

# Health Tips – Symptoms of Post-Partum Depression

Women who are pregnant or recently gave birth are encouraged to consult with a physician if they experience any signs of depression that last for more than two weeks. Warning signs may include:

- Feeling sad or hopeless nearly every day
- Losing or gaining weight that is unrelated to pregnancy
- Sleeping too much or too little
- Restlessness
- Unusual lack of energy
- Feelings of guilt or unworthiness
- Anxiety



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Please take a few minutes to read this month's report on **Behavioral Health Care**. You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (740) 348-1572 to receive future mailings.

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# Quality Report Card

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BEHAVIORAL HEALTH CARE



## Effective Treatment Is Available for Post-partum Depression

Most expectant women envision that the first weeks after their babies' birth will be filled with joy and delightful discovery. The reality is that nearly 15 percent of mothers have deep, long-lasting feelings of sadness, resentment or anxiety regarding their babies' arrival. These mothers may be experiencing post-partum depression (also called peri-partum depression), and fortunately, treatment is available.

Post-partum depression does not have a single known cause, but may result from a combination of influences, including the mother's hormonal changes, sleep deprivation, recovery discomfort, stress and exhaustion. The disorder can occur after a woman's first baby, or following any subsequent births. Certain factors increase a women's risk for developing post-partum depression, including:

- History of depression after having a baby
- History of depression or bipolar disorder at any time in life
- Family history of depression or bipolar disorder
- A stressful life event during the pregnancy
- Medical complications during the pregnancy or childbirth
- Ambivalent feelings about the pregnancy
- A lack of emotional support from friends and family
- Alcohol or drug abuse

Elizabeth A. Yoder, D.O., is one of the four board certified physicians at Licking Memorial Psychiatric Services in Newark

who treats patients with post-partum depression. "The symptoms occur while the patient is pregnant or within four weeks after giving birth," she explained. "At Licking Memorial Outpatient Psychiatric Services, we monitor very closely any of our pregnant patients who have had a past history of depression and are already receiving psychiatric care. They are at an elevated risk of experiencing post-partum depression."

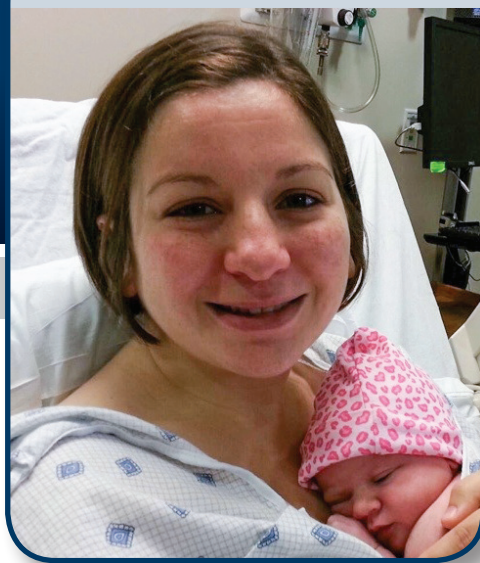
The providers at Licking Memorial Outpatient Psychiatric Services utilize counseling and medication treatment options, determined on a case-by-case basis. "Almost without exception, patients will be referred for individual talk therapy, and if symptoms are severe enough, consideration to starting antidepressant medication at the first evaluation. The choice of medication may be influenced by whether the mother is breastfeeding," Dr. Yoder explained. She added that it is beneficial for family members to join the counseling, as well. "With the patient's permission, I educate the family and friends on post-partum depression. Having support from family and friends is always helpful."

Post-partum depression differs from the so-called "baby blues" that women commonly experience after giving birth. The baby blues often are attributed to hormonal changes and adjustments to new parenthood. The baby blues are a temporary condition and should be reported to the physician if they last longer than two weeks. Post-partum depression may include thoughts of suicide or causing harm to the baby.

Women who want to speak to a physician at Licking Memorial Psychiatric Services about post-partum depression should contact their obstetrician or family practice physician for a referral. They also may contact Licking Memorial Psychiatric Services directly by calling (740) 348-4873.



Measurably Different ... for Your Health!



## Patient Story – Christina Boeshart

Christina Boeshart of Newark had it all – a loving husband, a sweet toddler son and a newborn daughter. She had every reason to feel grateful and blessed. At least that is what all her family and friends told her. However, Christina was struggling privately with very different emotions.

Christina and her husband, Carl, were thrilled with the birth of their son, Logan, in 2011. She was initially excited to learn that she was expecting another baby a couple of years later, but those feelings waned early in the pregnancy. “I didn’t want my pregnancy any longer. I still kept all the appointments with my OB/GYN and took care of myself, but I was just going through the motions. I basically felt detached,” she said.

After the birth of her daughter, Mia, Christina’s emotions flipped, but not for the better. She commented, “They say that with peri- or post-partum depression, you detach from the infant, but in my case, I felt so guilty about not wanting the pregnancy that I focused all my attention on my daughter, and became detached from my son, who was just two-and-one-half years old at the time. I still took care of him, but mentally – I was not there. I had thoughts about leaving home and taking only my daughter with me. I even thought about suicide.”

As an early childcare home visitor, Christina knew that these negative thoughts were symptomatic of a mood disorder, and she secretly used a screening chart to self-evaluate whether or not she should seek treatment.

“I was checking ‘yes’ to many of the boxes, but I did not check all of them, so I rationalized that I was okay,” she recalled.

Christina kept her inward conflict mostly to herself. “I did not want to share my emotions with anyone else,” she said. “There is a lot of incorrect stigma associated with post-partum depression. Some people will tell you that you need to get out of the house more, or that you need to be grateful that you have healthy children. I did not have the courage then to tell my friends and family that these comments were not helpful.”

At Christina’s annual exam, Ngozi V. Ibe, M.D., of Licking Memorial Women’s Health, noticed that Christina did not seem her normal self. “I guess she noticed by my demeanor that I was not as excited or happy as usual about things that were happening in my life. Dr. Ibe prescribed an antidepressant that helped a lot.”

One year later, the symptoms of depression returned, and Christina’s family physician referred her to Elizabeth A. Yoder, D.O., of Licking Memorial Outpatient Psychiatric Services. Dr. Yoder prescribed a different antidepressant medication and began counseling sessions with Christina. “Things are good at home now,”

Christina reported. “When things start to get a little hectic with the kids, I can take a step back and manage my negative thoughts. It helps me enjoy my children and being a mom.”

In March 2015, Christina joined Newark resident Caitlin Estep, who had initiated a discussion group for other women who were dealing with post-partum depression. The group, called MOMS (Mothers Offering Mothers Support), meets the last Wednesday of each month at the Licking County Main Library to talk about issues that are affecting them. “A lot of women are wondering if they will have depression every time they have a baby, or how to deal with the depression when it is time to go back to work. MOMS is a safe place to share thoughts that they do not want to tell anyone outside the group. It is such a relief to state something that you’ve been secretly thinking, and see other women nodding their heads because they have thought the same thing, themselves. Once the group members understand that their anxiety over ‘harmful’ feelings indicates that they have a healthy ability to determine ‘right’ from ‘wrong,’ they can begin their journey to improvement,” Christina said.

The board-certified physicians at Licking Memorial Outpatient Psychiatric Services offer effective treatment for post-partum depression. For an appointment, please call (740) 348-4873, or consult your obstetrician or family practice physician for a referral.

## Behavioral Health Care – How do we compare?

At Licking Memorial Health Systems (LMHS), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your healthcare choices.

- Behavioral health is a broad term that refers to psychiatric and/or chemical dependency illnesses. Inpatient hospitalization for either condition is often necessary for effective intervention. LMH provides a wide range of services for people with behavioral health illnesses at its Shepherd Hill facility. One goal is to transition patients into outpatient settings where they can continue treatment, decreasing the need for readmission.

	LMH 2013	LMH 2014	LMH 2015	Goal
Psychiatric readmissions within 31 days	3.0%	3.4%	2.6%	less than 5.6%

- Outcome studies are conducted to monitor and measure the success of chemical dependence treatment. Our data show how patients are doing up to two years after completing the program. Information regarding abstinence one year after completing the program is self-reported by patients.

	LMH 2013	LMH 2014	LMH 2015	Goal
Patients remaining abstinent	87%	95%	95%	greater than 85%
Improvement in quality of relationships	92%	96%	98%	greater than 85%
Improvement in overall physical and mental health	95%	98%	99%	greater than 85%
Improvement in overall quality of life	93%	98%	97%	greater than 85%

- Detoxification – the safe, medically supervised elimination of addictive substances from the body – is the most intensive care offered for chemical dependency patients. Acute withdrawal symptoms are managed by the appropriate medications for each patient’s situation. The length of stay for detoxification depends upon the drug of choice and the severity of the withdrawal.

	LMH 2013	LMH 2014	LMH 2015	Goal
Average length of stay – alcohol treatment	2.4 days	2.5 days	2.8 days	less than 3 days
Average length of stay – opiate treatment	2.5 days	2.6 days	2.7 days	less than 4 days
Average length of stay – tranquilizer (benzodiazepines) treatment	3.4 days	2.9 days	4.3 days	less than 5 days

- Education is considered an essential component of providing complete behavioral health care. A thorough understanding of the diagnosis, the purpose of medications, side effects to medications and the expected response to treatment leads to decreased relapse and readmission rates and increased long-term compliance with medication on an outpatient basis.

	LMH 2013	LMH 2014	LMH 2015	Goal
Diagnosis/disease education provided for patients and/or family	99%	99%	99%	greater than 97%
Medication education provided for patients and/or family	100%	100%	100%	greater than 97%

- Family participation is an important component in patients’ recovery. For continuity of care, a licensed professional clinical counselor or social worker will initiate contact with family members of Shepherd Hill psychiatric inpatients and encourage them to participate in a family meeting during the period of inpatient treatment.

	LMH 2013	LMH 2014	LMH 2015	Goal
Social work/family meeting during patient stay	91%	78%	84%	greater than 95%

- Valproic acid and lithium are two common medications used to treat multiple behavioral health diagnoses. These medications can facilitate control of symptoms and assist in recovery, but both have potentially dangerous side effects. Licking Memorial Behavioral Health professionals monitor their patients’ blood at specified intervals to ensure therapeutic levels of the medications and to observe for toxicity or other negative effects on vital organs.

	LMHP 2013	LMHP 2014	LMHP 2015	Goal
Appropriate testing complete for patients taking lithium (such as Lithobid)	95%	92%	90%	greater than 90%
Appropriate testing complete for patients taking valproic acid (such as Depakote)	95%	94%	94%	greater than 90%



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