Children’s Network Conference 2017

Dr. Kendra Flores-Carter DSW, ACSW
La Tanya Matthews, MSW
Ricardo Cruz, BA
Presentation Overview

Prevalence and Barriers
- Latina and Black Women
- Barriers/Concerns

NICU and Maternal Depression
- Bonding concerns after birth
- NICU impact on moms health

Enhancing Hospital MMH Care
- Relevance of Education in Hospital
- Multi-disciplinary Roles in Treatment
- ARMC Maternal Mental Health Program

Questions and Discussions
POSTPARTUM DEPRESSION with LATINO and BLACK WOMEN

By: Ricardo A. Cruz, CCS, BS
Is Postpartum Depression (PPD) prevalent amongst Latino and Black Women?

- Yes, however, little research available.
  - Most studies have focused on non Hispanic whites and Asian women.
  - 46.7% rate of mild to moderate PPD and 8.4% had severe depression.

- Black women have a prevalence rate of 38%.
  - Little to no studies on Black women and PPD
• “...Little is known about the rates of postpartum depression among minority women, particularly Black, Hispanic and Native American women, and in women of low socioeconomic status, and even less data is available about ethnic differences in rates of all health diagnoses (Seplowitz et al.)”.

• The onset and presentation of symptoms often vary among mothers regardless of their race and ethnicity. Many mothers emphasized loving their children despite experiences with depression (Gaynes et al., 2005).

• The Centers for Disease Control and Prevention estimates that African American and Hispanic mothers have the highest rates of postpartum depression among all racial and ethnic groups (2008).
“Largest and fastest growing ethnic minority group and will become the predominant ethnic group by the year 2020. The U.S. Census Bureau (2004) reported an increase in the Latino population by more than 50% since 1990, from 22.4 million to 40.4 million. Of these, 19.7 million are Latinas, about half of whom are of childbearing age (Le et al.).”
• Medical vs. Behavior
  • More emphasis on Medical.
• Studies suggest that “Newborn Behavioral Observations conducted in hospital and home settings may be an efficient, cost-effective, relationship-based method for reducing the likelihood of PPD (Nugent et al.).”

• Nurse home visits improve maternal and infant interaction and decrease severity of postpartum depression.
• “Data indicate that women experiencing postpartum depression are less likely than non-depressed women to breastfeed (Leis et al.).”

• ”The highest risk was found among women who had planned to breastfeed and had not gone on to breastfeed (Borra et al.).”

• Nurse home visits improve maternal and infant interaction and decrease severity of postpartum depression.
REFERENCES


When your child is admitted into the Neonatal Intensive Care Unit

By: La Tanya M. Mathews, MSW
OBJECTIVES

• Understanding the barriers to bonding with your infant during a NICU admission

• How the NICU impacts your emotional health

• How I can help. What is my role?
AGENDA

- 1st Impression
- The Long Haul
- Bonding
- Let’s not forget about Dad
- Something is not right
- Recommendations
- Discharge and Beyond
Pregnancy – you bond with your baby from the time. Many times, we “just hope for a healthy baby.” Many parents have no clue what the NICU is.

Admission into the NICU – Infants can be admitted to the Neonatal Intensive Care Unit for a number of reasons, prematurity, mommy had diabetes, substance abuse, genetics disorders or respiratory distress, etc. Having a baby in the NICU is traumatic experience.

Dreams turned into Nightmares – A variety of emotions begin to set in. Anxiety, guilt, fear, etc. They are natural responses to traumatic events. They are not a sign of weakness. They are healthy part of adapting and adjusting to being your baby’s parents.

Introduction to the NICU – “From the intensity of the hospitalization to the vulnerability of bringing your baby home, parents of babies who begin life medically fragile often think, feel, and parent differently than parents whose babies were full-term and healthy.”
• How long does my baby have to be here – being honest with the parents about time frames and looking at the baby’s progress. Looking forward to the future.

• When I return to work – finding a balance, exhaustion, overwhelmed.

• Signs and symptoms of depression – If you notice changes in your thoughts, feelings or behaviors during or after your NICU experience, it can be difficult to tell whether the changes represent a typical reaction or signal the development of a perinatal mood or anxiety disorder. 

• Trust issues – From the time a mother, walks in the NICU, there are trust issues. ‘who is this taking care of My Baby?’ Communication is key between the staff and parents. So that Parents can trust that this nurse has the experience to take care of this baby. A mutual relationship can develop also, where “parents can tell the nurse that you’re unsure of yourself. The nurse can give you support and practice you need to become skilled at taking care of your baby.”
• First time holding

• Negative touch

• Skin-to-skin

• Cares for the baby
• Babies need fathers to be present. Physical contact benefits the baby and it strengthen the father-baby bond.

• Mothers need fathers to be present. If mothers are not able to be in the NICU, they rely on dads to provide information, update and to be with the baby.

• Fathers and mothers are to be a team.

• Staff should also check-in with the fathers to make sure they ok.
• Poor/No visitation

• Social barriers – There are physical, logistical and medical challenges that can trigger depression while your baby is in the NICU.
  ○ Transportation
  ○ Distance
  ○ Poor support

• Anxiety, anger, depression – “Understandably, the stress and exhaustion of life in the NICU takes a very real toll on parents’ mental health. Parents of children who have a stay in the NICU are at a greater risk for anxiety, depression, and post-traumatic stress disorder, for month or even years to come.” 5
• Checking-in — Communication! Communication! Communication. Multi-disciplines involved with parents during infant’s length of stay.

• Counseling — When should you seek professional counseling…
  - You think it may help.
  - Your ability to cope with the situation is not improving and you feel stuck
  - You continue to find no joy in other parts of your life
  - You have trouble with your relationship with your partner or others close to you
  - You feel a parent support group isn’t “quite enough”
    You should talk to a professional counselor if:
  - You feel prolonged numbness or detachment
  - You continue to feel detached from your baby
  - You have trouble getting out of bed or starting your day
  - You feel unable to cope or manage your other responsibilities
  - You think about harming yourself or others
  - Your doctor or the hospital social worker can refer you to a counselor who understands the trauma of having a baby in the NICU. Even just a couple of visits might give you the reassurance you need.
A study in 2013 measured risk factors and management strategies in PPD mothers and NICU infants.

131 mothers were given the Edinburgh Postnatal depression scale.

19.1% experienced PPD. As the infant stayed longer in the NICU, the odds of PPD increased, then leveled off and then decreased after being admitted 31 days or more.

Recommendation was to screen mothers routinely and treat aggressively.
Mothers with previous mental health disorder and experiencing negative perceptions of self and infant at the NICU discharge were at increased risk for depressive symptomatology 1 month post discharge regardless of infant’s gestation age. Comprehensive mental health assessment prior to discharge is essential to identify women at risk and provide appropriate referral. 7

- Screen mothers at their 6 week f/u
- Also screen mother at infant’s pediatric appointments
- Provide resources and insurance referrals
The Fourth Trimester & Loss

- Definition of the Fourth Trimester
- Stages of Grief
- Grief and Loss vs. Maternal Mental Illness
  - Complicated to differentiate
  - Just address it
- Grief starts at the here
  - Trained staff to provide grief support
- Walking out the hospital
  - Provide parents with some tools to cope
- Time Limit?
  - Reminders, triggers, hopes and dreams

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REFERENCES


2. Best, Sarah LCSW. “I can’t seem to shake the emotions from my baby’s time in the NICU. What can I do?” Managing the Stress of a Baby’s NICU Stay. The Seleni Institute.


REFERENCES Cont.


Enhancing Maternal Mental Health Care in a Primary Care Setting

Children’s Network Conference 2017

Dr. Kendra Flores-Carter
Scope of the problem - Creates Health Concerns for Fetus/Infant

Untreated Depression

Adverse Effects on children

- Cognitive Difficulties
- Decreased Emotional Regulation
- Poor Social Adaptations
What to look for with our Pregnant Patients?

Symptoms

- Insomnia
- Hypersomnia
- Weight loss/gain
- Change in Appetite
- Sadness
- Crying
- Helplessness
- Hopelessness
- Guilt
- Suicidal Ideation
- Poor Concentration
- Worry
- Fear
- Anxiety
- Mood Swings

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The Heart of a Healthy Community
Understanding the Significance of this Public Health Concern

- PPD: 1 in 7, 13%-19%
- Psychosis: 1%-2%
- Maternal Death by Suicide: 10%
- Infanticide: 4%
- Black Women: 38%
Depression and Stress

- Pre-eclampsia/Hypertension
- Gestational Diabetes
- NICU Infant
- Pre-Term Birth
  - High prevalence among AA women
Multi-disciplinary Roles in Maternal Mental Health
NURSES

- Nurses make up a large part of the primary care workforce in a primary care setting such a hospital.

- Have a commitment to make decisions about patient care.

- A Study done by Hardy (2015) found that training nurses in mental health and well-being has the potential to improve integration of delivery of care for patients.

- Provide good quality physical health care to people with mental health problems, increase identification of patients with mental health concerns, enhance health outcomes, quality of life and patients experience of care.

Physicians (OBGYNs, Pediatricians) act as gatekeepers.

Monitor what happens overtime during prenatal care check-ups.
- Notice if they are changes in mood document and review patient charts.

The early discovery of potential problems allows physician to treat vulnerabilities accordingly (Consulting Appropriate Specialist).
- Doing so could potentially reduce moms symptoms of depression and other health concerning issues.
- Enables patients to have healthier and more happier pregnancy experience.

Women with maternal mental health concerns receive extremely low levels of preventive health care.
- Are at risk of receiving inadequate and delayed prenatal care even when controlling for known pregnancy related risk factors.

Clinical social workers perform assessments, arrange and develop services.

Serve as gatekeepers to treatment providers (Gibelman & Schervish, 1996).

Clinical Social Workers perform the largest portion of psychotherapeutic work done in the United States (Hartman, 1994).

Clinical Social Workers provide as much as 65% of all psychotherapy and mental health services (Gibelman & Schervish, 1997).

Assessment, Referrals/Resources, Collaboration with the MDT, Education to family. Support network, Appointments, Home Health Care.

Barriers To Seeking Services
Approaches to Barriers

• Services
  • Some Services should be FREE
  • Poor/Low Income Population
  • Significant Logistical Barriers

• Lack of Support
  • Working with Families to Identify Support within their Communities
  • Educating Spouses and Additional Family Members on the importance of being there for their loved one.

• Interventions
  • Culturally Sensitive Interventions
  • Interventions that are Brief, Effective, Easily Accessible
Treatment Options for MMH
Cognitive Behavior Therapy

• Standard treatment of depressive, anxiety, and stress and adjustment disorders
  • Often includes pharmacological treatment and/or different types of psychotherapy.

• CBT is an effective way of treating depressive disorders.
  • Reconstructing thoughts
  • Motivational Interviewing
  • Strengths Based

• CBT is the most studied psychotherapy for depression, and thus have the greatest weight of evidence


Mindfulness Based Interventions

• An important advantage of mindfulness-based therapies over most other psychotherapies is that mindfulness may be accessible to larger groups of patients.
  • After introduction.
  • Patients could potentially practice mindfulness on their own.

• Mindfulness-based therapies decrease depressive symptoms and anxiety and reduce psychological distress.
  • Evidence Based

• Mindfulness practices have is associated with less physical illness, improved well-being, increased self-control, decreased negative affect, better affect tolerance and improved concentration, focus attention and working memory.

• A large number of studies suggest mindfulness-based interventions (MBIs) such as Mindfulness-based stress reduction (Kabat-Zinn 2003) and Mindfulness-based cognitive therapy (Segal et al. 2002) are effective psychological interventions to reduce depression and anxiety in clinical and non-clinical populations (Kuyken et al. 2015).

• There is also evidence that yoga practice in pregnancy reduces perinatal anxiety and depression (Newham et al. 2014).

• Non-pharmacologic interventions in pregnancy such as MBIs share overlapping common characteristics such as meditation and regulated breathing.

ARMC Maternal Mental Health Program
• We recognized the need for **Education**
  • Trained our nurses on the signs and symptoms of depression
  • Educate Patients

• We recognized the need for **Support**
  • Developed an in-house support group for families

• We recognized the need for **Resources**
  • Through partnership with Children’s Network we are able to provide educational materials (Brochures) to all our moms.
On average there are 300 births monthly at ARMC. Statistics note that one in seven women will experience PPD after giving birth.

- Placing roughly 42 women per month who have given birth at ARMC at risk.
- Approximately 50 percent of these women will not seek help.
  - Mainly because they lack knowledge of post-partum depression.
  - How to recognize the signs and symptoms.
  - Stigma surrounding mental illness.

ARMC’s Women’s Health Department developed a Maternal Wellness Education and Support Program to bring more awareness, education, support and resources to our patients. We saw a need and our goal was to meet that need.
• All mothers receive the Children’s Network “You Are Not Alone Brochure” highlighting signs and symptoms of PPD in their hospital admissions packet.

• A “You Are Not Alone” DVD PSA, developed by Children’s Network, is placed in the ARMC TIGR system for mothers to watch prior to discharge as a way to reinforce psycho-education about PPD.

• Posters are in every single women’s health clinic rooms highlighting signs and symptoms of PPD and ways to seek help.

• Monthly PPD Support Group
  • Every third Tuesday from 11 a.m. to Noon at ARMC
  • Breastfeeding mothers are welcome to bring their babies.
  • Both mothers and fathers.
Intervention Research
Research Hypotheses

$H_1$

- Viewing the “You Are Not Alone” video intervention will increase Black women’s knowledge of Postpartum Depression.

$H_2$

- Viewing the “You Are Not Alone” video intervention positively influence Black women’s Attitudes towards Seeking Mental Health Services.
Intervention “You Are Not Alone”

https://www.youtube.com/watch?v=UC5Yfa5SvAY&t=5s
Methods

Design
• Pre-test/post-test

Sample:
• Convenience sample ($N = 43$) at the Inland Empire Medical Center located in CA.

Age:
• 18 and over

Race/Gender:
• Black Pregnant and Postpartum female

Language:
• English
Data Collection

• Fliers were placed on bulletin boards

• Consents and survey data collected in private rooms

• All subjects were notified that study was voluntary and they could withdraw at any time.

• All data kept in locked file cabinet

• Consent forms mailed to Chair at UTK and secured in locked file cabinet to maintain confidentiality.
Age: 81% ranged from 18 to 30 years of age
19% ranged from age 31-40

Marriage: 79% were single or never been married,

Education: 49% had some college

Employment: 72% were unemployed

Welfare: Almost all participants were enrolled in WIC program or the combination of WIC and other welfare benefit programs (70%),

Income: 76% monthly income ranged from $0-$1500.

Mental Illness: 5% bipolar disorder, 2% obsessive compulsive disorder, 2% schizophrenia and bipolar.

Depression: 12% depression, 5% had been diagnosed with postpartum depression

<table>
<thead>
<tr>
<th>Table 1. Sample Demographics</th>
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<tr>
<td>Factors</td>
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<tr>
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<tr>
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<td>31 – 40</td>
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<tr>
<td>Monthly Income</td>
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<td>Some College</td>
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<td>Marital Status</td>
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<td>Past Depression Diagnosis</td>
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<tr>
<td>Past PPD Diagnosis</td>
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(N=45)
The responses to each knowledge question were grouped into two categories correct or incorrect responses.

The participants’ pre and post-test knowledge findings are reflected in Table 2.

<table>
<thead>
<tr>
<th>Table 2. “You Are Not Alone” Questionnaire</th>
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<tbody>
<tr>
<td>Questions</td>
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<tr>
<td>What percentage of mothers will experience the baby blues?</td>
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<tr>
<td>Baby blues includes all the following feelings EXCEPT?</td>
</tr>
<tr>
<td>If feelings of stress, irritability, or worry do not go away after 2 weeks you may be experiencing which of the following disorder?</td>
</tr>
<tr>
<td>What ratio of women will experience postpartum depression?</td>
</tr>
<tr>
<td>Postpartum depression includes all of the following symptoms EXCEPT?</td>
</tr>
<tr>
<td>Postpartum psychosis includes all of the following symptoms EXCEPT?</td>
</tr>
<tr>
<td>Mothers who experience thoughts of hurting self or baby should do which of the following?</td>
</tr>
</tbody>
</table>

(N = 43)
To test the hypothesis that viewing the “You Are Not Alone” video intervention would increase knowledge with Black women,

A paired sample $t$-test was conducted.

The hypothesis was found statistically significant ($p < .001$) in that the “You Are Not Alone” video intervention increased the knowledge of PPD among the subjects.

Failed to reject hypothesis

### Table 4. Knowledge and Attitudes for Seeking Mental Health services for PPD

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>p</th>
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<tr>
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<tr>
<td>Post-test</td>
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<tr>
<td>Post-Pre-test</td>
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<td>$p = 0.75$</td>
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</table>
Discussion/Findings

The “You Are Not Alone” video intervention increased the knowledge of PPD among the subjects (Feasible Intervention).

The “You Are Not Alone” video intervention did not influence subjects’ attitudes towards seeking mental health services for postpartum depression.

The apparent lack of influence on women’s attitudes may be due to participants being emotionally salient.

Many mothers did not have a history of mental illness and may have perceived the questions as none relatable.