

Maternal and Paternal Mental Health: MOOD DISORDERS THAT SHOULD NOT BE MISSED



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OBJECTIVES

1. Identify general epidemiology of mood disorders present in the reproductive period
2. Identify and explore the origin of Paternal Depression
3. Identify and explore Postpartum Psychosis as a true medical emergency

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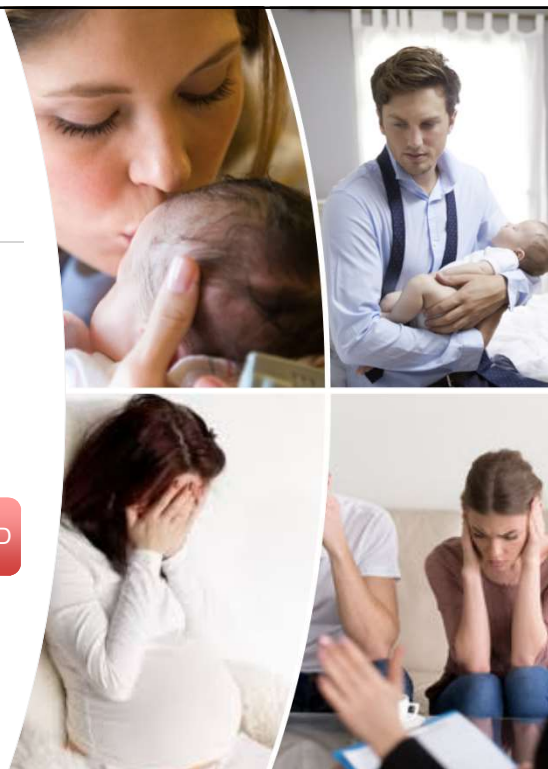
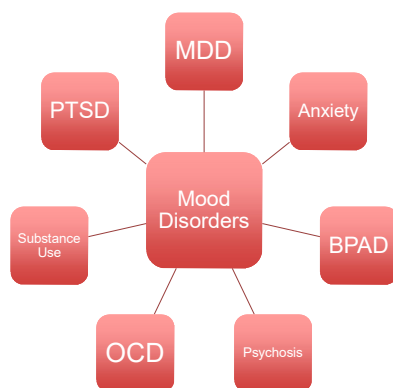
The MANY FACES of MATERNAL ILLNESS

“When the Bough Breaks” 2017



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MOOD DISORDERS- PREGNANCY AND POSTPARTUM



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GENERAL STATISTICS

Maternal Perinatal Depression 15-20%

Paternal Postpartum Depression 10%-20%

Maternal Postpartum Depression (PPD)
15% or 1/7

Paternal Anxiety Disorders up to 18%

Maternal Perinatal and Postpartum Anxiety
Disorders 10-20%

**50% of pregnancies nationally unplanned

Maternal Peripartum OCD 2-5%

0-3 age range is the most likely to be
maltreated

Maternal Postpartum Psychosis 1-2/1000
-Infanticide 4% and Suicide 5%

10-14% of kids <5 have social and
emotional problems

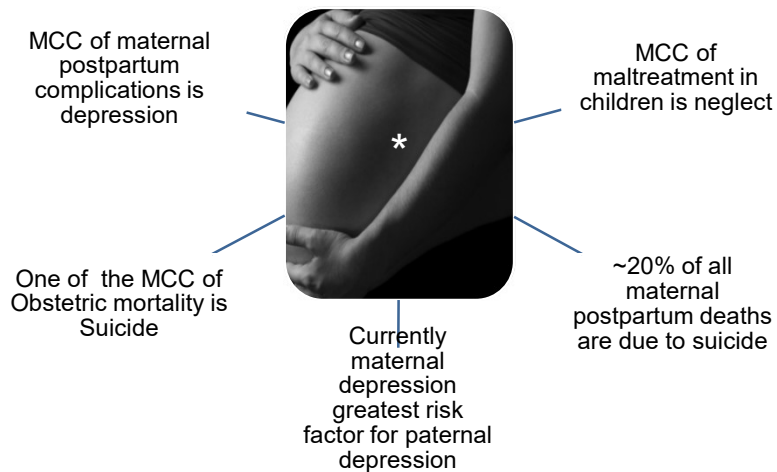
**Up to 50% of maternal perinatal depression
remains undetected



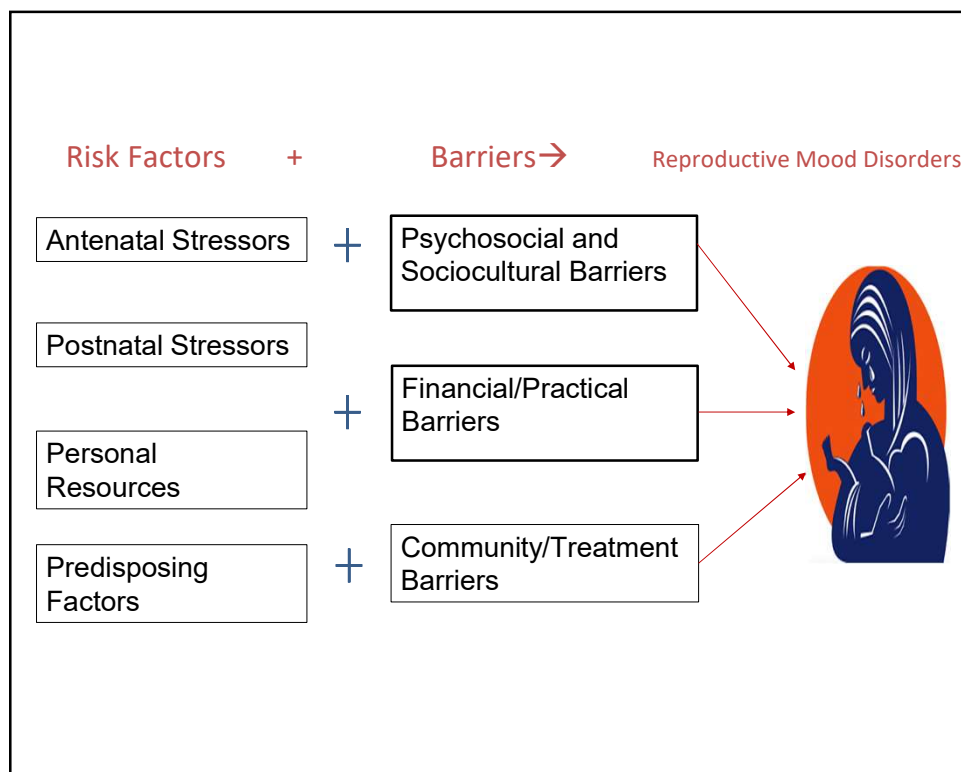
Meltzer-Brody Dialogues in Clinical Neuroscience - 2011
Postpartum Support International
Paulson et al, Jama 2010
Cameron et al, Journal Affective Disorders 2016
US Dept of Health and Human Service 2010
Child Trends-Aces in USA)
Zero to Three

5

EPIDEMIOLOGY....AND THE MOST COMMON CAUSE GOES TO?



6



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WHY THE BIG FUSS??

“HOW WE BEGIN IS WHO WE BECOME”




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WHAT ABOUT PATERNAL MOOD DISORDERS?

Paternal postpartum/postnatal depression
is a clinically significant problem for families

WHO/WHAT

2010 JAMA "Prenatal and Postpartum
Depression in Fathers and Its Association
PPD With Maternal Depression: A Meta-analysis
Paulson et al



~1/10 fathers suffer from



WHEN

An episode of depression that occurs
postpartum



pregnancy-1st year

WHY are we missing the boat:



Awareness
Stigma
Socialized beliefs
Gender Biases

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RISK FACTORS FOR PATERNAL MOOD DISORDERS



Kim P, Swain JE. Sad dads: paternal postpartum depression. *Psychiatry (Edgmont)*. 2007

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PATERNAL PERINATAL DEPRESSION-Not So Typical



Signs and Symptoms

- Withdrawal or avoidance
- Detachment
- Indecisiveness
- Cynicism
- Anger attacks/Impulsivity
- Affective rigidity
- Self-criticism
- Irritability
- Helplessness
- Alcohol/drug use
- Increased marital conflict
- Decreased intimacy
- Partner violence
- Somatic symptoms
- Negative parenting behaviors

Kim & Swain, 2007; Schumacher, Zuberan, & White, 2008; Wilson & Durbin, 2010. Paternal Postpartum Depression: What Health Care Providers Should Know. Musser, Anna K. et al. Journal of Pediatric Health Care, Volume 27, Issue 6, 479 - 485

"That first year left me feeling confused, exhausted, helpless, alone and trapped. There were moments when I felt confident and thankful to be a dad, but for the first year the overarching feeling was that I had been duped into believing I could do this fatherhood thing well.
<http://www.postpartumprogress.com/depression-in-men-a-dads-story-of-male-postpartum-depression>

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REMEMBER "I'M FINE" CAN REALLY MEAN SOMETHING ELSE..



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GENERAL SCREENING OPTIONS

- Tools
 - Edinburgh Postnatal Depression Scale
 - Postpartum Depression Screening Scale
 - PHQ-9
 - GAD-7
 - PTSD Checklist
 - Mood Disorder Questionnaire

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____
 Your Date of Birth: _____
 Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
☐ Yes, all the time
☒ Yes, most of the time
☐ No, not very often
☐ No, not at all
 This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

- | | |
|---|---|
| 1. I have been able to laugh and see the funny side of things | *6. Things have been getting on top of me |
| <input type="checkbox"/> As much as I always could | <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all |
| <input type="checkbox"/> Not quite so much now | <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual |
| <input type="checkbox"/> Definitely not so much now | <input type="checkbox"/> No, most of the time I have coped quite well |
| <input type="checkbox"/> Not at all | <input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things | *7. I have been so unhappy that I have had difficulty sleeping |
| <input type="checkbox"/> As much as I ever did | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Rather less than I used to | <input type="checkbox"/> Yes, sometimes |
| <input type="checkbox"/> Definitely less than I used to | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> Hardly at all | <input type="checkbox"/> No, not at all |

*5. I have thought I would harm myself or others when I felt like this

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The MANY FACES of ANDREA YATES



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ANDREA YATES

Who was she and what did she do?

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ANDREA YATES

What was her diagnosis?

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ANDREA YATES

What were her risk factors?

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ANDREA YATES

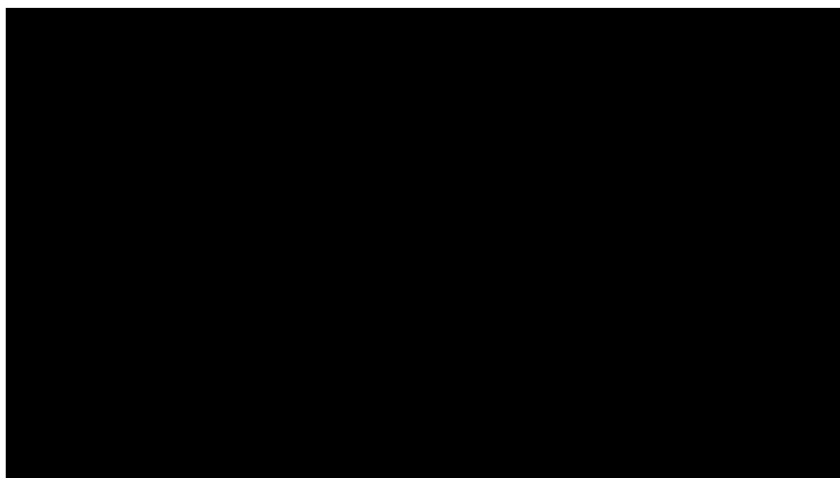
What would you have done differently?

This point isn't to be punitive or critical...its about being proactive and well informed.

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ANDREA YATES STORY

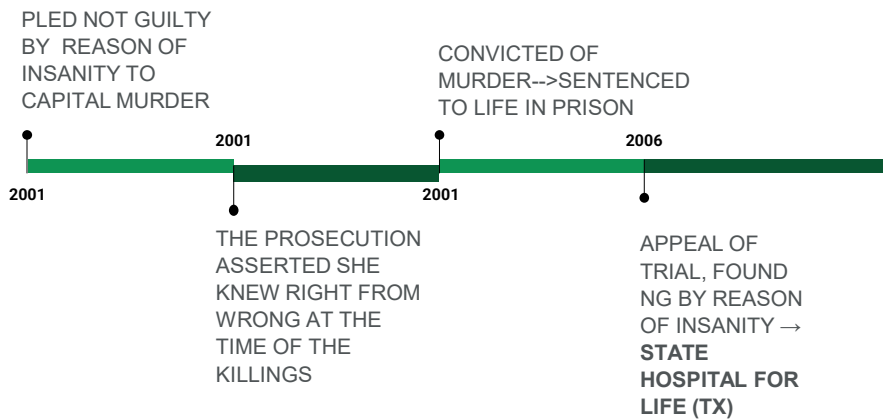
A sneak peak at her mental illness timeline...



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ANDREA YATES

??? VICTIM OR VILLAIN ???



Margaret Spinelli. Maternal Infanticide Associated with Mental Illness: Prevention and the Promise of Saved Lives. Am J Psychiatry 2004


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IMPACT OF UNTREATED Postpartum Psychosis



Postpartum Psychosis has no socioeconomic class boundaries & all mothers are at risk

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POSTPARTUM PSYCHOSIS

Most Severe Psychiatric
Presentation of Childbirth

Not a formal diagnostic term

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POSTPARTUM PSYCHOSIS

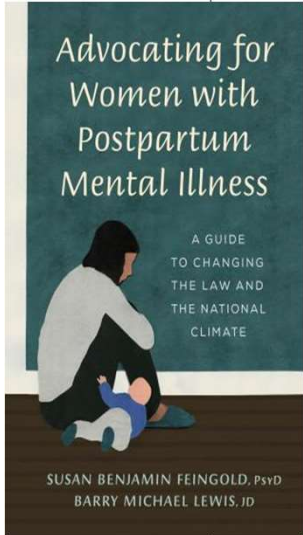
HIPPOCRATES: DESCRIBED AS A KIND OF MADNESS CAUSED BY EXCESSIVE BLOOD FLOW TO THE BRAIN

1838: ESQUIROL RECOGNIZED A HIGH INCIDENCE OF DELIRIUM IN POSTPARTUM WOMEN WITH DISTURBANCES OF PERCEPTION AND CONSCIOUSNESS, WITH MARKED CHANGEABILITY OF MOOD

FRENCH PSYCHIATRIST, **LOUIS-VICTOR MARCE**
 "Where subjects are predisposed to mental illness through either hereditary antecedents, previous illness, or through excessive nervous susceptibility, pregnancy, delivery, and lactation can have disastrous repercussions."

Veerle Bergnk. Postpartum Psychosis: Madness, Mania and Melancholia in Motherhood. Am J Psychiatry 173:12, December 2016

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POSTPARTUM PSYCHOSIS

**NO FORMAL DIAGNOSTIC CATEGORY
FOR POSTPARTUM PSYCHOSIS**

- PROVIDERS MAY NOT BE AWARE OF THE UNPREDICTABLE NATURE OF THIS PSYCHOSIS, AND LESS CAUTIOUS ABOUT THE POTENTIAL DANGER TO THE INFANT
- WAXING/WANING PRESENTATION MAY BE USED AGAINST THE PATIENT

**COURTS USE THE DSM TO
LEGITIMIZE A DIAGNOSIS**

Margaret Spinelli . Maternal Infant icide Associated with Mental Illness: Prevention and the Promise of Saved Lives. Am J Psychiatry 2004

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LEGAL IMPLICATIONS OF A MOTHER'S ACTIONS

-As a Society when will be ready to accept that a Mother(the protector and bearer of life) could harm her children and **NOT be guilty** of the crime in the traditional sense ?

???

-Insanity Plea(all states but Idaho, Kansas, Montana, and Utah); Used <1% of criminal cases in USA

-Criminal Sentences

-Infanticide Legislation: UK(Infanticide Act of 1938), Canada, Australia, USA?



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LEGAL IMPLICATIONS OF A MOTHER'S ACTIONS

Carrol Coronado



Life in Prison for Murder or Undiagnosed Illness???

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LEGAL IMPLICATIONS OF A MOTHER'S ACTIONS

Melanie Blocker Stokes Mother's Act(2008)

Section 2592 of the Patient Protection and Affordable Care Act


Ensure that new mothers and their families are educated about postpartum depression, screened for symptoms, and provided with essential services, and to increase research at the NIH on postpartum mood disorders.

*Melanie Blocker Stokes(IL-completes suicide from treatment resistant PPP)

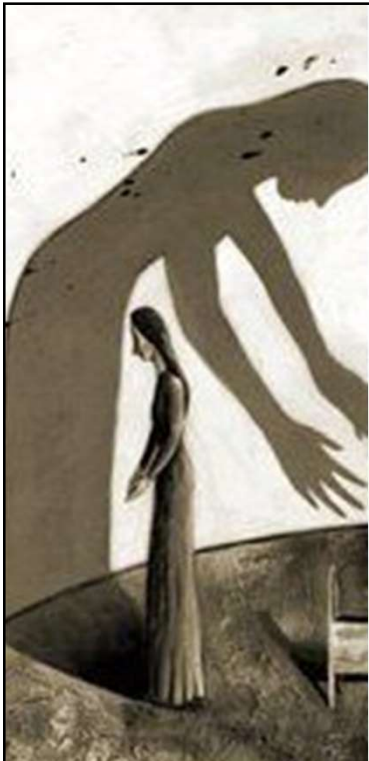
Illinois(2018) Public Act 100-0574

1st criminal law in USA recognizing how perinatal illness can affect the behaviors of mother and considers this in legal culpability

- incorporates a legal definition of postpartum illness(broad)
- postpartum illness as mitigating factor in sentencing
- possibility for treatment



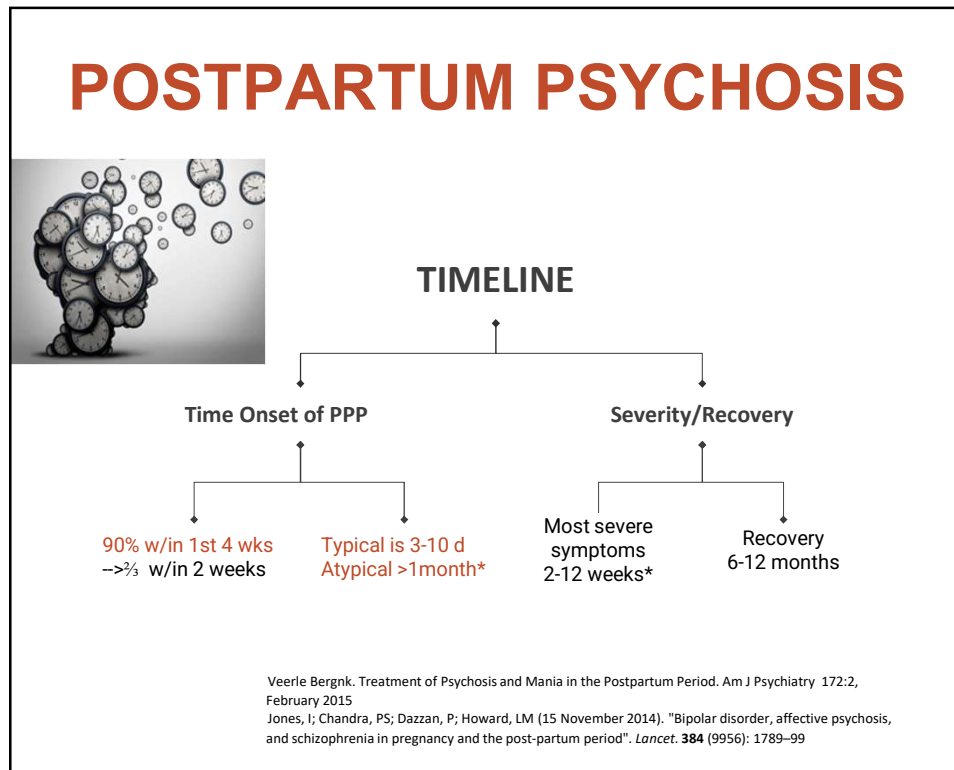
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COMMON DENOMINATOR?

- No awareness of PPP, risks, dx, tx, rx
- No pre-pregnancy planning
- No safety planning
- Hx of risk factors
- Spouse has some insights
- Trying to still engage in caregiving role
- Many sent home after seeking help
- Pregnancy as an underlying risk????

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?


DDx

- INFECTION
- ELECTROLYTE ANOMALIES
- BLOOD LOSS, EMBOLISM, ECLAMPSIA
- SUBSTANCE INTOXICATION/WITHDRAWAL
- MEDICATION INDUCED
- AUTOIMMUNE DZ
- AUTOIMMUNE ENCEPHALITIS
- SHEEHAN'S SYNDROME(anoxia)
- TUMOR/HEAD INJURY

Osborne, LM. Recognizing and Managing Postpartum Psychosis: A Clinical Guide for Obstetric Providers (2018) *Obstetrics and Gynecology Clinics of North America*, 45 (3) pp. 455-468.

Jones, I; Chandra, PS; Dazzan, P; Howard, LM 2014. "Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period". *Lancet*. **384** (9956): 1789–99

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DDx


- SCHIZOPHRENIA*
- SCHIZOAFFECTIVE DISORDER*
- BIPOLAR DISORDER**
- ISOLATED POSTPARTUM PSYCHOSIS*
- MDD WITH PSYCHOSIS
- OCD WITH PSYCHOSIS

Osborne, LM. Recognizing and Managing Postpartum Psychosis: A Clinical Guide for Obstetric Providers (2018) *Obstetrics and Gynecology Clinics of North America*, 45 (3) , pp. 455-468.

"Center for Women's Mental Health at MGH". *MGH Center for Women's Mental Health*.

Sit D, Rothschild AJ, Wisner KL. A review of postpartum psychosis. *J Womens Health (Larchmt)*. 2006;15:352-368.

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POSTPARTUM PSYCHOSIS: Sx

- MARKED DISTURBANCES IN COGNITION
- DELIRIOUS OR "PERPLEXED PRESENTATION"
- WAXING AND WANING

Veerle Bergnk. Treatment of Psychosis and Mania in the Postpartum Period. *Am J Psychiatry* 172:2, February 2015

Sit D, Rothschild AJ, Wisner KL. A review of postpartum psychosis. *J Womens Health (Larchmt)*. 2006;15:352-368.

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POSTPARTUM PSYCHOSIS: Sx

- *RAPID, INTENSE SHIFTS OF MOOD: MANIA, DEPRESSION +, MIXED STATE, +/- ANXIETY
- *IRRITABILITY/RESTLESSNESS
- *INSOMNIA
- *AGITATION/IMPULSIVITY
- *PERCEPTUAL CHANGES/PARANOIA
- *CONFUSION
- THOUGHT DISORDER/DELUSIONS
- OBSESSIVE CONCERNS REGARDING NEWBORN
- *OUT OF CHARACTER/DISORGANIZED BEHAVIOR

Jones, I; Chandra, PS; Dazzan, P; Howard, LM (15 November 2014). "Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period". *Lancet*. **384**
Veerle Bergnk. Treatment of Psychosis and Mania in the Postpartum Period. *Am J Psychiatry* 172:2, February 2015
Sit D, Rothschild AJ, Wisner KL. A review of postpartum psychosis. *J Womens Health* 2006;15:352-368.

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POSTPARTUM PSYCHOSIS: Sx

DELUSIONS

- MADEA COMPLEX
- CHANGELINGS
- BABY WAS A DEVIL
- BABY IS ILL-FATED
- SOMEONE ELSE'S BABY
- DELUSIONS OF PERSECUTION OF THE INFANT

P.S. Chandra. Delusions related to infant and their association with mother-infant interactions in postpartum psychosis. *Arch Womens Mental Health* (2006)

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POSTPARTUM PSYCHOSIS

THOUGHTS OF HARM TO THE INFANT---> **EGO-SYNTONIC**

ASSOC. W/PSYCHOTIC BELIEFS & LOSS OF REALITY TESTING

COMPULSION TO ACT ON BELIEFS

LACK ABILITY TO ASSESS THE CONSEQUENCES OF ACTIONS

Veerle Bergnk. Treatment of Psychosis and Mania in the Postpartum Period. Am J Psychiatry 172:2, February 2015
Wisner KL, Peindl K, Hanusa BH. Symptomatology of affective and psychotic illnesses related to childbearing. J Affect Disord. 1994;30:77-87.

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LAB WORK-UP

CBC, ELECTROLYTES
BUN/CRT
GLUCOSE
AMMONIA
VITAMIN B12/FOLATE
THYROID FUNCTION TESTS
AUTO IMMUNE PANEL
CALCIUM
URINALYSIS URINE/CULTURE
URINE DRUG SCREEN
BRAIN IMAGING
CSF
**HCG

Osborne, LM. Recognizing and Managing Postpartum Psychosis: A Clinical Guide for Obstetric Providers (2018) Obstetrics and Gynecology Clinics of North America, 45 (3) pp. 455-468.

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PREGNANCY ANYONE?

Think **PREGNANCY** For All Reproductive Aged Women



About 50% of all pregnancies are UNPLANNED

Finer & Zolna Contraception 2011.

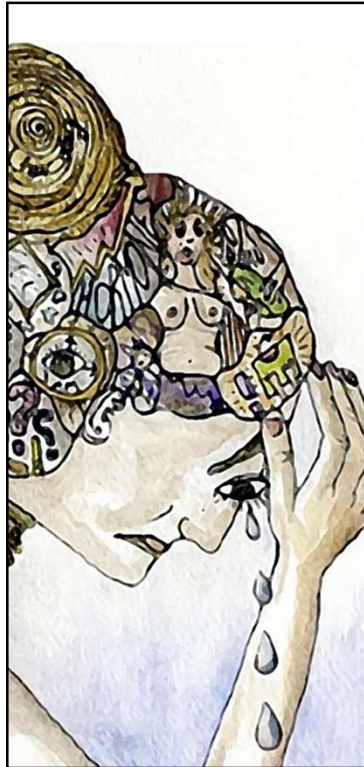
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POSTPARTUM PSYCHOSIS: WHY?

Likely
MULTIFACTORIAL

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RISK FACTORS

- *PRIMARITY
- *HORMONAL SHIFTS
- OBSTETRICAL COMPLICATIONS
- AUTOIMMUNE ILLNESS
- *FAMILY HISTORY
- *CIRCADIAN RHYTHM/INSOMNIA
- ENVIRONMENTAL STRESS
- ***DISCONTINUATION MOOD STABILIZER

Jones, I; Chandra, PS; Dazzan, P; Howard, LM (15 November 2014). "Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period". *Lancet*. **384** (9956): 1789–99.
Essali, A.; Alabed, S.; Guul, A.; Essali, N. (20 May 2013). "Preventive Interventions for Postnatal Psychosis". *Schizophrenia Bulletin*. **39** (4): 748–750.
Sitt D, Rothschild AJ, Wisner KL. A review of postpartum psychosis. *J Womens Health (Larchmt)*. 2006;15:252-268.

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RISK FACTORS

- SCHIZOPHRENIA (20-25%relapse)
- BIPOLAR DISORDER (20-50%relapse)
- BPAD +1st DEGREE RELATIVE W/PPP(~70% relapse)
- H/O ISOLATED POSTPARTUM PSYCHOSIS (up to ~30% relapse)
- RISK OF DEVELOPING PPP W/1st DEGREE RELATIVES W/HX PPP(10-50%)

RATE 100X HIGHER IN BPAD/ISOLATED PPP

THE MAJORITY OF PATIENTS ADMITTED WITH PP HAVE NO PRIOR DIAGNOSIS OF PSYCHIATRIC ILLNESS

Wesseloo, R; Kamperman, AM; Munk-Olsen, T; Pop, VJ; Kushner, SA; Bergink, V (1 February 2016). "Risk of Postpartum Relapse in Bipolar Disorder and Postpartum Psychosis: A Systematic Review and Meta-Analysis". *American Journal of Psychiatry*. **173** (2): 117–27.
Ian Jones. Familiality of the Puerperal Trigger in Bipolar Disorder: Results of a Family Study. *Am J Psychiatry* 2001

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POSTPARTUM PSYCHOSIS: WHY?

CHILD BIRTH IS A MAJOR
STRESSOR THAT CAN
TRIGGER OR EXACERBATE
A WIDE VARIETY OF
MENTAL ILLNESS

*Do you have pregnancy or
young children at home as
protective factors in your risk
assessment?

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WHY? HORMONE SHIFTS

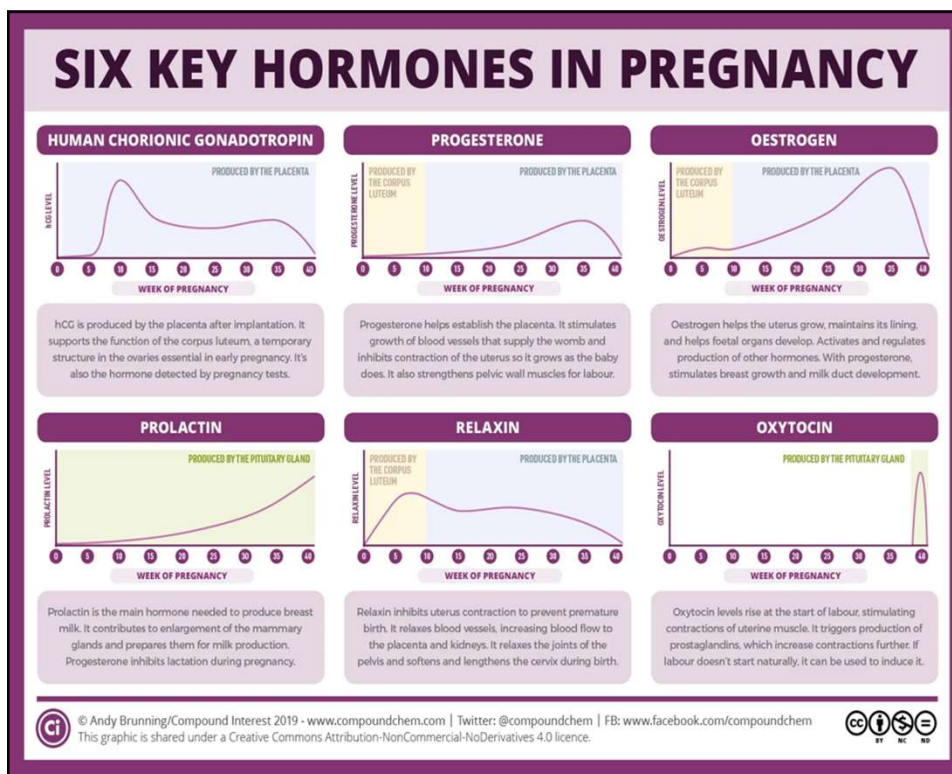
- RAPID FLUCTUATIONS IN THE LEVELS OF
 - ESTROGEN
 - PROGESTERONE
 - OTHER GONADAL HORMONES



SOME HORMONES HAVE INCREASED 200- FOLD OVER
THE COURSE OF GESTATION, RAPIDLY DECLINING
WITHIN 24 HOURS POSTPARTUM

Veerle Bergnk. Postpartum Psychosis: Madness, Mania and Melancholia in Motherhood.
Am J Psychiatry 173:12, December 2016

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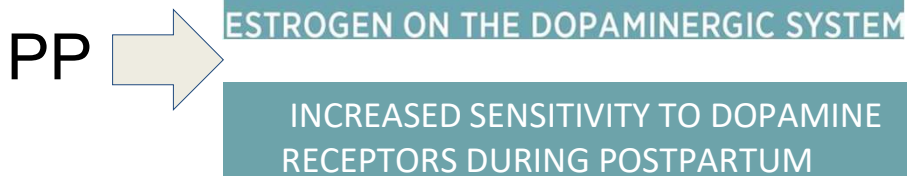


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WHY? HORMONE SHIFTS

Interesting Relationship of Estrogen and Dopamine

- ESTROGEN BOTH INHIBITS THE RELEASE OF DOPAMINE IN THE BRAIN AND AIDS IN ITS REMOVAL



Sharma V. Sleep loss and postpartum psychosis. Bipolar disorders 2003; 5; 98-105

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WHAT?

VARIANT OF BIPOLAR DISORDER

MOST IMPORTANT RISK FACTOR IS A HISTORY OF BIPOLAR DISORDER

95% OF PPP CASES FULFILLED RESEARCH DIAGNOSTIC CRITERIA FOR BIPOLAR DISORDER AT FIVE-YEAR FOLLOW UP-Wisner et al. 1995, Cohort study

Veerle Bergink. Postpartum Psychosis: A Valuable Misnomer. Australian & New Zealand Journal of Psychiatry, 49 (2)
Wisner K, Peindl K, Hanusa B. Psychiatric episodes in women with young children. J Affective Disord. 1995;34:1

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WHAT? POSTPARTUM PSYCHOSIS *AS A UNIQUE DIAGNOSTIC ENTITY*

ABSENCE OF MANIC OR PSYCHOTIC SX OUT OF THE POSTPARTUM PERIOD

FOR 20-50% OF WOMEN, THE OCCURRENCE OF A POSTPARTUM EPISODE OF AFFECTIVE PSYCHOSIS WILL REMAIN EXCLUSIVELY LIMITED TO THE POSTPARTUM PERIOD

Veerle Brigink. Postpartum Psychosis. A Valuable Misnomer. Australian and New Zealand Journal of Psychiatry, 49 (2) 2015

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SCREENING/ASSESSMENT FOR PROVIDERS

Screening for current symptom presentation:

- recent pregnancy/delivery
- depression, anxiety, psychosis, mania, substance use
- **irritability/agitation**
- **confusion, out of character behavior, odd beliefs**
- **perceptual disturbances, paranoias, religious preoccupations**
- **waxing and waning**
- **SI/HI/Infanticide**
- **sleep disturbance** (ARE YOU SLEEPING WHEN BABY SLEEPS?)
- current stressors(psychosocial, \$\$, feeding, family death etc)

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SCREENING/ASSESSMENT FOR PROVIDERS

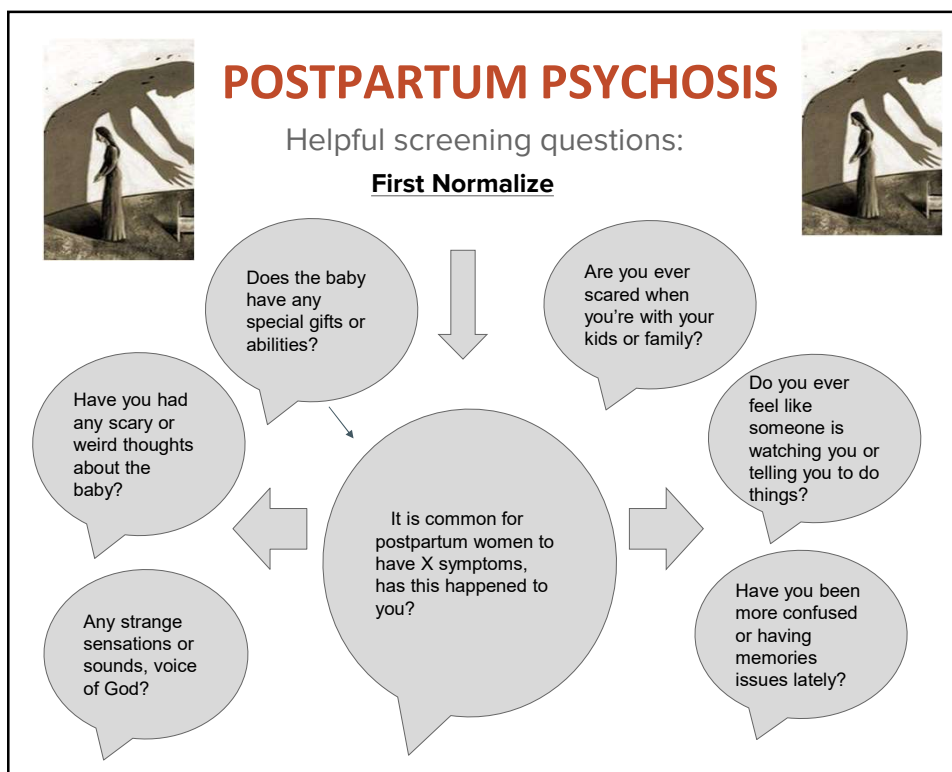
• Past History:

- PSYCH-general and perinatal/postpartum
- FAMILY -BPAD, Schizophrenia, psychosis
- MEDICAL- AI illness, head injuries, cancers, tumors, inflammatory illnesses, infectious dz etc
- SUBSTANCE USE
- OBSTETRIC- all birth hx, abortions, complications, infections pp, contraception, *HCG*, future pregnancies, breast feeding, infant/caregiver sleep patterns

• Collateral information

- Family visit with caretaker or partner
- Phone contact approved by patient
- Medical Records

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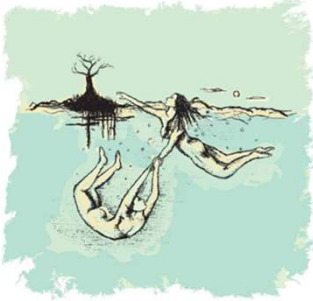



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TREATMENT

PSYCHIATRIC EMERGENCY

• REQUIRING INPATIENT ADMISSION

Veerle Bergnk. Treatment of Psychosis and Mania in the Postpartum Period. Am J Psychiatry 172:2, February 2015

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POSTPARTUM PSYCHOSIS

Law Enforcement/1st Responders/Emergency:

- Tell the mother it's not their fault you are having these thoughts
- I am not here to arrest you and take you to jail
- There is help available and I am here to get you help
- I've been able to help other mothers in the past
- I am not here to take away your kids forever
- Your kids will be safe, you will be back with them soon
- I know this all must be scary and confusing, I'd like to help you
- It will get better, sometime our thoughts can be confusing and scary, lets find a safer place to talk about this
- I am worried about your health, let's get you to an expert



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TREATMENT **MAJORITY OF CASES REQUIRE INPATIENT** **ADMISSION-->FULL MEDICAL WORK UP**




IN MINORITY OF CASES COULD CONSIDER CLOSE OUTPT FOLLOW UP:

- SPOUSE/CAREGIVER GIVES 24/7 OBSERVATION
- MOTHER NEVER LEFT ALONE WITH CHILDREN
- FIREARMS/SHARPS/MEDS SECURED
- RETURN PRECAUTIONS DISCUSSED
- MEDICATION ADMINISTRATION PLAN/RISKS OF UNTREATED ILLNESS DISCUSSED
- BREAST FEEDING CONSIDERATIONS/PUMPING
- PLANNING FOR SLEEP MAINTENANCE

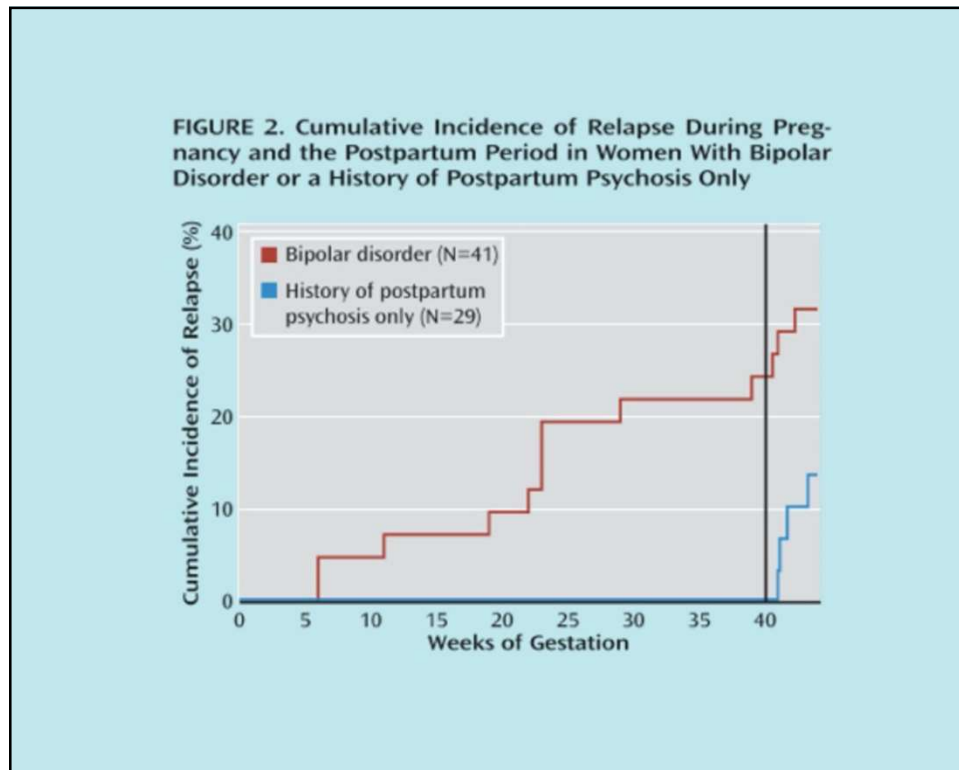
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	<h1>PREVENTION</h1> <p>FOR PATIENTS WITH A DIAGNOSIS OF <u>BIPOLAR AFFECTIVE DISORDER</u></p> <ul style="list-style-type: none">• HIGH RATES OF RELAPSE DURING PREGNANCY• EFFICACY OF POSTPARTUM PROPHYLAXIS WAS MUCH LOWER• CONTINUATION OF <u>PROPHYLACTIC MEDICATION</u> IS IMPORTANT FOR <u>MAINTAINING MOOD STABILITY DURING AND AFTER DELIVERY</u> <p><small>Veerle Bergink. Postpartum Psychosis: Madness, Mania and Melancholia in Motherhood. Am J Psychiatry 173:12, December 2016</small></p> <p><small>Veerle Bergink. Prevention of Postpartum Psychosis and Mania in Women at High Risk. Am J Psychiatry 169:6, June 2012</small></p> <p><small>Blackmore ER, Rubinow DR, O'Connor TG, et al. Reproductive outcomes and risk of subsequent illness in women diagnosed with postpartum psychosis. <i>Bipolar Disord</i>. 2013 May 7;</small></p>
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	<h1>PREVENTION</h1> <p>WOMEN WITH A HISTORY OF POSTPARTUM PSYCHOSIS, BUT WITHOUT MANIC OR PSYCHOTIC Sx OUTSIDE THE POSTPARTUM PERIOD <u>MAY NOT REQUIRE</u> PROPHYLAXIS DURING PREGNANCY</p>  <p>SUBSTANTIAL RISK REDUCTION BY ENTIRELY AVOIDING FETAL EXPOSURE`</p> <p><small>Veerle Bergink. Postpartum Psychosis: Madness, Mania and Melancholia in Motherhood. Am J Psychiatry 173:12, December 2016</small></p> <p><small>Essali, A.; Alabed, S.; Guul, A.; Essali, N. (20 May 2013). "Preventive Interventions for Postnatal Psychosis". <i>Schizophrenia Bulletin</i>. 39 (4): 748–750.</small></p>
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SAFETY: MOTHER

- IN THE FIRST YEAR PP, SUICIDE RISK INCREASES 70 FOLD
- SUICIDE IS A LEADING CAUSE OF MATERNAL DEATH UP TO 1 YEAR PP
- OF 1,000 WOMEN W/POSTPARTUM PSYCHOSIS, ~2 COMPLETE SUICIDE
- USE OF MORE AGGRESSIVE AND IRREVERSIBLE MEANS:
 - SELF-INCINERATION
 - JUMPING FROM HEIGHTS
 - LETHAL WEAPONS



Orsolini, L.; et al. (12 August 2016). "Suicide during Perinatal Period: Epidemiology, Risk Factors, and Clinical Correlates". *Frontiers in Psychiatry*, 7: 138.

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NEONATICIDE <24hrs

TYPICALLY INVOLVES YOUNG WOMEN FOR WHOM PREGNANCY IS UNWANTED/HIDDEN

INFANTICIDE ≤12mo

- NEGLECT
- SEVERE DISCIPLINE, ABUSE
- MENTAL ILLNESS: SCHIZOPHRENIA, PSYCHOSIS, *DEPRESSION

Margaret Spinelli. Maternal Infanticide Associated with Mental Illness: Prevention and the Promise of Saved Lives. Am J Psychiatry 2004

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INFANTICIDE

- GROSS UNDERREPORTING OF INFANT DEATHS
- THE RATE OF HOMICIDE OF INFANTS UP TO ONE YEAR OF AGE IS **8/100,000** IN THE US
- ESTIMATED THAT ONE INFANT UNDER AGE ONE IS KILLED DAILY(USA)
- **16-29%** OF MOTHERS WHO KILL THEIR CHILDREN ALSO KILL THEMSELVES

P.S. Chandra. Delusions related to infant and their association with mother-infant interactions in postpartum psychosis. Arch Womens Mental Health (2006)

Margaret Spinelli. Maternal Infanticide Associated with Mental Illness: Prevention and the Promise of Saved Lives. Am J Psychiatry 2004

Margaret Spinelli. Maternal Infanticide Associated with Mental Illness: Prevention and the Promise of Saved Lives. Am J Psychiatry 2004

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SAFETY: INFANT



- ALTHOUGH HOMICIDAL BEHAVIOR RARELY OCCURS IN PPP, **PPP IS THE BIGGEST RISK FACTOR FOR INFANTICIDE**
 - MOTHERS W/DELUSIONS THAT THE BABY WAS
 - A DEVIL
 - ILL-FATED
 - SOMEONE ELSE'S BABY
- *MORE LIKELY TO HAVE INCIDENTS OF SHOUTING, HITTING, HARMING, OR SMOTHERING BABY

P.S. Chandra. Delusions related to infant and their association with mother-infant interactions in postpartum psychosis. Arch Womens Mental Health (2006)

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Be on the Look Out for **WHATS HIDDEN IN PLAIN SIGHT**

Educate, Educate, Educate

Identify, Identify, Identify

Treat, Treat, Treat

Treatment WORKS, but only if we Identify and Educate ourselves and others

**DON'T JUST STOP MEDICATIONS
BECAUSE Everyone's DOING IT!**
☹ ☹ ☹ ☹ ☹



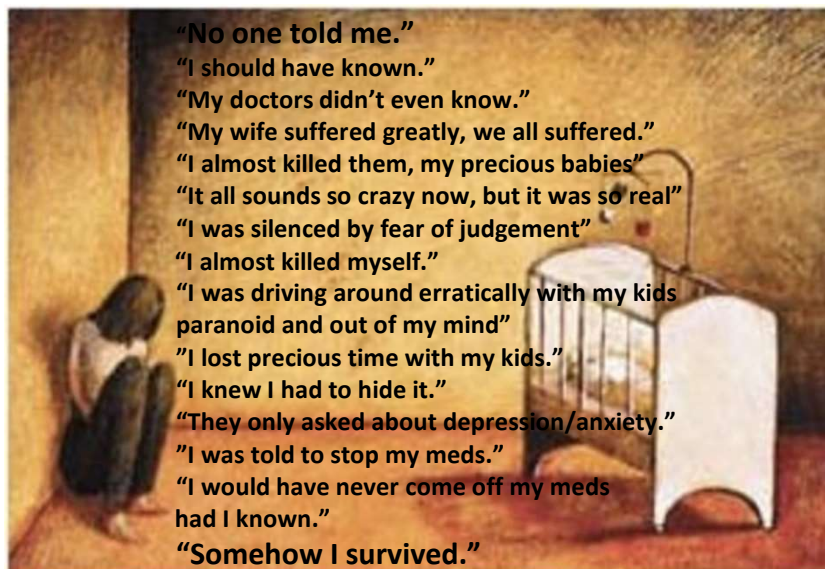
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PROVIDER/PATIENT RESOURCES

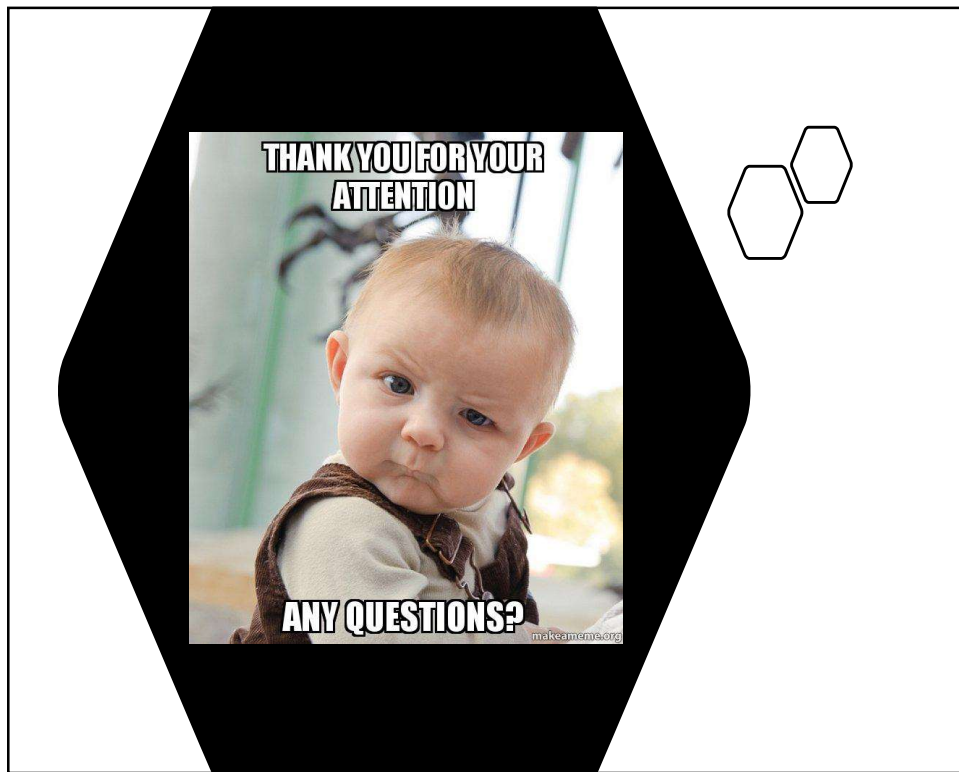
- Reprotox (reprotox.org)
 - iphone app, online access on campus
- Hales Medications Mothers Milk
 - iphone app, textbook
- Mother to Baby (mothertobaby.org)
 - Psychopharm, education, connection with expert
- Postpartum Support International (Postpartum.net)
 - Support, psychoed, local resources, trainings, connection with experts
- MGH Center for Women's Health (womensmentalhealth.org)
 - MGH Postpartum Psychosis Project
 - Educational Material/Trainings
 - Reviews of latest research/pub
 - Provider consultations
- Action on Postpartum Psychosis- UK (aap-network.org)
 - Psychoeducation, pamphlets, research, survivors, resources
- MCAP For Moms (www.mcpapformoms.org)
 - building provider capacity
 - toolkits
 - resources providers/patients

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"Quotes" from Survivors of POSTPARTUM PSYCHOSIS



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