WERRIBEE MERCY MENTAL HEALTH PROGRAM MOTHER/BABY UNIT
An overview of childbirth related mental illness:

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I'M HOME HONEY, WHAT'S FOR TEA?
Psychological Illness After Childbirth

• Post partum blues
• Post partum depression
• Post partum psychosis
Postpartum Blues

• Transient mood disorder
• Occurs in 50% - 80% of births
• Peak onset 4th or 5th day
• Lasts 1-7 days
• Symptoms
  – Fatigue
  – Tearfulness
  – Anxiety and irritability
  – Depression
  – Confusion
Post Partum Psychosis

- Severe psychiatric illness
- Onset usually within first 2 to 3 weeks after delivery
- Incidence 1 in 500 to 1000 births
- Primarily an affective disorder
- Presents as either manic, depressive or mixed
Post Partum Psychosis...2

• Symptoms
  – Insomnia
  – Agitation or excitement
  – Delusions
  – Hallucinations
  – Anxiety and depression
  – Confusion
  – Severe disorganization
Management of Psychosis

• Main issues
  – Medication and breast feeding
  – Safety of mother and baby
  – Facilitation of attachment
  – Support in mothering role
Post Partum Depression

• **Incidence**: 15% of women experience significant sustained mood impairment after childbirth

• **Onset**
  – Usually in first three months
  – Late presentation common
# Beyond Blue-Data

<table>
<thead>
<tr>
<th>Time point and cut off</th>
<th>% women</th>
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<tbody>
<tr>
<td>Antenatal &gt;9</td>
<td>19%</td>
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<tr>
<td>Antenatal &gt;12</td>
<td>8.9%</td>
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<tr>
<td>Postnatal &gt;9</td>
<td>15.7%</td>
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<tr>
<td>Postnatal &gt;12</td>
<td>7.6%</td>
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Beyond Blue

• Overall positive response to screening
• Both women and professionals used EPDS easily
• MCHN most likely to use appropriately
• MCHN most likely to make appropriate recommendations
Symptoms of PND

- Low mood or mood swings
- Tearfulness
- Anxiety including panic attacks
- Feelings of guilt especially about mothering or feelings of failure as a mother
- Inability to do minor tasks
- Loss of interest in usual activities
- Irritability
Symptoms (cont)

- Appetite change
- Sleep difficulty unassociated with infant
- Exhaustion
- Confusion
- Poor concentration
- Lowered libido
- Somatic symptoms
- Suicidal ideas
Other Presentations

• “difficult” or sick baby
• Hypochondriasis
• Obsessive-compulsive symptoms e.g. fear of harming baby
• Attachment difficulties e.g. resentment of baby
• Failure to thrive
• Marital problems
Differential Diagnosis

- Adjustment disorder
- Borderline personality disorder
- Post Traumatic Stress Disorder (women with a history of sexual abuse)
- Physical Illness
  - Thyroid function
  - Anaemia
“New Mother” vs Depression

- Not sustained
- Variable
- Settles with support
- Able to enjoy some things
- Anxiety more prominent
Suicidal Ideas

• Not harmful to talk about them
• Baby often protective “couldn’t do it to my baby”
• Risk high if this is absent ie”baby is better off without me”
“I want to harm the baby”

- Fear of loss of control “I worry that I might hurt him”
- Intrusive thoughts “it just comes into my mind”
- Accompanying suicidal feelings “maybe we should both go”
Causes

• Biological
  – Genetic vulnerability
  – Hormonal changes
  – Impact of complicated labour e.g. caesarian
Causes…2

• Psychological
  – Adjustment to role change
  – High expectations and perfectionism
  – Low self esteem
  – Poor relationship with own mother
  – Recent bereavement
  – History of sexual abuse
  – Difficulties with intimacy
Causes…3

• Social
  – Isolation
  – Absence of supports
  – Perceived poor relationship with partner
  – Single mother
  – Difficult socioeconomic circumstances especially housing difficulties
Who Is at Risk?

- Past history of depression
- Past history of postnatal depression
- Family history of depression
- Inadequate supports
- Marital disharmony
- Childhood sexual abuse
- Personality types
- Socioeconomic difficulties
• EPDS >12
• Low mood sustained
• Biological symptoms
• Suicidal ideas
• Attachment impaired
Management of Post Natal Disorders

- Consider
  - Mother
  - Infant
  - Mother infant pair
  - family
Management

• Medical
• Psychological
• Social
Medical

- Antidepressants, antipsychotics as for non post natal illness
- Hormonal therapies are being studied but no conclusive evidence of efficacy
- Side effect profile needs to consider special needs of this population
  - sedation interfering with baby care,
  - weight gain,
  - Interference with sexual function
Medical… 2

• Breastfeeding:
  – All antidepressants and antipsychotics pass into breast milk at levels similar to maternal plasma
  – Levels in infants very low but ? Significance
  – No evidence of short term risk but long term effect unknown
  – Have to weigh up risk/ benefit
Psychological

- Individual
- Mother infant attachment
- Couple
- Group
- Parenting skills
Social

- Family
- New mothers groups
- Nursing mothers
- PANDA
- Family support agencies
- Local council agencies
Why Is This Important?

• Evidence of emotional and developmental difficulties in follow up studies with infants of mothers with PND (Murray et al)

• Recent studies confirming brain “plasticity” i.e. evidence of environmental impacts on laying down of neuronal pathways

• Evidence of effectiveness of early intervention models
“I worry that I might hurt the baby”

- Have they actually hurt him
- What do they do when frustrated or angry with the baby
- What do they do in the past when angry
- Who is around to help
DHS PND Initiative

• Mental health growth funding
• In association with “Growing Communities Thriving Children”
• $500000 per annum to expand service provision focused on PND
• Provided to the Mother Baby Units to administer
• Aimed at Interface councils
PND initiative (cont)

Two components

• Deliver consultation and support to assist enhanced MCHN to work with mothers with PND

• To provide training and education on PND in conjunction with Primary Mental health teams (AMHS)
PND Initiative (Cont)

- Interface councils
- Monash (Cardinia, Casey, Mornington Peninsula)
- Werribee (Melton, Hume Wyndham)
- Austin (Whittlesea, Nillumbik, Yarra Ranges)
PND Initiative - Aims

Mental health consultation to EMCHN

- Primary consultation
- Secondary consultation
- Joint home assessments
- Group supervision
PND Initiative Aims (cont)

- Liaison between relevant services to promote and develop referral pathways
- Establish referral protocols
- Improve responsiveness of specialist services to EMHAC clients
PND Initiative – Aims

Education

- Provision of educational programs integrating with existing educational programs eg Primary Mental Health Teams
- Eventual extension to broader MCHN community