



Acute Stress Disorder, Posttraumatic Stress Disorder and Postpartum Depression in Parents of NICU Babies

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- Healthy Mothers, Healthy Babies
- March of Dimes
- National Perinatal Association
- Preemie Parent Alliance



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Meyer et al., Journal of Perinatology, 2011, 31, p.211

"The Field of Neonatology Has Expanded beyond the Primary Aim of Saving Infant's Lives to Minimizing Survivor's Long-term Complications, and thus Extending Clinicians' Responsibilities beyond the Baby to the Broader Family."





Symptoms are Not the Same as Disorders

Disorders Require that
Symptoms Interfere
with Abilities to Work
and to Love

Symptoms of Acute Stress Disorder-DSM

- Derealization
- Denial
- Dissociative Reactions
- Amnesia



Symptoms of PTSD-DSM

- A Traumatic Event with Intense Fear
- Re-experiencing
- Numbing of Responsiveness and Avoidance
- Hyper-arousal



Symptoms of Major Depression: More than the Baby Blues

5 or more of the following:

- Sadness
- Anhedonia
- Insomnia or Hypersomnia
- Agitation or Lethargy
- Fatigue
- Worthless/Guilt
- Cognitive Impairment
- Suicidal Thoughts or Attempts



1 Year Prevalence Rates

A Measurement of
Individuals Affected by a
Disorder within a
Particular Period of Time.
“Prevalence” Differs from
“Incidence”, which is the
Number of New Cases.

References

For References and an Expanded copy of My Comments, Please Go to:

www.nationalperinatal.org

Most Prevalence Figures that Follow are Percentages of People Scoring above a Cut-off on a PTSD or Depression Questionnaire.

PTSD, 1 Year Prevalence

- General Population, All Potentially Traumatic Events: Women, 5.2%; Men, 1.8%
- All Childbirths, 1 Year Postpartum: Mothers, Median = 2% (range: 0%-14%); Online U.S. Survey: 9%
- NICU Parents: Mothers, (5 Studies Report PTSD Prevalence from 15% to 53%). Fathers, (2 Studies Report PTSD Prevalence from 8% to 33%).

Depression 1 Year Prevalence

- General Population: Women, 8.6%; Men, 4.9%
- All Childbirths: Mothers, 12%-14%, Fathers, 10%. 50% to 80% of Mothers Experience “Baby Blues”
- NICU Parents: Mothers, (4 Studies Report from 39%-63%); Fathers, (1 Study, 36% at 27 Days Postpartum).

Incorrect Conclusions about Predictability of PTSD in NICU Mothers

- PTSD in NICU Mothers is not Related to the Severity of Illness of the Infant.
- **WRONG. 12 Studies Have Shown Significant Correlations.**

Incorrect Conclusions about PTSD in NICU Fathers

- NICU Fathers Have Delayed PTSD (Relative to NICU Mothers). “But three Months Later, when the Mothers Have Recovered, that’s when the Fathers are Allowed to Fall Apart.” **The Stanford Study Has a Very Small Sample.**
- **2 Studies with Reasonable Sample Sizes Show Higher Levels of PTSD in NICU Mothers Compared with Fathers, at 1 mo. and 18 mo. Postpartum.**



Vicious Cycles Can Develop

- Parental Distress Can Lead To Less Than Desirable Infant Development, which Can Result in Greater Parental Distress

Maternal PPD and PTSD

Correlates in Babies

- Disruptions in Mothering (More Controlling and Less Sensitive Interactions)
- Impaired Cognition, esp. in Boys
- Sleeping and Eating Problems
- Behavior Problems (both Internalizing and Externalizing)
- Inappropriate Use of Health Care

Maternal Depression Correlates in Full-term Babies and Children

- Relative R. Frontal EEG Activation, 3-6 mo.
- Elevated Norepinephrine and Cortisol, Lower Dopamine, day 1
- Lower Brazelton and Bayley Scores
- Impaired Infant Attachment at 18 mo.
- 40% Adolescent Depression at 16 yrs.



Paternal Depression

- More Likely to Spank 1 yr. Old Children
- Less Likely to Consistently Read to 1 yr. Old Children
- School-age Children More Likely to Have Oppositional Defiant/Conduct Disorders



Risk Factors, Mothers

- Prior Mental Health Problems
- Low Social Support
- Young Age and Less Education
- Non-white Race and Poverty
- Multiple Births
- Poor Infant Health



Poehlman et al., 2009; Journal of Family Psychology

Most at Risk Were, “Mothers of Infants Who Weighed Less than 1,000 gm., Had Lengthy NICU Stays, and Experienced Ventilation in the Context of Maternal Sociodemographic Risks (e.g., Poverty and Low Education) and Low Social Support.”



Depression Screens

- 1. Have You Felt Down, Depressed or Hopeless? 2. Have you Had Little Interest or Pleasure in Doing Things?
- Edinburgh Depression Scale
- Postpartum Depression Screening Scale
- Center for Epidemiologic Studies Depression Scale (CES-D)

Posttraumatic Stress Screens

- Perinatal Posttraumatic Stress Questionnaire (PPQ, I and II)
- Davidson Trauma Scale (DTS)
- PTSD Symptom Checklist



A Structured Interview

Clinical Interview for Parents
of Premature Infants (CLIP),
Used by the Family
Psychosocial Program in the
NICU at Women and Infants
in Providence, RI.



Screening in the NICU

- At Intake, to Make Sure Parents with Short NICU Stays Are Screened
- At Discharge, to Measure Trajectory of Recovery
- Whenever Deemed Necessary
- Post-discharge at OB and Pediatric Visits
- At Infant Follow-up Visits



Trajectories of Recovery: Bonanno et al., 2011, An. Rev. Clinical Psych.

- Resilience
- Chronic
- Delayed
- Recovered



NICU Parent Trajectories: Holditch-Davis et al., 2009, J. of Dev. Beh. Pediatr.

- Resilience: 32%
- Chronic: 20%
- Recovered: 27%
- Other: Moderate Symptom Intensity that Maintained Over 2 Years.



Helping NICU Parents

- 20% to 30% May Require Professional Mental Health Services within and outside the Hospital
- High Levels of Within-NICU Support Can Promote Resilience and Short-circuit a Deteriorating Vicious Cycle



Within-NICU Support

- Breastfeeding and Kangaroo Care
- Parent Support Groups with Veteran Parent “Buddies”
- Counseling by NICU Social Workers and Psychologists



Breaking Cycles by Increasing Parent Competencies

- Guided Participation: Pridham et al., 1998, J. of Advanced Nursing.
- FIRST: Browne & Talmi, 2005, J. of Pediatric Psych.
- Mother-Infant Transaction Program, Kaaresen et al., Pediatrics, 2006
- COPE: Melnyk et al., 2008, Nursing Research.



Model Programs

- Couplet Care: Karolinska Hospital NICU in Stockholm, Sweden
- NICU Family Psychosocial Program: Women and Infants in Providence, RI
- 1st Perinatal Psychiatry Inpatient Unit: U. of North Carolina-Chapel Hill
- Mandatory PPD Screening and Referral in New Jersey

Model Programs, cont'd

- March of Dimes NICU Family Support Program in 110 NICUs in U.S. www.shareyourstory.com
- Other Family Support Programs (Local, Regional, and National), for a search list see Family Advocacy Network, Nat. Perinatal Assoc: www.nationalperinatal.org/fan.php

Additional Resources

- Algorithm for Treatment of Depression in Pregnant and Postpartum Women, “Madre, Hay Esperanza” CD; Perinatal Foundation and WAPC:
www.perinatalweb.org
- Postpartum Support International,
www.postpartum.net
- Premie Parent Alliance,
www.premieparentalliance.wildapricot.org/



Janice Fialka

“PLEASE DON’T DENY OUR
DESPAIR, JUST BE THERE
WITH US. IF YOU CAN’T
GIVE ME BACK MY
DREAM, HELP ME
THROUGH THIS
NIGHTMARE.”



Helping NICU Parents

- Normalize Emotional Reactions
- Provide Hope, not only for the Baby, but for the Family's Future as well
- Promote Resilience and Posttraumatic Growth

