

## Preconception Interconception Care Symposium

### Postpartum Depression And Domestic Violence

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## Acknowledgement

- ACOG District IX Interconception Care Advisory Panel
- Sub-committee members for DV and Post partum depression
  - Sylvia Guendelman, Ph.D, MSW
  - Kay Johnson,
  - Robin Johnson, MD, MPH
- March of Dimes

## Objective

- Discuss the health impact of postpartum depression and domestic violence on the preconception/interconception health.
- Identify risk factors
- Describe prevalence and demographic data
- Discuss clinical management
- Discuss patient management

## Postpartum Depression a perinatal mood disorder



- The feeling of loss, hopelessness, anxiety, apathy, worthlessness for a period longer than two to three weeks and interferes with way of life and functioning .
  - *Can occur any time within the first year post delivery.*
- Distinguished from “postpartum blues” self-limiting and resolved after two to three weeks.

## Risk Factors

- # 1 risk factor
  - Untreated depression during pregnancy
  - > than 56% of women with postpartum depression have a history of depression before and during pregnancy.
- Other
  - Stress
  - An unintended pregnancy
  - Poor social support
  - Post traumatic birth,
  - Domestic violence
  - Metabolic
  - Drug and alcohol abuse



## Postpartum Depression Data

- Incidence in 5%-25% of perinatal women
- Lower income Latino and Black women have higher incidence of postpartum depression\*.

Racial and ethnic differences in factors associated with early postpartum depressive symptoms\_Obstet Gynecol. 2005 Jun;105(6):1442-Howell EA, Mora PA, Horowitz CR, Livanthal H

## Depression During Pregnancy

**Los Angeles Mother and Baby Project Survey**  
Self-Reported Depression during pregnancy by Race

Race	%
White	23
Latino	44
Black	46
Asian	28

Source 2005 L.A. County Department of Public Health, Maternal, Child and Adolescent Health Programs. Los Angeles Mommy and Baby Project

## Postpartum Depression

**Los Angeles Mother and Baby Project self-reported postpartum depression**

Not depressed	A little depressed	Moderately depressed	Very depressed
48%	35%	12%	5%

Source 2005 L.A. County Department of Public Health, Maternal, Child and Adolescent Health Programs. Los Angeles Mommy and Baby Project

## Health Impact

- Negatively affects bonding and attachment.
- Less likely to breastfeed for prolonged period of time.
- Abusive behavior toward the baby.
- Behavioral and cognitive issues in early childhood and beyond.



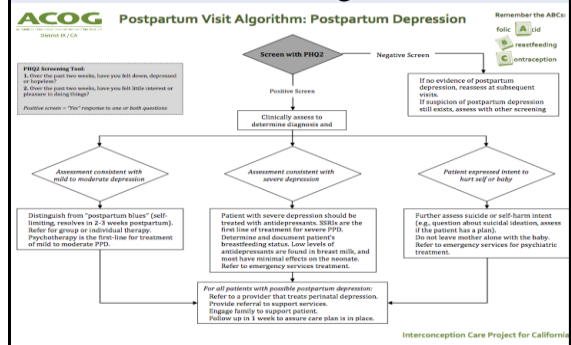
## Clinical Management

- Universal Screening at:
  - 2 week (phone call or home visitation)
  - 6 Weeks
  - 6 months
  - 1 year


## Clinical Management

- Treatment
  - Mild and Moderate depression- Group or individual counseling. Psycho-therapy first line of treatment.
  - Severe- Medications and psycho-therapy.
    - SSRI first line of treatment

## Clinical Management




## Patient Education



### Postpartum Depression

What you need to know now about postpartum depression



**Things to do EVERY DAY** for healthy women and babies:

- Exercise** - 30 minutes a day, 3 days a week.
- Vitamins** - Add multivitamin (total of Folic Acid per day).
- Reduce** processed meats, sodas, and fats that can cause birth defects.
- Reproductive life planning** - set your personal goals for birth control and future children.
- Yearly doctor visits** to discuss physical and mental health.
- Diet** - Vegetables, fruits, and whole grains daily.
- Avoid** tobacco, drugs, and alcohol.
- Your partner, friends, and family** should be sources of support.

**What is postpartum depression?**  
Postpartum depression is a form of depression that occurs in the year after pregnancy can sometimes affect a woman's mood, leaving her feeling sad, depressed, fearful, overwhelmed, unable to sleep. Postpartum depression is not your fault, and you are not alone.

**Is postpartum depression the same as the "baby blues"?**  
No. About 80% of new mothers experience the "baby blues," which are feelings of being easily overwhelmed, fearful, and mildly depressed or anxious. The "baby blues" come and go in the first few days after birth, and typically go away in a few days or a week without needing treatment.

**Postpartum depression often starts 1-3 weeks after delivery, and it is a serious condition. The feelings associated with postpartum depression last longer than two weeks.**

**How do you know if you have postpartum depression?**  
It can answer "yes" to either of the two questions below, you may be at risk for postpartum depression.

1. "Over the past two weeks, have you felt little interest or pleasure in doing things?"

2. "Over the past two weeks, have you felt down, depressed, or hopeless?"

**Remember, every woman is at risk for postpartum depression, and your provider or your baby's pediatrician will screen you frequently for symptoms of depression.**

**What is the treatment for postpartum depression?**  
If you think you have postpartum depression, get help by talking to your provider. Your provider can help and may suggest you take a few minutes each day to think about your depression. Many treatment options are available, and you should not feel ashamed to ask for help. It is important to get help for your provider if you are breastfeeding.

**With early identification and help, you can get better.**

**Remember your ABCs:**

- A** - **Ask** your doctor
- B** - **Be** breastfeeding
- C** - **Contraception**

**For more information, get the *Postpartum Depression and Prevention* booklet.**

**March of Dimes** [www.marchofdimes.org/postpartumdepression](http://www.marchofdimes.org/postpartumdepression)

## Domestic Violence/Intimate Partner Violence

- Domestic Violence- Physical and emotion abuse perpetrated against a women within the context of the intimate relationship.
- 13.6 % of Women experience Intimate partner violence.
- US. Prevalence 4% to 8 % of pregnant women

*Crosses all racial and socio-economic lines  
But there are disparities*

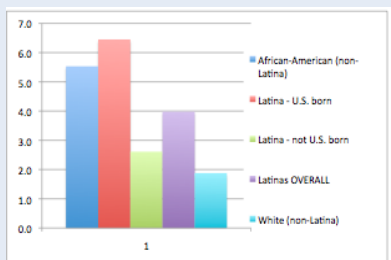
## U. S Department of Justice

- Black and Native American women have higher rates of intimate partner violence

## Risk Factors

- Young maternal age
- An unintended pregnancy
- Depression
- Drug and alcohol use
- Late entry or no prenatal care
- STI/HIV +
- Poor Social Support

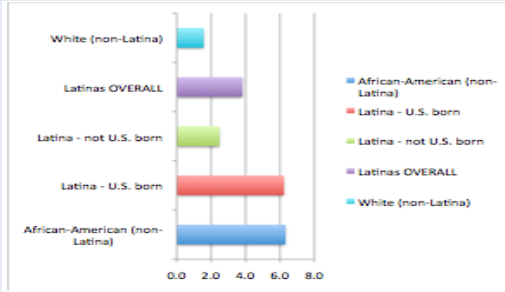
## Physical abuse in 12 months before pregnancy California data



Race/Ethnicity	Percentage (%)
African-American (non-Latina)	~5.5
Latina - U.S. born	~6.5
Latina - not U.S. born	~2.8
Latinas OVERALL	~4.0
White (non-Latina)	~2.0

[http://www.cdph.ca.gov/data/surveys/Pages/StatewideTablesfromthe2006MaternalandInfantHealthAssessment\(MIHA\)Survey.aspx](http://www.cdph.ca.gov/data/surveys/Pages/StatewideTablesfromthe2006MaternalandInfantHealthAssessment(MIHA)Survey.aspx)

### Physical abuse in pregnancy California data



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### Health Impact of DV

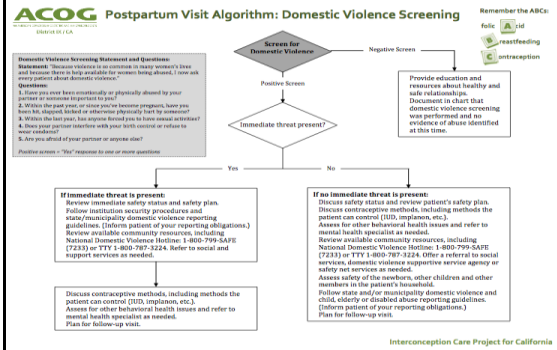
- Serious bodily injury and death
- Depression
- Psychological emotional distress – PTSD
- Physical and emotional abuse to child and other member’s of the household
- Chronic disease
- Mental illness

### Clinical management

#### RADAR

- Routinely Screen each trimester and at the postpartum visit and during yearly exams and new patient visits
- Ask Direct Questions
- Document Findings
- Assess patient safety
- Referral and resources- have a system in place

### DV/IPV Clinical Management



### Patient Education

### Summary

- Postpartum depression and DV are major public health issues that disproportionately affect the health and well-being of women, children and society.
- DV and postpartum depression have common denominators and common preconception and interconception reproductive outcomes.



Questions ?