Mental Health Support for Pregnant and Postpartum Women
Housekeeping

• Our goal is to have this be an interactive session, so please submit your questions throughout the presentation via the chat box.

• We will send an email of the recording and the presentation slides, along with links to resources discussed.

• We’d love to hear from you! If we don’t cover something, or if your question isn’t answered, contact us at memberinfo@vhan.com.
Today’s Speakers

Laura Crosby, LPC/MHSP
Nashville Collaborative Counseling Center

JaNina Wright
Doulas for Everyone & TN Chapter of Postpartum Support International

Jessica Young, MD
OB/GYN and Addiction Medicine Specialist
Vanderbilt University Medical Center
Objectives

• Coping with depression and anxiety during and after pregnancy
• Managing previously diagnosed behavioral health conditions while pregnant
• How your family and friends can help support your behavioral
• Treatment, support and recovery for maternal addiction issues
Mental Health and Pregnancy

• What are perinatal mood and anxiety disorders?
• Why is diagnosis important?
• How are PMADs treated?
• Substance Use Disorder and Pregnancy
• Postpartum Substance Use Disorder
• What do you do if you are a loved one is struggling?
A common story
Perinatal Mood and Anxiety Disorders

- Depression or anxiety that occurs during pregnancy or within a year of delivery
- Common complication of pregnancy
- Screening is recommended during pregnancy and postpartum
- Pre-existing mental health disorders increase risk
Perinatal Depression

- Most common
- Effects 1 in 7
- Maternal suicide is a leading cause of maternal mortality
- Often goes unrecognized
- Symptoms include trouble sleeping and eating, difficulty bonding with baby, feelings of guilt, sadness, anxiety, lack of interest
Perinatal Mood Disorders

- Anxiety disorders
- Obsessive Compulsive Disorders
- Post Traumatic Stress Disorder
- Exacerbation of bipolar disorder
- Psychosis
Treatment

- Sleep
- Support
- Medications
- Therapy
  - Individual
  - Group
Medications

• Many psychiatric medications are safe in pregnancy
  • Antidepressants are well studied in pregnancy and safe for breastfeeding
• Not treating PMAD can increase risks
• Risks of medication for infant are typically low
  • Some can cause discontinuation symptoms after birth
  • Rare more serious complications
• Important to discuss risks and benefits of medication
Substance Use and Pregnancy

- Screening and education
- Referral to treatment
- Treatment types
  - Outpatient
  - Inpatient
  - Individual therapy
  - Group therapy
  - Medication Assisted Treatment
Postpartum Substance Use Disorder

- High risk time for relapse
- Some report that their use started after delivery
- Protective factors removed
- PMAD
- Number one cause of pregnancy associated maternal mortality in TN
Firefly @ VUMC

- Integrate prenatal, postpartum, and well woman care with substance use disorder treatment to optimize health of mom and baby
- Build community for sustained recovery
- Provide support for healthy parenting
- Eliminate stigma around SUD
- End Health Disparities/Inequities in SUD treatment
- Connect woman and infants with community resources
The Center for Medicare and Medicaid Innovation's (CMMI) Maternal Opioid Misuse (MOM) model is a patient-centered service-delivery model which aims to improve the quality of care and reduce costs for pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) and their infants through state-driven care transformation.

Peer Recovery Specialists helping coordinate care & services
Mom engaged with Maternal Addiction Recovery Program Services co-located in a single site of care

Mental health, infectious disease, addiction treatment, & prenatal care
Pediatric, child life, & lactation consults

Intensive Outpatient Program

Room in with baby post delivery
Addiction medicine, child life, lactation consults
Relapse prevention
Home nurse visitation
Addiction treatment

MOMS
INFANTS

Minimize morphine
Risk-appropriate care
Developmental screening & prevention
Early Intervention Services
Developmental monitoring
Pediatric well-child care
What to do if you or loved one needs help?

• Talk to your ob-gyn, PCP, or midwife
• Call PSI hotline
• National Suicide Prevention Hotline- 988
• Join a support group
• Substance Use Support- Redline 1-800-889-9789
• Firefly 615-421-8000
Navigating early motherhood: Coping skills and resources available
How to use specific types of coping skills

- Our bodies need to regulate first, then we can examine our thoughts and what triggered us
- Limbic system activation (can be triggered a lot in early motherhood)
Coping skills

Grounding and mindfulness exercises
- In your environment, notice 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste
- Box breathing
- Practicing observing what’s around you (describing something versus criticizing or judging)
- Mindful walks - Notice the ground beneath your feet, the breeze or temperature on your skin
- Instagram follow: annatheanxietycoach

Self-Compassion
- In moments of overwhelm, talking to self with compassion.
  - “I’m a good mom having a hard time right now. I can breathe through this. I can get through this. My child is loved and safe.”
- Website: Self compassion exercises
Understanding our thinking

Thought distortions
- All or nothing thinking
- "Should" statements
  - Practice replacing "should" with "want" - i.e. I should be a better mom by now. I want to be a better mom by now.
  - This helps to make the statement goal-focused versus staying stuck in shame/guilt
- Comparison to others
  - Negative impact of social media
- Minimizing
- Unrealistic expectations
Challenging our thinking and narrative

• How would we talk to a close friend in the same situation?
• What would a close friend say to me?
• Am I holding myself to an expectation that I wouldn’t expect of others?
• What is prompting this thought? i.e. is this something that is really important to me or my baby?
• Am I only focusing on the worst case scenario? What are my resources if the worst was to happen?
• What is true and factual about this thought? What isn’t true about this thought?
Self-care and setting boundaries

• Being realistic about time and how to care for self. Giving yourself 5-10 minutes of taking care of your needs (shower, taking a walk, drinking a hot cup of coffee)

• Asking others for support (Ja’Nina will go more into this!)
  • Anger/rage/resentment is a big indicator that more support in needed

• Setting boundaries
  • Understanding that you and your family are under no obligation to anyone
Resources

Therapy!
- Individual therapy
- What to expect
- Local- NCCC, ReadyNest Counseling

Support groups
- Postpartum Support International

Community
- Local moms groups
- Peanut app

Social media (my favorite Instagram follows)
- Drbeckyatgoodinside, destini.ann, thebalanceafterbaby, diaryofanhonemom, 4th.trimester.wellness, mombrain.therapist
How Family and Friends Can Support
Get Help

Call the PSI HelpLine:
1-800-944-4773
#1 En Español or #2 English

Text "Help" to 800-944-4773 (EN)
Text en Español: 971-203-7773

www.postpartum.net
Please enter your questions into the chat box.

You can find additional resources at wellmoment.org.

Vanderbilt Health
Affiliated Network