practices.

Research has provided us with a tremendously rich understanding of the perinatal period and the kind of psychotherapeutic techniques that can effectively address issues that arise during this time. It is now time to more fully integrate and disseminate this knowledge to providers who are working with the perinatal population so it can be widely used in thoughtful and nuanced ways. As we increase the detection of perinatal mental health concerns and increase pathways to access psychotherapy, let us not miss out on this opportunity to ensure that new mothers and families get what they need from psychotherapy, so they are given their best chance to move forward.



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