



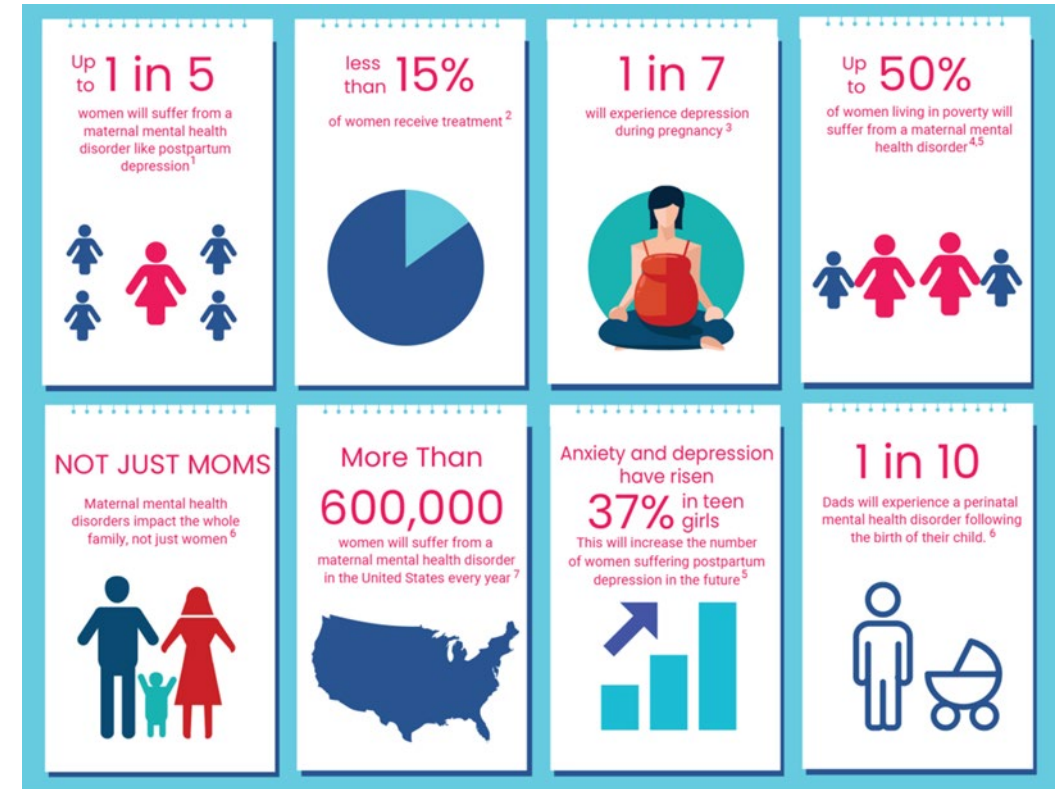
Bringing Baby Home During COVID 19

DR. MELISSA TIHIN, PSY.D., LMFT #86602

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Maternal Mental Health Prevalence

- ❖ Research says about 80% of new mothers experience normal “baby blues” in the first few weeks after the baby arrives. These symptoms go away within the first two weeks post-delivery.
- ❖ At least 1 in 5 mothers experience serious depression or anxiety during pregnancy or postpartum
- ❖ 1-2 out of 1000 new mothers experience postpartum psychosis
- ❖ 1 in 10 fathers experience PPD



Becoming A Parent During COVID 19

- ❖ Learning the ropes as a new parent can feel overwhelming even at the best of times
- ❖ During the pandemic, keeping the baby safe and healthy in the midst of a global health pandemic can make the day-to-day seem even more daunting.
- ❖ The postpartum period is usually filled with joy for most new parents, but given the current scenario, most new parents are faced with a new way of life and there can be an increase in levels of anxiety and depression.
- ❖ New parents feel more isolated than ever

Becoming A Parent During COVID 19

- ❖ Certain risk factors for postpartum mood disorders may be exacerbated by the current pandemic including
 - Fear of childbirth
 - Poor social and financial support
 - Stressful life events
 - Adverse pregnancy outcomes.
- ❖ Additionally, recommended coping techniques including reaching out to family and friends for support, getting out of the house, making time for oneself, and exercising may be difficult to accomplish due to social distancing requirements and stay at home orders.
- ❖ Current treatment and counseling resources may also be more limited than in normal times.

Pre-natal Care

- ❖ Prenatal care has been transformed in recent months due to the pandemic. While some of these changes, like embracing telemedicine for routine prenatal appointments, can be for the better, this certainly provokes anxiety for many women who had a set plan for how their pregnancy and prenatal care would look.
- ❖ Decreased access to typical in-person providers can also lead to increased anxiety for many women.
- ❖ Other expectant mothers in areas more highly affected by Covid-19 are reluctant to even come into the office for necessary in-person appointments as they fear contracting the virus and what that could mean for their pregnancy.
- ❖ This can be problematic, as inconsistent prenatal care has been linked to adverse pregnancy outcomes including low birth weight, preterm labor, and stillbirth.

Birth Plan

- ❖ Many women have been forced to reevaluate their birth plans, for fear of contracting the virus while in the hospital, as well as concerns about delivering alone due to changing hospital visitation policies.
- ❖ Most hospitals are now allowing a single visitor for laboring women, with only a few requiring the support person to leave after delivery.
- ❖ Some hospitals are screening for Covid-19 infection with temperature and symptoms checks while others are choosing to test all pregnant women and their partners.
- ❖ If a support person screens or tests positive, he or she will not be allowed in the delivery room
- ❖ If a laboring woman screens or tests positive, the recommendation is separation from the baby after birth to prevent neonatal infection.

Solutions

Empower Providers With Solutions

- ❖ **Screening** – It is imperative that all pregnant and postpartum women continue to be screened for postpartum depression and mood disorders even when appointments occur virtually and that appropriate resources are available for treatment of mental health disorders.
- ❖ **Referring** – Obstetric providers should be referring patients appropriately when screening is positive. A list of mental health providers, intimate partner violence counselors, and shelters in each provider's area should be readily available, and each provider should be aware of how referrals are being handled during the pandemic.
- ❖ **Listening** – Obstetric providers should make time to talk to women at each prenatal appointment, whether in person or remote, about specific concerns or anxieties that they have around the pandemic and be ready to address those concerns. Providers should discuss birth plans with women as due dates near, and discuss new changes in hospital policies surrounding visitors, masks, and COVID-19 testing at the same time reassuring patients that they will be well cared for.
- ❖ **Embracing Telemedicine and Other Virtual Platforms** – Newer telemedicine platforms are available to fill in the gaps in between visits. These can provide mental health counseling, mental health prescriptions, and obstetric education by nurse midwives and obstetricians as well as subspecialists. During the birth, video platforms should be offered to allow additional people (including a doula) to be virtually present in the delivery room if the patient chooses.
- ❖ Now more than ever, women and families need comprehensive care that supports both physical and mental health. By utilizing all available resources, and tapping into what we know about how best to screen and treat maternal mental health issues, we can help mitigate the risks and preserve the care of our women and families – during the pandemic and beyond.

Preparing Your Family and Communicating About The Post Shelter In Place

- ❖ Identify how you will keep up with the rapidly changing information on COVID-19
- ❖ In rapidly changing health events and outbreaks such as COVID-19, there can be large amounts of incorrect or partially correct information that can add to your stress and confusion as a parent/caregiver.
- ❖ Identify a few trusted sources of health information.

Preparing Your Family and Communicating About The Post Shelter In Place

- ❖ Hold your family discussion in a comfortable place and encourage family members to ask questions. Consider having a separate discussion with young children in order to use language they can understand and to address specific fears or misconceptions they may have.
- ❖ Create a list of community resources that will be helpful during an outbreak and as communities' transition back to reopening. Make sure you know their emergency telephone numbers, websites, and official social media accounts. These may include: your family's schools, doctors, public health authorities, social services, community mental health center, and crisis hotlines
- ❖ Develop a plan for maintaining contact with friends and family members via telephone and internet in the event that isolation or quarantine is recommended again or your family decision is to continue to shelter in place until your family feels comfortable reentering into post shelter in place activities
- ❖ Check in with your children's school about potential homeschool and distance learning opportunities that may be offered during a school closure. Also, if your child receives additional services at school, ask how these will be handled during a closure (e.g., meals, therapeutic services) and reopening stages

Identifying And Responding To Childhood Behaviors Post Shelter In Place

- ❖ Even if your family is isolated or quarantined, realize this will be temporary.
- ❖ Recognize that feelings such as loneliness, boredom, fear of contracting disease, anxiety, stress, and panic are normal reactions to a stressful situation such as a disease outbreak.
- ❖ Your children may respond differently to an outbreak depending on their age

Identifying And Responding To Childhood Behaviors Post Shelter In Place

| Age Group | Reactions | How To Help |
|-----------|---|---|
| PRESCHOOL | Fear of being alone, bad dreams | Patience and Tolerance |
| | Speech difficulties | Provide reassurance (verbal and physical) |
| | Loss of bladder/ bowel control, constipation, bed-wetting | Encourage expression through play, reenactment, story-telling |
| | Change in appetite | Allow short term changes in sleeping arrangements |
| | | Plan calming, comforting activities before bedtime |
| | Increased temper tantrums, whining, or clinging behaviors | Maintain regular family routines |
| | | Avoid media exposure |
| | | |

Identifying And Responding To Childhood Behaviors Post Shelter In Place

| Age Group | Reactions | How To Help |
|----------------------------------|---|--|
| SCHOOL-AGE (ages 6-12) | Irritability, Whining, aggressive behaviors | Patience, tolerance, and reassurance |
| | Clinging, nightmares | Play sessions and staying in touch with friends through telephone and internet |
| | Sleep/appetite disturbance | Regular exercise and stretching |
| | Physical symptoms (headaches, stomachaches) | Engage in educational activities (workbooks, educational games) |
| | Withdraw from peers, loss of interest | Participate in structured household chores |
| | Competition for parents' attention | Set gentle but firm limits |
| | | |

Identifying And Responding To Childhood Behaviors Post Shelter In Place

| | Forgetfulness about chores and new information learned at school | Encourage expression through play and conversation |
|--|--|---|
| | | Help family create ideas for enhancing health promotion behaviors and maintaining family routines |
| | | Limit media exposure, talking about what they have seen/heard including at school |
| | | Address any stigma or discrimination occurring and clarify misinformation |

Identifying And Responding To Childhood Behaviors Post Shelter In Place

| Age Group | Reactions | How To Help |
|------------|--|--|
| Adolescent | Physical symptoms (headaches, rashes, etc.) | Patience, tolerance, and reassurance |
| (13-18) | Sleep/ appetite disturbance | Encourage continuation of routines |
| | Agitation or decrease in energy, apathy | Encourage discussion of outbreak experience with peers, family (but do not force) |
| | Ignoring health promotion behaviors | Stay in touch with friends through telephone internet, and video games |
| | Isolating from peers and loved ones | Participate in family routines, including chores, supporting younger siblings, and planning strategies to enhance health promotion behaviors |
| | Concerns about stigma and injustices | Limit media exposure, talking about what they have seen/heard including at school |
| | Avoiding/ cutting school/ not engaging online | Discuss and address stigma, prejudice and potential injustices occurring during |

Bringing Baby Home

Symptoms of Postnatal Depression and Anxiety

Depressed, anxious, tired, irritable, anger/rage, overwhelmed, unable to sleep, change in appetite, feelings helpless, lack of interest in sex, feeling like you don't love your baby, difficulty bonding, exhaustion, unable to concentrate or feeling confused, panic, fatigue, guilt/feeling like you are not a good mom, tension tearful, low self confidence, suicidal thoughts

Symptoms of Maternal OCD

Obsessions- such as upsetting intrusive thoughts, images or urges, often about yourself or your baby appearing in your mind

Overwhelming feelings of fear- for example that something contaminated or that it will hurt your baby

Compulsions- where you do repetitive activities such as washing, counting, or cleaning to reduce the anxiety or feelings of fear

Bringing Baby Home- Social Distancing

- ❖ ~~When a family transitions to parenthood, the support, encouragement, visits from close friends and families is imperative to the transition going smoothly. It also lowers mom's risk to experiencing a perinatal disorder.~~
- ❖ With social distancing, the opportunities to support new parents have changed. But support doesn't have to disappear. We just need to be creative.
- ❖ Family and friends may not be able to go inside and visit, but they can still help. If they make a run to the market, and offer to pick up some groceries and baby supplies- let them
- ❖ Ask that friends and family drop them off on the porch to minimize face-to-face contact.
- ❖ New moms could create a postpartum baby registry. Much like a baby shower or wedding registry, compile a list of essential baby and maternal needs.
- ❖ Friends will jump at the opportunity to order diapers online and have them delivered directly to the door.
- ❖ We are fortunate to have technology available such as FaceTime, Skype and Zoom to keep us connected. When you are ready for virtual visitors, let your family and friends know.

Sibling Reaction To Baby Coming Home

When a new baby arrives, children may also experience a sudden inability locate a tooth brush or pajamas alone, they may whine and demand instead of making clear requests.

Children may also decide they no longer like certain foods, can't sleep with the light off, must have mom's hand to do everything. To top it all off, when mom and dad make an effort to connect and play together, children may respond by throwing intense, long lasting tantrums.

These steps "backwards" are all means toddlers and young children use for coping and expressing the mix of emotions that comes with a new baby "invading" their home.

Children that feel jealous of their siblings and act out are not bad, naughty or selfish; Jealousy among siblings is normal. In fact, while it's hard for us parents to hear it, it's quite age appropriate and common for the older siblings, particularly those under the age of ten, to not only act out by pinching, poking and trying to hit.

Final Thoughts!

Being a new parent isn't easy. It is one of the most exhausting times of our lives.

The anxiety of the current pandemic makes everything more challenging. This won't last forever, but it will take some time.

Even though we are all socially distancing, we should not socially isolate ourselves.

Use technology to stay connected. Let's collaborate to create virtual prenatal education, postnatal support and more remote doctor visits.

Get some fresh air. As long as you are not in a crowd, please go outside, take a walk or sit in the backyard. This is essential for the health of your mind and body.

Give yourself and your kids some GRACE! This is a hard transition for us all, including the littles!

Let's not forget that new parents still need support. With some extra thought and creativity, we can come together and support all of our new parents.

CALL US if you know of a mom that needs support: www.centralvalleyfamilytherapy.com 559-691-6840

References

❖ www.nctsn.org

❖ <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>

❖ <https://www.who.int/>