Connecticut WIC Program:

Consistent Breastfeeding Education Messages: Screening and Supporting Mothers with Perinatal Mood and Anxiety Disorders (PMAD)

Background: In 2013, Jennifer Pooler wrote an article highlighting the significant role WIC programs play in addressing maternal mental health. Her article, entitled, *Postpartum Depression, Low-income Women, and WIC: Examples of Integrated Screening and Referral Efforts* empowers our efforts in Connecticut to find resources and supports to moms suffering from emotional and psychological complications of pregnancy, birth and postpartum.

The examples in the above article (link) demonstrate how WIC, in partnership with other programs, can play a vital role in identifying postpartum depression and provide multiple levels of support to women in need, despite government budget shortfalls and potential program cutbacks. While not all communities may have adequate mental health services, these examples also highlight potential opportunities for local community health services and WIC, especially those that are co-located, to explore ways to collaborate and support one another in addressing postpartum depression.

In May 2015, USDA disseminated the revised WIC Nutrition Risk Criterion #361 Depression, along with the Supplement: *Guidance for Screening and Referring Women With or At Risk for Depression* to WIC programs nationally. As a reminder, only a woman with a documented diagnosis of Depression or PMAD should be assigned Nutrition Risk #361. This risk criterion was expanded to include the best practice for state and local WIC Programs to implement maternal depression screening.

The Guidance document in summary states *"Given the prevalence of depression among low-income mothers, there is an opportunity for WIC to play an important role in addressing maternal depression. With increased staff awareness and collaboration with mental health providers, WIC staff can assist mothers diagnosed with depression or at risk of depression. Therefore, it is appropriate for State and/or local WIC agencies to explore and/or create collaboration efforts with social/mental health services. A healthy mother who is not experiencing depression is likely to utilize her WIC benefits to their maximum potential, initiate and continue to breastfeed her infant (and do so exclusively), and in turn achieve positive health outcomes."*

In 2016, SAMHSA hosted a Depression in Mothers: More Than the Blues toolkit webinar for early childhood professionals. The webinar highlighted that more than half of the infants in the U.S. are served by WIC, a tremendous opportunity to impact family well-being. The webinar encouraged WIC and other early childhood providers to engage in "knowing, identifying and doing". The webinar remarks from WIC Program representatives, outlining the history of WIC awareness of the need to address maternal mental health beginning in 1999 with the inclusion of maternal depression as an allowable nutrition risk criteria. In 2013, maternal mental health was acknowledged again as a need WIC programs may address through education, support and resources. WIC programs are part of a continuum of care and given "shortages of mental health providers", nutritionists and lactation consultants are poised to participate in the community care model. The webinar highlighted the concern from WIC administrators about the relationship between breastfeeding and depressive symptoms.

Why is this important? Postpartum depression has been shown to affect 10-20% of mothers. Low-income women and teen mothers are at a higher risk, evidenced by rates of depression in the 40-60% range. Postpartum depression is not a condition that only affects the mother. In fact, the whole family is impacted. Specifically, the newborn infant is at great risk for disruption in normal development due to poor mother-child bonding as a result of her depression. Successful breastfeeding has a protective effect on maternal mental health because it attenuates stress and modulates the inflammatory response. However, when breastfeeding difficulties occur or result in pain it should be addressed promptly, for left untreated, it can increase risk of depression. Since WIC promotes breastfeeding as the optimal feeding choice for infants, it is important that WIC provide appropriate assessment, education and referral for breastfeeding complications.

Connecticut WIC Program:
Consistent Breastfeeding Education Messages: Screening and Supporting Mothers with Perinatal Mood and Anxiety Disorders (PMAD)

Timely breastfeeding education and intervention should be coupled with the awareness of the risks, signs and symptoms, and referral protocol for mothers identified with or at risk of postpartum depression. This sheet will serve as a tool and provide guidance on the subject, so that our participants receive the best care and referrals possible to get help for this very common mental health issue. Research shows regularly scheduled screening, with a tool rather than observation alone is far more likely to detect signs and symptoms of PMADs.

Connecticut Data

- According to selected data from the CT Pregnancy Risk Assessment and Tracking System (PRATS) data (2010-2011) women on WIC were more likely than women not on WIC to report depressive symptoms before, during and after pregnancy. WIC moms are almost three times as likely to report depressive symptoms during pregnancy, 18.3% vs. 6.2%. Women on WIC were more likely than women not on WIC to have been diagnosed with depression by a doctor, therapist, counselor, or other health care professional before, during and after pregnancy. Women on WIC during pregnancy and postpartum who reported depressive symptoms was 18.3% and 19.4% respectively, compared to 9.9% and 11.5% that were actually diagnosed with PMAD. This is one reason why screening is so important. Many women experiencing depressive symptoms might not reach out for help.

WIC's Goal:

See PMAD Screening Protocol for more details on CT-WIC screening and referral requirements.
In addition to implementing routine screening and referrals for pregnant and postpartum women, WIC's goal is to provide several key messages to moms through this protocol.

- Affirmation and normalization. By providing, a space to discuss risks and common experiences of new motherhood, participants will have more access to information and learn about community resources to seek help.
- Provide support and information about referrals.
- Increase breastfeeding, through early detection and resolution of difficulties.
- Prevention or reduction of moms experiencing PMADs.

Learning Objectives: After participating in group sessions or individual counseling participant will be able to:

1. Identify common risks of Perinatal Mood and Anxiety Disorders (PMADs)
2. Communicate difference between "baby blues" and symptoms of PMADs.
3. Recognize they are not alone in stress and anxiety in the perinatal period.
4. Verbalize their support network and list local resources to seek help.
5. Discuss the protective effect of breastfeeding (when going well) on developing PMADs.
6. Specify how stress can affect their milk supply and risk of early cessation of breastfeeding.

Affirmations:

- "Many pregnant and postpartum mothers experience changes in their thoughts and feelings."
- "You didn't do anything to cause these stressful thoughts and feelings."

Connecticut WIC Program:

Consistent Breastfeeding Education Messages: Screening and Supporting Mothers with Perinatal Mood and Anxiety Disorders (PMAD)

Key Educational Messages:

- It is important to focus on you as well, your own self-care is very important to taking care of your baby.
- Sleep is important. While some about of sleep disturbances are normal for mothers/new parents, think about who you can ask to support you during this time with getting enough sleep.
- **"You are not alone, You are not to blame, With help you will be well"**.
- PMAD is a real thing and affects (40-60% of WIC mothers)
- Some facts about HUSKY coverage for services: Husky covers 90 sessions, private insurance co-pays can be expensive, Effective dose of treatments is usually, 10-12 sessions.
- Breastfeeding helps your mood if going well, make sure to seek support for any problems you may have early. (Use BF Checklist re; hospital plan and support after discharge.)
- Diet effects (relate to self-care), hydration, foods high in Omega-3's, ask your HCP about supplement?

Activities: Facilitated discussion lesson plan is forthcoming, and will be developed by the BF Coordinators. Essentially, the concept is to have a basket of items that could represent certain aspects of motherhood, i.e. clock, diapers, bottle, tissues etc. The facilitator assigns a "meaning" to each of the items that she/he would like to convey to the group, that is relevant to new parents. For example, clock could mean that you shouldn't watch the clock to feed, watch the baby for cues. Of course, each participant's answers are valid and supported, as she will have selected the item for a reason. After listening to the mom's and providing feedback or affirmations, share with the group your message for the item… Continue until all moms have contributed her ideas. This can be done as a "Welcome Baby" or "New Mom" group. While this may not be directed related to PMAD's the focus of the group is on normalizing feelings, providing insight into key messages for newborns and can provided information on self-care and community resources.

Websites:

CT ALLIANCE FOR PERNATAL MENTAL HEALTH: https://psichapters.com/ct/

MotherToBabyCT: For moms that have questions about medications in pregnancy and breastfeeding. http://humangenetics.uchc.edu/mother_baby/index.html

MotherToBaby: http://mothertobaby.org/ National version of above.

Books:

Depression in New Mothers, Kathleen Kendall-Tackett

Resources:

- WIC Nutrition Risk Criterion #361 Depression
- WIC Nutrition Risk Criterion #361 Supplement
- Depression in Mothers: More Than the Blues