NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY

Clinical Approach

Case-Based Classroom Discussion

Approach to the Peripartum Patient 1

Facilitator's Guide

Contributor

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Pre-Learning

Self-study PowerPoint - Physiological and Psychological Changes in Pregnancy
Self-study PowerPoint – Background for Approach to the Peripartum Patient

Learning Objectives

1. Be aware of common mental health presentations in the perinatal period
2. Understand risk factors for mental illness in the perinatal period
3. Develop an approach to mental health assessment in the perinatal period
4. Identify and screen for trauma in the peripartum patient, with an appreciation for complex trauma
5. Understand basic principles of Trauma Informed Care

Session Overview

- **Group Activity with Case-Based Discussion – 60 min**
    - **Introduction, Part 1 and 2 of Case and Discussion of Approach to History with Peripartum Patient and Differential Diagnosis**
    - **Part 3 of Case and Discussion of Risk Factors, Appreciation of Burden of Trauma/Complex Trauma**
    - **Discussion of IPV, Trauma-informed approach to assessment/care**

Prior to the session:

Please send out the preparatory PowerPoint presentation to trainees prior to the session (ideally a week in advance). For the session, please ensure that the case-based discussion PowerPoint can be displayed. Bring a facilitator guide for yourself and trainee guides for the trainees.

Group Case-Based Discussion:

Please review the learning objectives with the learners. Then, pass out the first page of the trainee guide (part 1 only) and review the case- a trainee can volunteer to read the start of the case and first two discussion questions (slides 4-5 of the PowerPoint).

Part 1 of case: The referral/chief complaint

Chief Complaint: referral from PCP for low mood in postpartum period

History of Present Illness:
Catori is a 37 year old married, employed Native American female being seen for an intake. She has been referred to psychiatry for assessment in context of her low mood after giving birth two months ago.

Discussion Questions

1. What more do you need to know? How would you ask?

Prompt learners to consider approach to HPI in peripartum, have them ask specific questions

- Experience of pregnancy, labour and delivery, breastfeeding, postpartum so far
- Screening questions for symptoms of common presentations – depression, anxiety
- Screening for trauma
- Consider common interpersonal dilemmas
- Consider sleep and supports
- Consider trauma informed approach to assessment, framing questions without use of medical jargon, consider opportunities for normalization/psychoeducation

Then present further case info (slides 6-9); hand out pages 2-3 of trainee guide

Part 2 of case: HPI/MSE

Pregnancy: While it was unplanned, both she and her husband desired the pregnancy. She describes having a rough pregnancy with a lot of initial nausea and vomiting followed by a 70 lb weight gain. The pregnancy strained her marriage, and some body image issues had resurfaced for Catori.

Delivery: Though initially reluctant to discuss her experience of labor and delivery, she eventually described a significant complication that was traumatic for her. Labor stopped progressing, and she had to undergo a C-Section for which she was unprepared. When the he possibility had been raised earlier, she had refused, as she was worried about needing pain medication after. Per Catori, the scar split open after her C-Section and the wound got infected. She was afraid to go on pain medication due to her history of opioid use disorder with multiple years of sobriety and opted to stay on NSAIDS. This resulted in a prolonged recovery as well as pain with moving. Meanwhile the baby was in the ICU for "some breathing issue." She discusses being "terrified" and feeling like a failure. Says "if I weren't so fat, none of this would have happened and my baby would have been fine."

Postpartum: The baby is currently 2 months old and may have residual deficits and possible Cerebral Palsy. Catori is trying to go back to work for financial reasons, but she is having difficulty concentrating. She is unable to stay at work the whole day, worrying something might have happened to her baby. Her manager has been flexible finding her things she can do from home, but Catori worries this support will not last long. She finds it difficult to be at her desk as she feels "jumpy", noting that when co-workers put a hand on her chair she starts "freaking out", becoming overwhelmed with a sense of dread and panic. She reports intrusive thoughts about the day of the birth, noting "most moms love to tell their birth story, but I cry when someone asks about it." She reports she doesn't feel like herself anymore. She finds it hard to do dressing changes on her wound, which is still healing. She reports feeling her emotions are more numbed. She also reports feeling restless and tense.

She has had her mother-in-law move in to the house to help with the kids and housework. She alludes to increased tension between herself and her husband but is quite reluctant to discuss details when probed.

Mental Status Exam:
Adult Native American women, obese, with good hygiene and casual attire. Makes fair eye contact, is tearful at

times, with mild psychomotor slowing. No tics, tremors, or other abnormal movements noted. Mood is “not good”. Affect is congruent, dysthymic, reactive with a restricted range. Speech is somewhat monotonous with normal rate/volume/prosody. Thought process is logical, linear, and goal-directed. There is no evident suicidal or homicidal ideation, intent, or plan. No evidence of delusions, obsessions, or compulsions. Does not appear to be responding to internal stimuli. Is alert and fully oriented, with normal recent and remote memory, attention, and concentration as per responses to interview. Insight and judgment are fair. Gait is normal.

Discussion Questions:

What is your differential diagnosis?
-prompt learners to consider additional diagnoses beyond trauma disorders, such as mood and anxiety disorders

What additional information would you like?
-have learners ask specific questions about what they would like to know, then present the following information ***(slides 11-17)****:*

Part 2a of case: Additional Information

Past Psych History
Suicide attempt: Age 24 via overdose describes it as “I wanted to escape I’m not sure I wanted to die”
Hospitalizations: 2 admissions to inpatient rehab
Medications: Has been on Methadone in the past. She was also tried on Wellbutrin- “I think it worked”, unsure why this was discontinued
Therapy: Substance use groups in the past, none for several years

Family Hx:
Diagnosis: positive for depression, anxiety on both sides of the family. Reports her mom has finally started seeking help from the services available on the reservation and has been diagnosed with MDD. Mother is currently on Prozac.
Suicide: Maternal Uncle died by suicide. Two cousins died by overdose- she thinks these were intentional.
Substance Use: Describes significant alcohol and marijuana use on both sides of the family in immediate and extended family members. Her father had a severe alcohol use disorder and died from liver cirrhosis.

Substance Use Hx:
Started at age of 14 with THC and alcohol. Denies any history of heavy marijuana or alcohol use.
Identifies heroin as her substance of choice- Started using heroin at age 16, last use age 25. Initially with intranasal use, then used IV heroin (up to 8 bags/day). Reports medication, individual and group therapy combo was vital in staying sober.
Continues to attend NA groups when she can.
No tobacco or any other substance use.
Caffeine: 3 cups of coffee and 2 cans of soda daily.

Medical History:
BMI 32
PCOS
Hx of concussion and broken ribs at the age of 20 (assaulted by boyfriend)
Denies hx of seizures.
Currently breastfeeding

Labs:
CBC, CMP are WNL
TSH status unknown
Vitamin D level 25.3

OBGYN:
One elective abortion at 20, in context of abusive relationship
Two normal vaginal deliveries, 1 C-section
Contraception : Her initial plan had been an IUD for birth control however, the idea of having another procedure albeit a minor one has been terrifying to her. No current contraception.

Allergies: Sulfa Medications

Social Hx: She works a desk job and her husband is a bouncer at a strip club. They have two daughters, ages 9 and 6. There are no guns at home. She graduated HS.

Legal Hx: Has filed a restraining order against an ex-boyfriend who assaulted her at age 20. Patient has no past/current legal charges and no history of incarceration/involvement with legal system otherwise.

Past Personal Hx:
She grew up on the reservation in abject poverty and describes a childhood exposed to addiction, suicide, mental illness, and sexual violence. She has three brothers and four sisters; most of them continue to live on the reservation. She has left the reservation and lives in a city one hour away from it. She felt she needed to leave, as she couldn't succeed with gaining sobriety while at the reservation but notes that this was a difficult decision. She has a good relationship with her mom and feels her mom "did the best she could" with being protective of her. Her father died from cirrhosis. She remembers him as "an angry drunk".

She describes a long history of being sexually abused by her uncle. In her childhood, he would come into her room at night when he was intoxicated and rape her, telling her he would kill her if she ever told anyone. She also had a series of physically and sexually abusive relationships as a teen and young adult.

Part 3 of case: Discussion (slide 18)

What are Catori's identifiable risk factors for her primary diagnosis?
-elicit biopsychosocial risk factors:
-remote: history of IPV, trauma with family members committing suicide, substance use
-recent: birth trauma, her baby's ICU admission, possible ongoing IPV
Consider completing chart on board or adding slide to type as trainees identify factors ***(slide 19)***

Predisposing factors	Precipitating factors	Perpetuating Factors
• History of trauma: intergenerational, family suicides, childhood abuse, abusive ex-partner • Personal history of substance use disorder • Personal history of suicide attempt • Low education • Low SES • Unplanned pregnancy • Medical complications during pregnancy • Family history of mood/anxiety disorders, suicide, substance use disorders	• Birth trauma • Emergency C-section • NICU admission • High pain • High distress	• Negative appraisal of trauma; self blame, failure • Ill child - ?CP • Wound/infection • Financial stressors • Relational strain • ?IPV currently • ?lack of social supports

Discussion of IPV

Hand out last page of trainee handout and present slides 20-21

Her husband is Caucasian. They met 10 years ago and got married within a year of meeting. She is currently dependent on him financially. She states that "he has a temper". She describes one incident a few weeks ago where he got very upset and she felt reminded of her previous boyfriends.

Discussion Questions (Slide 22):

How would you go about discussing intimate partner violence (IPV) with the patient?

Elicit what other forms of abuse to screen Catori for:

- *Financial, reproductive coercion, physical, emotional, sexual, if she can speak with others, if he monitors phone calls/where she goes, etc.*
- *to capture review of major domains of IPV*
    a. *Physical: Hitting, slapping, punching, shoving, biting, use of weapons, choking*
    b. *Psychological/emotional: threats of violence, intimidation, humiliation, controlling behaviors, social isolation, stalking, forcing person to engage in illegal activities, forcing person to engage in substance use*
    c. *Sexual: forcing or coercing into any sex act the person does not want to participate in, sabotaging use of contraception, coercing pregnancy, intentionally infecting with STD*

    AND Review the "Power and Control Wheel" (This material is copyrighted. Go to https://www.theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf to download and use with the discussion.)

Elicit questions that assess

- *Pattern: How long? How frequent? When was the most recent event?*
- *Ask about severity: What is the most serious event that has occurred? Any use of weapons, choking/strangling, threats to kill you/loved ones or threats of suicide?*
- *Escalation: Have the events become more severe or more frequent?*

- *Access to weapons: Does your partner own or have access to firearms or other weapons?*
- *Substance Use: Does your partner misuse alcohol or other drugs?*
- *Children: Has your partner ever harmed or threatened to harm the children (including biological, step-children, foster children)?*

Elicit key components of trauma informed care:

-ensure patient's safety- can discuss measures such as:

a. packing a "go bag" with important documents (e.g. passport, birth certificate, other key documents, cash, clothes, any medications her/her children need, toiletries) and having this in an accessible place

b. having someone's place she could go to if she needed to leave, discussing a code word

c. allow patient to have choice and meet her where she is

d. understanding what her desires are and empowering her in her decision-making