# When the Happiness after Childbirth turns into Sadness – Outpatient Therapeutic Program for the Treatment of Postpartum Mental Disorders

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## Introduction

Pregnancy and transition to parenthood present significant physical and psychosocial challenges for women, which can lead to increased psychological stress and a greater susceptibility to mental disorders [1, 2, 3, 4, 5]. In addition to the often self-regulating 'baby blues', mental disorders requiring treatment can also occur during the peripartum and postpartum period. These include depression, obsessive-compulsive disorder, PTSD, and psychosis [1, 2, 3]. Persistent symptoms can affect the well-being of both mother and child, as well as the child's emotional and behavioral development [1, 3, 4, 5]. Furthermore, peripartum and postpartum mental health conditions frequently impact mother-child interaction and the development of the bond between mother and child, as well as couple and family dynamics [1, 2, 3, 4, 5]. Despite the urgency of the issue, it is often considered taboo, primarily due to shame and the fear of stigmatization [1, 2, 5]. Treatment options also remain underrepresented. **This poster presents an outpatient therapeutic program for women with mental health problems and mental disorders during the peripartum and postpartum period.**

## Method & Selection

The outpatient therapeutic program has been developed for women experiencing psychological stress in relation to pregnancy and childbirth, or for those affected by mental disorders during postpartum period. The program is offered in a multi-professional setting at a specialised clinic for mental disorders (Wahrendorff Clinic) in Lower Saxony, Germany. Data collection: age, diagnosis, and symptoms by Depression-Anxiety-Scale (DASS-P), and Edinburgh Postnatal Depression Scale (EPDS)

**Table 1: Sample Characteristic**

| Diagnosis | | Symptoms | | Age | |
|---|---|---|---|---|---|
| MD | 3 | **DASS-P** | | Mean | 34 |
| GAD | 3 | Depression | 4 (3.72) | Min | 30 |
| PTSD | 3 | Anxiety | 8 (3.38) | Max | 38 |
| | | Stress | 7 (2.83) | | |
| | | Total score | 18 (8.5) | | |
| | | **EDPS** | | | |
| | | Total score | 16 (4.76) | | |

***Notes:***
*n = 9*
**DASS-P:**
Screening for excessive burden during the perinatal period due to stress, anxiety, and depressive symptoms.
SW > 5 = recommendation for further diagnosis
**EDPS:**
Screening for pregnancy-associated depressive symptoms.
0–9 = low probability of depression
10–12 = moderate probability of depression
> 13 = high probability of depression

## Results

**Therapeutic program:**

- provision of support for psychological stress and mental disorders during pregnancy, childbirth, and up to one year of the child's age is facilitated through various therapeutic approaches in a multiprofessional setting
- key issues related to pregnancy and motherhood:
  - problems during pregnancy and childbirth
  - depressive, anxious, obsessive thoughts
  - feelings of inadequacy, shame, guilt
  - regretting motherhood
  - interaction and development of bond between mother and child
  - couple and family conflicts (relatives are involved)
- stigmatization and tabooing
- referral to further help and support services (breastfeeding, crying, sleep patterns, nutrition, parent groups)
- networking with relevant associations, medical specialists, psychotherapists
- enhance collaborative care approaches

## Conclusion

**In clinical practice, there is a tendency towards ongoing tabooing, combined with feelings of shame, guilt, inadequacy and fear of stigmatization frequently reported in therapeutic conversations. It is important to note that the consequences may include underdiagnosis and the chronicisation of symptoms. Futhermore, it has the potential to disrupt interaction, and the bond between mother and child, as well as the child's emotional and behavioral development. It can be deduced that there is a high level of relevance for further educational work on symptoms, as well as support and treatment options during the sensitive peripartum and postpartum period. This work should be carried out by practitioners from various disciplines, as well as by those affected and their relatives. In this context, there is also a clear need to provide adequate services at an early stage and to encourage people to seek and accept help. A review of the current care landscape reveals a persistent underrepresentation, particularly with regard to the provision of necessary inpatient treatment. There is an ongoing need to enhance networking to ensure the availability of support services.**

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