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Relationships as Key to Recovery for Perinatal Women Living with Depression

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Comments
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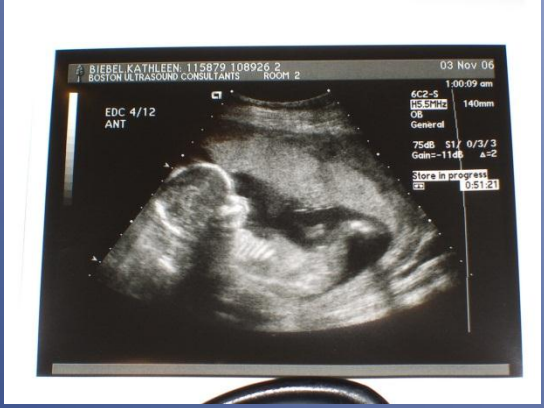
UMASS

Goals

- What we know about perinatal women living with depression
- Our study
- Findings regarding relationships
- Next steps

Terminology

- Perinatal
  - Traditionally, mid-pregnancy to 28 days after birth



- A continuum
  - Include all of pregnancy and up to several years after birth

Impact of mental health challenges during the perinatal period

- Affect parent, child, partner and family
  - Attachment challenges
  - Under-utilization of prenatal care
  - Behavioral challenges with children
  - Difficulties with social interactions
  - Poor health behaviors

Prevalence of perinatal mental illness

- 25% of women pregnant in past year met criteria for psychiatric diagnosis
- 10-20% of mothers meet criteria after birth
- 10-25% of fathers

Few seek treatment

- 15-25% of women meeting criteria receive treatment

Why limited treatment seeking?

- Concerns of being judged as a mother
- Concerns about losing parental rights
- Lack of understanding by mothers and providers about medication during pregnancy and post delivery
- Negative experiences in the mental health system

Study and purpose

- Study of women with lived experience of depression during and after pregnancy
  - Interested in experiences with providers
    - what is helpful?
    - what are barriers?
    - what can we do to affect change?

- Use findings to develop preliminary guidelines to engage women in depression treatment
- Inform development of interventions to integrate depression treatment into provider settings

Methods

- Four focus groups with mothers (n=27) in Western Mass
  - Self –identified as experienced perinatal depression or emotional crisis
  - Probes targeted to identify barriers and facilitators to accessing care, and potential strategies for change

Characteristics of mothers

- Mean age: 32
- Caucasian
- 80% had 1 or 2 children
- Income variability
  - 22% - less than 20K/year
  - 11% - more than 100K/year
- All parenting with a partner
- Mental health treatment
  - Pre-pregnancy – 70%
  - During pregnancy – 22%
  - After pregnancy – 67%

General findings

- Barriers to care
  - Fear
  - OB providers lack of knowledge re: mental health care
- What would facilitate care
  - Flexible care options
  - Recognition of importance of perinatal mental health
  - Integrate prevention, detection, and management of depression into perinatal care

What mothers' said about relationships

- Value of relationships
- Relationships critical to wellness for mother, child and family
- How a "good" or "bad" relationships can influence if and how care is received by mothers

There are many “providers” in mothers’ lives

- OB/GYNs
- Mid-wives
- Mental health professionals
- Pediatricians
- Partners, families and friends
- Lactation consultants
- Yoga instructors
- Chiropractors
- Support groups
- Facebook, virtual environments

Focus on mothers AND babies

"What would be helpful for me to hear from an OB is, 'you know, we make this appointment to talk about the wellness of your child, but let's take a few moments and talk about the wellness of you. What do you want to tell me so far about this experience for you?'"

Recognize the transition to parenthood

"People are really good at forgetting there's a primary caretaker for that baby who could use some attention…and I think it's a hard transition for moms to go from being the sole, you know, person getting attention being pregnant, and that the second you deliver, it's like you're yesterday's news."

Acknowledge physical and emotional experiences

"It was really creepy actually, cause the doctors were focusing on the medical stuff. And they were like, 'oh, something's really wrong.' And then the midwives had no clue and they were saying, 'How are you feeling? Your ankles look good. Not a lot of swelling'….so there wasn't any space in any of this for people to ask me how I was doing, how I was feeling, or any discussion of the emotional stuff."

Acknowledge the whole person, not just the illness

"Address everything that's not depression. You know, there's exercise…nutrition, sleep, friendships. Everything changes when you have a baby, and if there was some sort of way to encompass the whole self, that would be really cool."

Learn through authentic communication

"You know, my pediatrician referred me there…he's such an amazing person. But it was such an organic conversation. He was asking about her eating habits, which led to sleep and then about my eating habits. And it didn't feel like when I was screened six weeks postpartum and she went down the checklist and said, 'have you laughed? Do you feel good?'"

Have a conversation about supports

"When I delivered at Umass Memorial you have a nurse and you get these two booklets – one is on shaken baby and on one postpartum depression and psychosis. And the nurse goes through each with you, and you both sign off that you've gone through and read the materials so you can kind of recognize…when you're angry and have to put the baby down….That was really helpful, and I was surprised and happy they did that."

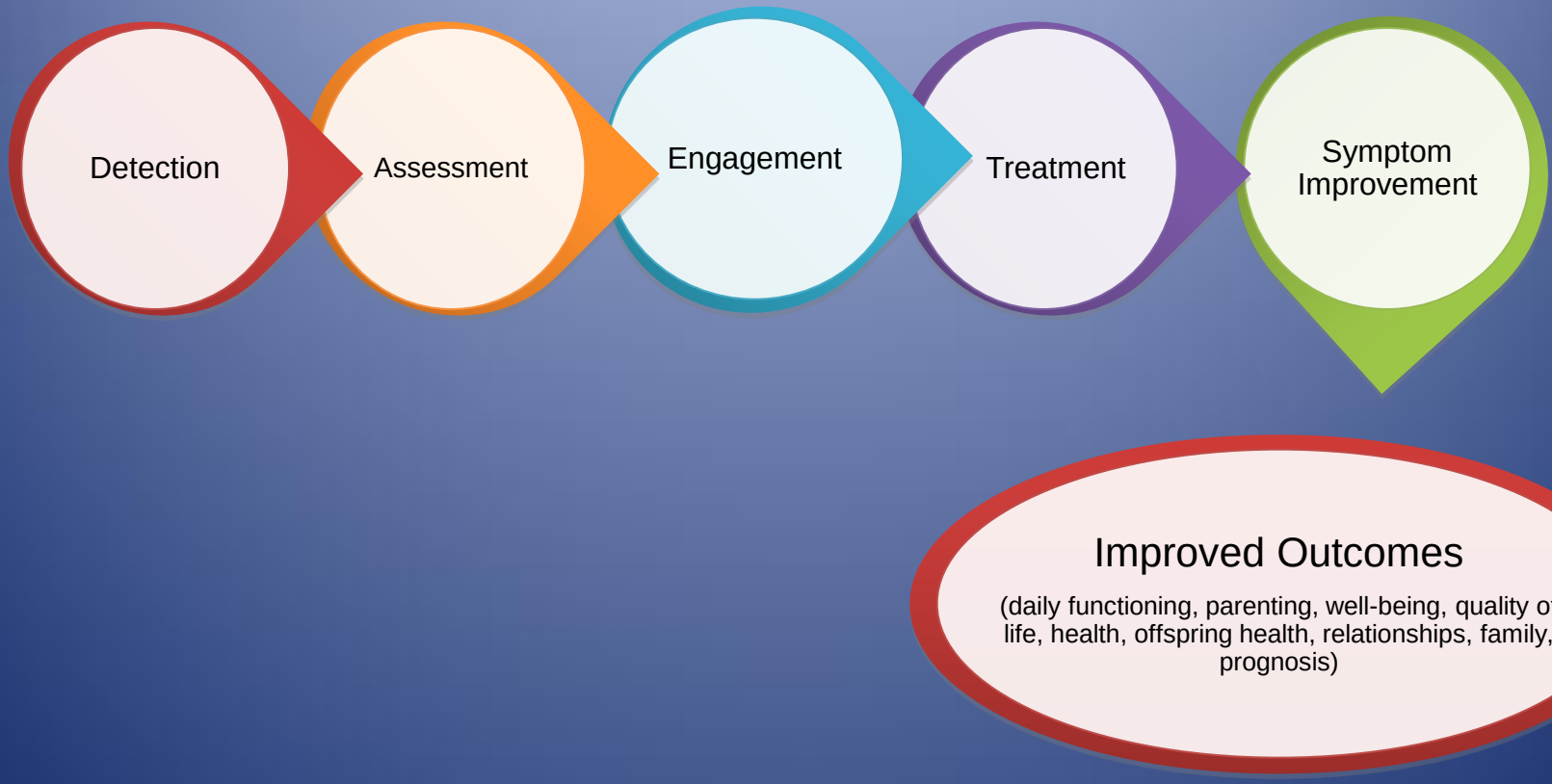
Validate experiences

"Not, you know, joking and saying 'Oh-no, all babies do that.' You know, like, 'No, actually can we just talk about what my baby's doing right now and the fact that it's upsetting me'…you know, I think the first time mom thing…people just take your stories as anecdotal…and just brush it off."

Summary

- Focus on mothers and babies
- Recognize the transition to parenthood
- Acknowledge physical & emotional experiences
- Acknowledge the whole person
- Learn through authentic communication
- Have a conversation about supports
- Validate experiences

Why think about relationships



Next steps

- Explore further what it is about these relationships and interactions that makes a difference
- Examine how to fit with existing protocols, screens and constraints
- Investigate strategies to encourage organizational and systems change
- ALL INFORMED BY MOTHERS AND PROVIDERS

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