

WHEN IT'S MORE THAN JUST 'BABY BLUES'

Crouse practice helps new moms suffering from depression, anxiety

BY JENNIFER WING

The term “baby blues” has been used to label a period right after birth when the mother feels sadness and a sense of helplessness when taking on the role of motherhood. These feelings are viewed as typical, even normal, and have been reported by medical professionals in about 85 percent of women for up to two weeks after birth.

There is, however, cause for concern if those feelings of depression and anxiety last longer than two weeks.

“We are then talking about post-partum depression,” said Christine Kowaleski, a psychiatric nurse practitioner at Crouse Hospital who has counseled women with these symptoms for years. It is said that one in five women who give birth will experience post-partum depression, a number that Kowaleski said is probably not accurate. “I believe it is higher,” she said.

Crouse’s Kienzle Family Maternity Center delivers 4,000 babies each year, more than any other local hospital, and is considered the regional leader in best practices for maternal-infant care.

In June of last year, the hospital opened a new perinatal mental health practice to help new moms who are suffering from Perinatal Mood and Anxiety Disorders (PMADs.) Crouse Health’s Family Support Program offers counseling, medication management and support groups for pregnant and postpartum mothers and their families. The person responsible to the business end of this program is Kathleen Miller-Murphy, Director of Women’s Health Integration at Crouse.

Since its opening, the practice, according to Kowaleski, has been “very busy. We have probably helped more than 600 mothers.”

This clinic helps new moms on a number of fronts including therapy, medication management and integrated medicine.

The practice, located in the Crouse Medical Practice Neurology, consists of two rooms – a relaxation room, and a room where Kowaleski meets with the mother to discuss topics such as therapy and managing their medications.

“In the relaxation room mothers can do things like breastfeed their babies and read books,” Kowaleski said. “We are also looking into bringing Eastern medicine in, with meditation and massage.”

“We have two online [zoom] peer support groups with trained facilitators present,” Kowaleski said. “Right now [because of social distancing measures] for individual counseling, we are doing teletherapy, which the moms actually seem to love, because they can be at home and even breastfeed while on the phone.”

Kowaleski said mothers suffering from depression and anxiety need to be educated on the disorder and that, without treatment, PMADs can lead to chronic depression, and in some rare cases, suicide.

“This is the number one obstetrical complication, number one,” Kowaleski said. “Moms come in and say, I’m not sleeping. My life has changed. I don’t like my life right now. And that’s hard for them to say, because it’s supposed to be the happiest time of their life.”

Kowaleski said many mothers tell her they feel pressured to be the “perfect” mom,

“Moms come in and say, ‘I’m not sleeping. My life has changed. I don’t like my life right now.’ And that’s hard for them to say, because it’s supposed to be the happiest time of their life.”



— Christine Kowaleski, DNP, MHNP-BC

as well as pressured to breastfeed.

“I worked many years as a neonatal nurse practitioner, so I know how important breast milk is for preemies and the immunijty benefits for all babies, however, it should not be at the cost of the mother’s mental health. The mother of 2020 identifies herself as ‘mother’ more than her career or academic success; moms want to be the best. They want to be that A+ mom on social media, getting those heart [emoji] comments. Social media has not been a friend to new moms at all.” The transition to motherhood looks easy on Facebook. It is not, it’s just not; it is a transition that takes time.

“We are finding that there is a difference nowadays versus previous generations [of mothers,]” Kowaleski said. “A lot of the moms that come to see me are highly educated. They came from smaller families, so they had a lot of control over their life. They succeeded in college, in their career, then they had a baby and babies are unpredictable, so this is the first time their life may feel out of control. They don’t know when a baby is going to cry or is going to need them. They question how to care for their baby, they miss their freedom and their relationship as they knew it before baby.”

She said they also see a lot of moms who are displaced from their family, and that not having support to help with becoming a first-time mother, along with not having help with meal preparation, chores and other day-to-day pressures, can be debilitating.

“They come to Syracuse for whatever reason and [their] mom’s not here,” Kowaleski said. “You need your mother when you have a baby. You need to be mothered somehow.”

Kowaleski said that mothers who are feeling depression and anxiety beyond the two-week “baby blues” period should understand that there is help out there and they are not alone in their struggles.



Action plan for depression and anxiety around pregnancy

Many women experience feelings of sadness and being overwhelmed, as well as deeper depression and anxiety before and after birth. Watch for the signs. — *Information Courtesy NIH*

If you...

- Feel like you just aren't yourself
- Have trouble managing emotions
- Feel overwhelmed but are still able to care for yourself and your baby



These could be mood swings that happen to many pregnant and new moms.

These feelings typically go away after a couple of weeks.

Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another mom to share child care so that you can rest and exercise.

Continue to watch for the signs of depression and anxiety in the yellow and red sections below. If things get worse, find someone to talk to. Talk to a health care provider if you feel unsure.

If you...

- Have feelings of intense anxiety that hit with no warning
- Feel foggy and have difficulty completing tasks
- Feel "robotic," like you are just going through the motions
- Have little interest in things that you used to enjoy
- Feel very anxious around the baby and your other children
- Have scary, upsetting thoughts that don't go away
- Feel guilty and feel like you are failing at motherhood

You may be experiencing postpartum depression and anxiety.

These feelings will not go away on their own.

Get help. Contact your health care provider or visit a clinic.

Call Postpartum Support International at 1-800-944-4PPD (4773) to speak to a volunteer who can provide local support and resources.

Talk to your partner, family, and friends about these feelings so they can help you.

If you...

- Feel hopeless and total despair
- Feel out of touch with reality (you may see or hear things that other people don't)
- Feel that you may hurt yourself or your baby

GET HELP NOW!

Call 9-1-1 for immediate help.

Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support—they talk about more than suicide.

Call the Substance Abuse and Mental Health Services Administration's National Helpline at 1-800-662-HELP (4357) for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.

"The female brain is not same after they have a baby," she said. "Certain parts enlarge – parts connected to their reasoning, emotion, judgement, behavior and mood stability. Moms don't hear about that until they are struggling and come to me. We do therapy and education with them and do our best to explain it's not their fault. The sooner we can treat mom, whether with medication or therapy or through support groups, the sooner everyone is better."

She said maternal depression can impact an infant, as well as the father, who might experience depression and anxiety as well.

"If a mother is experiencing a PMAD, this could be the baby's first adverse childhood experiences, and you start adding these adverse experiences up until they reach 18 and, if you have a score of four or higher, it puts the child at risk for adverse reactions, even death."

She said spreading the word about post-partum depression is important.

"If just one mom reads this and reaches out, it's worth it," she said. "We have to normalize this - if you had diabetes what would you say to your pancreas - make more insulin? No, you'd take your medicine, and this is just about getting better. It's so important to seek help if you need it."

She said in January of 2019 Crouse began screening all who give birth in the hospital for post-partum depression using the widely-accepted Edinburgh Postnatal Depression Scale.

"The mother's doctor is notified if the score is indicative of depression and we ask for the patient's first visit sooner than the routine six-week check-up," she said.

In addition, Crouse has partnered with the YMCA, with every new mom getting a family membership for eight weeks.

"They can put the baby in childcare at the YMCA while taking a shower, reading a book, going in the steam room," Kowalski said. "We aren't pushing exercise, just a break."

Ground-breaking treatment tried first at Crouse

The FDA recently approved Zulresso, a new medication exclusively for post-partum depression.

"We jumped on it and Crouse is the first hospital in New York state to administer Zulresso to a mom," Kow-

aleski said. "The response was remarkable."

She said the treatment is expensive, and is an infusion that requires a hospital stay, however, the Crouse team works with insurance companies before the mother is scheduled so there are no surprises on co-payments.

"Sometimes you can't put a price tag on someone's mental health," she said, adding that the don't give it to "just anyone."

"If I could get someone a \$5 prescription and it takes two weeks to help them, I would. But [Zulresso] works on the receptors in the brain – it's like hitting a reset button, a definite breakthrough."

In addition, with an eye on education, Kowaleski said this past year with the help of a CNYCC grant they've put about 80 front line providers throughout New York State postpartum support international training course.

"The trainings were strategically done throughout our perinatal region, which covers counties from the Canadian border to the Pennsylvania border and east to Utica," she said. "Seven hospitals were involved in the grant and now these smaller hospitals in rural areas are looking to model Crouse's support groups."

She said that, in building this program, Crouse has developed relationships with the Postpartum Resource Center of New York and Postpartum Support International. Crouse is currently working with Postpartum Support International and invested stakeholders across the state to begin the New York State Chapter for Postpartum Support International at Crouse Health.

For more information about the free Crouse Perinatal Family Support Program visit crouse.org/services/maternity/familysupport/ or call 315-470-7940.



SUBMITTED PHOTOS
A staff member plays with twin babies while Christine Kowaleski works with mom. Pictured is the relaxation room, where moms can enjoy soothing surroundings.