

Maternal Mental Health Disorders

What all Employers Should Know



Presenters:



Joy Burkhard, MBA
Founder & Executive Director
2020 Mom
20+ Years at Cigna



Christina G. Hibbert, Psy.D.
Author
Psychotherapist in Private Practice
Faculty, 2020 Mom-PSI MMH Training

Partners:



2020 Mom



2020 Mom is Closing Gaps

We understand the health care system and deliver the MMH message and solutions to stakeholders and thought leaders to drive policy change. We engage advocates to drive change in their communities and states.

Did you know?

Women in their childbearing years account for the largest group of Americans with Depression.

Postpartum depression is the most common complication of childbirth.

There are more new cases of mothers suffering from Maternal Depression each year than women diagnosed with breast cancer.

American Academy of Pediatrics has noted that Maternal Depression is the most under diagnosed obstetric complication in America.

Despite the Prevalence Maternal Depression goes largely undiagnosed and untreated.

Maternal Mental Health

What's in a name?

Postpartum Depression (PPD) is often used incorrectly as the “Umbrella term” for all MMH disorders

- PPD is most researched of all disorders

Perinatal Mood and Anxiety Disorders (“PMADS”) often used
By clinicians but...

- Term can be confusing to lay people, and

- Advocacy groups like NAMI and Mental Health America requested “MAD” never be used in an acronym to describe mental health disorders

Other groups and states have experimented with
“pregnancy related depression,” “emotional complications”

“Maternal Mental Health” Disorders becoming more widely adopted

What are the Range of MMH Disorders?

The “Spectrum”

THE BABY BLUES



Impacts:

75-80% postpartum women

- “Mild depression interspersed with happier feelings,” “an emotional roller-coaster”
- “Baby Blues” is not considered a disorder, should not require professional treatment, and should subside within two weeks after delivery.

Pregnancy & Postpartum DEPRESSION

Impacts:

10% pregnant & 15% postpartum women



SYMPTOMS:

- Sadness/ crying
- Insomnia
- Appetite/sleep changes
- Difficulty concentrating/
making decisions
- Lack of interest in usual
activities
- Anger, fear, and/or feelings of
guilt
- Obsessive thoughts of
inadequacy as a mom
- Feeling worthless
- Feeling overwhelmed
- Agitation/anxiety/racing
thoughts
- Feeling disconnected from
baby
- Suicidal ideation

Pregnancy & Postpartum GENERALIZED ANXIETY

Impacts:

6% Pregnant & 10% Postpartum women

Generally under-diagnosed, since many people think that anxiety is a normal part of motherhood

SYMPTOMS:

- Constant Worry
- Feeling something bad is going to happen
- Racing Thoughts
- Sleep and Appetite Disturbances
- Inability to sit still
- Physical symptoms like dizziness, heart palpitations, hot flashes and nausea



Postpartum PANIC DISORDER

Impacts:

Up to 10% of women



Often misdiagnosed

SYMPTOMS:

- extreme anxiety
- recurring panic attacks, including shortness of breath, chest pain, heart palpitations, agitation
- excessive worry or fears

Pregnancy/Postpartum OBSESSIVE-COMPULSIVE DISORDER (OCD)

Impacts:

3-5% of women

SYMPTOMS:

- Obsessions: intrusive/persistent thoughts/images, usually related to the baby/pregnancy/parenting
- Compulsions: repetitive behaviors to reduce distress
- *A sense of horror* about these thoughts/images
- Fear of being alone with baby
- Hypervigilance about protecting baby



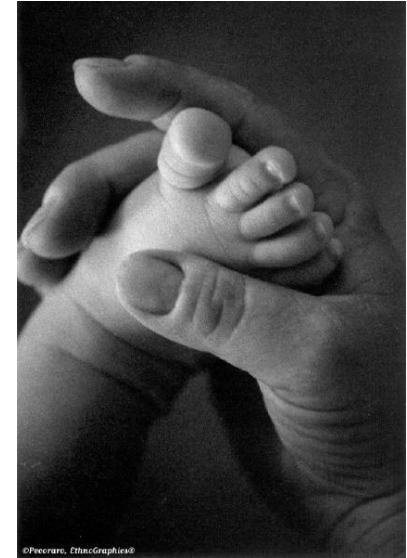
Postpartum POST-TRAUMATIC STRESS DISORDER (PTSD)

Impacts:

1-6% of women

SYMPTOMS:

- Traumatic Childbirth Experience
- Re-experiencing trauma (flashbacks, nightmares)
- Avoidance of stimuli associated with event
(thoughts, feelings, people, places, details)
- Persistent increased Arousal
(hypervigilance, exaggerated startle response)
- Anxiety/Panic Attacks
- Sense of unreality or detachment



Postpartum PSYCHOSIS

Impacts:

1-2 of every 1,000 (.1-.2%) women

Acute Onset of Symptoms, usually first 4 weeks

SYMPTOMS:

- Delusions and/or hallucinations
- Extreme agitation/Hyperactivity
- Insomnia
- Mood changes
- Confusion/Poor judgement
- Irrationality
- Difficulty remembering/concentrating
suspiciousness



Due to an increased risk of harm to the infant and/or mother,
immediate treatment is imperative.

What causes Maternal Mental Health Disorders?

Etiology

CAUSES:

What causes MMH disorders?

General consensus = A combination of:

- Physiological factors +
- Psychosocial factors +
- Preexisting vulnerability



Who is at Risk?

Risk Factors

MMH Disorders can affect all mothers regardless of race, culture, age, or socioeconomic status

RISK FACTORS

History:

- Personal/family history of an MMH Disorder, bipolar or other mood disorder
- Sensitivity to oral contraceptives/severe PMS
- History of infertility
- History of abuse

Support:

- Unstable relationship with partner
- Unstable relationship with parents
- Poor support system
- Poor relationship with own mother



RISK FACTORS

Trauma:

- Traumatic childbirth experience
- Recent trauma/stressful event

Expectations/Personality:

- Unrealistic expectations of parenthood
- Unrealistic expectation of oneself
- “Perfectionist” or “High Achiever” Personality

Practical Concerns:

- Perceived financial stressors/ low Socio-Economic Status
- Cultural concerns (recent immigrant, etc.)



Return to Work?

Common Questions &
Emotions

Return to Work— Questions

- What is best for the family?
- What is best for baby?
- What is best financially?
- *What do I want to do?*
- What about breastfeeding?
- What about childcare?
- What about sleep/fatigue?
- What about PPD?



Return to Work—Emotions

- Guilt
- “Conflicted”
- Uncertain
- “Can’t win whatever I choose”
- Frustration
- Fear
- Misunderstood (by others)
- Experience minimized (at work)
- Expectations (self, family, employer)
- Overwhelmed “How will I do it all?”
- Exhausted/burned out



Father/Partner's Experience

Fathers/Partners & The Postpartum Period

May feel:

- Sleep deprived/exhausted
- Pulled between the demands of work and home
- Frustrated w/her especially w/ an MMH Disorder
 - Like he doesn't have a partner
 - Takes on role of mother, too
 - Like he can't do anything right
- Angry
- Tune out with work & hobbies; alcohol
- Depressed (50% chance w/ depressed partner)



Getting Women the Help They Need

Why Women Don't Speak Up: STIGMA

General Mental Health Stigma

- “Crazy”
- “Not good enough,” “Weak”

MMH Disorder stigma

- “Bad mom”
- Guilt/shame

Family and cultural stigma/shame

When They Do Speak Up, Access to Care Issues Perpetuate Stigma

- Shortage of MH providers (particularly psychiatrists)
- Poor options for knowledgeable MH providers
- Provider bias or misunderstanding

What we Believe:

Ob/Gyns as Home-Base for Screening/Treatment/Referral

- Must meet Ob/Gyn Core Competencies for MMH
- Starting pre-conception w/ MH History
- Screening During Pregnancy & Postpartum
- Formal HEDIS Measure Needed
 - (2013 Cigna study found 4-5% CA PPO Ob/Gyns screened)

No Wrong Door (all providers, including pediatricians and lactation consultants should be in a position to screen)

Ob/Gyn-Psychiatry Consult Needed to Address Shortage of Psychiatrists

Psychiatrists and Talk Therapists w/ MMH Interest/Training should be tested and credentials issued to help with identification/referral pathways.

What we Believe, cont.:

Ob/Gyns can't do this alone.

Hospitals and Insurers are the other “common denominators”

Hospitals

(99% deliver in a hospital, scaled access)

- Provide training to Staff and Obstetric Providers
- Implement protected sleep and non-traumatic birth policies
- Implement supportive policies for NICU and Birth Loss families
- Develop or Partner with Mother-Baby Outpatient and Inpatient treatment programs
- Educate women in birth class, screen inpatient via NICU and in ER

What we Believe, cont.:

Insurers

- Dismantle the Carve-Out (heart care isn't carved out)
 - MH care and reimbursement should be addressed in medical policies and provider contracts
- Health Insurers, Develop a Case Management Program
- Until a HEDIS Measure is Developed, Voluntarily adopt Ob/Gyn Medical Record Review Measure in “Maternity Care Measure Set” (See 2020mom.org)
- Ensure an adequate network of BH providers trained in MMH & hospital based treatment programs
- Continue to pilot and implement Value-Based Payment Methods

What Employers Can Do

Benefits

- Ask Health Insurers and Contracted Hospitals to Address Recommendations
- Consider cost of delivery as potential cause of added stress
- Consider Impact of Maternity/Paternity and Family Leave

Awareness/Stigma

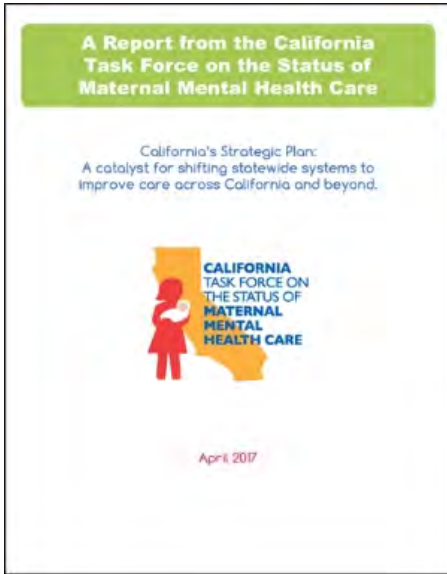
- Culture of Understanding: Train Managers & Talk about Mental Health
- May is Maternal Mental Health Awareness Month
 - Share an article on your intranet site

Work Place Wellness

- Pregnancy-Postpartum Mom Connection Groups
- Lactation Support (and screening for MMH Disorders)
- Promotion of Diet and Exercise

What BGs on Health Can Do

- Develop a working group to raise awareness and address MMH disorders among member employers.
- Collect information relative to the cost of untreated maternal depression including extended disability leave and absenteeism.
- Promote psychiatric access programs
- Advocate for development/adoption of a HEDIS measure for MMH.



Joy Burkhard, MBA

Full Report:

2020Mom.org/ca-task-force/

Email: Joy@2020Mom.org

www.2020Mom.org

Free MMH 101 Training, Customizable Awareness Materials, Insurer and Hospital Action Lists & More

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Christina G. Hibbert, Psy.D.

www.DrChristinaHibbert.com

Email: christi@drchristinahibbert.com

Facebook: [com/drchibbert](https://www.facebook.com/drchibbert)

Twitter: @DrCHibbert

Instagram: @drchristinahibbert

YouTube: drchristinahibbert

Motherhood Radio/TV on iTunes, SoundCloud, YouTube



Questions, Ideas and Next Steps

- Questions
- What Did You Learn?
- What Do You Want More of?
- Linked In Group?
- Other Next Steps?

Appendix: More on Fathers & Partners

Fathers/Partners & Pregnancy

- Fathers may exhibit a wide variety of reactions to the pregnancy, ranging from highly positive to highly negative
- Might feel...
 - Excited
 - Nervous
 - Afraid
 - Stressed (financial, etc)
 - Unsure what to expect
 - Disconnected from experience
 - Sympathetic to her experience
 - Frustrated with her experience
 - Need to care for his wife/partner more
 - Jealous/displaced



Fathers & Depression

Impacts:

10% worldwide; 14% US (Paulson & Bazelmor, 2010)

1-25% general community; 24-50% depressed partner
(Goodman, 2004)

Paternal Depression

- Fathers are at increased mental health risk pre/postpartum (Paulson & Bazelmor, 2010)
- Postpartum depression in men is a “significant problem” (Goodman, 2004)
- Maternal depression=strongest predictor of paternal depression (Goodman, 2004)
- Gets little attention in research
- Men less likely to seek help than women (Letourneau, 2012)

