

# PERINATAL SOCIAL AND PSYCHIATRIC ISSUES

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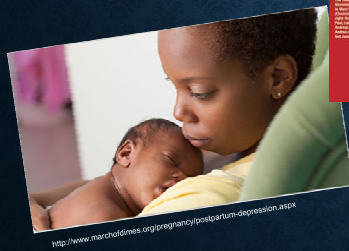
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## OBJECTIVES

- Identify the patients at risk for perinatal social and psychiatric issues
- Discuss available help for the pregnant mothers and post-partum mothers/fathers
- Assess when and how to offer help to families

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## SCOPE OF THE PROBLEM



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- 15 out of 100 new mothers will get depressed within first three months after birth
- 8 out of 100 of these women will have mild/moderate depression; 7 out of 100 will have severe depression
- Without treatment postnatal depression will be over within 4-6 months although some women may still have symptoms up to a year later
- 1-2 out of 1000 women will develop postnatal psychosis



## WHO IS MOST AT RISK?

- Changes in hormone levels (Estrogen/Progesterone/Thyroid)
- History of Depression (1/10 women are depressed at some point in time; Highest rate in 25-44 yo); If treated for Depression or Anxiety during pregnancy
- Emotional factors (unplanned pregnancy, sick baby, sick mother)
- Social stresses (Support, Family stress, Financial stress)
- Fatigue (pain, needs of baby, breastfeeding)

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## WHAT IS AT RISK IF POSTNATAL DEPRESSION IS LEFT UNTREATED?

- **For mothers**
  - Untreated postpartum depression can last for months or longer, sometimes becoming a chronic depressive disorder. Even when treated, postpartum depression increases a woman's risk of future episodes of major depression.
- **For fathers**
  - Postpartum depression can have a ripple effect, causing emotional strain for everyone close to a new baby. When a new mother is depressed, the risk of depression in the baby's father may also increase. New dads are already at increased risk of depression, whether or not their partner is affected.
- **For children**
  - Children of mothers who have untreated postpartum depression are more likely to have emotional and behavioral problems, such as sleeping and eating difficulties, excessive crying, and attention-deficit/hyperactivity disorder (ADHD). Delays in language development are more common as well.

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## HOW TO DIFFERENTIATE “BABY BLUES” FROM POSTNATAL DEPRESSION

- Typical for Baby Blues
  - Within 2-3 days of birth
  - Feel anxious/depressed/angry
  - Cry for no clear reason
  - Have trouble sleeping, eating, and making choices
  - Question whether they can handle caring for the baby
  - Usually getting better within 1-2 weeks

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## POSTNATAL DEPRESSION

- Severity of Depression
- Usually presents within 4-6 weeks of delivery
- Any minor or major depressive episode that occurs within first 12 months after delivery
- Screening Tools
  - PHQ9
  - Edinburgh Postnatal Depression Scale
  - Beck Depression Inventory
  - Postpartum Depression Screening Scale

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## SIGECAPS

A difference in mood for more than (2) weeks  
affecting (4) or more of the following

Sleep  
Interest  
Guilt  
Energy  
Concentration  
Appetite  
Psychomotor Activity  
Suicide

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## ANTIDEPRESSANT AND ANTI-ANXIETY MEDICATIONS

- SSRI (Selective Serotonin Reuptake Inhibitors)
- SNRI (Serotonin Norepinephrine Reuptake Inhibitors)
- Tricyclic Antidepressants
- Mood Stabilizers
- Antipsychotic Medications
- Ketamine
- Anxiolytics

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# THERAPY

- Structured psychotherapy
- Cognitive Behavioral Therapy
- Couples Counselling and Family Counselling
- Exercise in the Sunlight

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# MEDICATION USE IN LACTATION

The image displays four smartphones arranged in two pairs. The left pair shows the 'MommyMeds for Mothers' app. The front phone shows the app's splash screen with a logo of a pregnant woman and the text 'mommymeds' and 'InfantRisk Center'. The phone behind it shows a 'Prescription Drugs' list with entries for Coumadin, Coumadin, Coumadin, Coumadin, and CEFOTIOLOL. The right pair shows the 'InfantRisk Center for Health Care Providers' app. The front phone shows the app's splash screen with the 'InfantRisk Center' logo and the text 'InfantRisk Center' and 'V.01.1'. The phone behind it shows a detailed view for 'ARIPRAZOLE' with various drug information fields and a table of drug interactions.

**MommyMeds for Mothers**

**InfantRisk Center for Health Care Providers**

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## RESOURCES IN THE AMARILLO AREA

- Ronald-McDonald House and the League House
- Hope and Healing
- InfantRisk
- Nurse Family Partnership
- Texas Panhandle Centers
- Texas Tech Psychiatry/Ob-Gyn/Family Medicine/Pediatrics
- JO Wyatt and Women's and Childrens
- Local Faith Communities
- Family Support Services
- Amarillo Recovery from Alcohol and Drugs

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## SECOND VICTIM

- Shame vs Guilt – “Imposter Syndrome”
- Employee Assistance Program
- Talk Therapy /Cognitive Behavioral Therapy
- Chaplain at the Hospital
- Work/Life Balance

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## REFERENCES

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