COMMON PSYCHOLOGICAL ISSUES IN PREGNANCY (PERIPARTUM)

A SCIBERRAS
M VISWASAM (Research)
The emotional awakening..

“During her physical pregnancy a mother also undergoes a psychological pregnancy in which she imagines her baby as having certain physical and intellectual attributes. Shortly after birth, a mother finds that her “imagined baby” encounters her “real baby” – a moment when her prepartum thoughts of an idealized baby may conflict with her newborn.”

Effective therapeutic tools are therefore essential during these perinatal encounters.
Depression and anxiety most often begin ‘in’ pregnancy, the term ‘perinatal’, therefore, better describes psychological morbidity in the peripartum.

*Anne Buist (2006), Aust Fam Phys, 35(9)*
COMMON CAUSES OF PSYCHOLOGICAL PROBLEMS IN THE PERIPARTUM

- Previous history of pregnancy loss
- History of perinatal depression, postnatal psychosis or other disorders, e.g. bipolar disorder
- Fear of single motherhood
- Unplanned pregnancy
- Ambivalence towards the pregnancy
- Concern about the fetus
- Marital difficulties
- Lack of social support
- Increased life stress
- Financial stress
- Unrealistic expectations versus reality in pregnancy
- IVF conception

Varkukla M et al (2009), Comparative Therapy, 35(1)
Bowen A et al (2006), Canadian Nurse 102(9)
McMahon CA et al (1997), Human Repr., 12(1), 176-182
COMMON SYMPTOMS OF PSYCHOLOGICAL ISSUES IN THE PERIPARTUM

- Low compliance with prenatal care (i.e. routine check up, vitamins, nutrition)
- Disinterest in caring for oneself
- Likelihood of engaging in substance abuse, i.e. alcohol, cigarettes and other drugs

Varkukla M et al(2009); 35(1) 44 - 49
Transition to parenthood/pregnancy include many psychological and social changes with studies showing that there is a high prevalence of elevated peripartum anxiety in pregnant women in comparison to peripartum depression.

Recent global studies performed in the general population have indicated that:
- Mood symptoms were more prevalent in women during pregnancy than at other periods in their lives.
- Depression and anxiety have been noted to be less common post delivery, than during pregnancy, with most cases of postnatal depression being preceded by antenatal anxiety.
- On completion of the State Anxiety Inventory (STAI-S) significant differences were found in both women and men between the pregnancy trimesters:
  - Anxiety symptoms followed a ‘U’ pattern showing increased anxiety during the 1st and 3rd trimesters with the 2nd trimester reflecting a period of calm.
  - Elevated anxiety symptoms were noted between parity and trimesters but there was no significant interaction for depressive symptoms.
‘U’ PATTERN OF ANXIETY DURING PREGNANCY IN THE GENERAL POPULATION

1st trimester = High Anxiety
2nd trimester = Low Anxiety
3rd trimester = High Anxiety

ANXIETY

CASE STUDY

Ms W presented for her 1st trimester ultrasound:

- Refused to look at weighing scale when being weighed as part of examination
- Disinterested in looking at ultrasound images of the baby on screen nor listened to explanation of scan
- Extremely anxious about “getting fat and losing her figure”
- Blamed baby for being responsible for her weight gain
- Expressed anger and anxiety on the effect of pregnancy on her body image and remained unresponsive throughout and after the ultrasound
- Presentation at the 2nd trimester scan showed no marked anxiety
PERINATAL DEPRESSION

Depression occurs in approximately 7% – 20% of women during pregnancy and generally meets DSM-IV-TR criteria for major depression which are:

At least 5 of the following symptoms exhibited for minimum of 2 weeks and at least one symptom is (1) or (2)

1. Depressed mood
2. Decreased interest or pleasure in activities
3. Feeling worthless or guilty
4. Difficulty concentrating or indecisiveness
5. Recurring thoughts of death or suicide
6. Change in appetite and weight gain or loss
7. Insomnia or excessively sleepy
8. Slowing of thoughts/physical movement or agitation
9. Fatigue/loss of energy

Potential Risks

- Destruction of family relationships
- Increased risk of psychosocial disorders in children/partner
• Investigations using repeated measures for depression in pregnancy were indicative of decreasing symptoms of depression throughout the pregnancy.

• Women rated higher values than men in depressive symptoms during pregnancy.

• Significant decrease in depression was noted from the 1st to 2nd trimester and from the 2nd to 3rd trimester.

CASE STUDY

Background
- Ms M, 28 year old, bank officer 18 weeks pregnant
- Has lived with Mr X, 29 years of age for 3 years
- Parents of both Ms M and Mr X have been separated since they were young and each of them have a younger sibling still living with their mothers
- Couple are well supported by respective mothers although Ms M finds Mr X’s mother “a little intrusive”
- No access to their fathers

Pregnancy History
- Ms M and Mr X have had a TOP earlier in their relationship when not living together
- They had an early miscarriage last year
- They have been trying to become pregnant over the last two years
Ms M presented with:

- “an unhappiness she cannot shake”
- she is not eating well
- she is worried about experiencing another miscarriage
- her sleep is unsettled
- she is able to talk to Mr X but he has been unable to make her feel happy
- problems with sex life
- has felt “slowing” of her usual “bubbly” self
- she is experiencing difficulty in concentrating at work
IMPACT OF PERIPARTUM PSYCHOLOGICAL DISORDERS

- Adjustment issues to the maternal role
- Increased likelihood of postnatal depression
- Difficult infant temperament and developmental delays
- Peripartum depression and anxiety have been associated with poor neurological and behavioural outcomes in children
- Negative impact on mother-infant relationship postnatally
- Negative impact on social, emotional and behavioural development of children

Austin, M (2003), Aust Fam. Physician, 32(3)
MANAGEMENT OF PERIPARTUM DEPRESSION AND ANXIETY

- Early detection is key component.

- Routine screening antenatally, for psychosocial vulnerability, current feelings and state of anxiety, with use of reliable and valid measures such as:

  - The State Trait Anxiety Inventory (STAI)
    - 20 item self report scales evaluating current feelings and anxiety levels
    - Cut off score of 40 being predictive of significant peripartum anxiety and mood disorders.

  - The Edinburgh Postnatal Depression Scale
    - 10 item questionnaire useful in detecting and monitoring antenatal anxiety and depression.
    - Scores >12 are predictive of significant depression and anxiety disorders.

- Try to meet with partner to assess attitude toward the pregnancy, available support and state of relationship.

Austin, M(2003), Aust Fam. Physician, 32(3)
Buist A (2006), Aust Fam. Physician 35(9) 670 - 673
1. Listen to and hear the client

2. Understand and empathize with the client

3. Know appropriate interventions and how to perform them

4. Intervene

5. Client response
TREATMENT OF PERIPARTUM PSYCHOLOGICAL DISORDERS

- Mild to moderate anxiety/depression or women with low self esteem
  - Supportive counselling, breathing exercises, stress management beneficial

- Moderate to severe panic attacks, negative thinking
  - Cognitive behavioural therapy recommended

- Severe depression/panic disorder
  - Consider use of medication, referral to psychiatrist

- Complex issues such as substance abuse/personality disorder
  - Mental Health and/or Drug and Alcohol teams to be involved in management

- Severe comorbid substance abuse, history of neglect/abuse of previous child/domestic violence
  - Notification to child protection agencies of ‘at risk’ offspring is mandatory

*Austin M(2003), Aust Fam. Physician, 32(3)*
In addition to conventional treatment, recent research has found that music therapy during pregnancy provided quantifiable psychological benefits.

The Medical Resonance Therapy Music (MRT-Music) invented by the German classical composer and musicologist Peter Huebner has been found to be very effective in decreasing psycho-emotional stress, particularly in high-risk pregnancies. Peter Huebner built this concept around the ancient method for healing of Pythagorean music medicine (550 B.C.).

Results after application of MRT-Music on 140 high risk pregnant women who had 8 treatments of approximately 40 – 60 minutes each at stages of up to 12 weeks, 18 to 20 weeks, 28 to 30 weeks and 37 to 38 weeks demonstrated that anxiety decreased significantly in the experimental group in comparison to the control group who were only offered conventional treatment.

POSTPARTUM PSYCHOLOGICAL DISORDERS
What is Postnatal Depression? (PND)

- PND is the most prevalent mood disorder associated with childbirth
- PND affects up to 15% of child-bearing women
- Research indicates that PND is the result of physical, mental and social factors
What PND is not?

- Depression during pregnancy
- Antenatal and postnatal anxiety
- Maternity Blues (Baby Blues)
- Puerperal Psychosis
How do you know a patient has PND?

- Low mood
- Feelings of failure, guilt, insecurity, shame, worthlessness and inadequacy
- Fear for the baby
- Fear of being alone or going out
- A sense of hopelessness about the future
PND signs and symptoms

- Insomnia
- Appetite change
- Reduced energy
- Withdrawn
- Lack of hygiene
- Inability to cope with daily routine
- Avoidance of baby
- Inability to make decisions
- Poor memory
- Ideas of partner leaving
- Worry about harm to partner or baby
- Suicidal ideation
Some precursors to PND

- Previous history of depression
- Depression during pregnancy
- Difficulties in relationships with friends, family of origin and partner’s family
- Lack of emotional and practical support
- Severe Baby Blues
- Labour and delivery problems
- Pessimism
- Problems with baby
Treating PND

- Individual counselling and psychotherapy – using CBT, narrative and modelling behaviour
- Couple counselling and therapy – resolving communication problems
- Group treatment- PND Groups
- Medication
Other issues

- Fertility history, IVF, other pregnancies histories and loss
- Sexual abuse and assault
- Postnatal anxiety disorders
- Partner situation – mental health, gender and financial support
- Adoption and removal of child
Some things to do that may help reduce the impact of PND

- Value the role of mother
- Explore the different role of fathering
- Arrange for support prior to the birth
- Encourage no other major life changes prior to birth or after
More things to do that may help reduce the impact of PND

- Encourage self care in the mother
- Create an atmosphere for mothers (and fathers) to share feelings
- Discuss realistic expectations
- Prior to birth encourage exploration of local resources
- Extend the parent’s support system
Even more things to do to reduce the impact of PND

- Encourage seeking professional parenting support
- Provide an open and invitational environment for questions to be asked
- Teach relaxation techniques
- Identify other life stressors
Information and Support Contact Details

- Lifeline
- Relationships Australia
- Nursing Mothers Association
- Tresillian
- Karitane
- St John of God Hospital Burwood
- Beyond Blue/Black Dog Institute
References

- National Health and Medical Research Council (NHMRC), *Postnatal Depression: Not Just the Baby Blues*, www.nhmrc.health.gov.au
THANK YOU