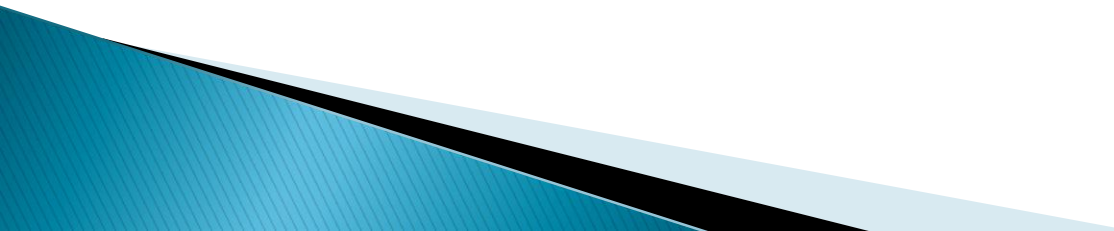


Continuum of Care Mental and Emotional Health and Depression

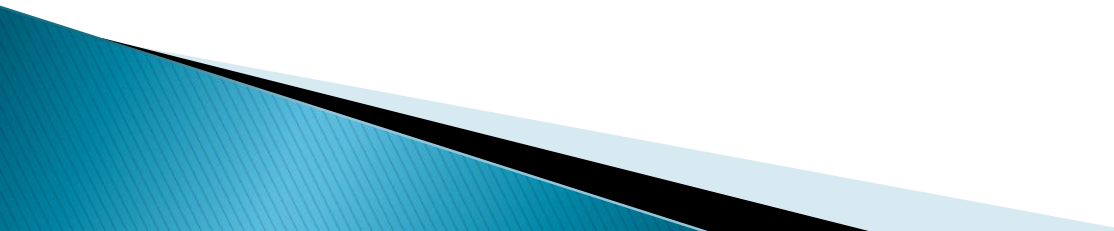
Secretary's Advisory Committee on Infant Mortality
July 9, 2014

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Maternal Stress and Depression: Rationale

- ▶ Recognition of the negative impact of stress and depression on pregnancy and birth outcomes
 - ▶ Absence of national standards for addressing the mental and emotional needs of pregnant women
 - ▶ Promising models of care inclusive of research, education and outreach, screening, and treatment and intervention
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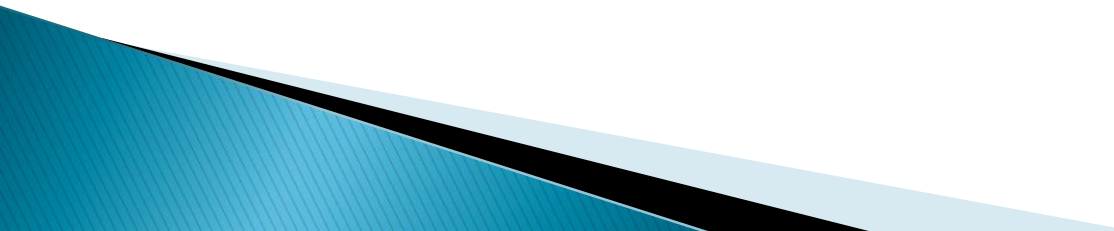
Maternal Stress and Depression: Objectives

- ▶ To discuss the importance of the emotional and mental health care needs of women before, during, and after pregnancy
 - ▶ To discuss the challenges and opportunities for responding to stress and depression in populations vulnerable to poor birth outcomes
 - ▶ To present models that potentially offer a template for systems of care for maternal stress and depression
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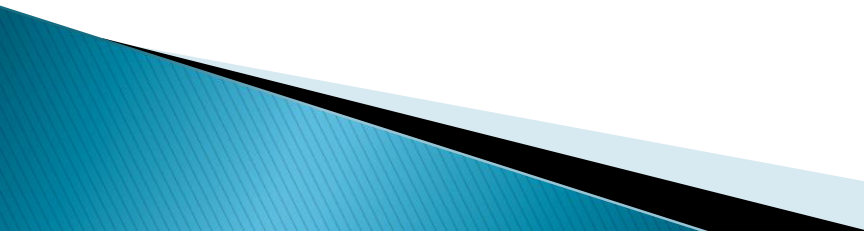
What is Stress?

- ▶ Adverse exposures and responses to harm, threat, and challenges based upon expectations, anticipations, current realities, and past experiences
- ▶ Expectations, realities, and experiences are embedded in environmental factors (social, economic, cultural, historical and geographic, etc)
- ▶ Chronic, acute, traumatic
- ▶ Stress is comprised of the exposure and the responses: stressors, stress mediators, and the responses (physiological and emotional)
- ▶ Moderate stress necessary for growth and evolution (Fight and Flight, Tend and Befriend, Why Zebras Don't Get Ulcers)

Stress Mechanisms

- ▶ Physiological responses: threshold (set point) or continuous presence including during the absence of stress
 - ▶ Homeostasis: stress reaction subsides once the threat is eliminated
 - ▶ Continuous presence; when there is a prolonged imbalance of stressors and mediating resources--- impairs physiological and emotional responses (allostasis, allostatic load)
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Physiological, Psychological, and Behavioral Responses to Harmful Stress

- ▶ Physiological: Immune suppression; hormonal dysregulation; vascular system malfunction leading to chronic diseases
 - ▶ Psychological: Distress, anger, anxiety and depressive symptoms with mental and physical health consequences
 - ▶ Behavioral: Poor diet and nutrition, sedentary life style, poor sleep, smoking, alcohol and drug abuse
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Depression

- ▶ Abnormalities in the interactions between neurotransmitters and hormones in the brain (HPA); elevated cortisol
- ▶ Unabated, unsolved stress is a risk for depression
- ▶ More than the blues but persisting malaise or other signs; beyond temporary mood change
- ▶ Estimated that one fourth of the population experiences depression at sometime or another
- ▶ Depression is more prevalent in women than in men: 10–15 percent women develop Postpartum depression

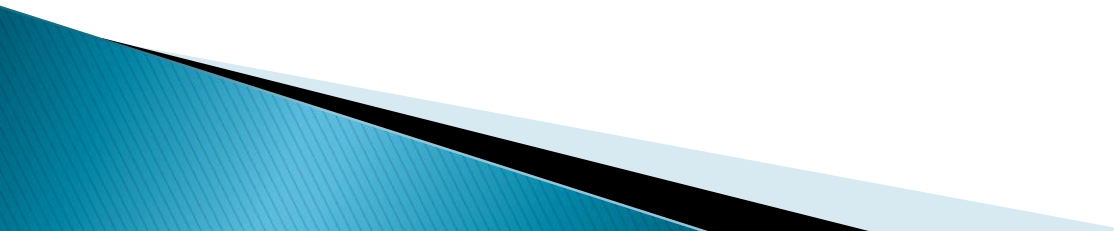
Impact of Stress and Depression during and after Pregnancy

- ▶ Elevated stress hormones and increased change of intrauterine infections; risks for hypertension, obesity, diabetes
- ▶ Stress as risk for poor birth outcomes: chronic stress as better indicator of risk than acute stress
- ▶ Chronic stress causal for lower birth weights
- ▶ Stress associated with behavioral risks; diet, nutrition, sedentary life style, smoking, lack of sleep, drug and alcohol abuse

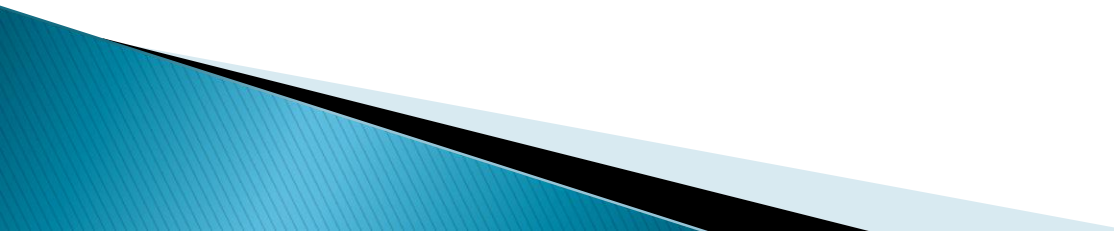
Impact of Stress and Depression during and after Pregnancy

- ▶ Perinatal depression as risk for low birth weight, small for gestational age and infant death
- ▶ Perinatal depression associated with behavioral risks: diet and nutrition, smoking, lack of sleep, drug and alcohol abuse
- ▶ Perinatal depression as risk for postpartum depression pregnancy(interconceptual risk)
- ▶ Postpartum inability to care for an infant; Failure to thrive
- ▶ Extreme level psychosis leading to mother harming herself and/or the child

Maternal Depression and Stress: Critical Concerns for Continuum of Care

- ▶ Screening and treatment not established as the standard for prenatal care
 - ▶ Postpartum screening established but gap in referrals and treatment
 - ▶ Concern about the effectiveness of existing screening tools (validity and sensitivity)
 - ▶ Treatment and intervention
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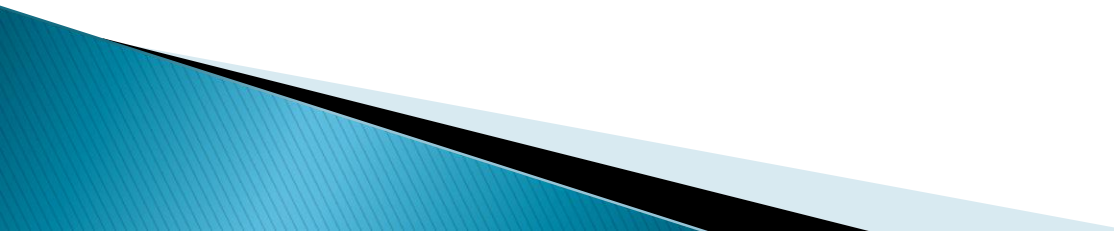
Establishing the Standard of Care

- ▶ Pending New York Legislation on Maternal Depression
 - ▶ Massachusetts Legislation on Maternal Depression (pending)
 - ▶ Mass. commission recommendations/action include role of Community Health Centers assisted by Community Health Workers for PPD screening and referral
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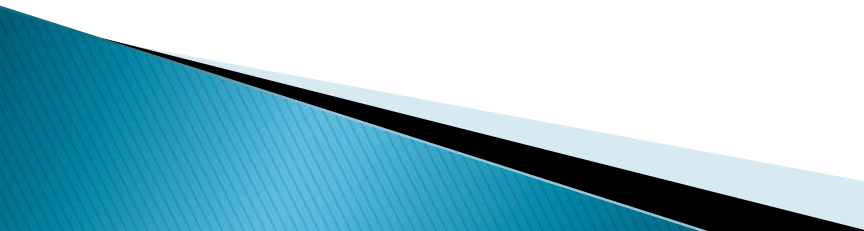
New York Maternal Depression Bill

- ▶ Maternal depression: mood disorders, including emotions, psychological reactions; pregnancy up to a year
- ▶ Information and training (providers, expectant mothers, community, general public) wide dissemination; website, brochure updates
- ▶ Universal screening
- ▶ Eliminate impediments for screening; insurer cannot maintain referral for screening, OB-GYN, PEDIATRICIAN
- ▶ Pediatrician screening mothers
- ▶ Info and follow-up support, community resources (community health workers) and licensed mental health services

Depression Screening

- ▶ False positives results in screening (both directions)
 - ▶ Sensitivity for detecting depression (cultural, racial, gender, etc)
 - ▶ Comprehensiveness
 - ▶ Timing and intervals for postpartum screening
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Depression and Stress Screening: Context Matters

- ▶ Tools detect clinical depression but issues about ways that AA women and other women of color experience stress and exhibit or mask depression, Ex: Depressive symptoms in the absence of role impairment (Strong black woman)
 - ▶ Compatible measures for detecting depression and stress (chronic contextualized; trauma) for treatment and intervention
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Ex: Jackson, Hogue, Phillips

Contextualized Stress Measure

- ▶ 56 items
- ▶ Indication of chronic racial, gender stress; individual and environmental (determinant level); composite of stressors, stress mediators, affective state (distress)
- ▶ Indications of gender role strain, racism, father involvement, trauma, and resilience within scale subscales: racism, burden(gender), history (trauma), workplace, affective response, stress mediators (coping and social support)
- ▶ Validated (PSS, BDI, STAI, STAXI)
- ▶ Evidence of predictive of depression in pregnant African American women; life course; translation for asset-based mediators

Recommendations to HHS Secretary

- ▶ Establish universal depression and stress screening
 - ▶ Establish a national educational campaign on maternal depression and stress
 - ▶ Support research on depression and stress screening and intervention
 - ▶ Promote and expand community-based approaches and home visitation (community health workers, doulas, etc) for depression and stress screening and intervention (case management, supervised intervention, psychosocial care and support groups) Ex: Healthy Start sites (Belly Buddies); Kentucky paraprofessional model
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