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Perinatal Mental Health & Occupational Therapy
Part 2

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Objectives

1. Explain how a mother or father’s mental health impacts an infant’s development.
2. Specify opportunities for occupational therapists to bridge maternal-infant mental health care.
3. Identify ideas on how occupational therapists can support and buffer the effects of trauma in parents who have suffered birth trauma or pregnancy/infant loss.
Part 1 Review

1. Maternal mental health (MMH) disorders – definition and prevalence
2. Risk factors of MMH disorders
3. Perinatal loss and mental health

Impact of Perinatal Mood Disorders
Broader Impact of MMH Disorders

- Society
- Financial
- Families


Paternal Postnatal Depression Impact on Baby

Depression in dads associated with detrimental effects on child wellbeing:
- Emotionally
- Physically
- Mentally

Fletcher, Faeman, Garfield, & Vimpani, 2011; Mussar, Ahman, Foil, & Coddington, 2013; Ramchandani, Stein, Evans, & O’Connor, 2005
Impact on Mother-Infant Dyad

- Inability of mothers to fulfill roles
- Inability to function
- Lack of health and safety practices
- Impaired cognition
- Increased risk of early breastfeeding cessation
- Inconsistent responses to infant’s actions
- Disrupted mother-infant relationship


Impact on the Baby

May manifest in the following ways:
- Lack of stimulation
- Neglect
- Isolation
- Insecure attachment
- Impaired maternal bonding

Resulting in:
- Developmental delays
- Increased risk of emotional and physical harm
- Possible fatal abuse
- Insecure attachment have effects on emotional regulation in adulthood
- Behavioral problems

How OTs Can Support Mothers and Promote Maternal Mental Health

US Preventive Services Task Force

Depression screening of all adults, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

Siu and the US Preventive Services Task Force, 2016
American College of Obstetrics and Gynecologists

Clinicians screen patients **at least once during the perinatal period** for depression and anxiety symptoms using a standardized, validated tool.

Committee on Obstetric Practice, 2015

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Core Competencies for Health Providers

- Understand signs and symptoms of the range of MMH disorders
- Develop knowledge about valid screening tools
- Understand how to interpret results
- Develop knowledge of menu of prevention/treatment options
- Recognize when to refer to psychiatry
- Recognize and refer to the local network of MMH services available in the community
- Understand trouble breastfeeding is a risk factor for anxiety and depression.

California Task Force on the Status of Maternal Mental Health, 2017, pg. 17
Screening – Create a Wellness Questionnaire

Edinburgh Postpartum Depression Scale (EPDS)

Patient Health Questionnaire – 9 (PHQ-9) and Generalized Anxiety Disorder – 7 (GAD-7)
http://www.phgscreeners.com/

Mood Disorders Questionnaire (MDQ) (Bipolar Disorder)
http://www.dbsalliance.org/pdfs/MDQ.pdf

References:
Spitzer, Kroenke, Williams, & Lowe, 2006.
Screening – Pregnancy History

History of:
- Pregnancy
- Birth trauma
- Pregnancy loss

What you can do:
- Education
- Referral and resources
- Social support

Screening and Referral

- Emergency – suicide – 911
- Postpartum Support International (PSI) warm line
- PSI provider directory
- Reproductive psychiatrist
- Support group
- Give an educational pamphlet
Promoting Self-Care

Physical Health
- Sleep
- Nutrition
- Exercise

Emotional Health
- Substance abuse
- Self-development

Mental Health
- Relaxation
- Stress management
Promoting Self-Care

Social Supports
- Reduce isolation - get outdoors/outside the home
- Support from family, friends, others
- Attending support group for depression/anxiety
- Attend new mom/parenting class
- Practical support with household duties
- Therapy for mom
- Dyadic therapy for mom & baby

Proper Eating
- Eat small amounts frequently
- Eat foods with the highest nutritional value
- Snack when you feed your children
- When you cook, make extra for leftovers
- Drink water (avoid caffeine and alcohol)
- Take multivitamin

Managing a Busy Schedule
- Break day into manageable chunks
- Come up with a plan
- Decrease expectations
- Decrease multitasking
- Activity shifting
- Preparation
- Ask for help
- Take breaks

Raising Awareness in the Workplace

Opportunity: Patients are not aware of maternal mental health disorders, the number of mothers impacted, and where to find help.

Recommendation:
(a) Place posters* in exam rooms and bathrooms listing signs/symptoms of maternal depression and/or other mental health disorders listing at a minimum the telephone number for Postpartum Support International.
(b) Provide to newly pregnant women, a brochure or palm card* listing signs/symptoms and at a minimum the telephone number for Postpartum Support International.
(c) So you may offer further resources when asked, educate yourself on the resources that may be available in your community. If no resources exist, provide the phone number for Postpartum Support International when needed.

*These materials are available at: http://www.2020momproject.com/materials-1
Further details: http://www.2020mom.org/provider-recommendations
Depression and Anxiety
are the most common
complications in
pregnancy and postpartum.

They affect 1 in 7 women.

If you feel any of the following:
✓ Totally overwhelmed
✓ Worry
✓ Anxious or nervous
✓ Angry
✓ Scared by your thoughts
✓ Like you’re not yourself
✓ Guilt
✓ Regret
✓ Shame

Call the
Postpartum Support International Warmline
for help and local referrals:
1-800-944-4PPD

Personalize with local Non-profit name, if any.

La depresión y la ansiedad
son la causa #1 entre las complicaciones
durante el embarazo y el posparto.

Afecta a cada 7 mujeres.
Si usted presenta cualquiera de los siguientes síntomas:
✓ Agobiado
✓ Deseo de llorar todo el tiempo
✓ Ansiedad
✓ Irritabilidad
✓ No control de sus propios pensamientos
✓ Fruita de sí
✓ Sentimientos de culpabilidad
✓ Impotencia
✓ Remordimiento

Comunicarse para ayuda y referencias locales con
"The Postpartum Support International Warmline"
(El Línea Internacional de Apoyo en el Posparto)
1-800-944-4PPD

Agregar el número de teléfono para ayuda local.

www.2020mom.org/materials-1
Supporting Parents After Their Baby Has Died: Do’s and Don’ts

Don’ts of Interacting with Grieving Parents

- Do not offer clichés
- Do not judge or offer advice
- Do not compare losses
What NOT to Say to Bereaved Parents

- Everything happens for a reason
- At least....
- Time heals all wounds
- It's going to be okay
- Let go, move on
- Have faith
- Be thankful
- God has a plan
- Keep busy
- You are young, you can have more children
- At least you can get pregnant
- Be thankful you have other children
- Your baby would have been very sick if he/she lived

How to Support a Grieving Parent

- I am so sorry
- I am at a loss for words
- I don't know what to say right now
- I care about you
- I want to support you
Buffering the Effects of Trauma

- Creating meaning
- Ongoing bonds with the deceased child
- Ritual
- Social Support (family and friends)
- Support groups (bereaved parents)
- Yoga and meditation
- Nature

Cacciari, 2007; Gard et al., 2012; Macy, Jones, Graham, & Roach, 2018; Uren & Wastell, 2002;
Creating Healthy Connections to Baby

- Talking and/or writing to baby
- Photos of baby
- Sacred area in home
- Connect through nature
- Wear jewelry with baby’s name, birthstone, etc.
- Participate in remembrance walks
- Donate or volunteer in baby’s honor

For more information:
http://www.rtzcenter.com/connecting

Return to Zero Center for Healing Retreat
Vermont, 2014
Return to Zero
Center for Healing Retreat
Seattle, 2015

PAL: Typical Experience of Mothers

- Encompasses an array of emotions during this difficult time.
- Denial of pregnancy
- Triggering events

http://www.rtzocenter.org/pregnancy-after-loss
PAL: How to Support Mothers

- Acknowledge that pregnancy after loss is difficult. It's helpful to provide her tools for compassion and nurturance throughout the journey.
- Help her realize that this is a different pregnancy, with a different baby and a different outcome.
- Help her create a birth plan.
- Educate and empower her.

(photo: https://pregnancyafterlosssupport.com/)

http://www.rtzo-center.com/pregnancy-after-loss
Secondary Trauma is trauma resulting from caring for, hearing about, or witnessing the intense suffering of others. Over time, the cumulative effect can result in an internalization of trauma, leading to compassion fatigue or burnout.

Practicing Self-Care

- Acknowledge your feelings with mindfulness
- Have the personal awareness of warning signs (triggers)
- Consult with professionals
- Clarify your personal boundaries
- Identify what you need to reduce stress
- Make lifestyle changes
- Find humor in your day - Laugh
- Be compassionate with yourself
Examples of Personal Healthy Changes

- Breathe deeply
- Saying “NO”
- Take care of yourself and your needs during your work day
- Recognize when you need help and ask for it
- Share your load with others
- Find humor

Countertransference

Definition: Psychological transference (thoughts and feelings) by a health care provider towards their patient during the course of treatment.
Examples that Your Countertransference is Interfering with Your Ability to be Present

- Changing the subject
- Pointing out the glass is half-full instead of half-empty, or otherwise trying to cheer the patient up
- Sharing personal experiences
- If the family starts to take care of your emotional needs

Resources and Further Training
Maternal Mental Health Training

**Maternal Mental Health 101 Training** (Free)  
Postpartum Support International (PSI) and 2020 Mom  
http://www.2020mom.org/training/

**Maternal Mental Health Certificate Training for Mental Health and Clinical Professionals**  
PSI and 2020 Mom  
http://www.2020mom.org/training/

**Models that Made It**  
2020 Mom  
http://www.2020mom.org/webinars/

Resources

Further reading for health care providers and new families  
http://www.2020mom.org/hospital-resources-1

Research related to MMH  
http://www.2020mom.org/research/

Research related to MMH and perinatal loss  
http://www.rtzcenter.org/mentalhealth

Postpartum Support International (PSI) Warm Line: 1-800-994-4773  
postpartum.net
Questions
Email: kiley@returntozerohealingcenter.com

References


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