Behavioral Health considerations in prenatal and postpartum care

Elizabeth C. Dykhouse
University of Massachusetts Medical School

Let us know how access to this document benefits you.
Follow this and additional works at: https://escholarship.umassmed.edu/liberia_peer

Part of the Behavioral Medicine Commons, Family Medicine Commons, Maternal and Child Health Commons, Medical Education Commons, Mental and Social Health Commons, Obstetrics and Gynecology Commons, Psychiatry and Psychology Commons, and the Women's Health Commons

Repository Citation

This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in PEER Liberia Project by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
Behavioral Health considerations in prenatal and postpartum care

Elizabeth C. Dykhouse, PhD
Director of Behavioral Science, Worcester Family Medicine Residency
Assistant Professor, Department of Family Medicine and Community Health, University of Massachusetts Medical School
What is Behavioral Health?

Mental Health:
- Psychiatric
  - Severe and persistent mental illness
  - Substance use
  - Evaluation & diagnosis
- Coping skills for stress & common psychosocial issues

Stress:
- Suicidality & passive morbid ideation
- Being overwhelmed
- Major life changes or events

Health Behaviors:
- Weight loss
- Substance use
- Sleep hygiene
- Managing new diagnosis
- Chronic illness management
What is Behavioral Health?

• Clinical
  • Stress: new onset panic or anxiety, insomnia, adjusting to a new diagnosis
  • Grief: death, loss, change
  • Chronic Illness Management: obesity, diabetes, hypertension, chronic pain
  • Behavior Change: substance use, chronic disease

• Any issue requiring support for motivation and behavioral change to improve overall health and wellness

• Focus on communication and relationship between patient and provider
The Biopsychosocial Model

BIO
- Gender
- Disability
- Physical health
- Neurochemistry
- Stress reactivity
- Genetic vulnerability

PSYCH
- Behaviour
- Personality
- Attitudes/Beliefs
- Learning and memory
- Coping and social skills
- Self-esteem and emotions

WELL-BEING
- IQ
- Temperament

SOCIAL
- Education
- Social support
- Peer relationships
- Family background
- Socioeconomic status

FAMILY relationships
- Life events

Substance abuse
How do you see pregnancy and birth impacted by....

- Stress
- Grief
- Chronic Disease
- Behavior Change
- Trauma
Stress and mental health in pregnancy

• What mental health concerns do you see in pregnancy?
Stress and pregnancy

• “Stress” can include...
  • Mental health (depression, anxiety)
  • Bereavement and grief
  • Bad relationship with family and/or partner
  • External disasters

• Why? Unclear. Possibly...
  • Cortisol
  • Blood flow
  • Serotonin

• Importance of timing of stress is unclear

  (Glover, 2014; Kingston & Tough, 2014; Leis et al., 2014; Van den Bergh, 2017; Woods et al., 2010)
Outcomes for child development

• Prenatal stress
  • Lower birthweight for gestational age
  • Earlier delivery and pregnancy
  • Induced hypertension
  • Altered physical outcomes (e.g., increased risk of asthma)

• Correlations for behavioral outcomes for children later in life
  • Anxiety and depression
    • “If the mother was in the top 15% for anxiety, her child was at double the risk for emotional and behavioural problems at ages 4 and 7 years”
  • Symptoms of attention deficit hyperactivity disorder (ADHD)
  • Symptoms of conduct disorder
  • Possible cognitive and language delay
  • Other socio-emotional problems

(Glover, 2014; Kingston & Tough, 2014; Leis et al., 2014; Van den Bergh, 2017; Woods et al., 2010)
Health behaviors during pregnancy

• Substance use
  • Alcohol (Henderson, Gray, & Brocklehurst, 2007)
  • Opioids (Bell et al., 2016)
  • Nicotine (Ernst, Moolchan, & Robinson, 2001)
  • Cocaine (Lambert, & Bauer, 2012)

• Chronic disease

• Education, problem solving, and motivational interviewing
Postpartum Depression

• Prevalance is 6.5 to 12.9% or higher
• Onset during or within 4 weeks of delivery
• Similar symptoms of MDD
  • Additional can include difficulty bonding with baby
  • Alert to symptoms of bipolar or psychosis
• Treatment with psychosocial strategies for mild to moderate and SSRIs for severe (generally considered to be compatible with breast feeding)
• ~20% of women with postpartum depression continue to have symptoms after one year and 13% after two years
• ~40% of women will have a relapse later, possibly in later pregnancies

(Stewart & Vigod, 2016)
Postpartum Psychosis

• Onset typically in the first days or weeks after delivery

• Symptoms include...
  • Delusions
  • Hallucinations
  • Bizarre behavior
  • Confusion
  • Disorganized thoughts
  • Can be associated with depressed or elevated mood

• ~prevalence of 1 to 2 cases per 1,000 births, can be manifestation of bipolar disorder

(Sit, Rothschild, & Wisner, 2006; Stewart & Vigod, 2016)
Trauma and pregnancy

- Sexual assault and rape
- Familial and/or partner violence
- Traumatic events
- Pregnancy loss and infant loss
- Complications in pregnancy and delivery
So what can we do?

- Assessing safety of mother and baby
- Screening and assessing for...
  - Mental health problems during and after pregnancy
    - E.g., 10-item Edinburgh Postnatal Depression Scale (EPDS)
  - Substance use
  - Violence involving intimate partner, other trauma
  - Family and social supports
- Treatment from a biopsychosocial perspective
  - Medication for psychiatric disorders
  - Treatment of other physical conditions
  - Physician relationship and reassurance (normalization of negative emotions)
- Frequent follow up if possible, home visits if possible
- Interventions to reduce stress and improve coping
References


