Welcome to today’s webinar!

Using the Partners for a Healthy Baby home visiting curriculum to support pregnant & postpartum women at risk for or experiencing depression.

Tuesday, March 22, 2016

Today’s audio will be coming through your computer, so please make sure that your volume is turned up. When you join the webinar you will automatically be muted by the webinar organizer.

Healthy Start: Potential Intervention Pathways

- Low to Moderate Risk
  - Support & Self-Care (through Partners for a Healthy Baby and engaging Healthy Start services)
- Moderate to Higher Risk
  - Evidence-Based Intervention: Mothers & Babies Course (Psychological Counseling)
  - Evidence-Based Intervention: Money Beyond Depression (Psychological Counseling)
- Highest Risk
  - Referral and Refuges to Community Mental Health Providers (through ongoing Healthy Start services)

Why is this important to home visitors?

- Home visiting programs enroll women who have lots of risk factors.
- Depressed mothers in home visiting often do not obtain treatment.
- Depression is a powerful negative influence on a new mother’s ability to care for herself and her infant.

Depression

- Major depression is one of the most common mental health disorder in the US. (NH, 2015)
- Depression is a highly treatable condition.
- Almost 1 in 5 women become depressed at some point. (Florida Healthy Start 2.0: Maternal Depression Screening & Management Pathways)
- Young women of childbearing age are at highest risk. (NHJ, 2015)

Postpartum Support International (PSI) Downloaded from www.postpartum.net & ZERO TO THREE, May 2014, pp 4-11.

Depression during and after pregnancy

- 10% percent of women experience depression in pregnancy.
- Approximately 10-20% of women experience depression following childbirth.
- Perinatal depression is the most common complication of childbirth.

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Pregnant women who suffer from depression are:

- at higher risk for smoking, drinking, using illicit drugs, and being overweight.
- at risk of seeking less prenatal care, having a lower appetite, inadequate weight gain, and poor self-care.
- more at risk for maternal suicide.

Risk Factors

- A personal or family history of depression, anxiety, or postpartum depression
- Trauma history
- Premenstrual dysphoric disorder (PMDD or PMS)
- Inadequate 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

Adverse Childhood Experiences (ACE)

- Of 17,000 respondents, two-thirds had at least 1 adverse childhood event.

ACE Scores Linked to Physical & Mental Health Problems

Compared with people with no ACEs, those with 4 or more ACEs were...

- Twice as likely to smoke, have cancer or heart disease.
- Three times likely to be alcoholics.
- Six times likely to have had sex before age 15.
- 12 times more likely to have attempted suicide.
- Men with 4 or more ACEs were 4.6 times more likely to have ingested more than men with no history of adverse childhood experiences.

Untreated Adverse Childhood Experiences Only Exacerbate Over Time

Symptoms of Depression

- Observable sadness, crying
- Anger or irritability
- Feelings of guilt, shame, or hopelessness
- Lack of interest in the baby
- Appetite and sleep disturbance
- Unable to complete daily activities
- Loss of interest, joy, or pleasure in things mom used to enjoy
- Possible thoughts of harming the baby or self

Depressed mothers are:

- 3.4 times more likely to deliver prematurely
- Four times more likely to deliver a low birth-weight baby
- More likely to have obstetrical complications
- Less likely to breastfeed, or breastfeed as long as recommended

Children of depressed mothers are more likely to:

- Have attention and concentration problems
- Have trouble regulating emotions and behavior.
- Have delays in language, reading, and writing.
- Have difficulty in their social relationships.
- Develop depression in adolescence.

The FSU Partners Curriculum

Purpose Sheet Detailed Information Page

Handout

Partners Categories & Topics

- Family Development
  - Empowerment
  - Relationships & Support
  - Fatherhood
  - Career Development & Finances

- Maternal & Family Health
  - Diet & Nutrition
  - Exercise & Physical Activity
  - Alcohol, Drugs, & Tobacco
  - Sex, STDs, & Family Planning
  - Family Health Care & Safety
  - Physical Changes & Discomforts
  - Childbirth Preparation
  - Premature Labor
  - Postpartum Care
  - Emotional Health

- Preparing/Caring for Baby
  - Nutrition & Feeding
  - Daily Care Routine
  - Health & Safety

- Baby/Toddler’s Development
  - Fetal Development
  - Developmental Skills
  - Emerging Language & Literacy
  - Infant Mental Health
  - Guidance
  - Play & Learning

Moving beyond Depression. Available from http://www.movingbeyonddepression.org/?page_id=2358
A support network of friends, family, & neighbors is a key factor in:

- Reducing maternal stress
- Promoting stable families

Stress During Pregnancy

• Cortisol is the body’s stress hormone.
• Stress during pregnancy can elevate mom’s cortisol level.

Severe or Chronic Stress (Stressed Out)...
• may constrict mom’s blood vessels & reduce oxygen and nutrients delivered to the fetus.
• may affect the way the placenta functions.
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<th>Topic</th>
<th>Category</th>
<th>Purpose or Task</th>
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<td>Tolerable stress</td>
<td>-</td>
<td>A physiological state that potentially disrupts brain architecture due to cortisol and is buffered by supportive relationships that facilitate coping.</td>
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<tr>
<td>Toxic stress</td>
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<td>Causes prolonged activation of the stress response systems and can disrupt the development of brain architecture and other organs and increase the risk for stress-related disease and cognitive impairment.</td>
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**Stressed vs Stressed Out**

- **Tolerable stress** – a physiological state that potentially disrupts brain architecture due to cortisol and is buffered by supportive relationships that facilitate coping.
- **Toxic stress** – causes prolonged activation of the stress response systems and can disrupt the development of brain architecture and other organs and increase the risk for stress-related disease and cognitive impairment.
Mental Health Issues, Violence, Trauma, and Drug Use are Inextricably Related

- Women who are abused are more likely to use alcohol and drugs than non-abused women
- Alcohol and drug abuse among women and their partners increases risk for abuse
- Abused women experience poor mental health including low self-esteem, depression, and PTSD


Intimate Partner Abuse is Highest Around Childbearing Years

Estimates are that from 3–20% of women report being abused the year before, during, or after a pregnancy.

Many Babies Enter the World Predisposed to Stress, Mental Illness, Obesity, Lower IQ, Irritability, and Health Problems

Partners for a Healthy Baby  MIECHV Maternal Depression Webinar  Revised March 21, 2016

Maternal Depression

Depressed moms are less likely to:

- breastfeed
- respond to their baby’s cues
- play and talk with their newborns

(Henderson, J., Evans, S., Straton, J., Priest, S. & Hagen, R., 2003; Gladstone, T., & Beardslee, W., 2002; McLean, K., Minkovitz, C., Strobino, D., Marks, E., & Hou, W., 2006)

Maternal Depression

- A depressed mom has less confidence in herself as a mother.
- A depressed mom’s affect can impact an infant as young as 3 months.
- Cognitive skills, expressive language development, and attention can be adversely affected.

(American Academy of Pediatrics, 2008)

Implications of Maternal Depression

Infants and toddlers of depressed mothers:

- Lower rates of vaccinations/pediatric checkups
- Higher levels of stress/anxiety
- Poorer mental, motor, and emotional development

(Minkovitz et al., 2005; Fiese, Rhodes, & Beardslee, 2013; Downey & Coyne, 1990)
When Baby has Special Needs or Delays
Paternal Depression

• Between their partner’s first trimester and their baby’s first birthday 10.4% of men experience depression.

• Highest predictor is if Mom is depressed.

• Rates highest 3-6 months after baby’s birth.

• Presents differently than maternal depression.

• Less likely than Mom to seek treatment.  
  (Paulson, J., Sharnail, D., & Bazemore, S. 2010)
Nurturing & Responsive Relationships

Children grow and thrive in the context of dependable relationships that provide love and nurturance, security and responsive interaction, and encouragement for exploration.

Source: Shonkoff & Phillips, 2000

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Interventions

- Social Support
- Reduction of psychosocial stressors
- Exercise
- Relaxation techniques
- Journaling
- Health promotion
- Psychotherapy
- Medication
- Community referrals

Final Thoughts

- Know the risk factors for and symptoms of depression.
- Be a keen observer while in the home.
- Use the Partners for a Healthy Baby Depression Tool to support families.
- Know your program’s policies and procedures related to depression and screening.
- Know your community resource and referral options.