Perinatal Mood Disorders – An Interdisciplinary Training Video

Facilitator's Guide, Pre-test and Post-test

best start
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Ontario's maternal, newborn and early child development resource centre

Centre de ressources sur la maternité, les nouveau-nés et le développement des jeunes enfants de l'Ontario

by/par health nexus santé

INTRODUCTION

Perinatal mood disorders (PMD) have been described as one of the most common complications during pregnancy and the first year postpartum. These conditions are often under diagnosed and under treated.

This **video** is an interdisciplinary educational tool for physicians and other health care providers about mood and anxiety disorders during pregnancy and postpartum. The **facilitator's guide** will give viewers added information, discussion starter questions and links to additional and more in-depth resources.

The **video**, **guide** and **additional resources** can be used individually or as an interactive education session of varying length. The guide and additional resources are also available on the website:

www.lifewithnewbaby.ca/trainingvideo.

At all sessions participants are encouraged to complete the **pre and post test** and mail it to the Best Start Resource Centre or complete it online to receive a certificate of completion. Key resources are listed at the end of the guide. This page can be copied for viewers.

EDUCATIONAL SESSIONS

Options for educational sessions could include:

1. **One hour session** (lunch and learn, in-service, professional rounds)
    a. Allow participants to fill in the blanks for the following questions and then use the answers to begin a discussion:
        i. PMD differs from other mental health concerns because ….
        ii. Women with PMD are perceived as ….
        iii. Families affected by PMD need ….
        iv. A woman with PMD has the right ….
    b. Stop the video after each chapter and discuss the questions provided as well as questions raised by participants
    c. Give each participant a handout with the links to additional resources (this can be copied from the guide).

2. **Two hour session**
    a. Repeat steps 1 a – c
    b. Include break-out groups to discuss specific clinical examples and direct experience with issues raised to encourage application of theory to practice through individual and group reflection
    c. Choose one or two additional resources and prepare them for use and discussion after the appropriate chapters of the video.

3. **½ day workshop**
    a. Repeat steps 2 a - c , as in the 2 hour session, but choose one or two additional resources for each chapter and discuss them with participants
    b. Include additional break-out groups.

After viewing the video, encourage participants to reflect on what they have learned and what changes they will make in their practice.

Chapter 1
Presentation of Perinatal Mood Disorders (PMD)

Questions:

1. Is there a framework to diagnose perinatal depression?
Follow the DSM IV for symptoms of depression.
<www.camh.net/Publications/CAMH_Publications/Postpartum_Depression/>

2. Can all perinatal mood disorders be diagnosed using this framework?
Mood disorders may also manifest with anxiety, irritability or more somatic symptoms. Anxiety disorders (Generalized Anxiety Disorder, Panic Disorder, OCD and PTSD) are also frequent.
< www.lifewithnewbaby.ca/ppmd_couldi.htm "Could I have PPMD" and "Symptoms" >

3. Are these mood disorders different than the postpartum blues?
To make a diagnosis, symptoms should be present for at least 2 weeks. Postpartum blues usually need no treatment and subside in less than 2 weeks.
< www.lifewithnewbaby.ca/ppmd_what.htm "Postpartum blues">

4. How would you rate the risk factors of a client who immigrated to Canada 2 years ago and has pregnancy complications?
Pregnancy complications are only a weak risk factor but new evidence is immerging that recent immigrants (<5years) are at a much higher risk of experiencing PMD.
< www.camh.net/Publications/CAMH_Publications/Postpartum_Depression/ >
< www.pubmedcentral.nih.gov/picrender.fcgi?artid=1797193&blobtype=pdf >

Chapter 2
Barriers to Identification and Diagnosis

Questions:

1. What are the barriers for women regarding identification and disclosure of their symptoms?
Stigma, shame, fear of involvement of child protection services, inability to recognize symptoms due to lack of knowledge, non-acceptance or minimizing of symptoms by self or family members, lack of access to services, cultural and language issues are identified barriers to women's help-seeking behaviour.
< http://www.lifewithnewbaby.ca/hcp_what.htm#aware >
< www.blackwell-synergy.com/doi/abs/10.1111/j.1523-536X.2006.00130.x >

2. What are the barriers for health care professionals?
Lack of knowledge resulting in non-recognition or minimizing of symptoms, lack of tools to assess women and lack of referral resources have been identified concerns for health and social service providers.
< www.blackwell-synergy.com/doi/abs/10.1111/j.1523-536X.2006.00130.x >

Chapter 3
Screening and Assessment

Questions:

1. What are the advantages of using the Edinburgh Postnatal Depression Scale?
The EPDS can be used during pregnancy and the postpartum period. It can also be used with partners. Woman should complete it without the influence/help of a friend or family member. It takes only a few minutes to complete. It can be copied freely and is available in a variety of languages. If a woman scores 12 or more a more detailed assessment is required. Women who score over 10 should also be monitored closely for symptoms of depression. Scores may need to be adjusted for various cultural population groups.
< www.lifewithnewbaby.ca/hcp_intro.htm#screen "screening and diagnosis">
< www.rcpsych.ac.uk/publications/gaskellbooks/gaskell/1901242811.aspx >
< www.rnao.org/Page.asp?PageID=924&ContentID=806 >

2. Are there other screening tools that can be used?
The Postpartum Depression Screening Scale by Cheryl Tatano Beck can be used. It is not free of charge and needs to be used by someone who is skilled in its use. Items assessed with the PDSS include sleep/eat disturbances, anxiety/insecurity, emotional lability, mental confusion, loss of self, guilt/shame and suicidal thoughts.
Chery Beck; "Postparatum Mood and Anxiety Disorders: A Clinician's Guide" published by Jones and Bartlett Publishers, 2005.

3. Can specific questions be used to highlight concerns?
Several screens have been developed to facilitate making a quick assessment of perinatal mood disorders. They can look specifically at depression, anxiety or irritability. Further assessment should follow if these questions highlight a concern.
< http://www.lifewithnewbaby.ca/hcp_what.htm#aware "Talk with your patient – PASS-CAN questions">

Simple Screen:
M Steiner. Fam Pract. 2002 Oct;19(5):469-70. *Postnatal depression: a few simple questions*;
L Bonari. Can J Psychiatry. 2004 Nov;49(11):726-35. *Perinatal risks of untreated depression during pregnancy*
Anxiety Screen:
D Goldberg et al. BMJ. 1988 Oct 8; 297(6653):897-9.
Detecting anxiety and depression in general medical settings.

Irritability Screen:
L Born et al. A new female-specific rating scale of irritability. (Journal of Psychiatry & Neuroscience, in press)

4. How can a further assessment help mothers identify, disclose and discuss their symptoms?
It is important for health and social service providers to ask questions in a supportive, non-judgmental atmosphere. Her feelings and thoughts must be validated. She needs to be reassured of the reality and severity of her symptoms. All areas need to be addressed in a full assessment - mood, eating, appetite, sleeping, napping, socializing, anxiety, irritability, scary thoughts or images, suicidal or infanticidal ideation.
< www.ocfp.on.ca "Healthy Child Development, Facing the Challenges, Section 3" >

5. Why is it important to ask about sleep?
Evidence shows that sleep is closely linked with mood and anxiety. Lack of sleep can be a trigger factor and getting enough sleep is an important factor in recovery. Sleep can be both day and night time sleep. Additional questions should be asked to assess both the quality and the quantity of sleep the client is getting.

E.g.: How long does it take you to get to sleep?
Can you take a nap if you had the opportunity?
How much sleep do you think you get in 24 hours?

< 1: Dennis CL, Ross L.
Relationships among infant sleep patterns, maternal fatigue, and development of depressive symptomatology.
Birth. 2005 Sep;32(3):187-93.
PMID: 16128972 [PubMed - indexed for MEDLINE]
2: Ross LE, Murray BJ, Steiner M.
Sleep and perinatal mood disorders: a critical review.
J Psychiatry Neurosci. 2005 Jul;30(4):247-56. Review.
PMID: 16049568 [PubMed - indexed for MEDLINE]

http://www.ncbi.nlm.nih.gov/pubmed/16049568?ordinalpos=4&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum >

6. What does impulsivity imply?
Assessing the impulsivity of a woman will give some idea about how much at risk she is of harming either herself or her infant, if she had expressed these thoughts**.** Yelling, throwing things, hitting, self harm, driving too fast, abusing drugs or alcohol are some behaviours that indicate impulsivity.

7. Why is it important to rule out mania, bipolar disorder or psychosis?
These conditions are treated differently to perinatal mood and anxiety disorders. They usually require anti-psychotics and/or mood stabilizers. If anti-depressants are given to a woman at risk for psychosis or bi-polar disorder they may induce an episode.
< http://www.lifewithnewbaby.ca/hcp_intro.htm#pp >

8. What other factors should women be screened for?

1. **past psychiatric history** (in general or related to a previous pregnancy) **–** depression, anxiety, OCD, PTSD, eating disorders, mania, bipolar
2. **family psychiatric history –** especially close family members
3. **medical conditions –** such as: anemia, thyroid dysfunction, diabetes, auto-immune disorders
4. **abuse – current or past** physical, emotional or sexual
5. **substance abuse –** such as: nicotine, alcohol, illegal drugs, over the counter and prescription medications**.**
6. **recent significant life events** such as: recent immigration, loss of a loved one, move to a new neighbourhood, change in socio-economic status.
7. **chronic stressors** such as: relationship conflict, financial difficulties.

<
http://www.ocfp.on.ca/local/files/CME/Healthy%20Child%20Development/Healthy%20Child%20Development%20Facing%20the%20Challenges%20Level%202Manual.pdf >
“Section 1: Antenatal Assessment and Appendix 1: the Alpha Form”

Chapter 4
Treatment, Follow-up and Support

Questions:

1. What kind of support do women with PMD need?
Women need four kinds of support:

- **instrumental support**: help at home with housework, siblings and infant, sleep protection and help with breastfeeding
- **emotional support**: listening, validation,
- **informational support**: education for mother and her network
- **professional support**: medication, psychotherapy

Check with your local public health agency to get a list of the specific services which can be accessed in your community so that you can easily make appropriate referrals.

2. Which treatments are effective for PMD?
Both medication and various models of psychotherapy are effective. In more severe cases medication should be used and can be accompanied with therapy once the woman is able to function. Bright light therapy is an option that might also be used.
< www.ocfp.on.ca/local/files/CME/Healthy%20Child%20Development/Healthy%20Child%20Development%20Facing%20the%20Challenges%20Level%202Manual.pdf "Section 3 Postpartum Depression" >

3. What models of psychotherapy are used?

Interpersonal Psychotherapy for

- role transition difficulties related to the challenges of life changes
- relationship conflicts

Cognitive Behavioural Therapy for

- ruminative worries
- distorted thinking
-

These are the most common interventions used. Other therapies are also effective. Couple or family therapy may be appropriate as well.

< http://www.cfp.ca/cgi/content/full/53/9/1469 >

4. What are the risks of medications in pregnancy and breastfeeding?
In all cases a risk versus benefit analysis should be completed. The risks of anti-depressants are greater during pregnancy than during breastfeeding, but depression and anxiety pose risks to the mother, the fetus and later the infant as well. All should be weighed carefully. Some medications present greater risks than others, but if a particular medication works for a woman it is recommended she continue that medication.
< http://www.motherisk.org >
CAMH, Motherisk; "Exposure to Psychotropic Medications and Other Substances during Pregnancy and Lactation – a handbook for health care providers"; Centre for Addiction and Mental Health, 2007 < http://www.camh.net/Publications/Resources_for_Professionals/Pregnancy_Lactation/index.html >

5. What needs to be discussed with a woman when starting her on medication?
All women need to be included in the decision to start medication. The discussion should include:

- The risk benefit analysis and the reason(s) why medication may be the most beneficial
- The side effects of the medication and the potential effects on the baby
- An explanation on how the medication works including length of time for reduction of symptoms and reasons to wean off medications slowly
- Need for follow up

6. How can the infant or older siblings be affected when mothers have PMD?
Depression, anxiety or other mood disorders can affect the fetus, the infant and the rest of the family. Lower cognitive scores, delays in social and emotional development have been noted in fetal exposure. Infants are at risk for attachment disruptions and difficulties. Family relationships are at risk of stress and disruption. These effects may adversely affect the development of any children. It is important for professionals to keep this fact in mind without increasing symptoms of guilt in mothers.
< www.sickkids.ca/imp >
< www.ocfp.on.ca/local/files/CME/Healthy%20Child%20Development/Healthy%20Child%20Development%20Facing%20the%20Challenges%20Level%202Manual.pdf "Section 4 Attachment" >

7. Are there resources to positively promote healthy child development?
Yes, many resources exist both at local and provincial levels to promote healthy child development. Some of these, especially those designed for individual help, can assist women while they are still symptomatic. Others will be more useful,

once mothers have started to recover.
< www.investinkids.ca/ContentPage.aspx?name=home >

8. Does mother to mother support help women recover?
Women who suffer from PMD often feel out of place in standard pre-natal or parenting groups. Some women say that they feel more at ease in a support group for women with the same or similar conditions. Groups can be peer or professionally led. Mother-to-mother support can also be provided over the telephone. Depressed mothers have found this to be a convenient way to receive support and it addresses many barriers to treatment such as childcare, access and confidentiality. Currently, various mother-to-mother support models are being utilized with growing evidence highlighting the importance of this type of informal support. Recovery is also aided by support from family members and friends who know about PMD and support the mother in a non-controlling manner.

9. What are the roles of health care professionals?
Health care professionals provide assessment, referral, monitoring, treatment and links to other resources. Such support for women can be accessed through prenatal classes or visits, maternity units, home visits, well baby or breastfeeding clinics, parenting groups, midwives and doctors' offices or any other setting where pregnant or new mothers have contact with health and social service providers.
< http://www.ncbi.nlm.nih.gov/pubmed/17880314 >

Key Resources:

The Best Start Resource Centre's website on postpartum and perinatal mood disorders contains the **video's facilitator's guide and links and listings of many other resources.**
www.lifewithnewbaby.ca/trainingvideo

The Ontario College of Family Physicians has developed a second level training manual addressing the risks to healthy child development and includes several chapters on perinatal mood disorders. www.ocfp.ca
Click on Healthy Child Development Program and scroll to Healthy Child Development "Facing the Challenges" to view or download the manual.

The Royal College of Psychiatrists has excellent resources for both parents and professionals.
www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/postnatalmentalhealth.aspx

Centre for Addiction and Mental Health. *Postpartum Depression: A guide for front line health and social service providers* is an evidence bases manual for front-line workers.

www.camh.net/Publications/CAMH_Publications/Postpartum_Depression/
Exposure to Psychotropic Medications and Other Substances during Pregnancy and Lactation: a handbook for healthcare providers offers the latest information on the use and safety of medications for PMD.

Motherisk Information Line: For information about the risk or safety of prescription and over-the-counter drugs, herbal products, chemicals, x-rays, chronic disease and infections during pregnancy and while breastfeeding.
www.motherisk.org Or call 416 813 6780

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