



# Caring for the Mental Health of Birthing Parents and the Pivotal Role of Home Visiting

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## NMAIMH competencies addressed:

Theoretical Foundations:

- Relationship-focused practice
   Ob
- Pregnancy & early parenthood

# Systems Expertise:

- Service delivery systems
- Community resources

Direct Service Skills:

- Observing & listening
- Advocacy
- Life skills

#### Reflection:

- Self-awareness
- Curiosity
- Emotional response

The first few weeks with a new baby are often a period of adjustment, filled with excitement, wonder, and worry. For the birthing parent, the postpartum period is an extremely sensitive and vulnerable, and no one should have to go it alone. Support systems like Home Visiting are critical pillars during this time, often serving as lifelines. Administering regular screenings, observations, and consistent check-ins are imperative in getting new parents the resources they need to thrive.

Birthing parents need safe and authentic spaces to be able to talk and reflect candidly about their postpartum experiences, birth stories, healing bodies, sleepless nights, aching breasts, and *all* the intense feelings and emotions that arise. Unfortunately, our society and media place unrealistic norms and representations of postpartum life far too often, translating to feelings of guilt, shame, and isolation. The role of a Home Visitor is invaluable, as they help to normalize and destigmatize the postpartum rollercoaster while helping the parent to access individualized coping tools and link to parenting resources. New parents are not meant to do this alone, and they do not have to with Home Visiting as their village.

### The Baby Blues vs. Postpartum Depression

Within the first few days after delivery, about 4 out of 5 of postpartum individuals experience some form of the "baby blues", which occurs and lasts for about 2-3 weeks after childbirth (National Institute of Mental Health, 2020). In addition, sleep deprivation, adjusting hormones, worry, the overall adjustment, and constant care for the newborn may result in more temporary depressive thoughts and feelings.

The baby blues differs from Postpartum Depression when it continues 2-3 weeks post-childbirth and consists of more severe symptoms such as persistent sadness, anxiety, irritability, feelings of worthlessness, loss of interest in activities, insomnia, trouble connecting or bonding with the new baby, and thoughts of harming the baby or oneself (NIMH, 2020). A whopping 1 out of 7 mothers and 1 out of 10 fathers suffer from Postpartum Depression (Postpartum International, 2022). Women of color are three times more likely to experience postpartum depression and are much less likely to access treatment due to fears of being seen as unfit caregivers (Pattani, 2019).

## **Home Visitors are Postpartum Superhero's**

In Fiscal Year 2020, ECECD Home Visitors screened 2,134 eligible mothers using the Edinburgh Postpartum Depression Scale and identified 515 mothers at-risk for postpartum depression symptoms (UNM, 2021). Out of the 460 mothers referred to a mental health service, only about 178 reported engagements in the support. In talking with Home Visitors and families, we know there is a slew of barriers for mothers to access these services. Systematic issues faced are lack of transportation, childcare, technology, high costs, availability, and long waitlists. The cultural stigmas that weigh upon new birthing parents in accessing services are huge deterrents. The societal pressures placed upon postpartum parents to look, act and feel a certain way are all too much. We must debunk these expectations and begin talking prenatally about what signs/red flags to look for and histories of depression. As Home Visitors, we are integral in helping perinatal parents to access meaningful and individualized tools and links to resources. Identifying and building upon tools such as self-care, mindfulness, spirituality, social supports, enjoyable activities, etc., help bolster and enhance the wellbeing of parent and baby. We look forward to the upcoming opportunity sponsored by ECECD to receive training through the Mother and Babies curriculum to address perinatal stress and depression in Home Visiting.

## On the Ground Strategies in Supporting Perinatal Mental Health:

- 1. Postpartum education begins prenatally- link to birthing classes, resources, counselors, and identify and build-upon support systems.
- 2. Normalize that the postpartum period is a journey filled with doubt, worry, guilt, and concern; they will not go it alone.
- 3. Explore past histories of depression- Women who have experienced depression prior to pregnancy are 23.9% more likely to suffer from perinatal depression, compared to 2.6% of women with no psychiatric history (Rasmussen et al., 2017).
- 4. Cultural and racial perspectives of depression; language matters, the word depression may not resonate; explore words that are a better match. Explore cultural and historic beliefs/values around mental health.
- Incorporate partner and extended family in educating about the warning signs of postpartum depression. Those affected cannot usually see their need or ask for help themselves.

- 6. Create Postpartum Safety Plans during pregnancy.
- 7. Help organize a meal train for the new parents.
- 8. Weave Mindfulness and Meditation into visits (grounding, self-compassion, loving-kindness, and body scans can be done anywhere with any amount of time).
- 9. Offer Positive Affirmations for Moms (Anderson, 2022) or co-create affirmations together to reduce stress and anxiety (see example attached)
- 10. Provide informal supports/resources such as mommy and me yoga and parenting groups/classes. *Postpartum International* hosts a variety of online ZOOM groups.
- 11. Follow the lead of parents, and follow-up on any referrals made, explore barriers, and what they may need to take steps towards engagement.

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## Questions to encourage discussion and reflection

- 1. Reflect on what it is like for you as a Home Visitor to complete the EPDS and explore your comfort level when a risk score presents? What do the conversations look like, how are referrals made, and what is the follow-up?
- 2. When a parent does not present a risk score on the tool, but you observe signs of possible depression, what has worked in your practice?
- 3. How might you create a safety plan around the vulnerable postpartum period? What may be addressed in the plan?

#### References:

Anderson, B. (2022, February 5). 100 Positive Affirmations for Every Mom. Bert Anderson · Me Before Mom. Retrieved February 24, 2022, from https://bertmanderson.com/100-positive-affirmations-mom/

Cradle to Career Policy Institute. (2021). *New Mexico Home Visiting Annual Outcomes Report Fiscal Year 2021.* Annual, University of New Mexico, New Mexico Early Childhood Education and Care Department, Santa Fe.

National Institute of Mental Health. (2020). Perinatal Depression. Bethesda, MD; U.S. Department of Health and Human Services.

Postpartum Support International - psi. Postpartum Support International (PSI). (2022, February 14). Retrieved February 15, 2022, from https://www.postpartum.net/

Pattani, N. F. and A. (2019, November 29). *Black mothers get less treatment for their postpartum depression*. NPR. Retrieved February 15, 2022, from https://www.npr.org/sections/health-shots/2019/11/29/760231688/black-mothersget-less-treatment-for-their-postpartum-depression

Rasmussen, M.-L. H., Strøm, M., Wohlfahrt, J., Videbech, P., & Melbye, M. (2017). Risk, treatment duration, and recurrence risk of postpartum affective disorder in women with no prior psychiatric history: A population-based Cohort Study. PLOS Medicine, 14(9). https://doi.org/10.1371/journal.pmed.1002392

#### **Resources:**

100 Positive Affirmations for Every Mom\_ https://bertmanderson.com/100-positive-affirmations-mom/

Black Mothers Get Less Treatment for Their Postpartum Depression 6-Minute Listen <a href="https://www.npr.org/sections/health-shots/2019/11/29/760231688/black-mothers-get-less-treatment-for-their-postpartum-depression">https://www.npr.org/sections/health-shots/2019/11/29/760231688/black-mothers-get-less-treatment-for-their-postpartum-depression</a>

Good Moms Have Scary Thoughts: A Healing Guide to the Secret Fears of New Mothers by Karen Kleinman, MSW—Book

#### Mothers and Babies

https://www.mothersandbabiesprogram.org/ https://www.mothersandbabiesprogram.org/parents/self-care-tips/

National Institute for Mental Health-Perinatal Brochure (Signs & Symptoms) <a href="https://www.nimh.nih.gov/health/publications/perinatal-depression">https://www.nimh.nih.gov/health/publications/perinatal-depression</a>

Postpartum Support International-Online Support Groups and Resources <a href="https://www.postpartum.net/">https://www.postpartum.net/</a>
<a href="https://www.instagram.com/postpartumsupportinternational/?hl=en">https://www.instagram.com/postpartumsupportinternational/?hl=en</a>

Stigma Hinders Treatment for Postpartum Depression 7-Minute Listen to <a href="https://www.npr.org/2011/08/01/138830120/stigma-hinders-treatment-for-postpartum-depression">https://www.npr.org/2011/08/01/138830120/stigma-hinders-treatment-for-postpartum-depression</a>