

# Re-envisioning High-Risk Pregnancy

Supporting Families Through **Postpartum** Part 2



14th Annual Early Childhood Mental Health Conference - We Can't Wait  
Re-imagining Prevention and Early Intervention in Communities of Hope

## About Us

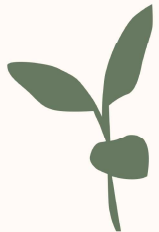


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Twin Mom



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LMFT, RPT  
Mother

## Learning Objectives



Define Perinatal Mood and Anxiety Disorders, in the context of high-risk pregnancies

Understand impacts of PMADS on mother and family

Identify concrete ways to support mothers and families who are navigating the post-partrum period after a high-risk pregnancy

15-20% of pregnancies are high-risk, wherein the pregnancy is complicated by one or more serious condition(s) that affect maternal and/or fetal outcome

Women with high-risk pregnancies were found to have a 5.2x greater incidence of anxiety compared to women with low-risk pregnancies

(Wallace & Araji, 2020)

## Perinatal Mood & Anxiety Disorders

### PMADS

- Perinatal Depression
- Perinatal Anxiety
- Perinatal Panic Disorder
- Perinatal OCD
- Postpartum Psychosis
- Perinatal Bi-Polar Disorder
- Perinatal PTSD
- Birth Trauma



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## Perinatal Depression

- Depressed/sad mood
- Tearfulness
- Loss of interest or pleasure in usual activities
- Irritability
- Sleep disturbance
- Excessive feelings of guilt/worthlessness
- Fatigue/loss of energy
- Change in appetite
- Poor concentration
- Suicidal thoughts



## Perinatal Anxiety

- Excessive worry & anxiety
- Inability to control worry
- Agitation, anger, & irritability
- Restlessness, inability to sit still, feeling on edge
- Poor concentration
- Easily fatigued
- Sleep disturbance
- Increased somatic symptoms
- Intrusive thoughts
- Rigidity & tracking
- Maternal gate keeping
- Excessive researching

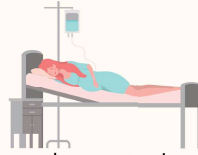


## Perinatal post traumatic stress disorder

- Experience a traumatic event that results in intrusion, avoidance, negativity in cognition and mood, and arousal
- In approximately 25% of cases, PTSD onset occurs 6 months after the traumatic event
- Views of lack of caring: felt abandoned, loss of dignity, no support
- Poor communication: "no one told me what was happening"
- Feeling of powerlessness: betrayal of trust, lack of informed consent



# Birth trauma



Event occurring in the labor and delivery process that can involve actual or threatened serious injury or death, or the woman being stripped of dignity (real or perceived)

- Fetal anomaly diagnosis in pregnancy
- Emergency or unplanned c-section
- Prolapsed cord
- Postpartum hemorrhage
- Prematurity
- Stillbirth
- NICU Admission
- Vacuum Extraction
- Vicarious trauma of support person
- Severe Pre-eclampsia
- 3rd or 4th-degree laceration
- Long labor process
- Failed medication or poor response to anesthesia
- Maternal near miss
- Episiotomy
- Unexpected hysterectomy
- Other medical complications (mother or baby)
- Traumatic vaginal birth

# Impact of NICU



- Consider the path to the NICU
  - Reality vs. expectations
- Potential for trauma and PTSD
  - Up to 33% experience PTSD symptoms due to NICU experience
- Limited access to parental care
  - Isolation and disconnection can lead to shame and guilt
- Attachment:
  - Romanticized view of meeting baby vs. actual experience
  - Mother may be experiencing a trauma response
    - stress hormones rather than oxytocin
  - What if I attach and something happens to the baby?

# How to help



- Provide psychoeducation on stress response to normalize survival strategies
- Promote connection to support network
- Support the development of a narrative around the experience
- Encourage coping skills and grounding in present
- Prepare for transition home
- Support engagement in therapy if indicated
- Attachment:
  - Support Mother's sense of safety
  - Look for creative ways to nurture connection
    - singing, reading, talking, hand hug
  - Highlight how the Mother keeps the baby in mind
  - Normalize the reasons for limited physical touch
  - Validate the benefits of the touch that is allowed

# Our stories



# Attachment

## HELP THEM SEE THEY ARE WORTHY

- Attachment can feel overwhelming. If we focus only on the attachment deficits it feels even bigger and harder.
- Everyone can help a mother who is struggling build attachment.
  - Notice the moments she can't quite see or connect with yet.
    - "I can see how he looks at you, he knows you."
    - "She is smiling so big at you, she likes that."
    - "He looks so content being with you."
- As providers, we can be the bridge to attachment to help Mother's feel like a good parent.
  - We can instill confidence and feelings of worth. She deserves to be connected to her baby.

# How to support

1. Build relationship:
  - Name, normalize, and validate their experiences and current difficulties
  - Acknowledge strengths, skills, and successes
  - Provide psychoeducation to name and normalize experiences
2. Identify needs and symptoms:
  - Explore language used and symptoms endorsed
  - Explore current stressors and impacts
  - Explore view of self as a mother
  - Identify triggers
3. Provide individualized support and resources

# Strategies to support Kristen

- Provide psychoeducation on sensory overwhelm, stress, mental load, anxiety, and window of tolerance
- Validate unique difficulties of parenting twins to support connection and community
- Help her connect with her body to regulate nervous system
- Name the "good mom" narrative and identify its impacts in parenting
- Teach individualized regulation skills to support her nervous system
- Encourage expression of grief and loss of expectations for self and experience in motherhood
- Identify creative ways to facilitate attachment and bonding



# Strategies to Support Gem

- Normalize the spectrum of postpartum difficulties and symptoms
- Acknowledge 'good mom' narrative and how it can drive us to mask symptoms and struggles
- Provide psychoeducation on PTSD, grief, postpartum depression, and intrusive thoughts
- Teach coping skills-- individualize for where they are
- Look at their "why" and support mental health and goals of breast/chest feeding
- Encourage attachment (as they can tolerate) to increase oxytocin
- Link to psychiatrist for medication/management
- Intensive therapy
- Support Group
- Bring in partner and other supports--reduce blame and shame



# Strategies to support Amy



- Name her experience of discrimination
- Normalize and validate her anger and model "righteous anger"
- Allow space for righteous anger
- Do not dismiss feelings of anger and/or grief
- Help her understand what overwhelm, stress, and anxiety feel like in her body
- Support her in meeting critical needs of sleep, nutrition, support
- Check your assumptions and reflect on implicit biases
- Teach individualized coping and regulation skills to support her nervous system
- Increase support network (partner, friends, community)
- Encourage expression of grief and loss of expectations for self and experience in motherhood

# Resources

## Podcasts:

- Evidence Based Birth
- Mommy Labor Nurse
- MomWell
- The Birth Trauma Mama
- Dear NICU Mama
- Life After Birth with Yara
- Mom & Mind

## Varied supports:

- Miracle Babies for NICU Families
- San Diego County Nurse- Family Partnership Program
- Empty Cradle: Pregnancy and infant loss support
- Thrive Wellness Collective

## Postpartum Support International:

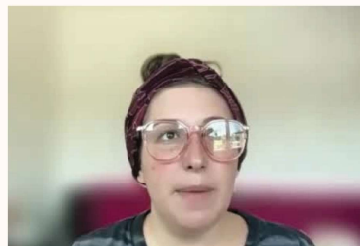
- Weekly online support groups
- PMADs Provider Directory
- Peer Mentor Program
- Postpartum Planning for Expectant Parents
- Specialized Support Resources

## Birth Justice:

- Black Mamas Matter Alliance
- Global Communities Healthy Start
- For the Village
- Sistersong
- Black Midwives Alliance
- Birth Justice Coalition
- Jarrah Foster Lactation & Wellness San Diego



# Updates on our stories



# Questions





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