2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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# Perinatal Mental Health and HIV

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# Disclosures

Presenters have no financial interest to disclose.

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# Medical Advocacy & Outreach

Medical Advocacy and Outreach (MAO) is a community-based organization (CBO) and Ryan White clinic providing services to over 1,800 people living with HIV / AIDS (PLWHA) in South Alabama.

**Client Care**

- HIV / AIDS Medical Care Management, Pharmacy Services and Dental Care
- Maternity and Infant Services
- Social Work Case Management and Behavioral Health Services
- Testing, Education and Pre-Exposure Prophylaxis (PrEP)
- Hepatitis C Testing and Treatment

**Training and Professional Development**

MAO coordinates Alabama AIDS Education Training Center (AETC) through a joint collaboration with Southeast AIDS Education & Training Center (SE AETC). As a local SE AETC site housed by a non-academic CBO, MAO offers professional training programs focused on HIV care and prevention through in-person and online trainings and conferences.

# Mission

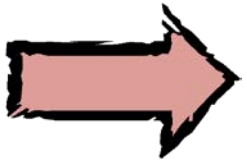
The overall mission of this presentation is to educate those involved in the programmatic development and implementation of Ryan White-funded agencies on the importance of identifying, addressing, preventing, and thereby decreasing the incidence of Perinatal Mental Health disorders and associated symptoms, as a means of enhancing the lives of women living with HIV / AIDS (WLWHA) and increasing positive health outcomes for both mom and baby.

# Learning Objectives

At the conclusion of this presentation, participants will be able to:

- Display an increased awareness of perinatal mental health disorders in women living with HIV / AIDS (WLWHA)
- Describe opportunities for effective intervention approaches
- Discuss complexities and potential impacts associated with untreated perinatal mental health disorders

# HIV 101



**Transmission:** Sex, Sharing Needles to Inject Drugs, and Mother-to-Child during Perinatal Period


**Testing:** Recommended for all sexually active individuals at least once a year, test again three months after last exposure, 20 minute oral swab


**Treatment:** HIV destroys the immune system and replicates to spread throughout the body; HIV medicine (Antiretroviral Therapy) prevents HIV from replicating.

# HIV and Pregnancy

Only 19% of pregnancies are planned

Less than 1% risk of transmission if mom is virally suppressed

15 – 40% of infants acquire HIV if mom has no care throughout perinatal period

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# Perinatal Mood and Anxiety Disorders (PMADs)

# Perinatal Mood and Anxiety Disorders

Perinatal: during pregnancy & first year after

- Prenatal / Antepartum: during pregnancy
- Postnatal / Postpartum: first year after delivery

Common PMADs

- Mood: Depression, Bipolar Disorder
- Anxiety: Generalized Anxiety Disorder, Panic Disorder, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder

# Pregnancy vs. Prenatal Depression

## Pregnancy Symptoms

- teary
- normal self-esteem
- no suicidal ideations
- normal pleasure / anticipation
- increased appetite
- appropriate worry
- sleep changes due to pregnancy
- tired feelings relieved by rest

## Prenatal Depression Symptoms

- persistent gloom
- low self-esteem, guilt
- suicidal ideations
- anhedonia
- poor appetite
- worry that impedes daily life
- insomnia or increased sleep
- fatigue not restored by rest

# Dispelling Myths

- Postpartum depression is not postpartum psychosis.

  *Psychosis occurs in up to 2 out of every 1,000 births and is marked by hallucinations and delusions.*

- Postpartum depression is not only prevalent in new mothers.

  *1 in 10 new fathers experience depression during postpartum period.*



Sit, Dorothy; Rothschild, Anthony J.; and Wisner, Katherine L., "A review of postpartum psychosis" (2006). *Psychiatry Publications and Presentations*. 61. https://escholarship.umassmed.edu/psych_pp/61

F Paulson, James & Dauber, Sarah & Leiferman, Jenn. (2006). Individual and Combined Effects of Postpartum Depression in Mothers and Fathers on Parenting Behavior. *Pediatrics*. 118. 659-68.

# Baby Blues vs. Postpartum Depression

Baby Blues

- up to 80% of new moms
- not related to psychiatric history
- caused by hormone fluctuation
- tearfulness and mood swings last no more than 2 weeks after delivery
- overall happy mood



Earls, Marian. (2010). Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice. *Pediatrics*. 126. 1032-9.

# Baby Blues vs. Postpartum Depression

Postpartum Depression

- up to 22% of new moms
- most common perinatal complication

Postpartum Depression Symptoms

- onset any time 1st year after birth
- persistent sadness related to being new mom
- lack of attachment
- inability to care for self / infant
- loss of identity



Wisner KL, Sit DKY, McShea MC, et al. (2013). Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *JAMA Psychiatry*. 70(5):490–498.

*"…I was so tired of being in pain. Of sleeping on the couch. Of waking up throughout the night. Of throwing up. Of taking things out on the wrong people. Of not enjoying life. Of not seeing my friends. Of not having the energy to take my baby for a stroll. My doctor pulled out a book and started listing symptoms. And I was like, "Yep, yep, yep." I got my diagnosis: postpartum depression and anxiety."*

*Chrissy Teigen*
*Glamour Magazine, March 6, 2017*

# Perinatal Bipolar Disorder

Postpartum period highest lifetime risk for first onset

70% episode recurrence in postpartum period for women previously diagnosed

Risk factors are biological

- *family history, hormonal changes, sleep deprivation*



Wisner KL, Sit DKY, McShea MC, et al. (2013). Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *JAMA Psychiatry*. 70(5):490–498.

# Perinatal Bipolar Disorder

*"Within 24 hours of giving birth to my daughter Marilla in 2007, I was hypomanic…I became excessively talkative, energetic, and elated. My episode was undetected by the hospital staff because it was perceived as a mother's joy of having a healthy newborn."*

*"When I returned home from the maternity hospital, I also had hypergraphia, a rare compulsion to write. I wrote hundreds of pages while I breastfed my baby. I typed so much that I could barely move my writing arm, and I had muscle spasms in my back and neck. As the weeks passed by, Marilla didn't gain enough weight because I was writing too much instead of breastfeeding her sufficiently…"*

*"My manic symptoms were mistaken for a mother's joy—I needed help."*

Dyane Harwood
Self Magazine, July 25, 2017

# Perinatal Anxiety

Prevalence

- 6% pregnant women
- 10% postpartum women
- 66% of women with postpartum depression

Symptoms

- Constant worry about child's wellbeing, racing thoughts, sleep and appetite changes, fidgetiness
- physical symptoms (dizziness, hot flashes, nausea)



Postpartum Support International. (2018). *Anxiety During Pregnancy & Postpartum*. http://www.postpartum.net/learn-more/anxiety-during-pregnancy-postpartum/

Wisner KL, Sit DKY, McShea MC, et al. (2013). Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. JAMA Psychiatry. 70(5):490–498.

# Perinatal Anxiety

- ❑ Does worrying and checking on the infant cause the new mother to lose sleep?
- ❑ Does it interfere with daily tasks or her job duties?
- ❑ Is she worried something bad will happen if her baby is not with her at all times?

# Perinatal Anxiety

Perinatal Obsessive-Compulsive Disorder Risk Factors

- Previous OCD diagnosis
- Complicated delivery
- Infant in NICU
- Difficult family dynamics
- Unexpected changes to breastfeeding plans

# Perinatal Post-traumatic Stress Disorder (PTSD)

9% women experience postpartum PTSD

Risk Factors

- Serious illness
- Complicated pregnancy / delivery
- Feelings of powerlessness
- Lack of communication / support
- History of neglect as a child
- History of sexual trauma or intimate partner violence (IPV)



Beck, C. T., Gable, R. K., Sakala, C. and Declercq, E. R. (2011). Posttraumatic Stress Disorder in New Mothers: Results from a Two-Stage U.S. National Survey. *Birth.* 38: 216-227.

# Perinatal Post-traumatic Stress Disorder (PTSD)

Symptoms

- Panic Attacks, Avoidance and Detachment

Perinatal PTSD and HIV

- If OB, HIV or Pediatric clinic triggers thoughts or fears of MTC transmission, avoidance is likely.

- If mom seems ambivalent to the importance of HIV care or infant surveillance, she may be experiencing detachment.



The Well Project. (2016). *Trauma and HIV.* Retrieved from http://www.thewellproject.org/hiv-information/trauma-and-hiv

Rahangdale, L., Stewart, A., Stewart, R. D., Badell, M., Levison, J., Ellis, P., ... on behalf of the HOPES (HIV and OB Pregnancy Education Study), D. (2014). Pregnancy Intentions among Women Living with HIV in the United States. *Journal of Acquired Immune Deficiency Syndromes* (1999), 65(3), 306–311.

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# Risk Factors and Prevalence Rates

# A Study of 10,000 Women

22% prevalence of postpartum depression

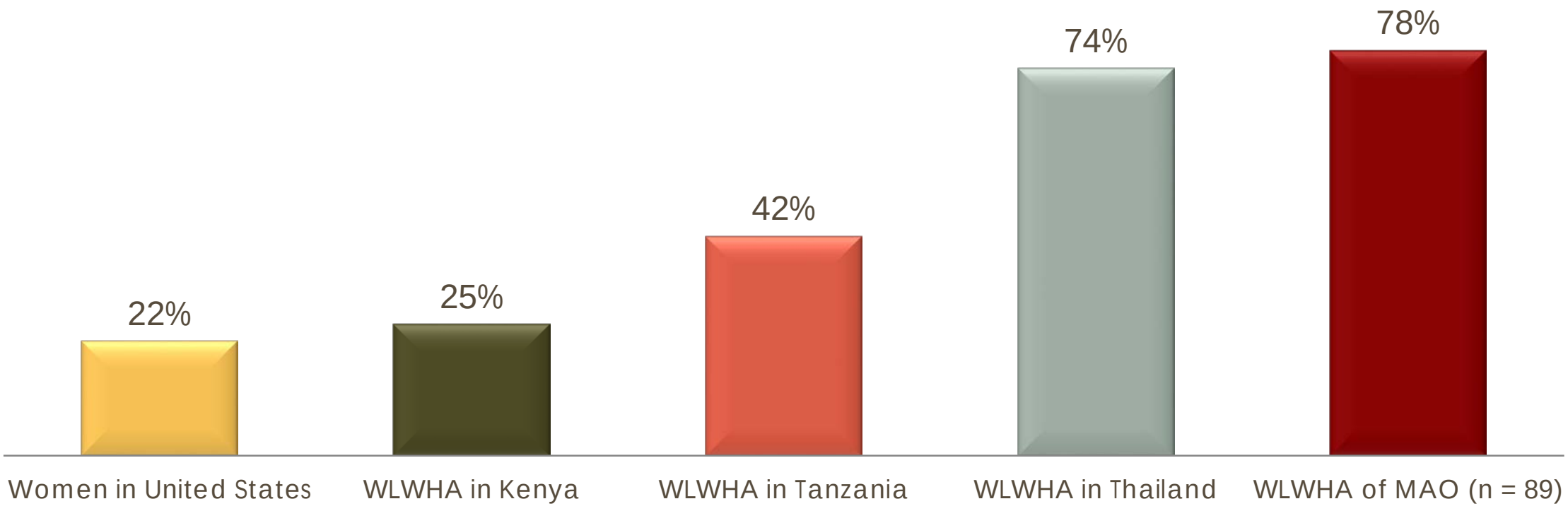
Of these,

- 22.6% additionally had bipolar disorder
- 66% additionally had anxiety disorder
- 19% had suicidal ideations



Wisner KL, Sit DKY, McShea MC, et al. (2013). Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *JAMA Psychiatry*. 70(5):490–498.

# Prevalence of Perinatal Mood and Anxiety Disorders




Ross, R. , Sawatphanit, W. and Zeller, R. (2009), Depressive Symptoms Among HIV-Positive Pregnant Women in Thailand. *Journal of Nursing Scholarship*, 41: 344-350.

Kapetanovic, Suad, et al. (2009). Correlates of Perinatal Depression in HIV-Infected Women. *AIDS patient care and STDs. 23.* 101-8.

Turan, Bulent, et al. (2014). Linkage to HIV care, postpartum depression, and HIV-related stigma in newly diagnosed pregnant women living with HIV in Kenya: A longitudinal observational study. *BMC pregnancy and childbirth.* 14. 400.

Wisner KL, Sit DKY, McShea MC, et al. (2013). Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *JAMA Psychiatry*. 70(5):490–498.

Thompson, J., Hagan, S., and Orakwue, I. (2018). [Medical Advocacy and Outreach Internal Data]. Unpublished raw data.

# Perinatal Mental Health

## PMAD Risk Factors

- low socioeconomic status
- relationship complications
- lack of social support
- African American
- public insurance
- less well educated
- unplanned pregnancy
- major recent life event
- complications in pregnancy, delivery, and breastfeeding

## HIV Risk Factors

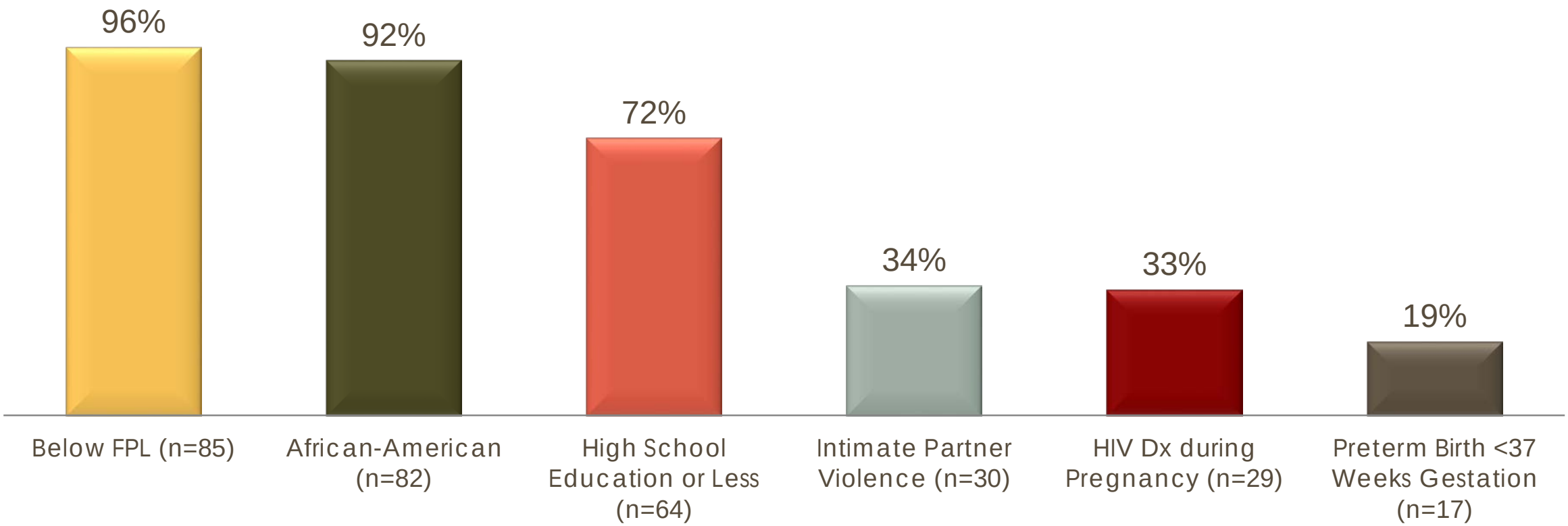
- low socioeconomic status
- relationship complications
- lack of social support
- African American
- public insurance
- less well educated



Wisner KL, Sit DKY, McShea MC, et al. Onset Timing, (2013). Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *JAMA Psychiatry.* 70(5):490–498.

Buchberg, M. K., Fletcher, F. E., Vidrine, D. J., Levison, J., Peters, M. Y., Hardwicke, R., ... Bell, T. K. (2015). A mixed-methods approach to understanding barriers to postpartum retention in care among low-income, HIV-infected women. *AIDS Patient Care and STDs*, *29*(3), 126-132.

# MAO's Perinatal WLWHA by PMAD Risk Factors

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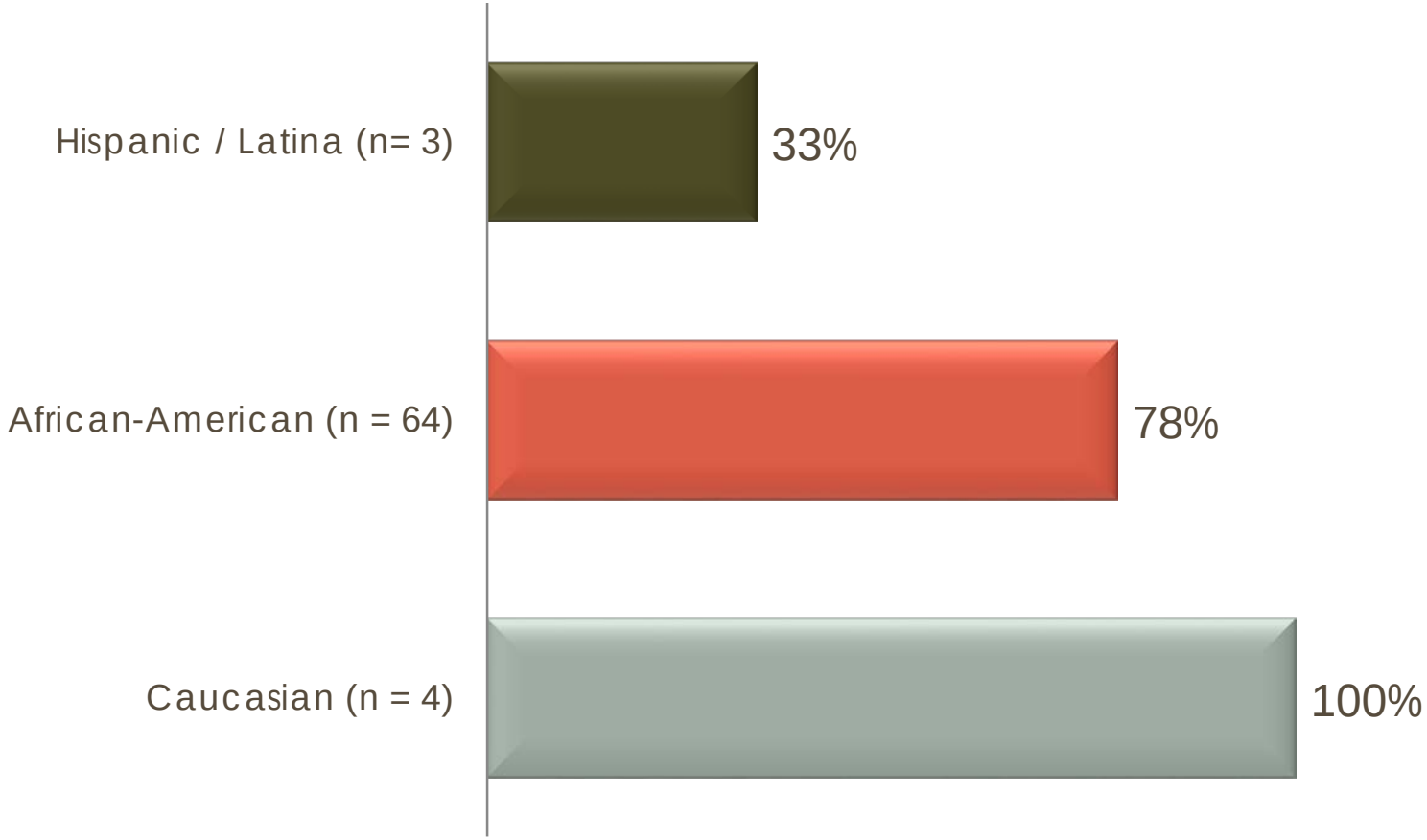
# Depression Incidence by Race of MAO's Perinatal WLWHA

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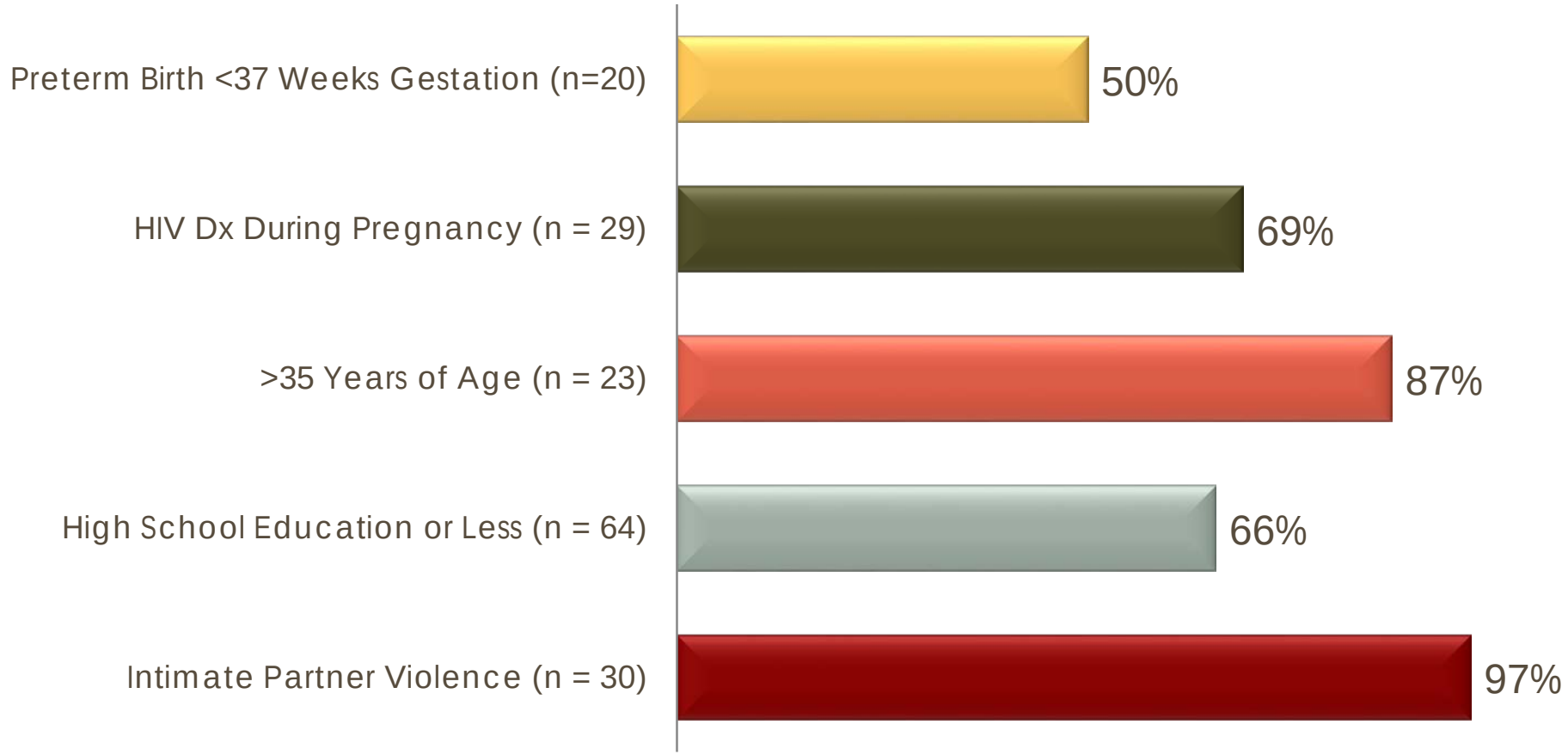
# Depression Incidence by Other Risk Factors of MAO's Perinatal WLWHA

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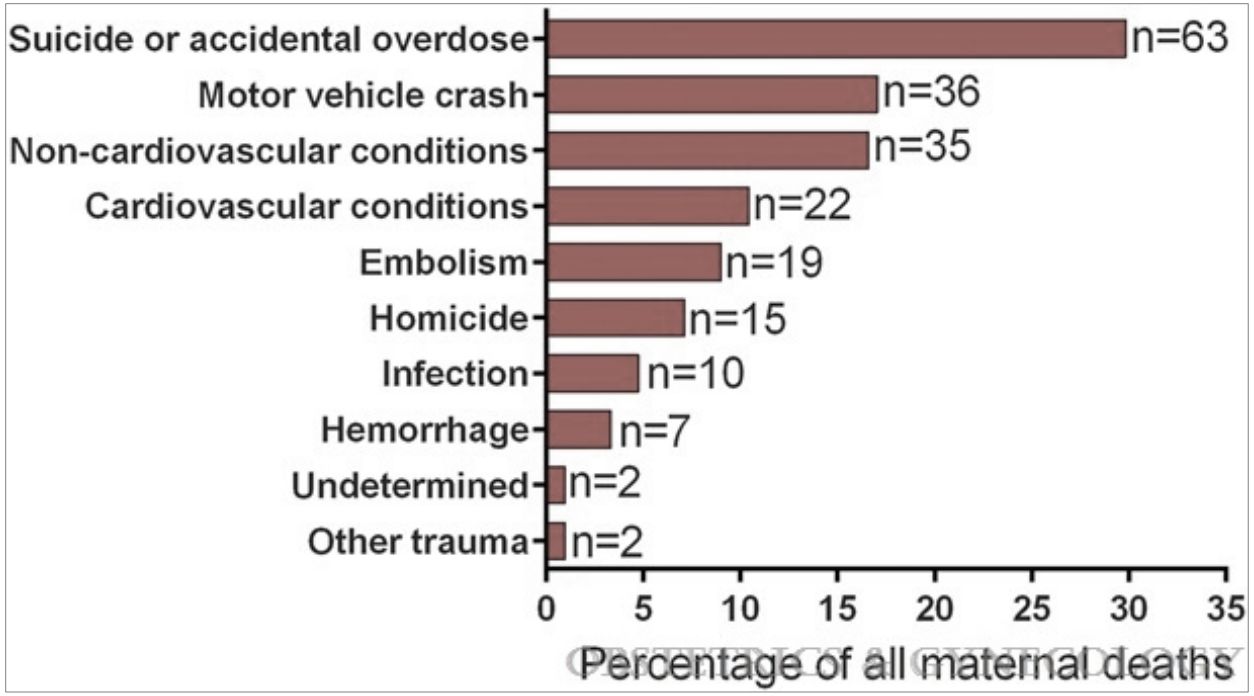
# Implications of Untreated PMADs

# Implications of Untreated PMAD

Colorado study found self-harm is leading cause of maternal death during perinatal period

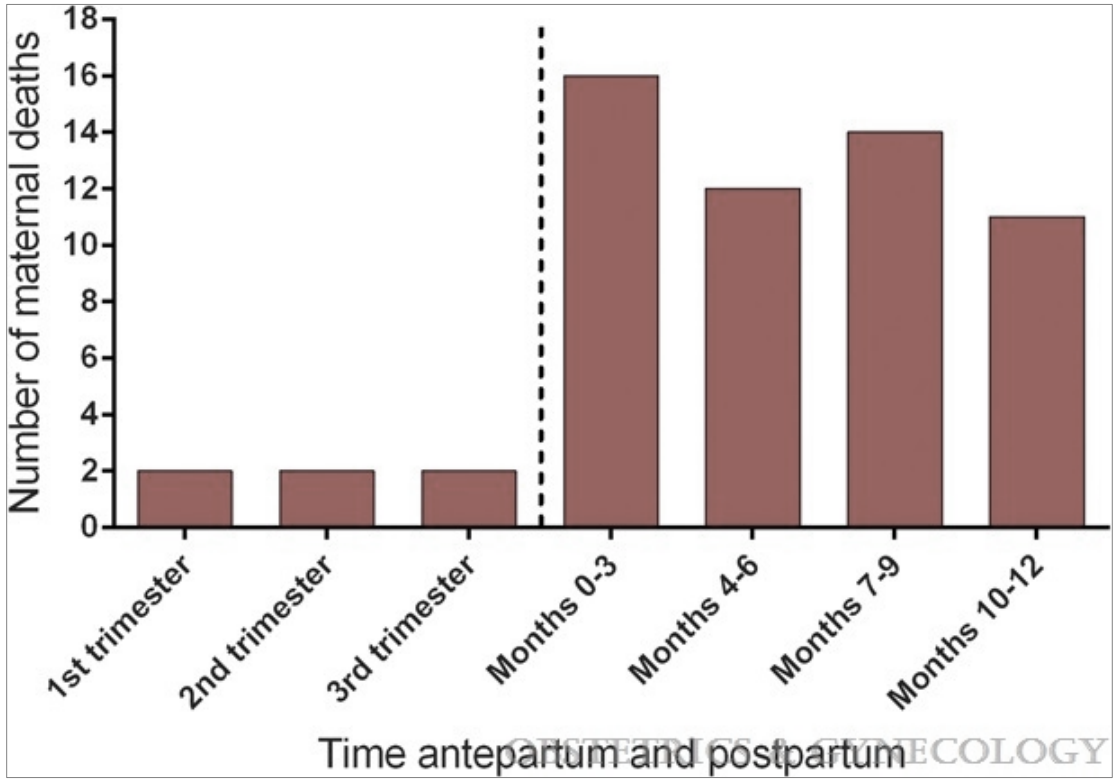





Metz, Torri D. MD, MS; Rovner, Polina MD; Hoffman, M. Camille MD, MSc; Allshouse, Amanda A. MS; Beckwith, Krista M. MSPH; Binswanger, Ingrid A. MD, MPH, MS. (2016). Maternal Deaths From Suicide and Overdose in Colorado, 2004–2012. *Obstetrics & Gynecology* 128. 6. 1233–1240.

# Implications of Untreated PMAD

Colorado study found most maternal deaths occurred during the postpartum period



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# Implications of Untreated PMAD

## Risks of Untreated PMAD

- Suicidality
- Lower birth weight
- Poor cognitive function of child
- Insecure attachment
- Disability / Unemployment
- Relationship struggles
- Child abuse / Neglect
- Substance abuse

## Risks of Untreated PMAD in WLWHA

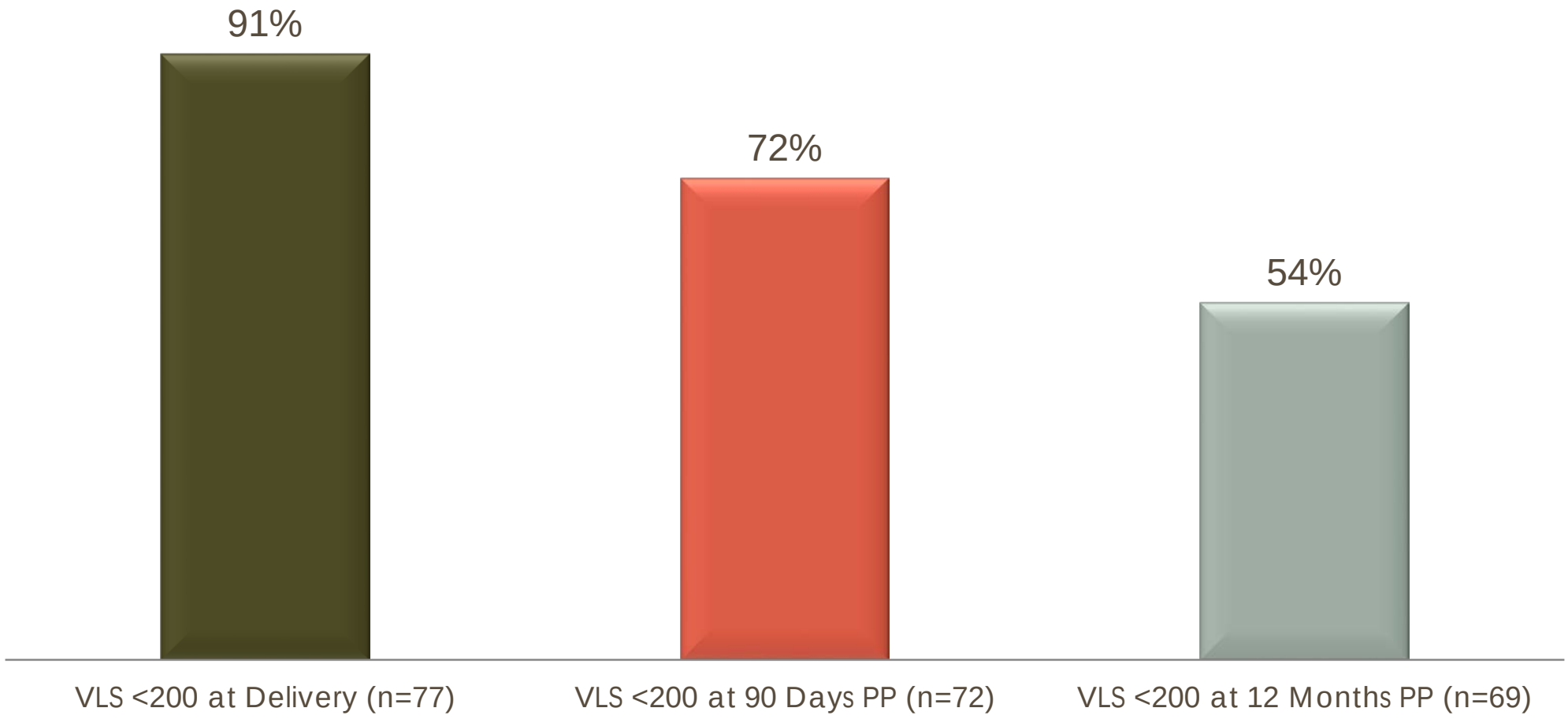
- Decreased adherence with HIV / OB healthcare
- Decreased adherence with infant healthcare
- Increased viral load
- Decreased quality of life
- Increased risky sexual behavior



F Paulson, James & Dauber, Sarah & Leiferman, Jenn. (2006). Individual and Combined Effects of Postpartum Depression in Mothers and Fathers on Parenting Behavior. *Pediatrics*. 118. 659-68.

Buchberg, M. K., Fletcher, F. E., Vidrine, D. J., Levison, J., Peters, M. Y., Hardwicke, R., ... Bell, T. K. (2015). A mixed-methods approach to understanding barriers to postpartum retention in care among low-income, HIV-infected women. *AIDS Patient Care and STDs*, 29(3), 126-132.

# Viral Load Suppression (VLS) of MAO's WLWHA During Perinatal Period

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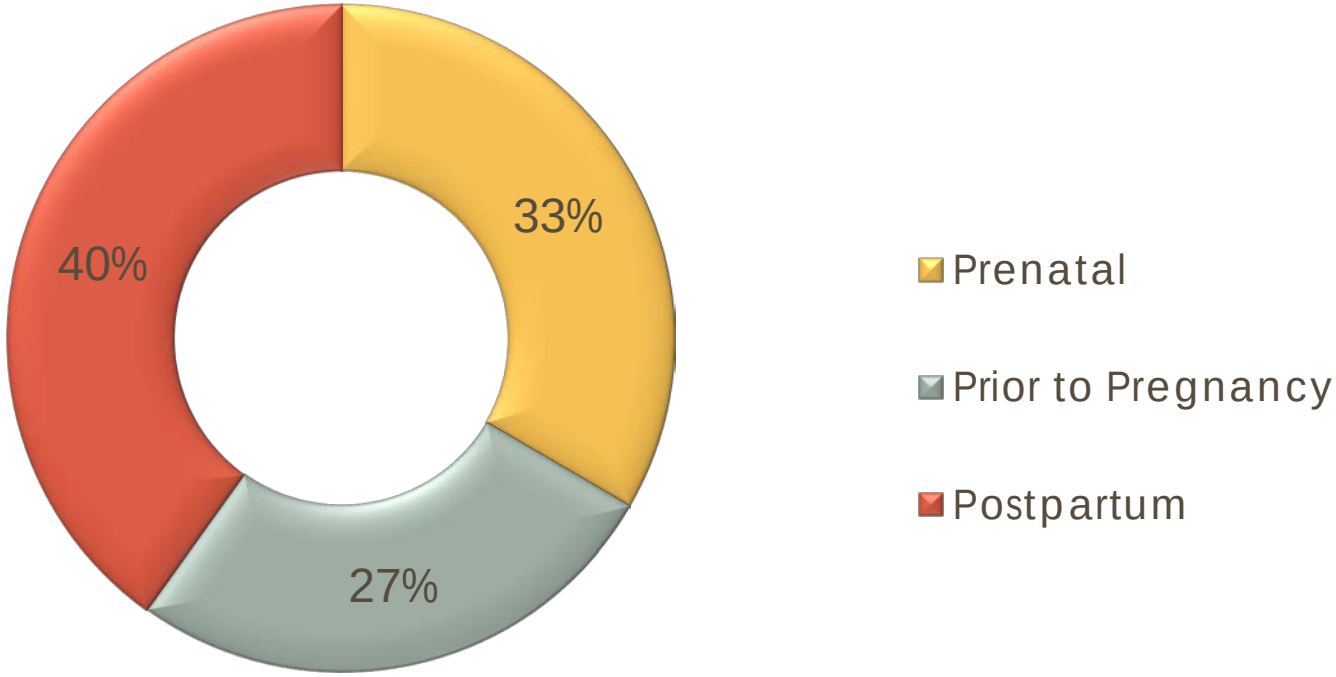
# Onset of Mental Health Symptoms




Adapted from: Wisner KL, Sit DKY, McShea MC, et al. (2013). Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *JAMA Psychiatry*. 70(5):490–498.

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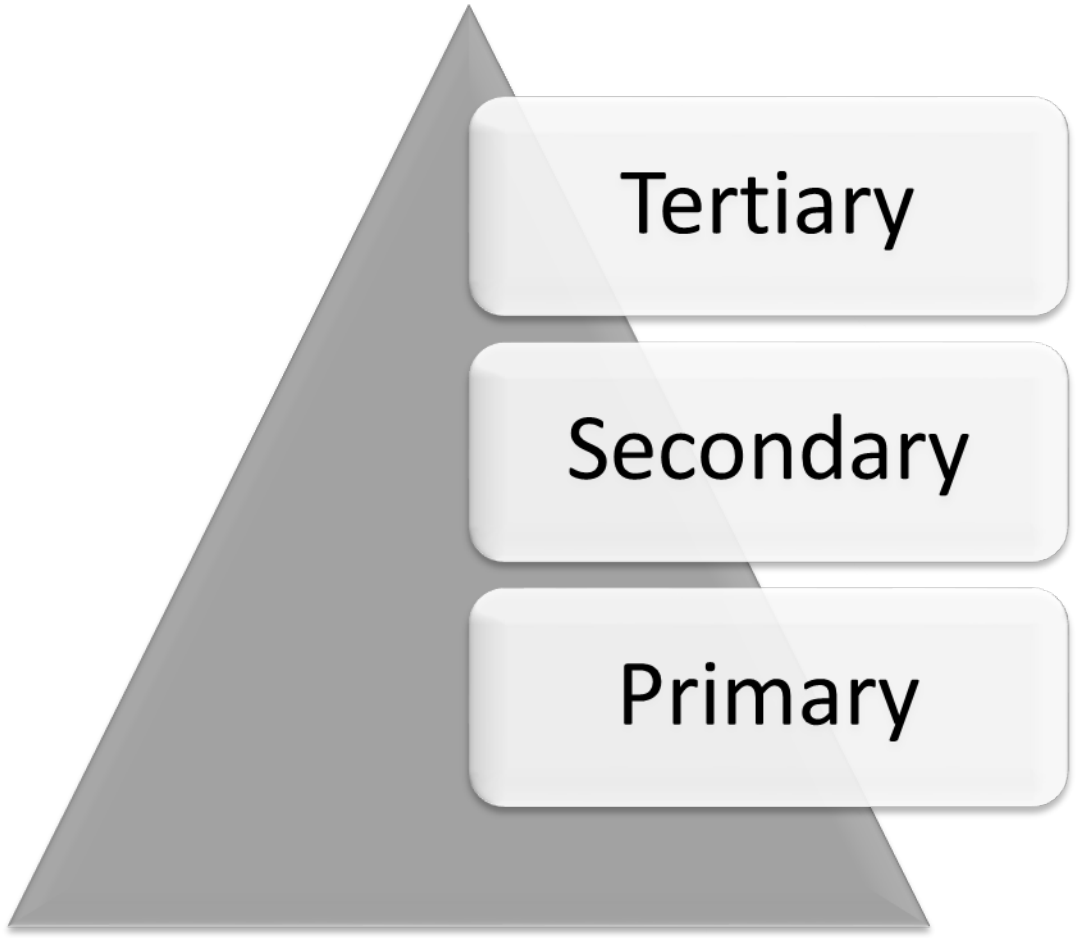
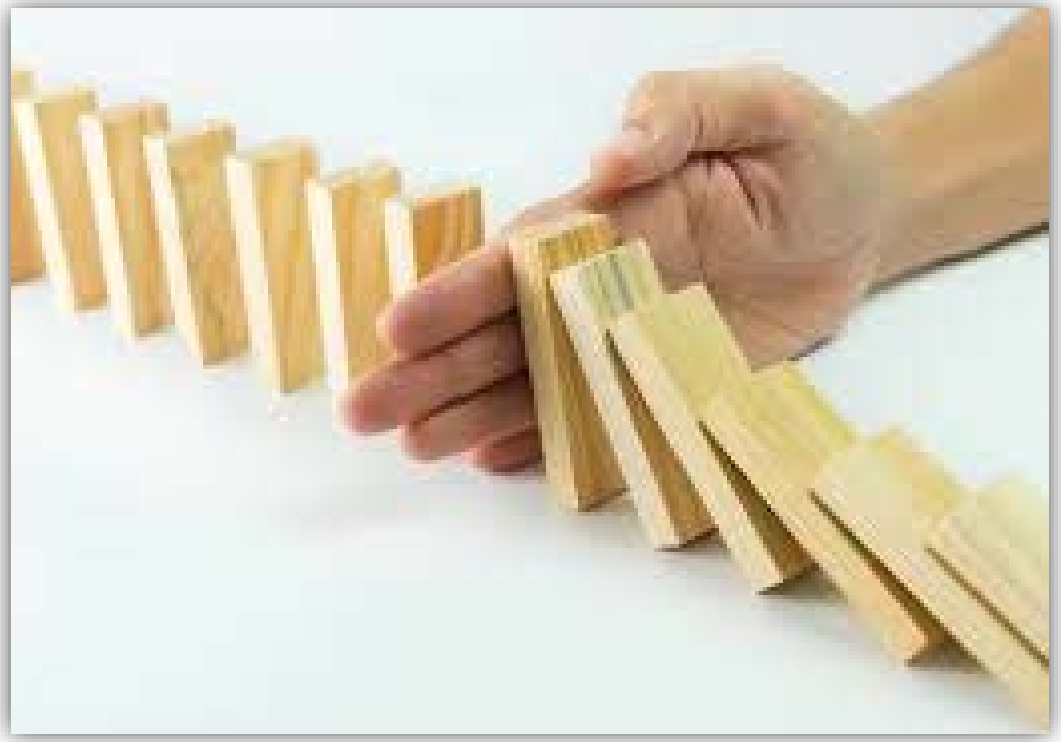
# Identifying and Treating PMADs in Women Living with HIV

# Levels of Prevention



# Primary Prevention

- Focuses on reducing susceptibility
- Prevent occurrence by identifying factors
- Specific stressors for WLWHA



# Primary Prevention

Lack of Support

- Linking to support groups
- Referring to community programs
- Established support throughout perinatal period

Fear of Transmission

- Positive mom = Positive baby
- Constant worry leads to anxiety
- Provide education and support

# Secondary Prevention

- Identifying those at high risk
- Aims to reduce impact
- Achieved through screening

# A Study of 391 Women

Compared rate of detection in women who were screened versus spontaneous detection during routine clinical exams

Screening with Edinburgh Postnatal Depression Scale (EPDS)

Rate of detection was significantly higher in the group who received screening

- Screening – Rate of detection = 35.4%
- No screening – Rate of detection = 6.3%

Adapted from "Postpartum Depression: a comparison of screening and routine clinical evaluation,". Evins GG, Theofrastous JP, Galvin SL. May 2000. Department of Obstetrics and Gynecology, Mountain Area Health Education Center; Asheville, NC.

# Screening

- Beneficial in detecting and identifying PMADs
- Can be used during pregnancy
- Screening recommendations
  - At least once each trimester
  - 2 weeks, 6 weeks, 3 months, 6 months, 9 months, 12 months



Postpartum Support International (PSI). (2018). Screening Recommendations. Retrieved from http://www.postpartum.net/professionals/screening/

Final Recommendation Statement: Depression in Adults: Screening – US Preventive Services Task Force. (2016, October 29). https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening

Screening for Perinatal Depression – ACOG. (2016, October 29). from https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression

# Edinburgh Postnatal Depression Scale (EPDS)

- 10 questions
- Based on previous 7 days
- Assesses depression, anxiety, suicidal thoughts
- Scores >10 indicate possible depression
- Can be used during pregnancy

Online version - https://psychology-tools.com/epds/



Cox JL, Holden JM, Sagovsky R. (1987). Detection of Postnatal Depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry 150*, 782-786.

Wisner KL, Parry BL, Piontek CM. (2002). Postpartum Depression. *New England Journal of Medicine, 347(3)*, 194-199.

# Prenatal Screenings

Routine Medical Screenings

- Gestational Hypertension – 6-8%
- Pre-eclampsia – 6-8%
- Gestational Diabetes – 6%

PMADs – 21%



The American College of Obstetricians and Gynecologists. (2017). Routine Tests During Pregnancy. Retrieved from https://www.acog.org/Patients/FAQs/Routine-Tests-During-Pregnancy

# Tertiary Prevention

- Focuses on reducing severity and duration of symptoms
- Treatment as Prevention
- Improve functioning, relationships, and quality of life
- Aims to prevent the recurrence of symptoms

# Therapeutic Models

Cognitive Behavioral Therapy (CBT)

- Teaches how to identify, evaluate, and change dysfunctional patterns of thinking
- Includes education, stress & relaxation training, assertiveness training, and training for resilience

Interpersonal Therapy (IPT)

- Symptoms can be understood as a response to current difficulties in interactions with others
- Focuses on three problem areas: grief, role transitions, and interpersonal disputes

# Therapeutic Models

Psychoeducational Group Therapy

- Focuses on educating clients about their disorders and ways of coping
- Based on same principles as CBT, just presented in a group setting

# Important Conversations

*"Sometimes the most important conversations are the most difficult to engage in."*

- Jeanne Phillips (Abigail Van Buren, Columnist of "Dear Abby")

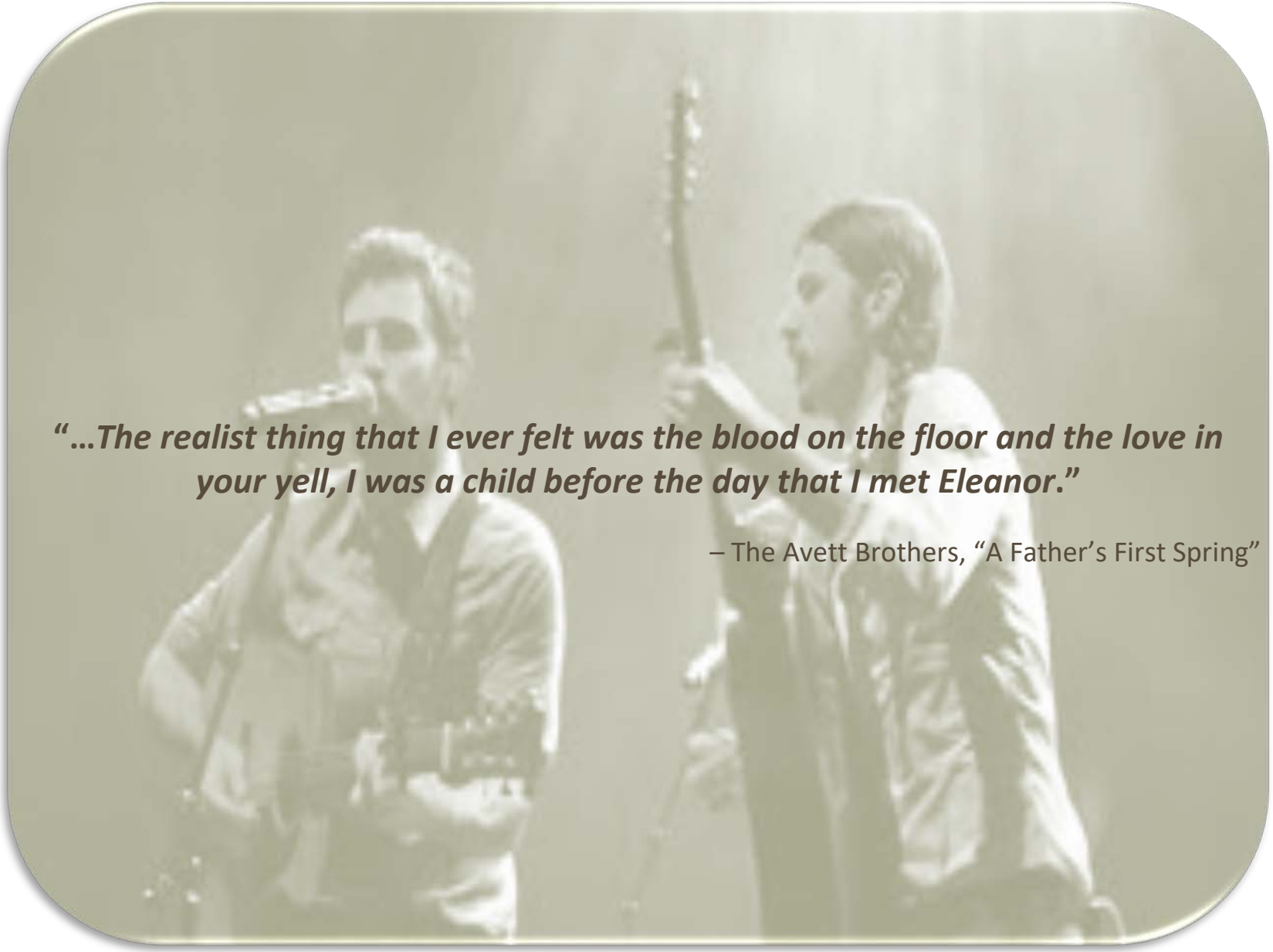
# Universal Education

- Educate all WLWHA on signs and symptoms of PMADs
- Normalize the occurrence of PMADs
- Take time to ask questions and listen to answers

# Ideal vs. Reality

Kate Middleton
after giving birth

Me after
giving birth



*"…The realist thing that I ever felt was the blood on the floor and the love in your yell, I was a child before the day that I met Eleanor."*

– The Avett Brothers, "A Father's First Spring"

# Risks of Breastfeeding

*"Maternal antiretroviral therapy reduces, but does not eliminate the risk of HIV transmission via breastmilk."* – Perinatal Guidelines (updated 3/27/2018)

*"Importantly, cases of HIV transmission via breastfeeding have occurred despite undetectable maternal plasma viral loads."* – Perinatal Guidelines (updated 3/27/2018)

- Risk is prolonged versus a single episodic exposure
- Approximately 15% of infants will acquire HIV if breastfed for 24+ months
- Transmission risk is increased if mom becomes infected while breastfeeding



Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission. (2018) Recommendations for Use of Antiretroviral Drugs in Transmission in the United States. Retrieved from http://aidsinfo.nih.gov/contentfiles/lvguidelines/PerinatalGL.pdf

# Breastfeeding

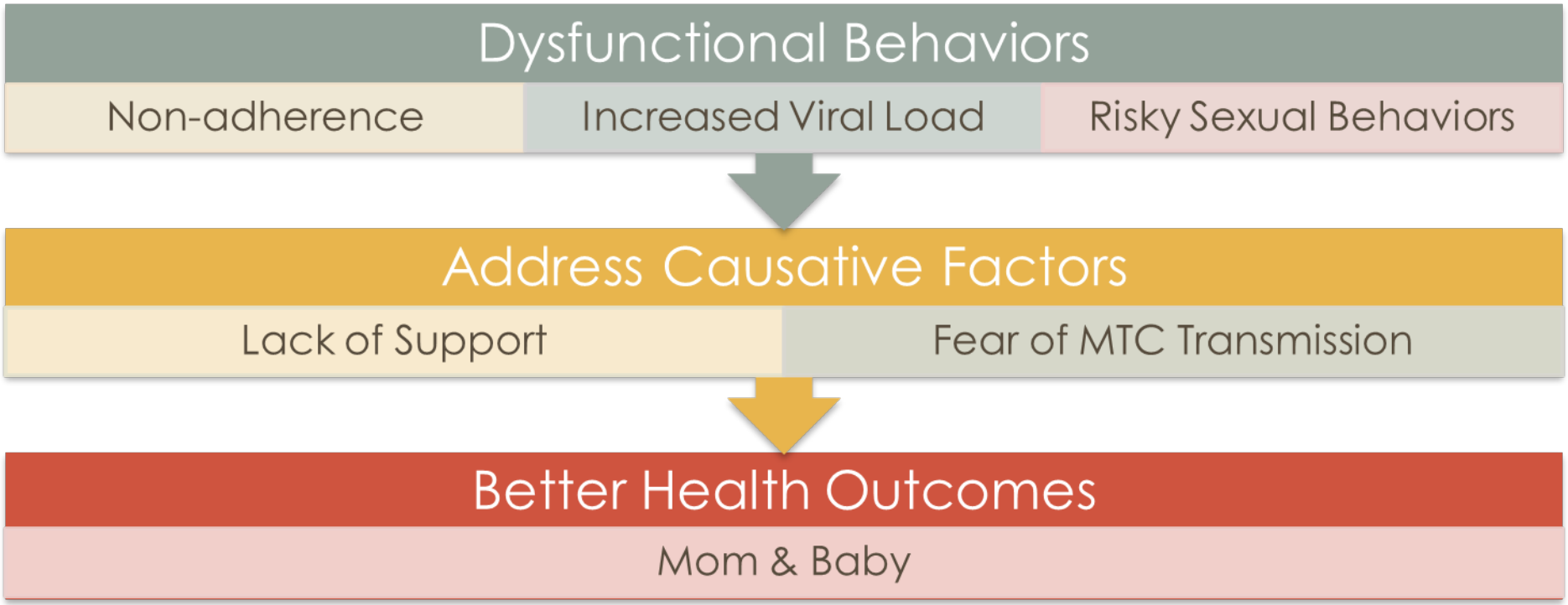
Many women experience pressure to breastfeed

- Family
- Culture
- Internal

Acknowledge grief of loss

Identify other ways to bond

- Skin-to-skin
- Intimate feeding routines
- Reading or singing to baby while feeding


Dysfunctional Behaviors
Non-adherence
Increased Viral Load
Risky Sexual Behaviors
Address Causative Factors
Lack of Support
Fear of MTC Transmission
Better Health Outcomes
Mom & Baby

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# Opportunities to Consider

# Bridging the Gap to Support

*"the mere perception that adequate support is available can serve to buffer situational stress… [Furthermore,] greater social support has been associated with better immune system function…[resulting in] significantly less deterioration in CD4+ cell count."*



Francisco, F., & Ruiz, P. (2006). Psychiatric Aspects of HIV/AIDS. Lippincott Williams & Wilkins, 379-80.

# Technology

- Telemedicine Case Management and Mental Health Care services minimizes distance to care, resources and support
- Text, Email Support, Online Support Groups
- Minimizes situational PMAD risk factors and supports retention to HIV care during perinatal period


Postpartum Support International. (2018). Retrieved from http://www.postpartum.net/psi-online-support-meetings/

# Service Delivery

Consider service delivery through lens of PMADs

- Does reducing the risk of MTC transmission justify the risk of perinatal PMADs in WLWHA?
- How can we adjust service delivery to minimize the risk of perinatal PMADs?
- How can we nurture a supportive partnership with perinatal WLWHA?

# Service Delivery

Collaborating with Providers

- Pediatrician is the most frequent and consistent point of contact for postpartum WLWHA
- Texas Children's Pavilion for Women
  - Well-Child visits offer mental health, social work and psychiatric care
  - Extended clinic hours
- How can workers in HIV collaborate with Pediatricians to incorporate adult HIV testing and education into the concept of Pediatric care?
- How can we foster relationships with Pediatricians and OBs to support the women most at risk for HIV and PMAD?



Karras, Tula. (n.d.). Perinatal Mood and Anxiety Disorders and ow socioeconomic status. Retrieved from https://www.seleni.org/advice-support/article/perinatal-mood-and-anxiety-disorders-and-low-socioeconomic-status

# Service Delivery

MAO's Women's and Infant Clinic

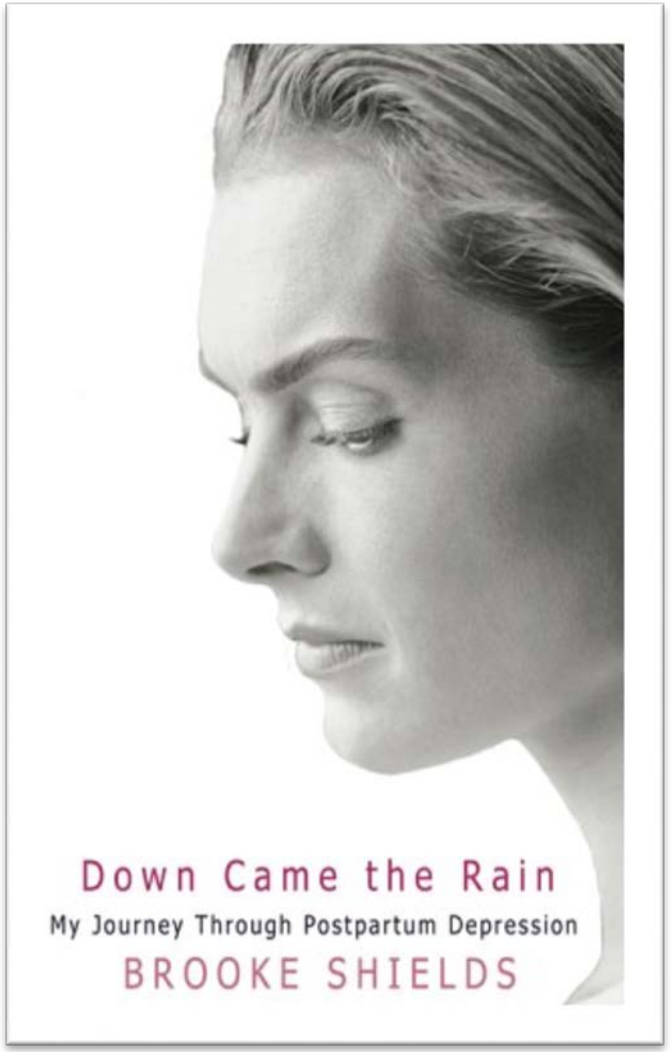
- Allows moms to coordinate their ongoing HIV medical care with Infant Exposure Surveillance
- Ensures availability of Medical, Social Work and Mental Health services to perinatal patients at a centralized, inviting location
- Provides access to resources available to minimize situational stressors—baby closet, transportation, food resources, financial assistance.

# Maintaining Awareness and Competency

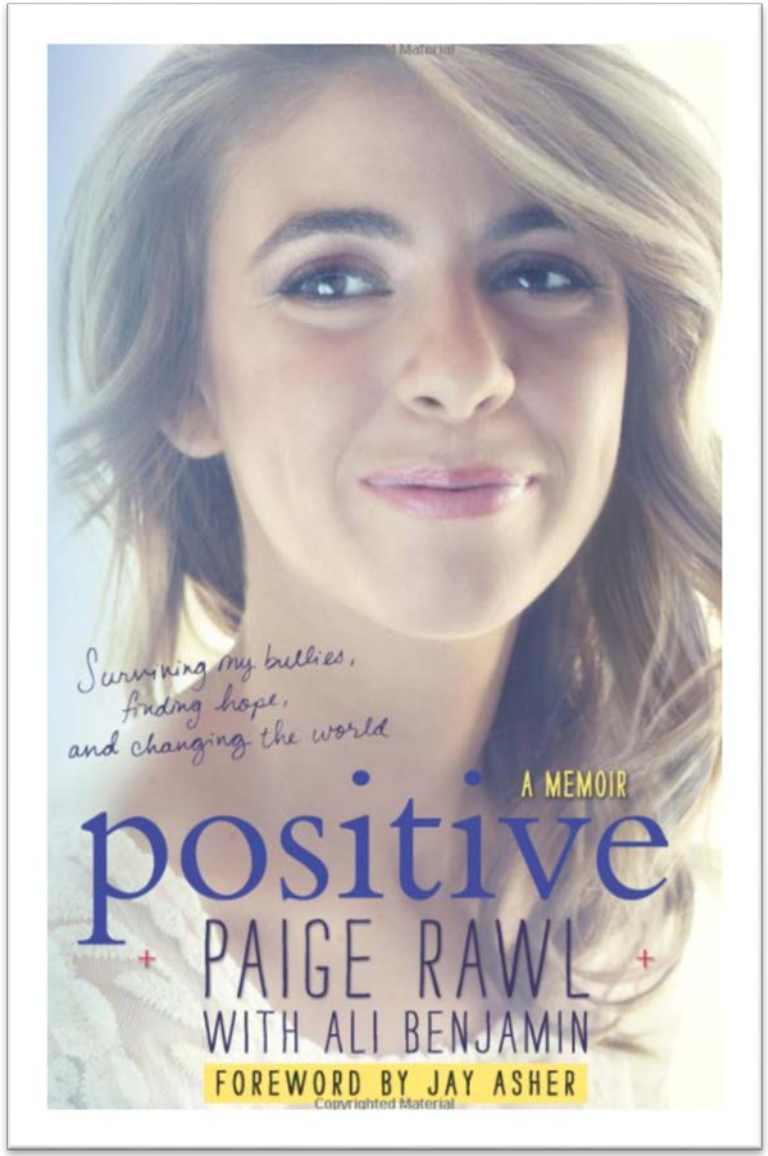
Helpful Organizations and Potential Resources:

- Postpartum Support International – http://www.postpartum.net/
- The 4th Trimester Project – http://4thtrimester.web.unc.edu/
- Southeast AIDS Education & Training Center (SE AETC) - https://www.seaetc.com/calendar/
- National Perinatal HIV Hotline – 1-888-448-8765

*"I started to experience a sick sensation in my stomach; it was as if a vice were tightening around my chest. Instead of the nervous anxiety that often accompanies panic, a feeling of devastation overcame me… I wasn't simply emotional or weepy, like I had been told I might be. This was something quite different. This was a sadness of a shockingly different magnitude. It felt as if it would never go away."*



*"Nobody quite prepares you for the moment you see your own name scrawled on a bathroom wall… PAIGE HAS AIDS it read."*



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