

The 4th Trimester:

A Focus On The Mom and Baby Dyad

WORKSHOP KICK OFF CALL



WELCOME TO THE QTIP FALL WORKSHOP KICK-OFF CALL SEPTEMBER 11, 2023



- Please remember to mute yourself.



- Q & A sessions will be held at the end of each presenter's time. Enter questions for the Q & A in the chat box.
 - Use the **chat box** to ask questions to the presenter.
 - Make sure your chat box questions are addressed to “everyone”.
- Sessions and chats will be **recorded** for later viewing



- If you are experiencing low bandwidth, please turn your video off by clicking on the video camera icon.

CALL AGENDA

- QTIP Introduction – **5 mins**
- Mental Health/Resources Overview: Rubin Aujla, MD, MPH – **15 mins**
- OB Overview: Dawn Boender, MD – **15 mins**
- Relational Health Overview: Martha Edwards, MD– **15 mins**
- QTIP Key Driver and action items – **10 mins**
- Q/A & Close – **20 mins**

DR. RUBIN AUJLA





Postpartum Depression: A Guide for the Pediatrician

Rubin Aujla, MD MPH

Clinical Assistant Professor, Division of Reproductive Psychiatry
Clinic director, Women's Reproductive Behavioral Health (WRBH)
Medical University of South Carolina



Disclosure



I have no actual or potential conflict of interest in relation to this presentation



Objectives

- Definition
- Prevalence
- Risk factors
- Maternal, fetal, newborn and child impact
- Screening and referral



PPD vs PMAD

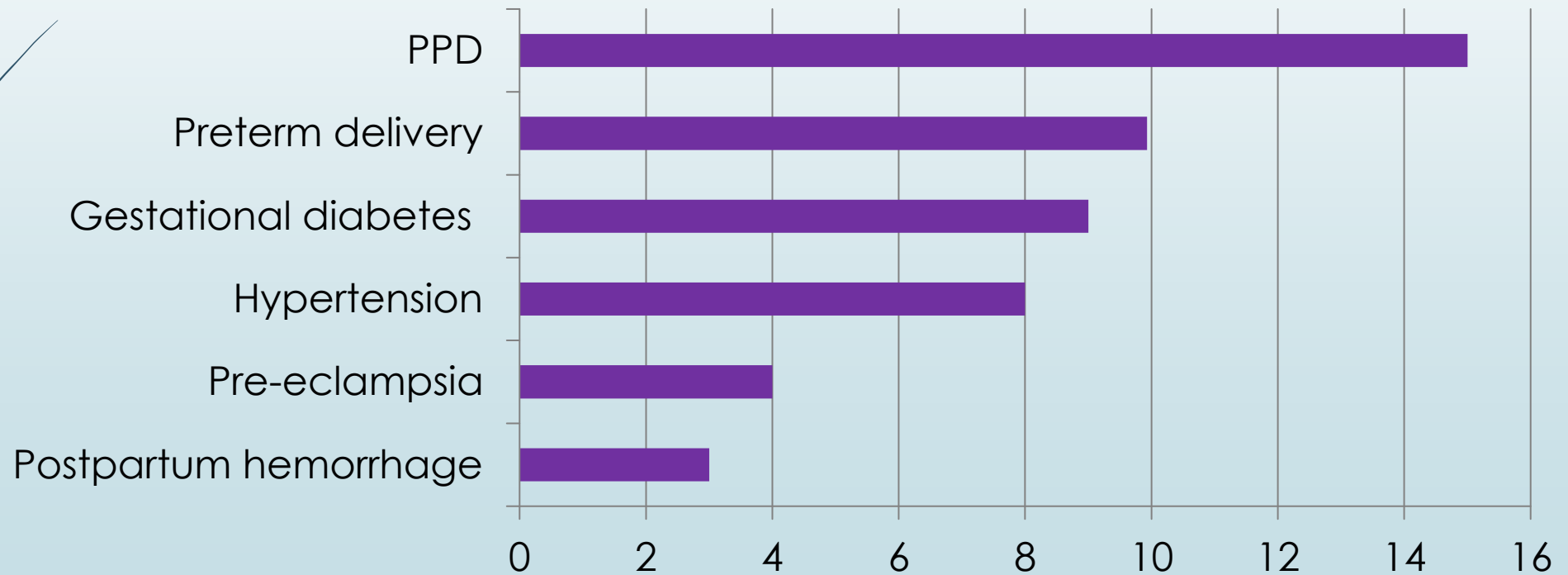
“Postpartum Depression” (PPD)

“Postpartum Mood & Anxiety Disorders” (PMAD)

- Depression, Anxiety, OCD, PTSD/trauma, Bipolar, Psychosis, Eating disorders, ADHD...
- Substance Use disorders

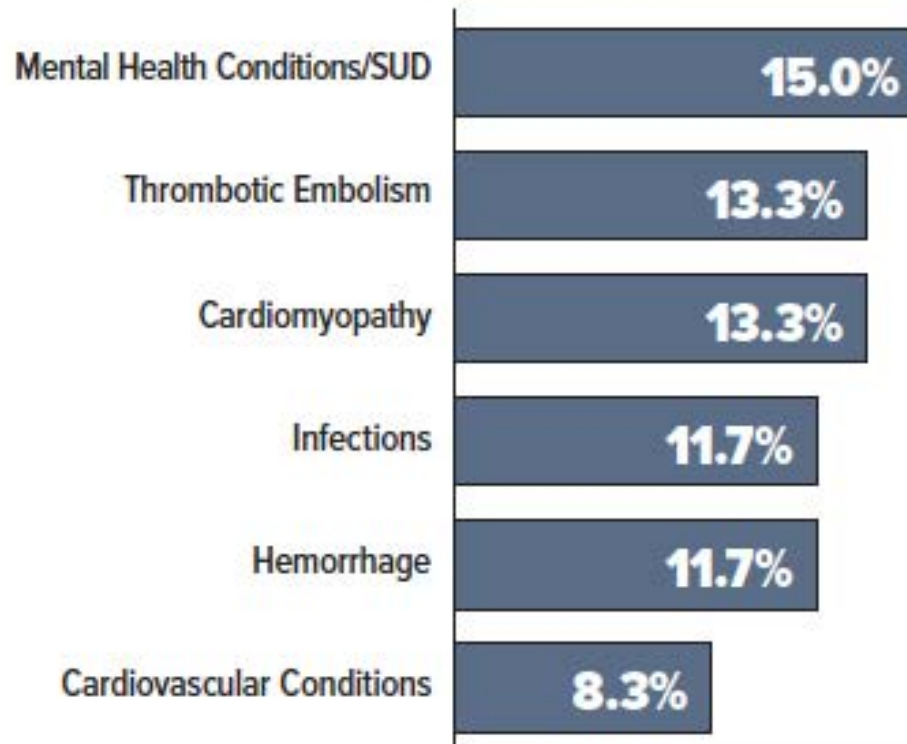
Perinatal Depression is one of the most common complication of childbirth

Rates (%) of common childbirth complications



Leading Causes of Pregnancy-Related Deaths

Percent of pregnancy-related deaths; 2018-2020

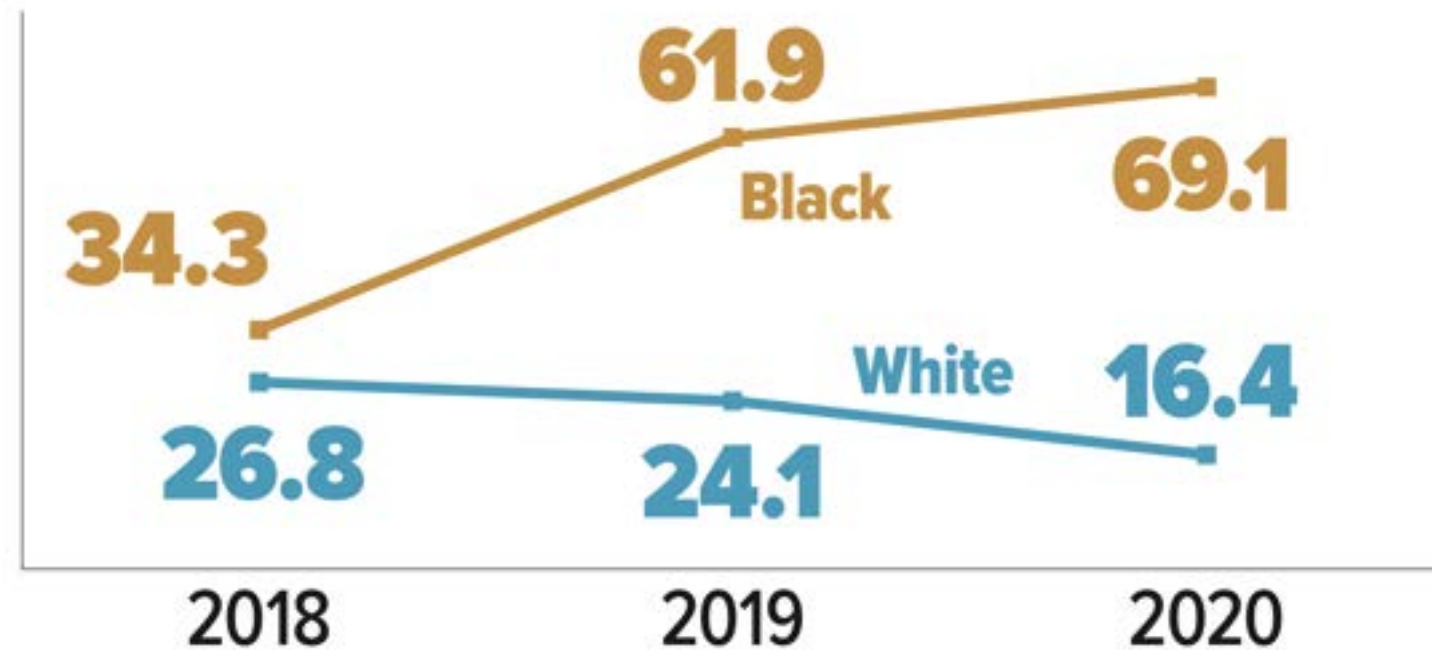


Pregnancy-Related Deaths in 2020

- ⚠️ Mental Health Conditions/ Substance Use Disorder (SUD) continue to be a leading cause of death.
- ⚠️ Cardiomyopathy, the leading cause of death in 2019, declined in 2020.
- ⚠️ Thrombotic Embolism became a leading cause of death in 2020.

Pregnancy-Related Mortality Rate, by Race

Rate per 100,000 live births





Racial Disparities

- 29-44% of Black women experience PPD symptoms
 - More likely than White women
- Few are identified or receive mental health services
- Multi-factorial reasons
 - Low income or education
 - High stress living environments
 - Exposure to trauma
 - Food and basic needs insecurities
 - Lack of access to care
- Obstacles to receiving care
 - Stigma and perceptions in the community
 - Experience with inaccurate diagnoses
 - Lack of representation or diversity in health care
 - Distrust of the health care system
 - Racial discrimination



Risk Factors for Perinatal Depression

- History of Depression, Anxiety
 - Prior to or during pregnancy
- Stressful Life Event
- Traumatic Birth
- NICU Admission
- Neonatal Diagnosis
- Poor Marital/Partner Relationship
- Poor Social Support
- Low Socioeconomic Status
- History of Traumatic Experience(s)
 - Domestic Violence, Childhood Sexual Abuse...



Potential Impact of Untreated Depression

- Birthing parent
- Obstetric/Fetal
- Child Development



Obstetric/Fetal Impact

- Poor Self-care, Nutrition & Prenatal Care
- Alcohol, Drugs and Nicotine Use
- Nausea, Vomiting, Hyper-emesis
- Spontaneous miscarriage
- Pre-eclampsia
- Unplanned C-section
- Preterm Birth (higher risk with depression severity)
- Low Birth Weight (higher risk with depression severity)
- Lower APGAR scores

In comparison to children of parents without PPD, children of parents with PPD are significantly more likely to:



3 Weeks	Infant behaviors (difficulty sleeping, demanding, difficult to comfort)
4 Months	Unintentional injury
6 Months	Impaired mother-infant bonding
12 Months	Worse communication skills
18 Month	Decrease in cognitive and fine motor development
4 Years	Emotional, conduct, and behavioral difficulties
6 Years	Attenuated growth
10 Years	Psychological difficulties
18 years	Adolescent depression



Suicide

- Suicide (especially in combination with drug OD) is the leading cause of perinatal mortality
- Is strongly associated with depressive symptoms, however, can be associated with other mood/anxiety disorders and substance use



Screening for Postpartum Depression

American Academy of Pediatrics (AAP) recommends screening at **baby's one-, two-, and four- month visits**

Screening Tools:

- **Edinburgh Postnatal Depression Scale (EPDS)**

Cutoff score of ≥ 10 indicates a positive screen

- Two question screen

1. Over the past 2 weeks have you ever felt down, depressed or hopeless?
2. Over the past 2 weeks have you felt little interest or pleasure in doing things?



Billing for PPD Screening

- Pediatricians can bill for postpartum depression screenings
 - CPT code **96161**
 - “Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.”
- Some payors may not cover this charge. Just because the code is billed out does not mean that it will get paid by all insurance companies. Private payers may or may not cover this service, and if they do it may be at varying rates.



Treatment

- Cognitive Behavioral Therapy, Interpersonal Psychotherapy
- Medications (Antidepressants)
- Brain Stimulation: TMS vs ECT
- Zulresso (IV infusion) vs Zuranolone (PO)
- Bright Light Therapy, Yoga, Exercise, Mindfulness, Acupuncture, Omega 3 Fatty Acids, Group Therapy



Zulresso IV Infusion (Brexanolone)

- Active ingredient: Allopregnanolone
- FDA Approved for PPD in 2019
- Approx 3 day long inpatient admission
- Indications:
 - Mother within 12 months postpartum
 - Major Depressive Episode, Severe
- Not an emergent service to be offered before a full psychiatric assessment is performed



Zurzuvae (Zuranolone)

- PO version of Zulresso
- 14 days
- 50mg PO QHS
- Sedation -> 40mg
- Can breastfeed and be on antidepressants



Resources:

1. Acute safety concerns or active suicidality, send the patient to the nearest ER
 - Family contacts?
 - If they leave against medical advice and you are concerned for their acute safety:
 - a) Police (911)
 - b) Suicide Hotline (988)
 - c) SC Mobile Crisis (833-364-2274)
2. National Maternal Mental Health Hotline
 - 1-833-TLS-MAMA (1-833-852-6262)
 - Not for acute suicidality
 - Call or text
3. Postpartum Support International (PSI)
 - Services
 - Peer support, groups, family support...
 - Education



Referring a Patient to WRBH Clinic:

- pregnant and up to 1 year postpartum
- non crisis outpatient care

Not MUSC:

(843) 792-6667 (MOMS)

MUSC:

EPIC Order:

“Amb Referral to Behavioral Health Walk-In Cannon”

“Amb Referral to Behavioral Health Walk-In Cannon”

to Categorize ... Webex meeting invitation: M Tomorrow 1:00 PM https://mu

AMB Ref Behavioral Health Walk In Cannon

Amb Referral to Behavioral Health Walk-In Cannon

Class: Internal Ref **Internal Referral** External Referral

Referral: To dept: To provider: Reason: Specialty Services **Specialty Services Required** Priority: Routine Urgent Elective To prov spec: Behavioral Health **Behavioral Health**

Referral Reason: Specialty Services **Specialty Services Required**

Sched Inst.: REASON FOR REFERRAL: Patient is a 20 m.o. male with ***

Allergies: Review of patient's allergies indicates: No Known Allergies

Show Additional Order Details

Next Required

1:27 PM 6/22/2020

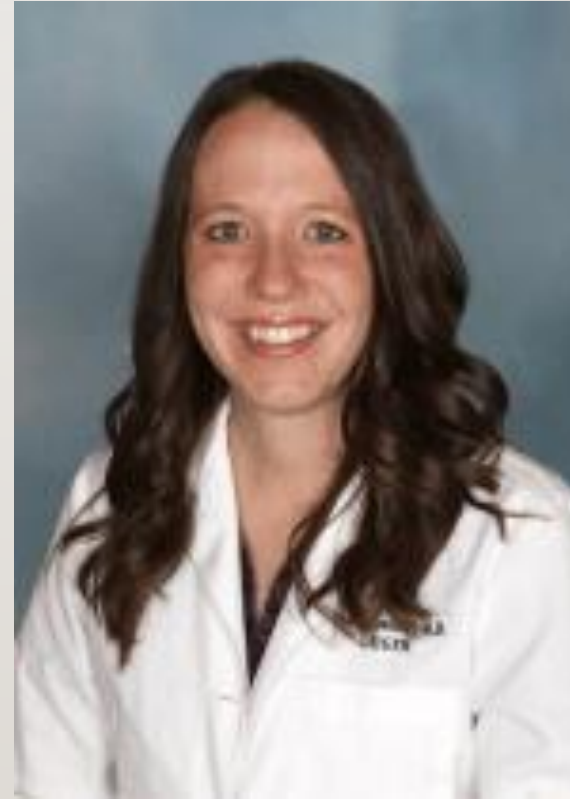


Thank you

Rubin Aujla

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DR. DAWN BOENDER

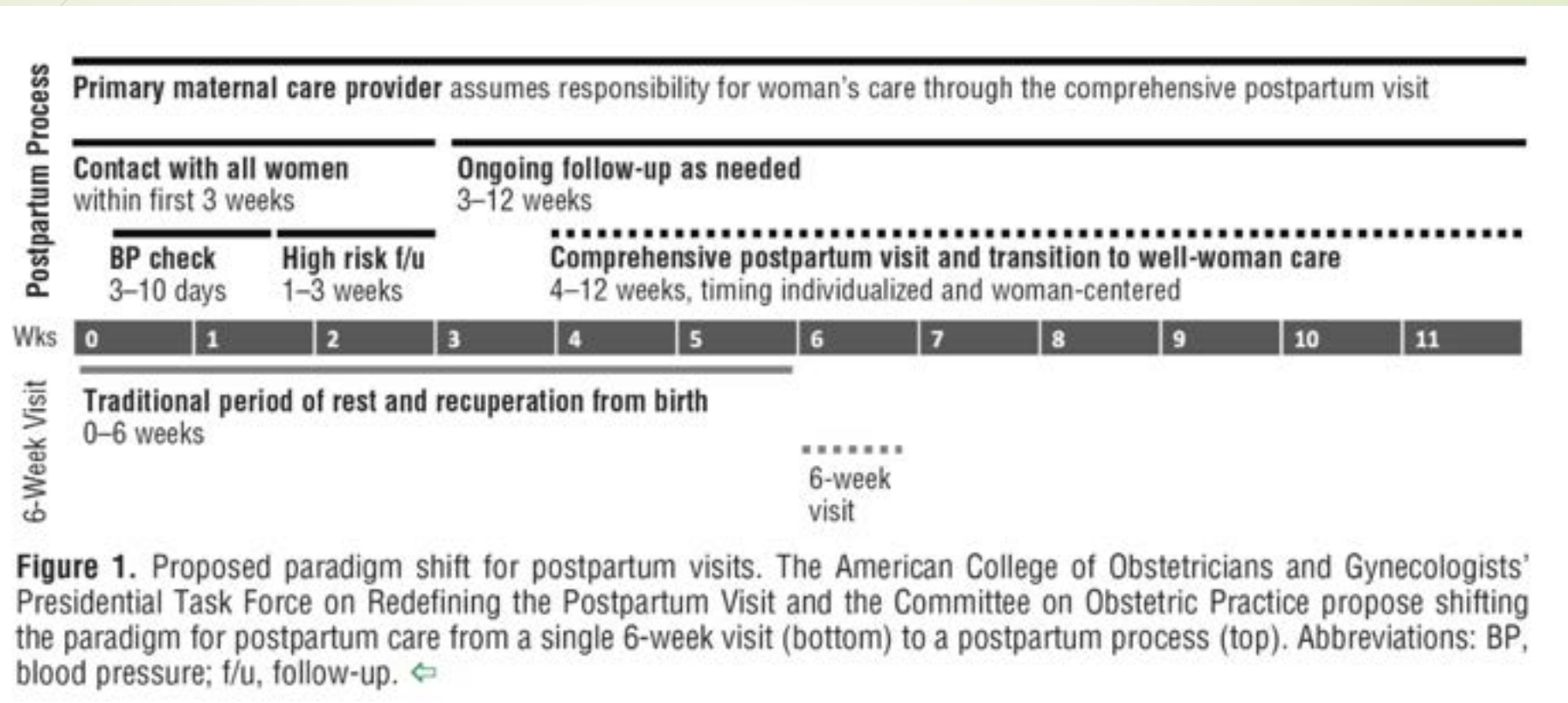




The 4th Trimester

Dawn Boender MD FACOG

Changes in Postpartum Care



- ACOG Committee Opinion No. 736: Optimizing Postpartum Care. Obstet Gynecol. 2018 May;131(5):e140-e150. doi: 10.1097/AOG.0000000000002633. PMID: 29683911.

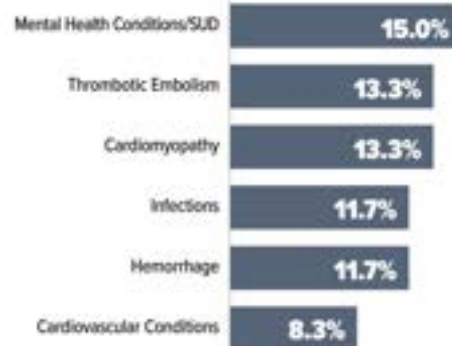
South Carolina Maternal Morbidity and Mortality Review Committee



2024 LEGISLATIVE BRIEF

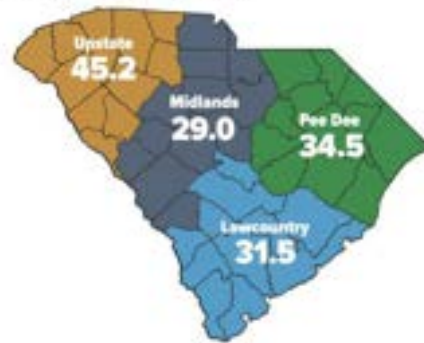
Leading Causes of Pregnancy-Related Deaths

Percent of pregnancy-related deaths; 2018-2020



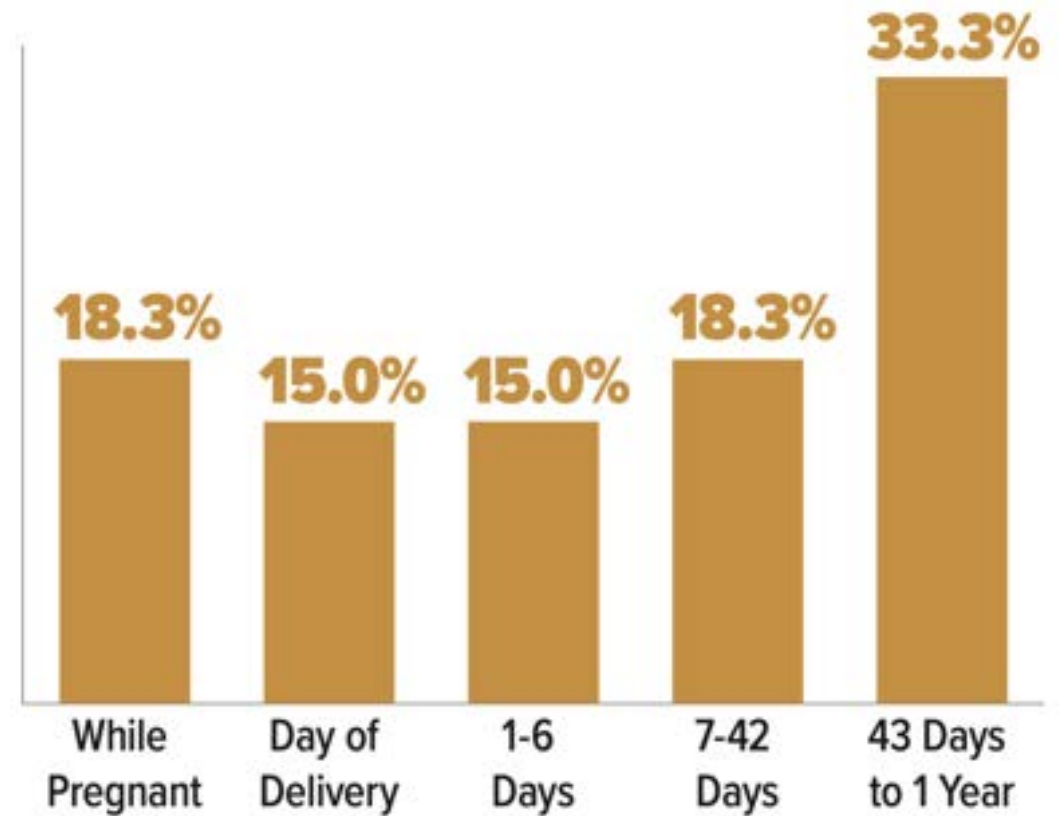
Pregnancy-Related Mortality Rate, by Region

Rate per 100,000 live births; 2018-2020



Timing of Pregnancy-Related Deaths

Percent of pregnancy-related deaths; 2018-2020

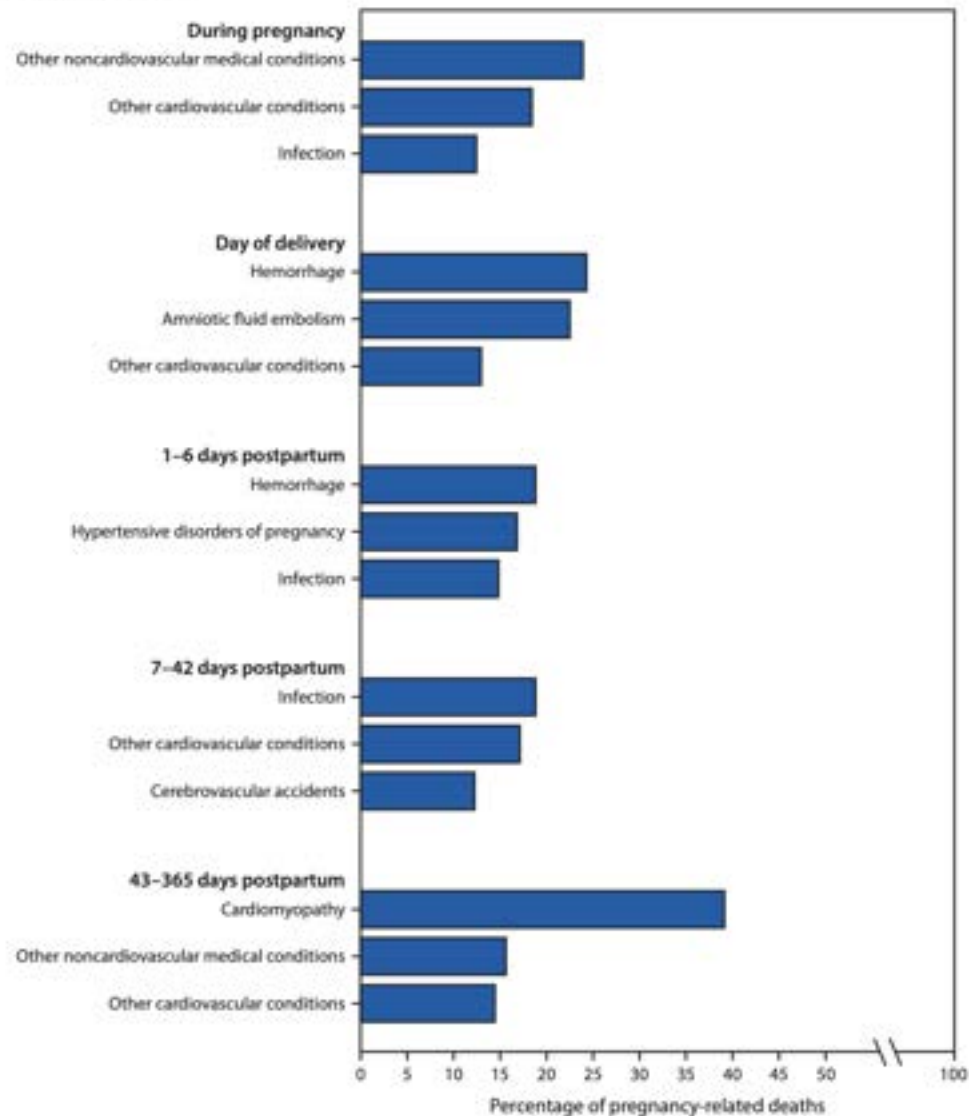


Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017

Emily E. Petersen, MD¹; Nicole L. Davis, PhD¹; David Goodman, PhD¹; Shanna Cox, MSPH¹; Nikki Mayes¹; Emily Johnston, MPH¹; Carla Syverson, MSN¹; Kristi Seed¹; Carrie K. Shapiro-Mendoza, PhD¹; William M. Callaghan, MD¹; Wanda Barfield, MD¹

On May 7, 2019, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

FIGURE. Three most frequent causes of pregnancy-related deaths, by time relative to the end of pregnancy — Pregnancy Mortality Surveillance System, United States, 2011–2015



***Pregnancy risk
does not
end
with delivery***

Pregnant now or within the last year?

Get medical care right away if you experience any of the following symptoms:



Headache that won't go away or gets worse over time



Dizziness or fainting



Changes in your vision



Fever of 100.4°F or higher



Extreme swelling of your hands or face



Thoughts of harming yourself or your baby



Trouble breathing



Chest pain or fast beating heart



Severe nausea and throwing up



Severe belly pain that doesn't go away



Baby's movement stopping or slowing during pregnancy



Severe swelling, redness or pain of your leg or arm



Vaginal bleeding or fluid leaking during pregnancy



Heavy vaginal bleeding or discharge after pregnancy



Overwhelming tiredness

These could be signs of very serious complications. If you can't reach a healthcare provider, go to the emergency room. Be sure to tell them you are pregnant or were pregnant within the last year.



Learn more at
[cdc.gov/HearHer](https://www.cdc.gov/HearHer)



HEAR
HEAR HER CONCERNS

This list of urgent maternal warning signs was developed by the Council on Patient Safety in Women's Health Care.

HEARTM

Mom's health matters too.

Listen to her concerns.
It could help save her life.

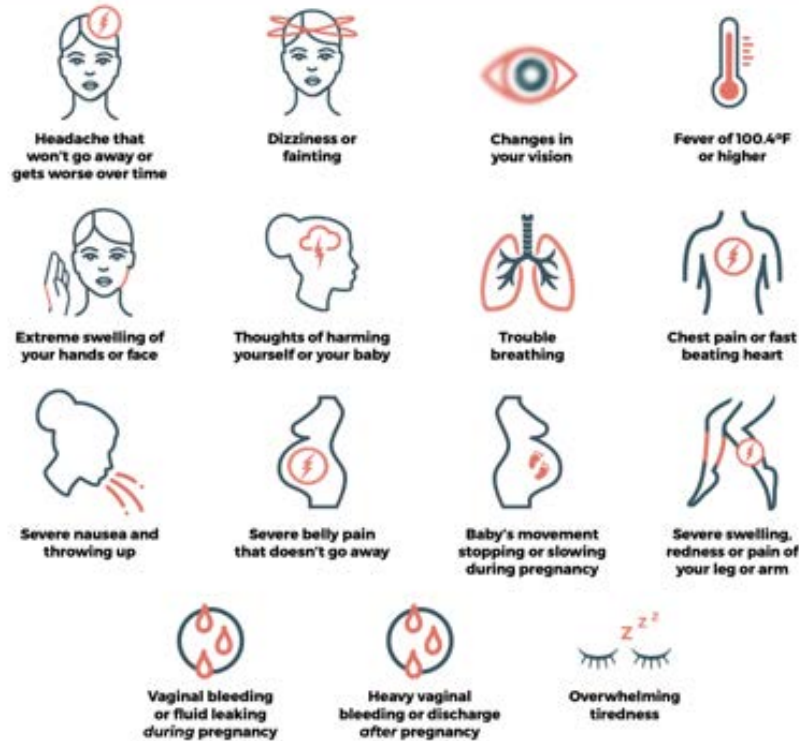
www.cdc.gov/HearHer

[Learn More](#)

<https://www.cdc.gov/hearher/hcp/toolkit/warning-signs-educational-materials.html>

Pregnant now or within the last year?

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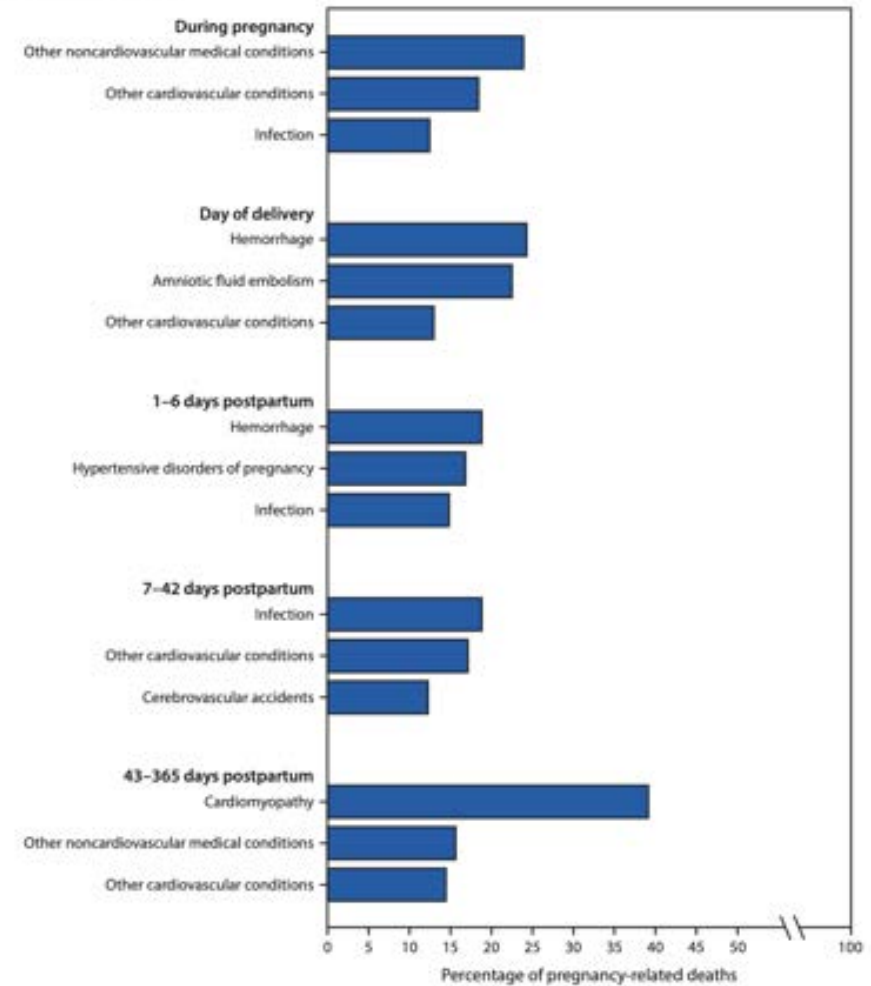
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ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

<https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs-2/>

URGENT MATERNAL WARNING SIGNS



- Headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about hurting yourself or your baby
- Changes in your vision
- Fever
- Trouble breathing
- Chest pain or fast-beating heart
- Severe belly pain that doesn't go away
- Severe nausea and throwing up (not like morning sickness)
- Baby's movements stopping or slowing
- Vaginal bleeding or fluid leaking during pregnancy
- Vaginal bleeding or fluid leaking after pregnancy
- Swelling, redness, or pain of your leg
- Extreme swelling of your hands or face
- Overwhelming tiredness

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.

Learn more: <https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs/>



Take a photo to learn more

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V5 September 2022



Recognizing Postpartum Warning Signs for Non-Obstetrical Clinical Staff

- https://rhntc.org/sites/default/files/resources/rhntc_Postpartum-Signs-Poster-Final_05_08_24.pdf
- <https://rhntc.org/resources/recognize-postpartum-warning-signs-poster>

Resource Save

Last Reviewed: 2022-12 | Event Archive

Recognizing Urgent Maternal Warning Signs in the Postpartum Period Webinar

Go to Resource

Resource Save

Last Reviewed: 2024-08 | Meeting Packages

Recognizing Urgent Maternal Warning Signs in the Postpartum Period Meeting Package

Go to Resource

RECOGNIZE POSTPARTUM WARNING SIGNS

Ask: "Are you pregnant, or have you been pregnant in the past 12 months?"

Watch for these warning signs:



- Persistent headache
Changes in vision
Dizziness or fainting
- Fever
Thoughts about hurting self or baby
Overwhelming fatigue
- High blood pressure
Chest pain or rapid heart rate
Difficulty breathing
- Persistent, severe abdominal pain
Severe nausea and vomiting
- Swelling, redness, or pain in legs
- Significant swelling of hands or face

★ These warning signs may indicate serious complications, which can occur up to 12 months after pregnancy. If a client experiences any of these warning signs, connect them with emergency care right away.

For more information, go to Urgent Maternal Warning Signs.
Source: Alliance for Innovation on Maternal Health, ACOG.

This poster was supported by the Office of Women's Health (OWH) at the U.S. Department of Health and Human Services. The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

RHNTC
REPRODUCTIVE HEALTH
NATIONAL TRAINING CENTER

How can I help?



Knowing warning signs



Posting warning signs for staff and patients



Take blood pressures



Screen for mood disorders and substance use



Referral process back to OB or Primary Care

DR. MARTHA EDWARDS



RESILIENCE.

This, too,
shall pass.



Children's Trust of South Carolina

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

The Pair of ACEs

Adverse Childhood Experiences

Maternal
Depression

Physical &
Emotional Neglect

Emotional &
Sexual Abuse

Divorce

Substance
Abuse

Mental Illness

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Discrimination

Community
Disruption

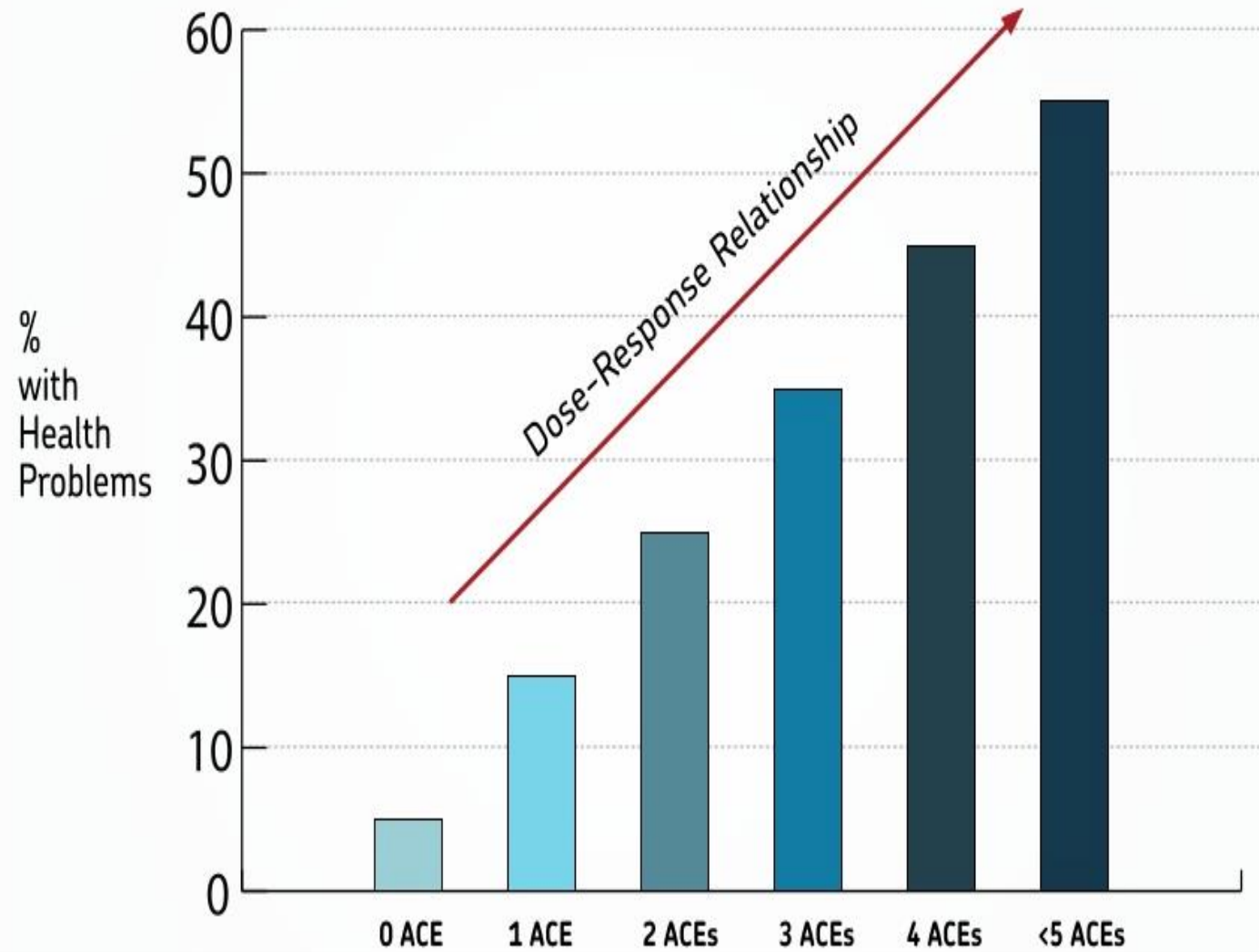
Lack of Opportunity, Economic
Mobility & Social Capital

Poor Housing
Quality &
Affordability

Violence

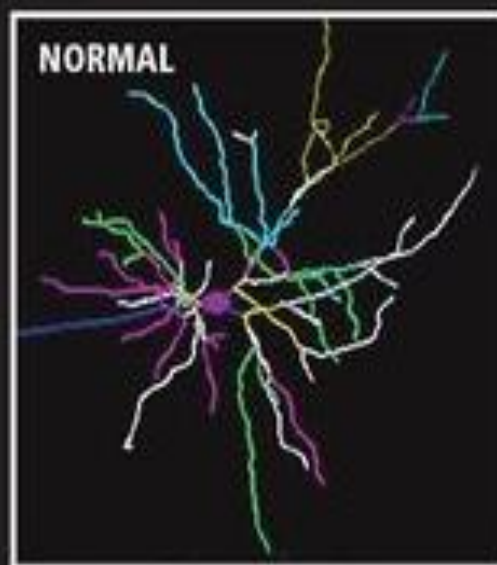
Ellis W. & Dietz W. BCR Framework. *Academic Pediatrics* (2017).

ACE Score and Health Problems

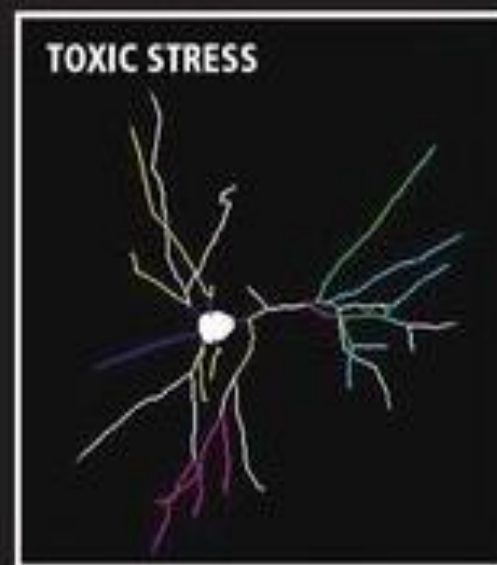


HOW TOXIC STRESS IN CHILDHOOD ALTERS THE BRAIN

Exposure to major adversity in early childhood can weaken brain development. This can permanently set the body's stress response system on high alert. A stable, nurturing environment can prevent these responses and outcomes for learning, behavior and health.



A typical neuron with many connections looks like this.



A neuron damaged by toxic stress has fewer connections.

Health effects of Toxic Stress in Childhood:



- ▶ Mental and behavioral health diagnoses
- ▶ Ischemic heart disease
- ▶ Stroke
- ▶ Diabetes
- ▶ Cancer
- ▶ Autoimmune diseases
- ▶ Shortened life span
- ▶ Higher prison rates



Can we, **SHOULD**
we eliminate stress
for children?

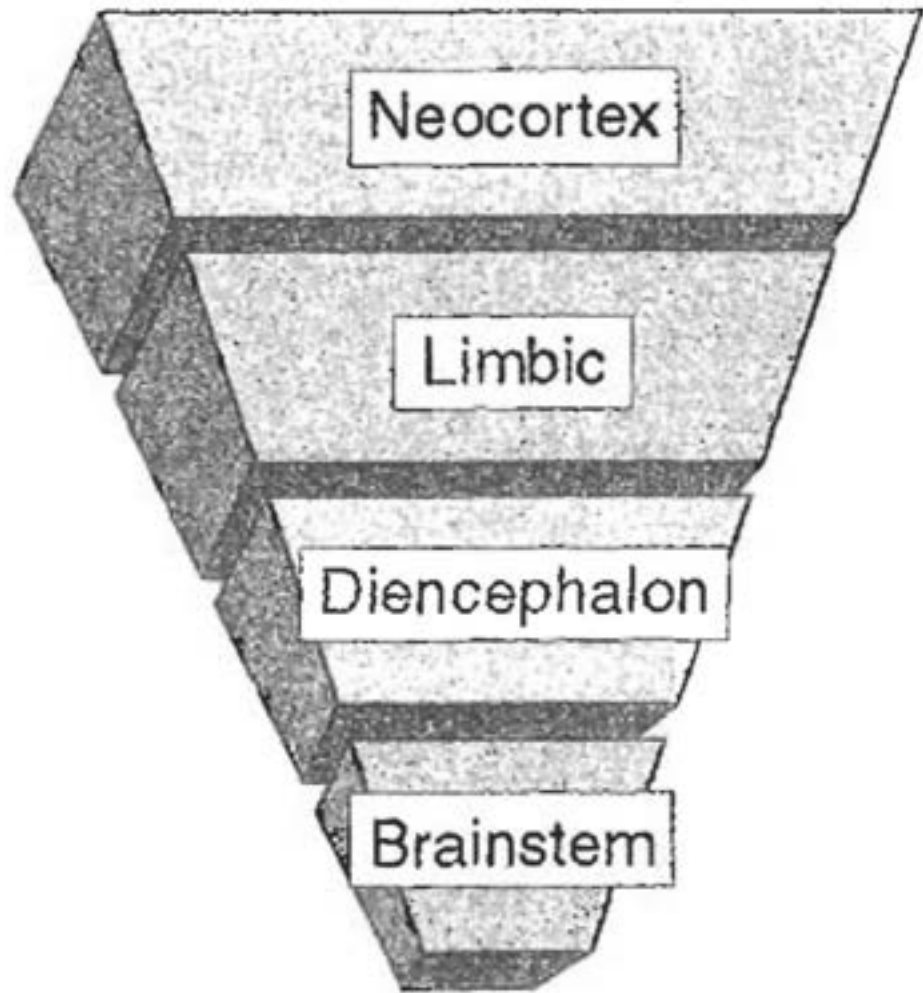
RELATIONAL WEALTH

IS INDEPENDENT OF SOCIOECONOMIC STATUS!

▶ A child with relational wealth may have a lot of ACEs, but stands a good chance of demonstrating RESILIENCE.


▶ A child with relational poverty may have just a few ACEs, but will suffer worse outcomes than one raised with strong, stable nurturing relationships.

Applying Principles of Neurodevelopment



Abstract Thought
Concrete Thought
Affiliation
"Attachment"
Sexual Behavior
Emotional Reactivity
Motor Regulation
"Arousal"
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Body Temperature

**Help
parents
know
what to
expect
and
when!**



Safety is not the
absence of threat,
it is the presence of
connection.

Dr Gabor Mate

"Children don't get
traumatised because
they get hurt;
they get traumatised
because they're alone
with the hurt."

DR. GABOR MATE

or... "Trauma is
what happens in
the absence of
an empathetic
witness."

Types of stress responses

- ▶ Fight
- ▶ Flight
- ▶ Freeze

▶ **AFFILIATE!**

Paul Tough, author of *How Children Succeed*:

Early relationships predicted which students would graduate even more reliably than IQ or achievement test scores.

(followed preschoolers in MN from preschool through young adulthood)



Promote Relational Connectivity

every visit! every time!

“Your history of connectedness is a better predictor of your health than your history of adversity.” (Bruce Perry, MD PhD)

Children's early development depends on the health and well-being of those who surround them.

Helping parents to understand the importance of connection

- ▶ Use that first Reach Out and Read book to talk about serve and return and safe stable nurturing relationships/environments
- ▶ Pick up the screen they completed and tell them why you did it (“I want to understand how to help your child AND YOU to be as physically and mentally healthy as possible because...”)

The Parent's job is....

The Child's job is....

▶ **The parent's job is to keep the child safe** (and connect connect connect)
(parent's job is not to eliminate stress or discomfort)

▶ **The child's job is to experience all the feelings in a safe space**

—Dr. Becky Kennedy, *Good Inside*.

Check out these resources

- ▶ The Deepest Well by Nadine Burke-Harris
- ▶ What Happened to you by Oprah Winfrey and Bruce Perry, MD PhD
- ▶ The Boy Who Was Raised as a Dog by Bruce Perry MD PhD
- ▶ Harvard Center for the Developing Child
- ▶ Childhood Disrupted by Donna Jackson Nakazawa
- ▶ <https://www.youtube.com/playlist?list=PLKYV5259WcZ3hQrFwxBUqhkryNV2eQdXH>

Stress and the healing power of connection video (AAP/Heather Forkey)

- ▶ <https://www.youtube.com/watch?v=FklfG2zgwBU&list=PLKYV5259WcZ3hQrFwxwBUqhkryNV2eQdXH&index=2>