Perinatal Mood Disorder:
Let’s Talk About Perinatal Anxiety
Nursing support for mothers experiencing anxiety
January 18, 2018
Objectives

Discuss the presentation of anxiety during each stage of pregnancy.

Review practical tips for nurses to use with mothers with anxiety. Including acute and long term interventions.

Highlight mothers with special circumstances who are at risk for anxiety.
Issues for healthcare professionals- who aren’t mental health experts.

1. Majority of evidence is about describing the symptoms, when they occur, who most frequently suffers, medications and treatments provided by therapist for long term therapy.

2. Minimal literature about nursing care of these mothers.

3. Clinic nurses/WIC personnel have a longer time period to get to know the mom, but often have limited time during each interaction. Many times they are phone triaging the mother’s concerns.
4. Hospital nurses may get a brief report of the mother’s history and then will spend the next 12 hours, off and on with the mother.

5. Nurses caring for mothers can’t diagnose, yet need to know how to best interact with the mother and her support persons.

6. Often nurses never know if their interactions with the mother were therapeutic or harmful. Sometimes our words/actions will remain with her for a lifetime. Let them be kind and understanding.
Call it the Goddess Myth, spun with a little help from basically everyone—doctors, activists, other moms. It tells us that breast is best; that if there is a choice between a vaginal birth and major surgery, you should want to push; that your body is a temple and what you put in it should be holy; that sending your baby to the hospital nursery for a few hours after giving birth is a dereliction of duty. Oh, and that you will feel—and look—radiant.
Catherine Monk, a psychologist and associate professor at Columbia University Medical Center, whose research focuses on maternal stress, states, “There’s a crescendo of voices saying, ‘If you don’t do X or Y, you’re doing it wrong,’ The result is “a kind of over-preciousness about motherhood. It’s obsessive, and it’s amplified by the Internet and social media.”

How does this impact moms?

• Many feel that their bodies have failed—therefore the baby was born early or with problem or mom needed medications or a Csection.
• Many mother and almost all mothers in the NICU may feel that the birth didn’t go “right”, even if they have a natural birth—they are still separated from their infant.
• Loss of control also a big issue.
Anxiety is normal

Some anxiety is normal at this time when it is adaptive for the infant well being.
Substantial empirical, clinical and policy-directed attention has been given to perinatal depression. In contrast, significantly less attention has been given to perinatal anxiety disorder. This is surprising, particularly in light of the fact that anxiety disorders are likely more common among pregnant and postpartum women than is depression.
What helped me to understand the situations and interventions

<table>
<thead>
<tr>
<th>Situational anxiety</th>
<th>Crisis/acute (panic attack)</th>
<th>Ongoing</th>
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<tbody>
<tr>
<td>mothers with hospitalized infants</td>
<td>Medication- usually ER visit, also need to assess mom’s physical health, r/o late postpartum preeclampsia.</td>
<td>Consistent information</td>
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<td>mother’s whose L&amp;D doesn't follow the “birth plan”</td>
<td>If in L&amp;D or a procedure- &quot;education in the moment&quot;, short direct instructions, breathing exercise</td>
<td>Consistent caregivers</td>
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<td>Anticipatory teaching</td>
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<td>If from a trauma (ie resuscitation) clarify the events, but don’t dwell on it.</td>
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<td>Self care and relaxation therapies, mental health referral.</td>
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<td>Chronic/perinatal anxiety</td>
<td>Above plus Pre arranged plans, including OB staff in plan, prepared support person, NICU talk and tour if NICU admission anticipated. Home support</td>
<td>Above plus Utilize existing professionals and medications and therapies that worked in the past.</td>
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Anxiety during pregnancy

Occurrence- prior to pregnancy and during pregnancy. May be worse in first trimester. Mother’s with pre existing anxiety diagnosis: 43 % saw reduce in existing anxiety while 33% had symptoms increase. (Dannon and Lowengrub, 2006)

When do nurses/health care staff have interactions?

1. Clinic visits
2. Breastfeeding classes and preparation
3. Childbirth classes
4. WIC
5. ER
Mother’s with situations that may contribute to anxiety

1. Infertility- “I can’t do anything right”
2. Previous pregnancy losses
3. Precious traumatic experiences, in life or in childbirth
4. Previous childrens with life threatening conditions—elevated anxiety during pregnancy, but birth of another child is then associated with less parental grief
5. Mother’s with high risk pregnancy
6. Known prenatal diagnosis of fetal anomalies—greater anxiety than control mother, older mothers have more anxiety, and fetal care center nurse coordinator decreased their anxiety
What are the issues with pregnancy anxiety?

Mom’s health: in “fight or flight mode” increased cortisol levels, pro-inflammatory cytokines, increased c-section,

Baby - preterm birth, sga babies, developmental delays, less breast feeding, lower immunity through first 2 years of life/

Mom’s quality of life: Intrusive thoughts and always in “flight or fight” consume much of the mother’s time.
Pre Existing anxiety and pregnancy

10 tips for a Mindful birth

1. Meditation helps everything
2. Prepare your mind
3. Slow down

https://www.headspace.com/blog/2015/07/10/10-tips-for-a-mindful-birth/
Role of the clinic nurse:

Role of the nurse in a fetal care center—often the primary contact for the families, assessed the women’s emotional well being and could refer for mental health services. Fetal care center nurse coordinator decreased their anxiety.

Role of the nurse in the fertility clinic—"being there" even if not emotionally close.

Role of nurse in OB clinic—note if mother having more than usual vague physical complaints.

All of these positions can suggest/encourage mother seek mental health visit.
Childbirth preparation

Education/therapy - short term by OB/midwife with training in Cognitive Behavioral therapy

Yoga

Mindfulness

Hospital based childbirth classes

Tours

Pros and cons of group education
More from **10 tips for a mindful birth**

4. Don’t get attached to plans

5. Train for a marathon

6. Accept the pain

7. Set the scene

8. A watched pot never boils

by Shamsah Amersi
Mothers in high risk OB

Just being labeled high risk is anxiety producing for some mothers. Hospitalized pregnant mothers may experience situational, environmental and family worries.

Guided imagery- mind/body intervention in which mental images are used to produce a relaxed mental state, lowering the physiologic stress response.

Nursing study using guided imagery - may be effective - decreased systolic blood pressure, and self report of reduction in perceived stress.

Also may be useful with NICU mothers.
Labor and delivery

Special nurse to work in Labor and delivery and thank you to those that provide this care to mothers during this time.

What is “normal” anxiety for vaginal and c-section mothers? What constitutes a panic attack or anxiety that requires intervention?

**Some key techniques:**

Pain control

“Education in the moment”

“Read the patient and the situation”

Choice vs direct instruction
Immediate postpartum period

Many mothers report feeling forgetfulness, “fogginess”, and confusion during the early postpartum period.

1993 study by Eidelman et al demonstrated that 1st day postpartum mothers had significant cognitive deficits. This was unrelated to pain medication and is transient. They attribute this due to the combination of physical exertion, fatigue, physiological and psychological changes all contributing to stress.

Bottom line-reinforce verbal teaching with demonstration and written or video backup. Families will need frequent and repetitive education and support.
Anxiety that is triggered by labor/delivery or breast feeding issues

“What these moms wanted—what we all know they wanted—was a healthy baby. That’s what most of them got. But what’s lost in the cacophony of anxiety is the other thing every mom wants: to enjoy the beauty of motherhood.”

Difficult for staff and families to understand the mother’s anguish.
Breastfeeding

Could be a separate 8 hour talk

Frequent cause of anxiety/feelings of failure in mothers

First time at breast isn’t about feeding or calories-establishing a relationship between mother and baby.
Breastfeeding and mother’s with anxiety

- Anxiety negatively influences breastfeeding
- Anxiety negatively influences breast milk composition
- Anxiety disrupts release of oxytocin and prolactin, therefore reducing milk production.
- Leads to a vicious cycle of hungry crying baby and anxious mom
- Higher level of anxiety and lower numbers of exclusive breastfeeding at 6 months and tend to quit breastfeeding earlier
Mother who had low milk supply and breast feeding problems

I think, looking back, the worst part (and there were some TERRIBLE parts) was that when I saw my daughter, instead of love, I felt PANIC. I was terrified of how I was failing her.
Milk supply issues in NICU mothers—grief and anxiety

When pumping doesn’t work due to maternal health factors, stress, outside variables (work, travel, family)

Many mothers put inordinate amount of pressure on themselves to produces milk

Conflicted between baby care and pumping, only so many minutes in a day—esp true with mothers of multiples.

Common theme of “oversleeping” and exhaustion. “Pump isn’t a good baby” but this decreases her supply
Breastfeeding pros and cons

Family may feel “too stressful” and encourage bottles to allow mother to “rest” and allow other family members to help feed

Brooke Shields changed this thinking

“I attribute a lot to breastfeeding, because, for me, the physical connection is what I really needed, whether I enjoyed it or not.”

Mothers need support from a team, giving consistent information, from pediatrician and lactation support. That is then up held by her family and social support.
Anxiety and the NICU mother

Overwhelming evidence demonstrates parents have feelings of stress, detachment, helplessness, and increased anxiety.

24% of mothers in the NICU experience acute stress disorders compared to 3% of mothers with a well baby.

Depression only screening failed to identify 5-15% of the mothers with clinically significant levels of anxiety symptoms.

Maternal postpartum distress after preterm birth is not necessarily maladaptive to the mother-infant relationship; the absence of distress does not always guarantee optimal parenting.
Nursing interventions in the NICU

First interaction

Consistent caregivers

Education

Care by parent

Importance of skin to skin

Breastfeeding support
How does the baby look? This is the time to have the baby’s bed looking good, and baby well positioned. Or better yet, if baby can be held, ready to go to mom skin to skin. Try to replicate the “golden hour” that happens with term babies.

Pacifier in the baby’s mouth can really shake up a mother who had plans for no pacifiers, no bottles. Mother can perceive this as another failure for her, she didn’t protect her baby from child care practices she didn’t want.

Many moms don’t even notice, they just “lock in” to their baby, but just as many will still be talking about it and processing that first look weeks later (to their friends or new to them staff members) Some need to talk about often to process the experience.
Most mothers ask

Is he/she ok?

When can I hold/touch?

Staff should have a plan before the mother “rolls in” and ideally communicated the plan to father and/or mom’s support person. Do they want alone time or do they need support from friends or families?

Hard to make any generalization about first interaction, dependent on both mother and infant's physical status.
First interaction

Where/what is the nurse/Rt doing this visit-location by bedside or in room or step out?

Once again multifactorial, but if infant can be held.

Quick discussion with mom,

“We need to stay in the room but will try to stay in the background” or “Your baby is stable enough for me to leave you alone, baby is on monitors, are you comfortable with me leaving the room?”
Importance of first

For some mothers the “firsts” are very important

Missed golden hour
Missed first feeding (if this is a late preterm and mom has experienced a delivery complication)

Discuss with the family skin to skin with dad while mom is recovering
What about saving the first bath, first feeding, first time in clothes
Change the wording, what about first routine vs. first medical necessity (first bath was just to clean up vs. the first bath in a tub
Needs of Mothers with NICU infants

Continuity of care, so the fewer nurses per patient care experience

“Parents have said that they value their relationship with the bedside nurse as the most significant aspect contributing to a positive experience and satisfaction with their infant’s care. Random assignments may inhibit parent’s development of trust.

Establishing “trustful” or “distrustful” bonds with mother can enhance or impede her maternal confidence. Hospital personnel must be skilled at reading the mother’s cues as they are reading the baby’s cues.
Nurses role with mothers in the NICU

Guidance

Encouraging parent participation

Teaching

Subtle presence

“Beehive” approach

Family unit is the queen bee. Staff and family are worker bees, supporting the family. As much baby care is done by family, with the nurse or other NICU staff teaching, counseling, guiding but in the background.
Personality types and reaction to NICU

Optimist vs pessimist - pessimist are more vulnerable to reacting to the NICU environment.

Perfectionist- didn’t have the perfect birth or infant experience. Grieving/anxious

“Mean girls and bullies”- challenge the staff- esp the younger staff. Can develop PPD/anxiety also. Symptom may be suddenly “fitting in”

“Corporate mother's”-- Life is based on list and accomplishments. Confused by oxytocin release, sending signals to slow down and enjoy the baby.
More mothers that may have additional factors compounding their anxiety

Non English speaking mothers- word stress doesn’t translate well.

English speaking, but different culture

History of childhood trauma
Mothers with pre-existing OCD

Obsessions are ideas, thoughts impulses or images

Compulsions are an active ritual but may also be an action to avoid the feared situation.

A meta analysis concluded that pregnant and postpartum women are at greater risk for OCD compared to the general public. And half of women with existing OCD reported worsening symptoms postpartum.

What problems can OCD cause?

Interfere with bonding, ritualistic behaviors performed to cope with intrusive thoughts are often time consuming and involve under involvement or overprotective child care.
OCD and “germs”

What is the effect of NICU emphasis on infection prevention have on moms with germ fears?

Hyper vigilant about hand washing, but fear speaking up

Limit infant’s physical holding by other family members or staff and cuddlers.

“Lock down” mentality once home, need to keep in touch with friends and family, even if only by screen time.
Postpartum anxiety

Mothers at home and in the community-can put on a “good show” for a long time

Most common symptoms--not depression but anxiety and agitation--difficulty concentrating, excessive worry, overwhelmed, racing and intrusive thoughts, difficulty sleeping.

Isolation

Overwhelmed
4th trimester physical needs of mother

Easy to remember that mom is recovering from childbirth when she is in her hospital gown and easy to forget once she is in her clothes and driving herself to the hospital.

4th trimester refers to the transition period after childbirth. It is marked by biological, psychological and social changes. Health issues include: fatigue, breast related problems, backaches, headaches, c-section pain, hot flashes, urinary incontinence, perineal pain, infection.
4th trimester

As during her pregnancy, a mother’s physical and mental health postpartum may affect the wellbeing of her infant.

6 week postpartum visits are missed in 20-40% of mothers. Especially challenging for mothers with limited resources or mother who are staying with hospitalized infants, who is in a referral unit. Help mom prioritize/problem solve how to make this visit happen. This is the contraception visit.

Ironically, why is medical community allowing mother’s basic health needs to be unmet at the same time that her infant's receiving some of the most intensive, specialty care in the world
Figure 11. Extent to which pain interfered with routine activities in first two months after birth, by mode of birth

- Vaginal: n=1656
- Cesarean: n=744

- Extremely: 3% Vaginal, 6% Cesarean
- Quite a bit: 10% Vaginal, 16% Cesarean
- Moderately: 21% Vaginal, 25% Cesarean
- A little bit: 43% Vaginal, 36% Cesarean
- Not at all: 27% Vaginal, 14% Cesarean

p < .01 for pain interference by mode of birth
Importance of sleep

Fragmented sleep, due to pumping and other demands at home

Insomnia may indicate depression/anxiety. Asking a mother not only did you get some sleep or how are you sleeping but always asking, “How long does it take you to get to sleep?”

Sleep latency (taking longer than 25 minutes to fall asleep) is a way to quickly find out how the mom is feeling. Is she awake at night with her thoughts? Are the thoughts reality based fears or are the thoughts taking on a life of their own?

Causes and effect: can go both way. Don’t get enough sleep and you increase your chances of depression and other mental illnesses. Depression causes insomnia and hypersomnia.
Postpartum/self care tool kit for mothers

1. Have a drink of water
2. Eat some protein
3. Take vitamin and mineral supplements
4. Have a "mantra" - "I’m doing the best i can"
5. Go outside
6. Stretch/move/exercise
7. Take a nap
8. Call someone to talk about your feelings
9. Do something you enjoy, combine with feeding, pumping-music, movie, book on tape
Extended family-

Roles of the family

Moving into parenthood role--old hurts and frustration surface

Sometimes the family doesn’t step up like the mother thinks they will/should

Lots of differences in child care practices-feeding, safe sleep, pacifiers to name a few

Drawing boundaries and establishing role as the mother and father and decision makers.
Techniques nurses can teach or suggest

Mindfulness--apps--be aware in the present moment and accept thoughts and feelings without judgment.

Belly breathing

Reflection

Exercise

Other techniques

Yoga, aromatherapy, peer group and journaling
Example of mindfulness, requires no training

Encouraging mothers to live in the moment, giving their undivided attention to their infants and experiencing each new moment as it unfolds provides memorable moments that create a special bond; and also helps the infant achieve an organized physiological state. Engaging in mindfulness while holding their infant skin to skin can create intimate moments that have the power to help the infants regulate autonomic functioning and promote physiologic stability, promote synchrony, influence a mother’s perception of her infant and allow the infant to be a full participant in the mother-infant relationship.
Therapy provided by professionals

CBT  - cognitive behavioral therapy

Medications
Mental health referral

Even among women who accepted referrals to mental health services, only half attended intake appointments. For this group of pregnant women and those in the first year after birth, in-home mental health visits were most likely to result in care engagement, which has important implications for service delivery.

Encouraging mothers to seek care to learn the following techniques may be more palatable to mothers who don’t want medications or “stigma” of mental health care.
Conclusion

Anxiety can be pre-existing or situational

Kindness and caring are paramount in caring for mothers during pregnancy and childbirth and postpartum. Care for her as you would want your sister or daughter cared for. Many times you are the “surrogate” family member.

Nurses need to be kind to each other and support each other in the care of mothers. Don't be quick to judge or criticize.
“Incredible as it seems, our culture, with its emphasis on education, has left young adults entirely unprepared to face the practical realities of parenting. And this may be the most important job they will ever hold. So, for those of us who are comfortable and happy in the work of parenting, we can serve the future of humanity through our humble sharing of our skills and our love for children and families.”

Salle Webber
References


Fleck, P. (2016). Connecting Mothers and Infants in the Neonatal Intensive Care Unit. Newborn and Infant Nursing Reviews, 16(2), 92-96. doi:10.1053/j.nainr.2016.03.007


