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Perinatal Mood and Anxiety Disorders and Military Life

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Perinatal Mood and Anxiety Disorders and Military Life



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Today's Presenters



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Acknowledgement



Our mission is to ensure that all babies and toddlers have a strong start in life.

We envision a society that has the knowledge and will to support all infants and toddlers in reaching their full potential.

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Learning Objectives

1. Define perinatal mood and anxiety disorders (PMADs) that may be experienced during pregnancy, postpartum, and early parenthood, including signs, symptoms, and treatment options
2. Explore unique vulnerability factors and symptoms of maternal and paternal depression and anxiety in military families
3. Discuss preventive strategies families and providers can use to support maternal/parental mental health
4. Identify resources and practical steps to address mental health concerns for military families

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Pre-Webinar Check-In



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 **Poll**

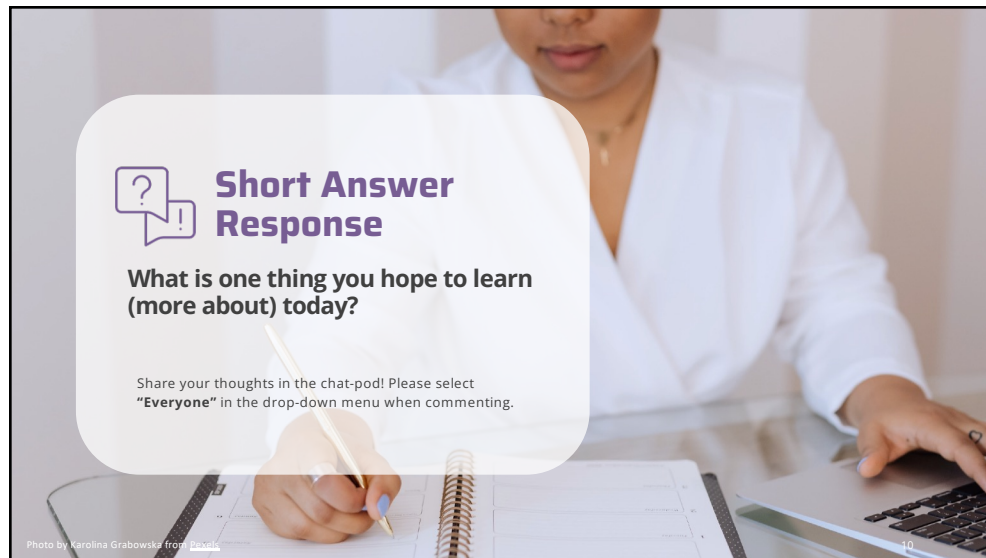
I feel confident and prepared to support parents/caregivers with perinatal mood and anxiety disorders.


Strongly Disagree, Disagree, Neither Agree or Disagree, Agree, Strongly Agree

Photo by RDNE Stock project from Pexels

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 **Short Answer Response**

What is one thing you hope to learn (more about) today?

Share your thoughts in the chat-pod! Please select "Everyone" in the drop-down menu when commenting.

Photo by Karolina Grabowska from Pexels

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Defining Perinatal Mood and Anxiety Disorders (PMADs)

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Perinatal

Period of time during pregnancy, childbirth and postpartum.

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(Postpartum Support International, n.d.)

Perinatal Mood and Anxiety Disorders (PMADs)

15 to 20% of women and 10 to 20% of men experience more significant symptoms of depression or anxiety during pregnancy or after the birth of a child.



Photo by Alex Green from Pixels

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(Postpartum Support International, n.d.)

PMADs

- **Perinatal Depression:** ~15% of women
- **Perinatal Anxiety:** ~6% of pregnant women, ~10% of postpartum women
- **Postpartum Post-Traumatic Stress Disorder:** ~9% of postpartum women
- **Perinatal Obsessive-Compulsive Disorder (OCD):** ~3 to 5% of postpartum women
- **Bipolar Mood Disorders**
- **Postpartum Psychosis:** ~0.1 to 0.2% of postpartum women

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(Postpartum Support International, n.d.)

Perinatal Depression

May experience feelings of :

- Anger
- Sadness
- Guilt
- Lack of interest in baby
- Irritability
- Changes in eating and sleeping habits
- Trouble concentrating
- Thoughts of hopelessness

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(Postpartum Support International, n.d.)

Perinatal Anxiety

May experience:

- Feelings of extreme and/or worry and fear
- Panic attacks or symptoms of them
- Racing thoughts
- Changes and disturbances of sleep and appetite
- Difficulty or inability to sit still

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(Postpartum Support International, n.d.)

Postpartum Post-Traumatic Stress Disorder

- Caused by traumatic or scary childbirth or past trauma
- Flashbacks to trauma with feelings of anxiety, guilt and avoidance

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(Postpartum Support International, n.d.)

Perinatal Obsessive-Compulsive Disorder (OCD)

- Repetitive, unwanted and upsetting thoughts or obsessions
- Possible compulsions to reduce anxiety caused by thoughts
- Hypervigilance to protect infant
- Fear of being left alone with infant

*These moms know that their thoughts are unusual and are *very unlikely* to ever act on them

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(Postpartum Support International, n.d.)

Bipolar Mood Disorders

- Many women are diagnosed for the first time with bipolar depression or mania during the perinatal period
- May resemble severe depression or anxiety
- The lows and the highs: low time is clinically referred to as depression, and the high is referred to as mania or hypomania
- Diagnosis includes the symptoms lasting longer than four days and interfering with functioning and relationships
- Important the person's mood history is reviewed and assessed

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(Postpartum Support International, n.d.)

Postpartum Psychosis

- Seeing and hearing things that others can't
- May believe things that aren't true
- Periods of confusion, memory loss, distrust
- Onset typically within first 2 weeks postpartum

Postpartum psychosis is a medical emergency.

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(Freitas & Fox, 2015; The National Coalition for Maternal Mental Health, n.d.)
(Lebel, C., MacKinnon, A., Bagshawe, M., Tomfohr-Madsen, L., & Giesbrecht, G., 2020)

Mental Illness and Mental Health



1 in 5 adults experience mental illness.



Since the start of the COVID-19 pandemic, rates of clinically significant levels of anxiety and depression have skyrocketed from 10 to 25% to now 37 to 57% of pregnant women and mothers with newborns.

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Mental Health in the Military



Photo by RDNE Stock project from Pexels

Brainstorm

What factors impact a military-connected family?

Share your thoughts in the chat-pod! Please select "Everyone" in the drop-down menu when commenting.

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(American Psychological Association, 2022.; Mayo Clinic, 2022.)

Risk Factors

- Personal or family history of depression, anxiety, or postpartum depression
- Limited support in caring for the baby**
 - Financial stress**
 - Marital stress**
- Complications in pregnancy, birth or breastfeeding
- A major recent life event: loss, house move, job loss**
- Mothers of multiples
- Maternal age**
- Mothers whose infants are in Neonatal Intensive Care (NICU)
- Mothers who've gone through infertility treatments
- Quicker return to work**

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(Levine, Bukowski, Sevic, Mehlhaff, & Conlin, 2015; Spooner, Rastie, & Elmore, 2012)

Research with Military Partners/Spouses

Military Spouse, Deployment, and Perinatal Depression:

Rates of Post-Partum Depression (PPD) are higher for women when spouses were deployed during or after pregnancy

Possible Mitigating Factors:

- Length of deployment
- Intervention at pregnancy
- Support programs offered through different installations

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(Armed Forces Health Surveillance Center, 2013; Appolonio & Fingerhut, 2008)

The Active Duty Mother

General Information

- 9.2% to 19.5% of Active Duty mothers reported with PPD symptoms
- Postpartum period of PPD symptoms among service women was higher in the Army (12.0%) and lower in the Air Force (7.3%)
- Service women with PPD have higher odds for suicidality compared to those without PPD

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(Armed Forces Health Surveillance Center, 2013; Appolonio & Fingerhut, 2008)

The Active Duty Mother cont.

Possible Mitigating Factors:

- Employment-related support
 - Health Care
 - Family support programs
- Personal investment and satisfaction in roles of service member and mother/spouse/etc.

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(Armed Forces Health Surveillance Center, 2013; Appolonio & Fingerhut, 2008)

The Active Duty Mother cont.

Possible Contributing Factors:

- More work hours per week
- Hesitancy to reveal emotional concerns due to fear of occupational repercussions
- Increase in parenting and occupational stress
- Younger and enlisted mothers
- History of mental health challenges and experiences with birth complications

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Personal Vignette

The Reality of Being a Military Mom



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Maternal and Paternal Depression

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 **Poll**

The symptoms of depression are usually the same for men and women.

True or False

Photo by Alex Green from Pexels

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Internalized Symptoms and Responses

- Less enjoyment of activities that used to be enjoyable
- Feelings of being overwhelmed
- Thoughts of self-harm or suicide
- Trouble concentrating
- Frequent crying
- Negativity
- Low self-esteem
- Social withdrawal
- Sad, angry or irritable mood
- Anxiety
- Changes in sleeping and eating habits
- Low energy

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(Philpott, 2016; Tuszyńska-Bogucka & Nawra, 2014)

Possible Manifestations of Paternal Depression

Anger attacks

Withdrawal from social interactions

Difficulty expressing emotions

Irritability

Self-Criticism

Substance use and/or abuse

Unhealthy sexual relationships or infidelity

Reckless and/or escapist behavior

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Paternal Mental Health

Dad works long hours. Mom is home with her three-year-old and 9-month-old all day and feels overwhelmed at the idea of getting both kids out of the house and in the car. Dad usually comes home from work and sits on the couch for a few minutes, usually without saying much. The three-year-old is excited to see him and pulling on his legs, climbing on him, trying to show him toys, and Dad is glued to the TV. Mom starts making dinner. Dad eats dinner and conversation takes place but pretty surface level.

After dinner dad goes upstairs and reappears 40 minutes later. Mom tries to casually ask what he's been doing but he gets angry. They get the kids to bed and sit watching TV but each of them on their phones.

That weekend, mom feels like she'll finally get some kind of a break/at least have help with the kids. Saturday, Dad gets up and plays with the kids for a bit before breakfast and then says his friend is coming over to work on his car. He heads outside and spends all day out there.


He then tells mom that he and his buddy are going to grab a beer at the restaurant down the street and won't be gone long. He comes home 4 hours later and is drunk. He goes straight to bed and sleeps until noon the next day. Mom is so angry she doesn't even want to wake him, she feels she would rather do it all herself - since that's what she's used to anyway.

Mom tells you she is "upset, lonely and disappointed."

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Behavior Has Meaning

What could be going on here?

How likely is it that Mom has wondered about her husband's mental health versus making assumptions about his behavior?

How might you support this family?

Share your thoughts in the chat-pod! Please select  "Everyone" in the drop-down menu when commenting.







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(Ramchandani et al., 2011)

Causes and Risk Factors: Paternal Depression

-  • Adjusting to new role, tasks and responsibilities
-  • Feeling excluded from mother-baby bonding
-  • Lack of social support
-  • Lack of positive role model
-  • Challenges developing attachment with infant
-  • Maternal depression
- Changes in hormones

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Supporting Families with PMADs

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(Postpartum Support International, n.d.)

Supporting Mom's Partner/Co-Parent - Support Person as They Support Her

They may experience feelings of shock, confusion and helplessness	<ul style="list-style-type: none">• You can provide psychoeducation and validate their experience
Communication, awareness and education are critical	<ul style="list-style-type: none">• You can play an important role here by sharing information and tips• Partner can speak to one of mom's providers
Seek their own support	<ul style="list-style-type: none">• Talk with their own doctor, a mental health professional and/or a postpartum support group for Dads/partners

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(Source: Postpartum Support International)

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How You Are Helping

- Introduce the topic early
- Demonstrate unconditional positive regard
- Build on protective factors
- Help identify and/or build social connections
- Scaffolding – being WITH them as they take steps to get better
- Practice empathy and active listening
- Complete depression screens
- Help parent develop and practice coping skills
- Practice mindfulness with parent
- Help parent practice self-awareness and self-compassion
- Refer to behavioral health (or other resources)

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(Postpartum Support International, n.d.)

Prevention and Intervention

- Practice mindfulness
- Exercise – as simple as going for a walk each day
- Social Connections – in real life and virtual
- Practice self-awareness

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(Postpartum Support International, n.d.)

Prevention and Intervention cont.

- Practice acceptance of their experience(s)
- Practice self-compassion
- Develop and use coping skills
- Talk to pediatrician, primary care physician and/or OBGYN
- Counseling/Behavioral Health – live or telehealth – can identify a support group and/or a counselor (and even begin care) during pregnancy

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Resources for Families

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(Deligiannidis, 2023)
(Maternal Mental Health Leadership Alliance, 2023)

Breaking News — August 2023

The Food and Drug Administration approved Zurzuvae, also called zuranolone, a new drug specifically designed to treat PPD.

- An oral tablet taken for 14 days and has been proven to significantly reduce the symptoms of postpartum depression
- Reports “rapid antidepressant effects, short at-home treatment course, and generally well-tolerated side effect profile.”

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(Source: Postpartum Support International)

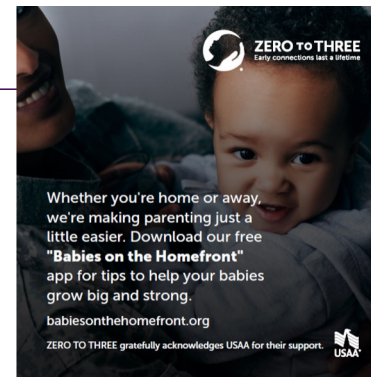
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Free App Available for Android and Apple Phones/Tablets

- Strategies for dealing with challenging behaviors
- Activities to promote parent-child connections
- Self-Care tips for parents
- Activities to support healthy growth and development

Learn more at [BabiesOnTheHomefront.org](https://babiesonthehomefront.org)



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Resources for Caregivers

ZERO TO THREE Podcast: The Earliest
<https://www.ZeroToThree.org/Resource/Zero-to-Three-Launches-Podcast-on-Mental-Health-in-the-Earliest-Years-of-Life/>

Postpartum Support International (PSI)
<https://www.PostPartum.net/Get-Help/Help-for-Moms/>
<https://www.PostPartum.net/Get-Help/Help-for-Dads/>
<https://www.PostPartum.net/Get-Help/Military-Families/>
<https://www.PostPartum.net/Get-Help/Family/>

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Resources for Caregivers cont.

Info on Medication During Pregnancy and Breastfeeding
<http://MotherToBaby.org/Fact-Sheets-Parent/>


PPD Risk Assessment During Pregnancy
<https://www.PostPartumStress.com/Get-Help>

Postpartum Progress New Mom Mental Health Checklist
<http://PostPartumProgress.org/download/New-Mom-Checklist-for-Maternal-Mental-Health-Help/>

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Post-Webinar Check



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 **Poll**

I feel confident and prepared to support parents/caregivers with perinatal mood and anxiety disorders.

Strongly Disagree, Disagree, Neither Agree or Disagree, Agree, Strongly Agree

Photo by Anna Shvets from Pexels

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Short Answer Response

What is one thing you can do to support families directly in relation to perinatal mental health?

Share in the chat-pod.

Photo by Antoni Staraba from Pexels

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Questions? Closing Comments?

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This webinar has been approved for **1.5 continuing education (CE) credit hours** from the following:

- The University of Texas at Austin, Steve Hicks School of Social Work
- The Commission for Case Manager Certification
- The National Council on Family Relations
- The Patient Advocate Certification Board
- The Early Intervention Training Program (EITP) at the University of Illinois
- Gateways to Opportunity Registry-Approved (for professionals in Illinois)
- Certificates of Attendance

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Upcoming Webinar



Disordered Eating and Body Image Disturbance in the Military

This presentation teaches best practices to identify and manage disordered eating and body image disturbance. **Continuing education credits are available!**



RSVP on the webinar event page!



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