

# Postpartum Depression

## Part I

### Alcohol Use and Misuse

**Dr. Davina Moss, Ph.D. C.R.C., CASAC-M, N.C.C.**

# Part I

## Postpartum Depression : Alcohol Use and Misuse

# Learner Outcome

**Title of Presentation: Postpartum Depression: Alcohol Use and Misuse**

**Part I:**

**The purpose/goal(s) of this activity is for participants to be able to understand the reasons alcohol is used during postpartum**

**(1) learning objective: Providers to open conversation with pregnant women during prenatal visits**

## **0.5 Contact Hours**

**This activity has been approved by Northeast Multistate Division (NEMSD) for 0.5 contact hours. NEMSD is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation**

# Disclosures and Successful Completion

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# Conversation & Discussion

## Part I:

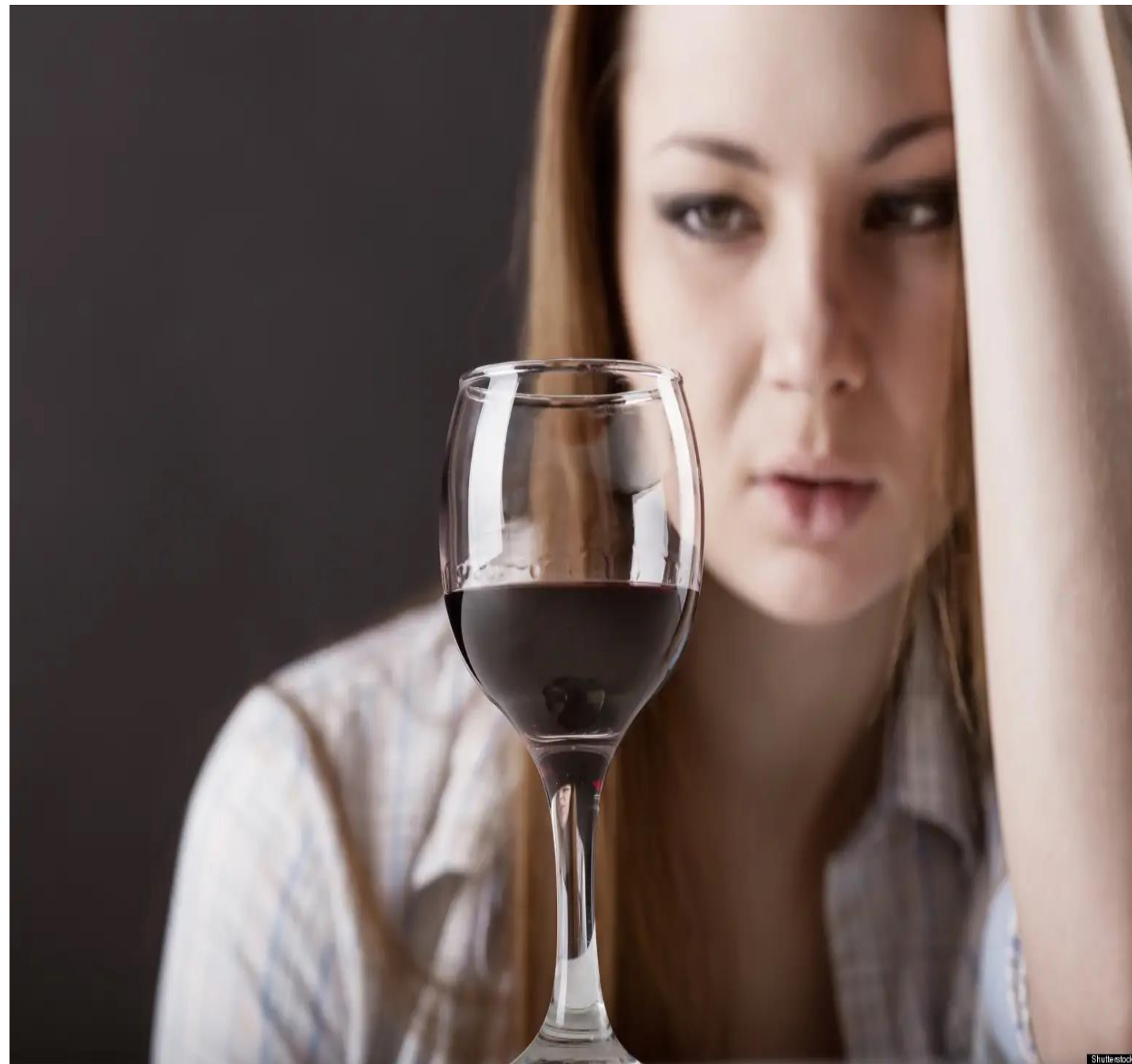
### Postpartum Depression: Alcohol Use and Misuse

- Part I: Reasons for consuming alcohol

## Part II:

### Postpartum Depression: Alcohol Use and Misuse (Identifying Concerns)

- Part II: Screening Tools to Identify Alcohol Use Concerns



# Postpartum Depression

- Postpartum depression (PPD) is a type of depression that happens after someone gives birth
- Affects 1 in 7 mothers
- Previous diagnosis increases your chance for a current diagnosis by 30%
- experience alternating highs and lows, frequent crying, irritability and fatigue, as well as feelings of guilt, anxiety and inability to care for the infant or self



# Postpartum Depression

Symptoms can begin after birth up to one year

Postpartum can last up to 2 years

Medication can be a treatment recommendation

Psychotherapy is effective

# Postpartum

**The first 120 days are critical**

**National Survey on Drug Use and Health (NSDUH) cross-sectional survey data found that from third trimester of pregnancy to the first 3 months postpartum, women with any reported alcohol use in the past month went from 6.2 to 31.9% and by 11 months postpartum 52% were drinking (Laborde & Mair, 2012).**

**Surveys have shown that at 3-5 months (90-150 days postpartum) mothers were self-reporting binge drinking**





# Types of Postpartum Depression

**Postpartum Psychosis:** is an extremely severe form of postpartum depression and requires emergency medical attention. Symptoms include severe agitation, confusion, feelings of hopelessness and shame, insomnia, paranoia, delusions or hallucinations, hyperactivity, rapid speech or mania.

An increased risk of suicide and risk of harm to the baby.

Treatment will usually include hospitalization, psychotherapy and medication.

<https://my.clevelandclinic.org/health/diseases/9312-postpartum-depression>

# “Baby Blues” vs. Postpartum Depression

## Baby Blues:

- Last approximately 10 days after birth
- Crying
- Loss of appetite
- Trouble sleeping
- Quick Mood changes

## Postpartum Depression

- Symptoms are more intense
- Thoughts of harming the baby
- Extreme loss of motivation and extreme fatigue
- Feeling anxious
- Thoughts of suicide

# Edinburgh Postnatal Depression Scale

- Administered by during postpartum visit or pediatrician visit
- 10 questions based on 7days
- Maximum score: 30
- Possible Depression: 10 or greater
- Always look at item 10 (suicidal thoughts)

**10. The thought of harming myself has occurred to me**

- Yes, quite often
- Sometimes
- Hardly ever
- Never

# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

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As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.
- No, not very often      Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

# Literature

- Hayaki, J., Holzhauser, C.G., Epstein, E. E., Cook, S. Gb, A., and Lorenzo, A.C. (2020)
- Laborde, N.D. and Mair, C. (2012)
- Metcalf, C. and Dimidijian, S. (2020)

Hayaki, J., Holzauer, C.G., Epstein, E. E., Cook, S. Gb, A., and  
Lorenzo, A.C. (2020)

Menstrual Cycle Phase, Alcohol Consumption, Alcohol Cravings, and  
Mood Among Women in Outpatient Treatment for Alcohol Use Disorder

- Study examined 59 women's drinking and craving intensity across the menstrual cycle.
- There was moderating effect of baseline depression and emotional distress during the mid-late luteal phase and/or menses, among women receiving AUD treatment.
- Mid-late luteal phase and/or menses represent high-risk times during the menstrual cycle for the experience of alcohol cravings as well as for drinking frequency and intensity occurs between 15-28 days before the end of the cycle
- Women with higher baseline depression also reported higher alcohol craving intensity across the cycle (luteal phase).

# Hayaki, et. al.

The authors also suggest that depressed mood and the self reported experience of emotional distress during the mid-late luteal phase and/or menses is associated with the menstrual cycle phase and drinking behavior.

For women with AUD, this constant state of negative affect may manifest as sustained alcohol craving intensity.

Laborde, N.D. and Mair, C. (2012)  
Alcohol Use Patterns Among Postpartum Women

- According to the authors the postpartum period is a sensitive time for the risk of alcohol use / misuse due to increased stress and isolation in the first few weeks after birth along with new responsibilities
- There is a connection between stress and excessive alcohol use.
- There is also a connection between increased responsibilities and social norms that at times protect a woman from using alcohol excessively or using at all



# Laborde con't

- New mothers who may be at a greater risk for harmful drinking behaviors because of added stress and inadequate supports.
- New mothers who smoke are at a greater risk for drinking any alcohol or drinking more frequently than new mothers who don't smoke
- According to the SAMHSA 15.5% of new mothers as well as between 3- and 5-months postpartum reporting binge drinking

## Metcalf, C. and Dimidjian, S. (2020)

### In a Mother's Voice: Observing Social–Emotional Aspects of Postpartum Daily Life

- A study that used naturalistic observational recordings of the daily environments and social interactions of 50 postpartum women using the electronically activated recorder (EAR).
- The authors measured the feasibility, acceptability, and compliance of collecting naturalistic ambient sounds with postpartum women (i.e. laughter, crying, singing and sighing)
- The authors evaluated the frequency of social– emotional characteristics and noticed that social supports were few since the mother did not have a stressful environment

## Metcalfe, C. and Dimidjian, S. (2020) con't

- The postpartum period for this sample was observed to be emotionally nuanced, containing predominantly positive experiences along with negative expressions and potentially difficult experiences.
- Of note, anger and scorn occurred in about 1% of valid audio files and were among the top six most frequently coded expressions.
- The participants were in a low stress environment and had adequate supports.

# Postpartum

Vocational and  
Career re-  
engagement

Familial  
responsibilities

Excess support  
is at a  
minimum

Guilt /  
Attachment  
concerns

# Vocational and Career engagement

Postpartum is from birth up to 2 years

Women are returning to work and careers  
between 8-12 weeks into postpartum

Women are seeking safe spaces to breastfeed  
and / or pump

Increased stress and demands in the workplace  
because of changes and downsizing positions

# Family Responsibilities

- Increased responsibilities for taking care of an infant
- Increase for incurring expenses such as daycare
- Taking care of an infant at their most fragile time and understanding the wants and needs and demands of the infant
- Increased pressure of social media to be a perfect parent and to adjust without flaws

# Excess support is at a minimum

- Lack of social supports or family supports
- Lack of experience with learning to understand when to request help from the support system
- Feeling overwhelmed because the increase of investment time for the infant but lack of self-care time
- Support is lacking because of travel distance between the home, daycare and the work environment

# Guilt and Attachment Concerns

- The mother has guilt feelings for returning to work
- Feeling that the child is being abandoned and / or will possibly get injured out of the mother's site
- Developing the attachment style and with the parenting side



# Why Women Use / Misuse Alcohol?

## Top Three Reasons:

- Regulate sleep
- Regulate emotion
- Coping strategy to manage stress

## Next Steps

Scoring high on the Edinburgh Postnatal Depression Scale

Questioning the strategies used to cope with stress

Asking if Alcohol is one of the coping strategies

Begin to screen for alcohol use (socially and privately)

# Overview of Part I

- There is a difference between Baby Blues and Postpartum depression
- Administer the Edinburgh Postnatal Depression Scale to determine if there is a concern with Postpartum Depression
- Important to have proper supports when retuning to work and changing roles in the family
- Identify if the woman is using alcohol as a coping strategy

# References

- Hayaki, J., Holzhauser, C.G., Epstein, E.E., Cook, S., Gaba, A., and Lorenzo, A.C. (2020), Menstrual cycle phase, alcohol consumption alcohol cravings and mood among women in outpatient treatment for alcohol use disorder. *Psychology of Addictive Behaviors*, Vol. 34 (6), p. 680-689.
- Laborde, N.D., Mair, C. (2012). Alcohol use patterns among postpartum women. *Maternal Child Health*. December 16(9), p. 1810-1819. <http://doi:10.1007/s 10995-011-09255-3>.
- Metcalf, C. and Dimidijian, S. (2020). In a mother's voice: Observing social-emotional aspects of Postpartum daily life. *Journal of Family Psychology*, Vol. 34 (3), p. 269-278.

# Questions?

## Thank you for your interest and engagement

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# Postpartum Depression: Alcohol Use and Misuse (Identifying Concerns)

## Part II :

### Screening Tools to Identify Alcohol Use Concerns

**Dr. Davina Moss, Ph.D. C.R.C., C.A.S.A.C.-M**



**Part II**  
**Postpartum Depression:**  
**Alcohol use and misuse**  
**Screening Tools to Identify Alcohol**  
**Use concerns**

# Learner Outcome

## Postpartum Depression: Alcohol use and misuse Part II: Screening Tools to identify alcohol concerns

The purpose/goal(s) of this activity is for participants to be able to: Become aware of the various screening tools that could be used.

(1) Learning Objective: The learner will apply the knowledge to enhance their interaction with women that are pregnant.

### 0.5 Contact Hours

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# Postpartum Concerns

- Lack of Sleep / Exhaustion
- Overwhelmed with responsibilities
- Challenges with chest feeding
- Lack of a social network
- Loneliness
- Sadness
- Confusion about changes in the body during postpartum
- Social Determinants of Health

# Why is screening for alcohol important?

- 1 out of 13 women report drinking while pregnant
- Only 17% of pregnant women talked with a health care professional about their drinking.
- Alcohol use during pregnancy increases the risk of miscarriage, still birth, and fetal alcohol spectrum disorders (FASD)
- FASD is completely avoidable if a woman does not drink while she is pregnant.
- There is no known safe amount of alcohol to use while pregnant.

<https://www.aap.org/en/patient-care/fetal-alcohol-spectrum-disorders/screening-for-prenatal-alcohol-exposure/>

# Short Brief Intervention Referral to Treatment (SBIRT)

- a. It has been studied equally for men and women
- b. The assessment will allow the medical personnel to address addiction concerns sooner before situations are “out of hand.”

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from <http://attcnetwork.org/home/>.

# Screening Brief Intervention Referral to Treatment (SBIRT)

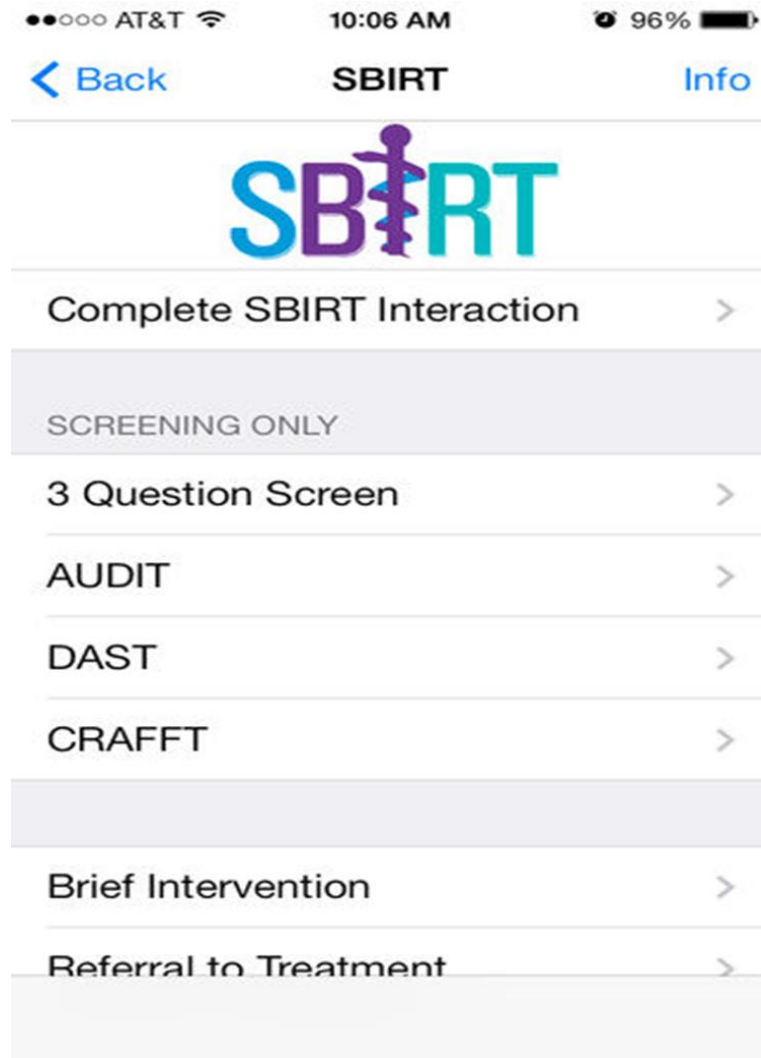
- Short Brief Intervention Referral to Treatment
- Useful to screen women in primary care offices and OB GYN offices
- Originated in the state of Colorado primary care offices
- Expanded to other states including NYS
- APP of the SBIRT is available

# Screening Brief Intervention Referral to Treatment

## SBIRT INTAKE AND PRE-ASSESSMENT QUESTIONNAIRE

PRESCREENING	<b>Question #1: ALCOHOL USE</b>
	<b>MEN:</b> How many times in the PAST 12 MONTHS have you had 5 or more drinks in a day? _____ (write # of <u>days</u> of 5 or more drinks)
	<b>WOMEN:</b> How many times in the PAST 12 MONTHS have you had 4 or more drinks in a day? _____ (write # of <u>days</u> of 4 or more drinks)
	<b>Question #2: SUBSTANCE USE</b>
	How many times in the PAST 12 MONTHS have you used an illegal drug or used a prescription drug for nonmedical reasons? _____ (write # of times)
	<b>Question #9: MENTAL HEALTH</b>
Over the PAST 2 WEEKS, have you often been bothered by:	
1. Little interest or pleasure in doing things? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	
2. Feeling down, depressed, or hopeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	

# SBIRT APP



# T-ACE Screening Tool

- **T-ACE** is a measurement tool of four questions that are significant identifiers of risk drinking (i.e., alcohol intake sufficient to potentially damage the embryo/fetus).
- The T-ACE is completed at intake. The T-ACE score has a range of 0-5. The value of each answer to the four questions is totaled to determine the final T-ACE score.
- **Note:**
- 1 Drink = 12 oz beer = 12 oz cooler = 5 oz wine = 1 mixed drink (1.5 oz. hard liquor)
- Binge (drinking) = consuming 5 or more alcoholic drinks on an occasion

[https://www.mirecc.va.gov/visn22/T-ACE\\_alcohol\\_screen.pdf](https://www.mirecc.va.gov/visn22/T-ACE_alcohol_screen.pdf)



# TWEAK Test

**T. Tolerance:** How many drinks can you “hold”?

*Record number of drinks on line at right. \_\_\_ \_\_ 1*

**W.** Have close friends or relatives **Worried or Complained** about your drinking in the past year?

Yes 🕒 ①

No 🕒 ①

**E. Eye-Opener:** Do you sometimes take a drink in the morning when you first get up?

• Yes 🕒 ①

• No 🕒 ①

**A. Amnesia (Blackouts):** Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?

Yes 🕒 ①

No 🕒 ①

**K(C).** Do you sometimes feel the need to **Cut Down** on your drinking?

Yes 🕒 ①

No 🕒 ①

<http://local.sbirtraining.com>

# Addiction Severity Index (ASI)

- A 200-item assessment that has seven subscales that take information from the past 30 days and ask questions surrounding:
  - drug history
  - legal
  - family issues
  - psychiatric issues
  - medical status and other forms of support.

# Addiction Severity Index Assessment (ASI)

- Useful for women because of identifying the areas of concern that are most noted for women.
- The assessment has been administered to the following populations: pregnant, homeless and mental health diagnosis
- women and men were equally studied with appropriate norms.

# Validated Screening Tools: Pregnant Women

- T-ACE: Tolerance, Annoyed, Cut-down, Eye-opener
- TWEAK: Tolerance, Worried, Eye-opener, Amnesia (blackouts), (K) Cut-down

# AUDIT

## Alcohol Use Disorder Identification Test

- What is it?
  - Ten questions, self-administered or through an interview; addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems
  - Developed by World Health Organization (WHO)

# AUDIT Domain

Domains	Question Number	Item Content
Hazard Alcohol Use	1 2 3	Frequency of drinking Typical quantity Frequency of heavy drinking
Harmful Alcohol Use	7 8 9 10	Guilt after drinking Blackouts Alcohol-related injuries Others concerned about drinking

# Overview of Part II

- The two standard screening tools for alcohol and pregnant women: TWEAK and the T-ACE
- The Screening Brief Intervention Referral to Treatment is a universal screening that has additional screening tools
- 1 in 13 women drink during pregnancy
- Fetal Alcohol Spectrum Disorders can be prevented with appropriate screening tools for alcohol

# Questions?

## Thank you for your interest and engagement

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