Perinatal Mental Health in Native American Women

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Overview

Historical Context
Adjustment vs Condition
How do Mood Disorders Present?
Trauma
Grief
Treatment
Resources
Historical Context

Colonization of Pregnancy and Birth
Moon Lodge
Village/clan
Tunwin
House outside of circle
Emotion is Sacred
*Jess as a diagnostician

- The *DSM-5* defines adjustment disorder as “the presence of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s)” (American Psychiatric Association, 2013)

- Public Health Perspective
How do mood disorders present - anxiety

Anxiety, Depression, OCD, PTSD, Psychosis - More than Two Weeks

- Anxiety
- Constant worry “worrier”, over responsible, never resting
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and appetite
- Inability to sit still
- Physical symptoms like dizziness, hot flashes, and nausea
- Panic Attacks

Cycle of Anxiety

- Trigger
- Panic
- Worry
- Over-control
- Belief System

Panic
Worry
Over-control
Belief System
Trigger
How Mood Disorders Present - Depression

Feelings of anger or irritability
Lack of interest in the baby
Social withdrawal
Pain
Appetite and sleep disturbance, no energy, tired
Crying and sadness
Feelings of guilt, shame or hopelessness
Loss of interest, joy or pleasure in things you used to enjoy
Possible thoughts of harming the baby or yourself

“Not Myself”

Up to 12% of women, 18% of NA women

Predictors
- past history of depression
- history of physical or sexual abuse
- unplanned/unwanted pregnancy
- stressful life events
- lack of social and financial support
- intimate partner violence
- pregestational or gestational diabetes
- complications during pregnancy (e.g., hyperemesis, premature contractions)
- (AHRQ, 2019)
Circumstances of pregnancy or birth can be traumatic OR trigger previous trauma

Help starts with consent, respect, acknowledgement
Grief

Family grief
Loss of a baby
Historical Grief

I AM HELPING TO BREAK THE SILENCE SURROUNDING PREGNANCY AND INFANT LOSS
Treatment

Social Support - Family, community, family of choice, support groups, Home visits

Channel the sacred - gardening, art, music, study, nature

Focus on health and wellness—exercise, nutrition, meditation (Calm app)

Spiritual support

Mental health counseling/Therapy (telehealth)

Medications with caution
Motivational Interviewing

- Motivational interviewing is an empathic patient-centered counseling approach for increasing readiness by resolving ambivalence about behavior change (Miller and Rollnick 1991).

- Motivational Interventions in Prenatal Clinics (nih.gov)
Resources

• New Mom Mental Health Checklist.pdf
• POSTPARTUM PROGRESS | postpartum depression and postpartum anxiety help for moms
• Postpartum Support International - PSI
New Mom Checklist for Maternal Mental Health Help

Name: ____________________________  Mom's age: ___________

I'd like to talk to you about the stress I've been having since I had my baby. Because I'm exhausted, overwhelmed & struggling, this is the best way for me to make sure you know what is going on with me, and that I might need your help. I think I might have (Mom, check any that may apply):

- Postpartum depression (PPD)
- Postpartum psychosis
- Bipolar disorder or mania
- Postpartum anxiety or OCD
- Postpartum PTSD (post-traumatic stress)
- Not sure, I just know something isn't right

Here are some of the recognized symptoms of perinatal mood and anxiety disorders that I have been having (Mom, check any that apply to you):

- I can't sleep, even when my baby is sleeping.
- I have lost my appetite.
- I feel sad. I have been crying a lot for no reason.
- I am feeling worried or anxious most of the time.
- I am having anger or rage that is not normal for me.
- I feel numb or disconnected from my life. I can't enjoy the things I used to.
- I don't feel like I'm bonding with my baby.
- I am having scary "what if" thoughts over & over about harm coming to me, my baby or others (also called intrusive thoughts, a sign of postpartum OCD).
- I feel a lot of guilt and shame.
- I'm worried that I'm not a good mother.
- I feel overwhelmed with all of the things in my life.
- I can't concentrate or stay focused on things.
- I feel like I'm losing it.
- I want to be alone or all of the time.
- My thoughts are racing. I can't sit still.
- I feel like the only way to make myself feel better is by using alcohol, prescription drugs or other substances.
- Sometimes I wonder if my baby or my family would be better off without me.
- I've been having physical symptoms that are not normal for me (for example: migraines, back aches, stomach aches, shortness of breath, panic attacks).
- I have had serious thoughts of hurting myself.
- I have had thoughts that I should (not that I might or what if, but that I should or need to) hurt my baby or someone else.
- I am worried I'm seeing or hearing things that other people don't see or hear.
- I'm afraid to be alone with my baby.
- I feel very concerned or paranoid that other people might hurt me.

I have had these symptoms for more than _______ weeks. I am ______ weeks/months (circle one) postpartum.

Here are some recognized risk factors for maternal mental illness that may help you understand my situation (Mom, check any that apply to you):

- I have had depression, anxiety/OCD or PPD before
- I have a history of bipolar disorder or psychosis.
- My family has a history of mental illness
- I have a history of or am now going through trauma (for example: domestic violence, verbal abuse, sexual abuse, poverty, loss of a parent)
- I have had a stressful event in the last year (for example: house move, job loss, divorce or relationship problems, or the death of a loved one)
- I'm a single mom
- I don't have much help or support at home from my partner or family members
- I have a lot of financial stress
- I have had infertility treatment
- My baby has colic, reflux or other health problems
- I have had a previous miscarriage or stillbirth
- I have a history of diabetes, thyroid problems, or pre-menstrual dysphoric disorder (PMDD)
- I delivered multiples
- I'm away from my home country or culture
- I or my baby had problems in pregnancy or childbirth (for example: baby in NICU, unplanned C-section, bed rest)

This checklist is not intended to diagnose any mental illness. It is a discussion tool for moms to use with healthcare providers. It was created by Postpartum Progress, a non-profit supporting moms with maternal mental illness. For more free tools and support for perinatal mood & anxiety disorders, visit postpartumprogress.org.

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References

- Interventions to Prevent Perinatal Depression: Evidence Report and Systematic Review for the US Preventive Services Task Force | Depressive Disorders | JAMA | JAMA Network


- https://pubs.niaaa.nih.gov/publications/arh25-3/219-299.htm#:~:text=motivational%20interviewing%20are%20two%20approaches%20that%20can%20be,intervene%20to%20prevent%20drinking%20during%20pregnancy%20while%20minimizing