YOU ARE NOT ALONE

Use your phone's camera to watch Oklahoma Moms' stories using QR code:

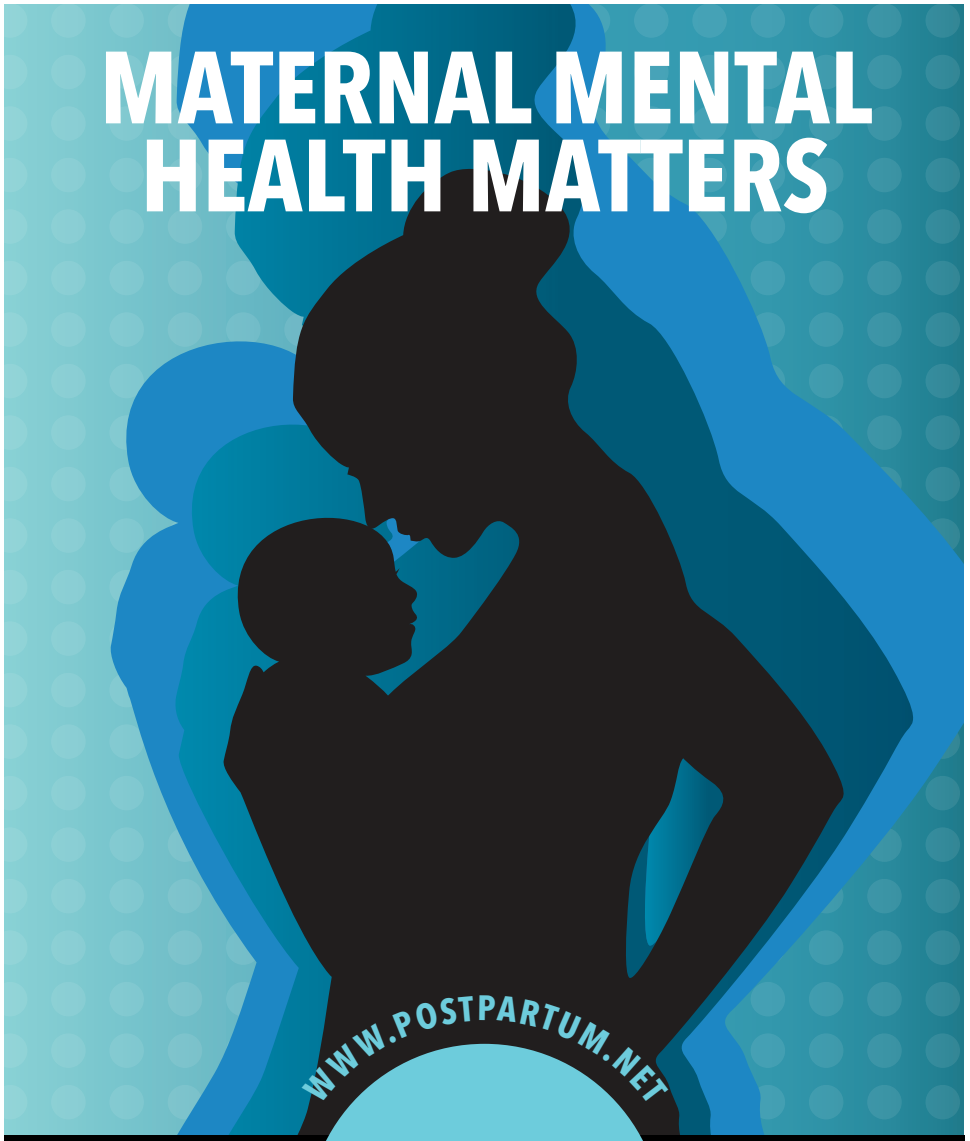
Contact Us

(405) 426-8113
MCH@health.ok.gov

When you need help, call:
The National Maternal Mental Health Hotline
1 (833) 852-6262 | 1 (833) TLC-MAMA

Funding was made possible by the Title V MCH Block Grant Federal Perinatal Funds, grant number 329, provided for Maternal & Child Health Services, Oklahoma State Department of Health (OSDH). This publication was issued by OSDH, an equal opportunity employer and provider. 5,000 copies were printed by OMES Printing at a cost of $2,375. A digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries in compliance with section 3-114 of Title 65 of the Oklahoma Statutes and is available for download at documents.ok.gov. | Issued September 2023

MATERNAL MENTAL HEALTH MATTERS



Depression and Anxiety Impact 1 in 7 pregnant and postpartum women In Oklahoma

#MomsMindMatters

OKLAHOMA State Department of Health

Preparing for a Lifetime
It's Everyone's Responsibility

MATERNAL MOOD DISORDERS

Baby Blues:

Baby Blues is a very common condition that many (estimates are as high as 70%) mothers will experience, which begins immediately in the postpartum period but symptoms do not persist beyond 2 weeks.[1]

Symptoms: Irritability, insomnia, change in appetite, sadness, mood swings, less energy, and increased crying.

Treatment: Symptoms likely will resolve naturally without formal intervention. Participation in support groups, self-care, and family and social support are often the best interventions.

Postpartum Depression:

Postpartum depression (PPD) is the most common complication in pregnancy, with 15% of new mothers in Oklahoma reported symptoms. PPD can begin during pregnancy, or at any point up to 1 year postpartum.[2]

Symptoms: Depressed mood, loss of interest in all/most activities, changes in appetite, changes in sleep habits, excessive guilt and/or worry, impaired concentration, recurrent thoughts of death or suicidal ideation for up to two weeks.

Treatment: Group therapy, peer-led support groups, individual therapy, and medication intervention. Engaging in self-care, and family and social support are also important interventions.

HAVE A POSTPARTUM PLAN

Postpartum Plan:

A postpartum plan is a plan that includes a set of steps that a mother identifies before the baby is born to set her up for success for the time after.

This can include:

- Scheduled sleep (naps with alternative caregiver available)
- Make a plan for appropriate nutrition/meal plans
- Drink plenty of water for hydration
- Schedule of calls/visits from a support system (family, church, support group, friends, etc.)
- Sunlight/getting small but important amounts of sun to increase vitamin D levels
- Identify friends who have children that you can reach out to for support when you need help or advice
- Engage in activities that help you decompress and make you feel more "normal" (taking a bath, watching your favorite TV show, getting a manicure, etc.)
- Physical activity, even short walks

Download postpartum plan here:

RESOURCES FOR SUPPORT & TREATMENT

Postpartum Support International (PSI) Resources:

PSI Online Support Meetings

- PSI offers free, 90-minute support groups led by peers. The first 30 minutes is providing information, education and establishing group guidelines. The next 60 minutes is "talk time," in which group members share and talk with each other.
- You can find information about available support groups here: https://www.postpartum.net/get-help/psi-online-support-meetings/

PSI Phone Chat sessions

- Each Wednesday for moms
- First Monday for dads

  Chat Number: 1-800-944-8766

  Participant Code 73162#

For emergencies:
If you or a loved one is in immediate danger call 911. NAMI Crisis text line is free and available 24/7; text "NAMI" or "HOME" to 741-741; or call 1-800-273-8255

Find a therapist trained in maternal mental health here: https://opqic.org/resourcemap/

MATERNAL MOOD DISORDERS

Perinatal Anxiety:

Perinatal anxiety is a spectrum of anxiety symptoms occurring during pregnancy and/or the postpartum period. It is slightly less common than postpartum depression (between 15-20% of new mothers report symptoms), but many new mothers experience symptoms of both depression and anxiety.[3]

Symptoms: Persistent and excessive worries (especially about the baby's health, safety, or well-being), inability to relax or sleep, racing thoughts, panic attacks, impaired concentration, physical symptoms of upset stomach, increased heart rate, muscle tension, and tightness in the chest. Untreated symptoms may last from a few months to years.

Treatment: Group therapy, peer-led support groups, individual therapy, and medication intervention. Engaging in self-care, family and social support are also important interventions.

[1]Adewuya AO. Early postpartum mood as a risk factor for postnatal depression in Nigerian Women.
American Journal of Psychiatry, 2006; 163: 1435-7

[2]Oklahoma PRAMS, 2017

[3]Wisner KL, Sit DKY, McShea MC, et al. Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings., JAMA Psychiatry, 2013

MATERNAL MOOD DISORDERS

Postpartum Obsessive-Compulsive Disorder:

Postpartum obsessive-compulsive disorder is characterized by intrusive repetitive thoughts that are scary and do not make sense to the mother. Approximately 11% of new Oklahoma mothers reported symptoms at 2 weeks postpartum, but onset may be prior to pregnancy, during pregnancy, or up to 1 year postpartum.[2]

Symptoms: Disturbing repetitive thoughts that are recognized as irrational (even thoughts of harming the baby); compulsive behaviors often involve behaviors dedicated to protecting the baby (e.g., frequent checking, hand washing, etc.). These symptoms may last months, or years without treatment.

Treatment: Specifically, cognitive behavioral therapy (CBT) and medication intervention are the most impactful approaches to treatment. Engaging in self-care, and family and social support are also important interventions.

[2]Oklahoma PRAMS, 2017

WHO IS AT RISK?

Maternal Mood Disorders can impact almost any mom or dad; but those affected by these factors may be at increased risk:

- Parents of young children
- White non-Hispanic women
- Mothers under the age of 30
- Low income women; and women with less education
- Immigrants
- History of thyroid imbalance
- Mothers with poor social support
- Stressful life events
- Family history of mood disorders
- Personal history of depression (unrelated to pregnancy) can come with a 20x increased risk for postpartum depression/anxiety[5]

[5]Silverman, ME, Reichenberg, A, Savitz, DA, Cnattingius, S, Lichtenstein, P, Hultman, CM, Larsson, H, and Sandin, S. The risk factors for postpartum depression: A population-based study. Depress Anxiety. 2017; 34: 178– 187.

IMPACTS ON THE FAMILY

Impacts on the mother's role:

- Compromised parenting skills
- Poor establishment of routines from impaired parenting decisions
- More frequent overt displays of affection
- Mother may be less emotionally engaged
- Increased use of alcohol/drugs
- May isolate from the family
- Inconsistency in responsiveness
- May have fewer social interactions, present as withdrawn

Impacts on the father's role:

- Increased anger/conflict with the mother
- Poorer understanding/modeling of appropriate emotional regulation
- May impact father's ability to work
- Increased use of alcohol/drugs
- May isolate from the family
- Increased impulsivity: reckless driving, extra-marital relationships, etc.
- Conflict between self-perception of "maleness" versus perceived reality

MATERNAL MOOD DISORDERS

Postpartum Psychosis:

Postpartum psychosis is the most rare of all of these diagnoses, only impacting 0.1%[4] of mothers nationally. However, it is the most severe in symptomology and requires the most intensive treatment. Onset is sudden, and most often occurs in the first 2-12 weeks following delivery.

Symptoms: Hallucinations (seeing someone else's face instead of your baby's), delusions (feeling as though your baby is possessed or "evil"), confusion/disorientation about your reality. These symptoms are often waxing and waning (there are periods of "normalcy" in between psychotic symptoms).

Treatment: Immediate psychiatric evaluation and medical attention, most often hospitalization is necessary for adequate treatment.

[4]Sit, D., Rothschild, A. J., & Wisner, K. L. (2006). A review of postpartum psychosis. Journal of women's health (2002), 15(4), 352–368.

INTRUSIVE THOUGHTS

Intrusive thoughts are very common symptoms in both postpartum depression and postpartum anxiety:

- Negative, repetitive, unwanted thoughts or images that "pop into" your head at any time.
- Women with past histories of high levels of anxiety or an obsessive-compulsive disorder diagnosis may be at increased risk (but this diagnosis is not a prerequisite for these symptoms).
- These thoughts may be indirect or "passive" (something might happen to the baby) or they can imply intention (thoughts or images of "slamming" the baby down on the crib or harming the baby in some other way).
- However, these thoughts do not imply intention and are not a sign of psychosis.
- These thoughts will make the mother feel as though she is a bad mother, and often come with guilt and shame. It is important to reassure her that this is a common symptom and does not imply anything about her ability to be a good mother.

IMPACTS ON THE FAMILY

Impacts on the perinatal period

- Poor prenatal care
- Premature birth (before 37 weeks)
- Breastfeeding problems
- Neonatal complications
- Low APGAR scores
- Low birth weight
- Increased cortisol
- NICU admissions
- Fetal demise

Impacts on infant mental health:

- Cognitive functioning
- Poor emotional regulation
- Withdrawal; avoidance in toddlers
- If an infant lives with others who are experiencing depression, there is likely to be impaired social interaction and other developmental delays.
- Infants are at risk for attachment disorder, failure to thrive, and may show developmental delay by age 1.