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# Behavioral Health considerations in prenatal and postpartum care

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# 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

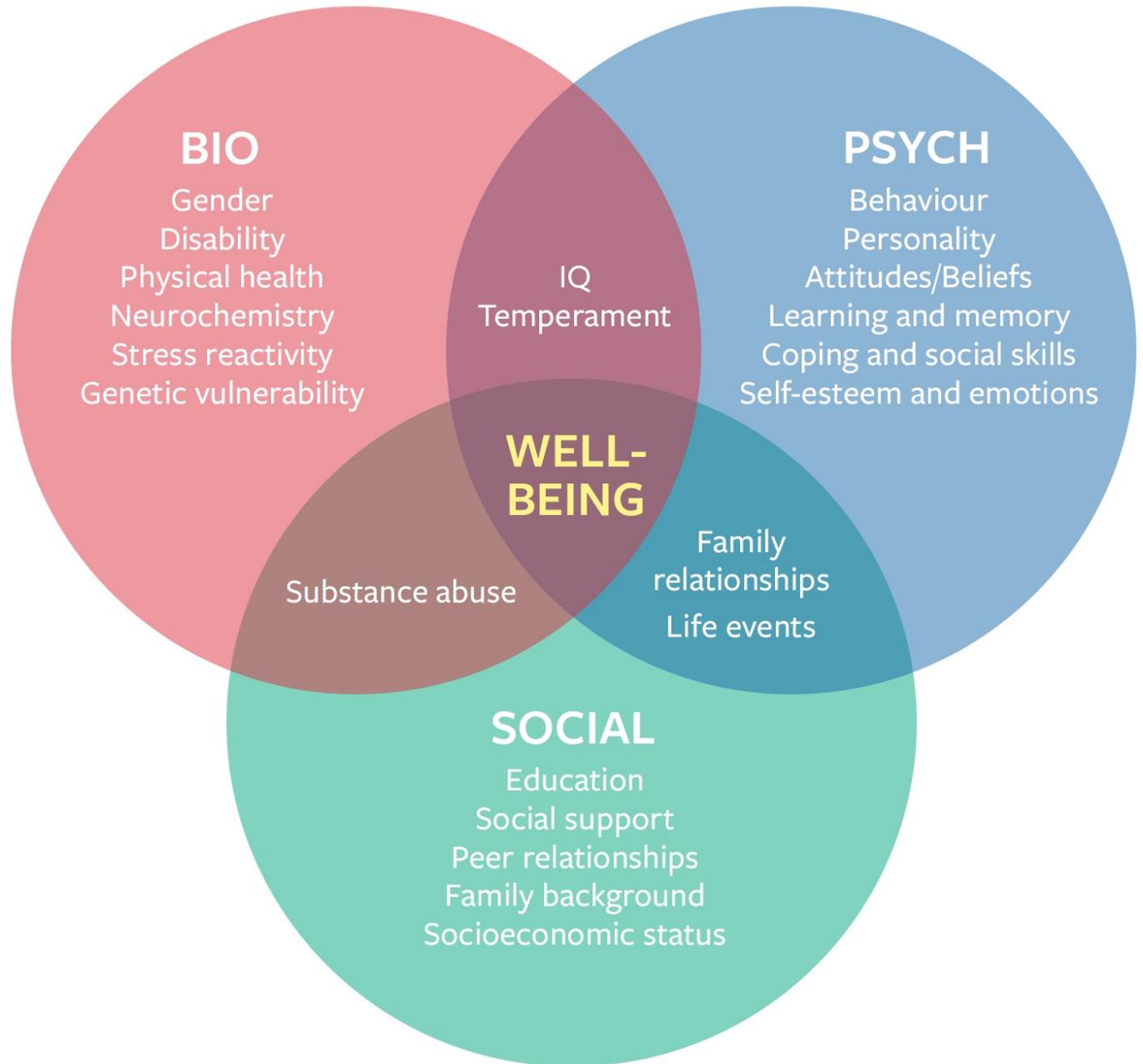
## Health Behaviors:

- 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



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

- Prevalence 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

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