>> Good afternoon, everyone. Thank you for being here. We're going to get started with Morgan Scadden. Thank you.

And Lauren Munkondya. And I'll let them introduce themselves. But before I get started, I also wanted to remind you at the end of this session, please go to the app and fill out your evaluation of this session.

And we are going to get started.

>> Actually, I'm going to hold this because I will enjoy that more.

Good afternoon. Thank you so much for all coming today to join us for "Growth in Grief: Building Bridges Through Postpartum Depression." My name is Morgan Scadden. This is my colleague, Lauren Munkondya. And we both started our careers as early intervention home visiting providers. We are both exceptionally passionate about supporting parents in the pursuit of the best outcomes for their child.

Just a couple of caveats, first thing before we get started, as we go through the slides, you will notice that occasionally there is references to perinatal mood disorders versus postpartum mood disorders. Some of the references we use work to cover both pregnancy and the postpartum period because we're working with families after babies have been born. We are specifically focused on the postpartum period.

Additionally, we would love some thoughtful collaboration. We'll have a couple of opportunities throughout the slides for you guys to utilize your cell phones. So please pull them out in preparation to interact with our slides and with our content. So we appreciate that.

Man... it's all over there...

There we go.

The objectives for our presentation today are that you will be able to identify markers of postpartum depression, and then be able to discuss postpartum mood disorders and their potential effects on early language development for children with hearing loss. And be able to discuss methods for supporting parents during the early postpartum period in learning about hearing loss.

So we have seen this timeline several times today, so I won't go over it too in depth, but I just want to set the scene for what we're looking at. We're looking at the first year of a child's life as we're meeting these early milestones for EHDI, and how that is going to really affect the parents that we're going to be meeting with as they are experiencing their own milestones, managing limited sleep, difficulty learning how to feed their child, and work and childcare planning.

>> And I worked as an early intervention provider for two and a half years before I had my own first child, and after he was born, I thought to myself one night, what if I as a new grad came to my door right now? And that thought made me so exhausted.

And so I spoke to the first mom that I worked with of a teeny tiny baby and said, please give me your perspective on what the first months were like for you. Her daughter was four months old when we started intervention, so we fit really beautifully in that 1-3-6 timeline. And what she had to say to me was, Morgan, was just so tired in those first few months. Some days I didn't see the point of our sessions when she couldn't hear our voices yet. You were definitely passionate about the best ways to help her and I loved that, even if I didn't have the energy to match your passion at the time. I was trying my hardest to be present in each session through the fatigue, and just trying to keep her entertained.

And in the years that I practiced home visits, since 2018, it hasn't even been a very long time. We moved from four months as the tiniest baby I was seeing at home to so much earlier, and because of this shift, we now have a whole plethora of additional things that we need to take into consideration to support these families.

>> LAUREN: So we are going to ask you to participate with us right now. If you will go ahead and pull out your camera and scan that QR, you'll be able to put your perspective into this question we have. The first question we want to ask you is: How young is the youngest child you have been able to help support?

And if everything works according to plan, as you type in, it will show up there.

Did the question not show up? It looks like -- oh, there's two tabs. I do know this. There's two tabs. There's one that is questions and answers. So if you would like to put anything in there that you want us to look at at some point, we'll address those if we have time. But the other one will be a poll.

Oh, that's very strange. I just pushed activate poll. Now it will work.

We're getting there. Thank you, thank you!

So you guys can continue to answer in there, but as you do, when Morgan and I started talking about this, I thought to myself, well, what is the youngest child that I ever went out to their house and sat down to answer questions with their family? And I was absolutely horrified to remember that that child was six days old. And I just couldn't believe my audacity. I thought, yeah, this is... they're so excited, they're so ready, I'm going to go to their house and it's going to be fantastic.

And now I think about that a little harder and I think about all the things they were dealing with that week, and that I should not have been there. Not yet.

So I'm actually really surprised, but this speaks to the value of what we're talking about today, that more than half of you answered inside that first month.

So when we are -- oh, how do I go back to my slides, Lauren?

I've got to go back around again.

In the first six weeks after delivering a baby, what are moms experiencing? These are all typical, but women experience them to different degrees. They move through healing from the traumatic physical experience, whether a vaginal birth or C-section that is actually having a child. So in the first six weeks, camping and bleeding, incontinence and/or constipation, incision or laceration care, breast engorgement, swelling of hands and feet, night sweats, hair loss.

This is SO much.

And then we also add wild hormone fluctuations and mood changes.

And then on top of that we're going to add a whole bunch of significant pressure to parents that are already dealing with physical and emotional challenges.

We ask parents what are some at of the things that they wished that providers would have known in those first few weeks.

So this parent said to me, a little bit of grace to be emotional if they need to be. I cried in the doctor's office when my daughter got her diagnosis, and that's pretty uncharacteristic of me. I feel stupid about it now, but my hormones were a wreck at the time.

Another mom told me, "Have more compassion for your families. The news might be unemotional to you, but it's highly emotional for the families. Especially us moms who just delivered those babies! Hormones, lack of sleep, sore boobs! Share facts with some emotion."

>> And this mom said, 100%, asking a mom of newborn twins in a pandemic if they would like to learn ASL on an SSD twin, like I didn't have the bandwidth to shower, much less learn a new language ."

>> and those were parents who had not expressed that they felt like they particularly struggled with postpartum depression or anxiety or other mood disorders.

So when those moved beyond a normal range into something that does become categorized as a postpartum mood disorder, we are looking across the spectrum. Postpartum Support International, people of every age, income level, race and culture can develop perinatal mood disorders during pregnancy and within the first year after delivery.

>> So let's look at the prevalence. We are seeing that one machine seven moms experience a perinatal mood disorder, and one in ten dads. So this isn't limited only to the person who carried that child.

So put it back in the context of our 1-3-6 timeline and 12 months, if you're working on getting a cochlear implant, that is part of the timeline that we're looking for in the first year as well. And let's compare. How many of the families that you are working with are going to be experiencing some of this?

We're going to go over both some of the symptoms of postpartum depression and postpartum anxiety, and as we look through them, I want you to think about how these symptoms might impact how parents would show up to sessions or receive information while they are working with you.

So some of the markers of postpartum depression, which, again, can vary from individual to individual, include feelings of anger and irritability, lack of interest in the baby, appetite and sleep disturbances, excessive crying and sadness, feelings of guilt, shame and hopelessness, loss of interest in things that they used to enjoy, and possible thoughts of harming the baby or themselves.

And then as we look at the other side of postpartum anxiety disorders, you are going to see parents that are constantly worried. They might feel that something bad is going to happen at any time. They could have racing thoughts, disturbances of sleep and appetite, and inability to sit still.

Physical symptoms like dizziness, hot flashes and nausea. And those things can be ongoing. So you may be sitting in their house and they are not listening to it at all, because their thoughts are racing somewhere else.

The other important point that I wanted to come back to this as well is this can start any time in that first year. So it's not like if we start in six weeks and paying attention to it, we're off the hook, because everyone is fine. It's something we need to be cognizant of that entire first year.

So Macie was a parent who was able to get into early intervention at two months for her daughter, and she said that postpartum hormones definitely had an impact. In our case our daughter failed her newborn hearing test but wasn't diagnosed until she was three weeks old. So the time in between was kind of a blur worrying constantly about how her hearing appointment would go. I remember my anxiety was relentless all the time and I had never had a lot of anxiety before. I was always anxious about her diagnosis and what it meant for her. And looking back, I think that anxiousness was definitely magnified by postpartum hormones. It's a lot to go through to welcome a new baby and a surprise diagnosis. It ends up all okay but it's a whirlwind when it's happening. I think the takeaway from this parent is that parents are living through multiple life-changing events.

So as providers, how on earth are we supposed to possibly know that this could be a risk for the families that we work with?

We all take a case history as we first start working with a family, and as we get to know them in the first few sessions, especially in a home visiting capacity, we start to learn some of their history and experiences.

These are all conversations that I had with families over the course of sessions that we have had. One or two may not always come up, but very often if they're a big point of stress for families, they will. These pieces of information that we're already getting most of the time are primary risk factors for postpartum mood disorders.

>> We also have some overlapping risk factors. So some of the kids we're looking at, we're looking at complications in pregnancy, traumatic delivery, infant NICU stay, pragmatic maturity and maternal diabetes. These can contribute to hearing loss or a postpartum mood disorder.

We can create a compounded risk for language delay these parents who are experiencing postpartum mood disorders will have a harder time -- oh, good, I just wanted to make sure the interpreter switched over before I got going again.

They can have a harder time interacting with their child, which means that we have increased risk for their language as well.

15-20% of mothers will experience postpartum depression have a difficult time bonding with their infant. So we will see those communication delays come along with this, and these rates can be twice as high for teen parents.

So Quitner et al. did a study in 2012 that found that maternal sensitivity had as high an impact, similar impact as age of cochlear implantation on language acquisition and language outcomes. With that piece of information -- yes, absolutely. I'll pull up my...

So Quitner, et al., their findings -- and I can...

>> They're in the references.

>> They're in our references, so we'll be able to find the paper itself, but their findings, as they looked at maternal sensitivity, which was their label for how involved a parent was with their child and how responsive they could be to that baby had a similar impact as the age over a four-year span, as the age at which that child received their cochlear implants.

The essential finding is that it really, really matters how much a mom is able to bond with and be involved with their baby.

Moms who are not able to engage aren't communicating effectively. It kind of goes back to the 30,000 words idea, right?

If I don't have the capacity to hold my baby, be around my baby, be connected to my baby, I won't be talking to my baby.

If I am so completely overwhelmed with other things that are going on, I won't be as -- like this slide says, I won't be able to actively participate in interventions. I won't necessarily be able to follow through as well.

And so parents who are experiencing postpartum mood disorders will more often fall into that category of parents who have lower maternal sensitivity, and thus have that impacted ---that additional layer of language delay, risk of language delay.

>> Sorry, our notes got out of order. My other takeaway thought, sorry, thank you for the question, but my other thought on this was, as professionals, knowing this, we have anxiety to make sure that the goals are being met. And sometimes parents can't follow through not because they don't want to. And so when we're talking to parents, when we are talking to colleagues about parents, we need to be doing so with grace. And we need to be taking the real life circumstances of those families as individuals and people and not just the facilitator of their child's language development, but then as people individually into consideration.

There are things we want to share and things we know parents need to hear, but we can unintentionally amplify their burden. We can amplify their anxiety and depression.

A parent said to me that I didn't have postpartum depression or anything, but when I got the diagnosis, I felt weak and scared. The evolving information was overwhelming. As I stayed involved in the community, I saw so many different family responses. Early intervention was my lifeline but it wasn't for everyone. The repetitive nature of sharing of information in early intervention really helped me when things became too overwhelming. As I considered this parent and what Morgan shared about us being more kind and the way we consider what parents are going through, I thought, my takeaway is that we need to be more patient. We need to be patient with repeating information over and over again across weeks and even months.

>> Some of the things other parents were willing to share with us is about what they wished professionals had also done in the early phase of their early intervention journey included...

>> I feel like initially I needed the facts. So first is this test we were doing. This is exactly what that means, and these are the options.

I feel like sometimes the professionals helping us added a little extra fluff into her diagnosis, or were uneasy to state exactly what was going on initially.

>> For a while I felt isolated because my child hat cochlear implants or my child was-signing or not speaking. The age of three was really hard for me to comprehend. I felt like if I didn't make sure my daughter was all caught up by three, she was never catch up. Because everyone said early intervention is the most critical time of a child's life.

Show compassion but don't make promises you wish to keep but can't. Look at the data objectively and state it with compassion

For each of the three families we saw the eagerness of the professionals working with them, the promises that they made that were pie-in-the-sky promises that looked like they could get there, but they didn't fully share the realities of what goes into each thing and some of the things that can get in the way of meeting those milestones.

>> So here at the end of our presentation, what we want you to walk away with, but also here is our last opportunity for joining us in a little bit of collaboration, how do we support an infant's language development while still respecting those early weeks for a family with a brand-new baby?

>> So we have this other QR code. Go ahead and scan it and write any thoughts that you guys have, and as you go, they will start popping up on the screen. so we can see them in realtime.

So our question is: How do we support an infant's language development and respect the family's unique first weeks and months with their new baby?

>> While we're waiting for some to come on, I'm going to share one that one of my dear colleagues shared with me. She said that every time she goes to a home visit and the parent looks at her and says, I don't even know what to do with this baby anymore. She asked them what they had planned beforehand. Did they have books they wanted to read that they got especially for the new baby? Did they have songs that their parents sang to them that they were going to sing to the new baby? And she reassured them that their plans, whatever they had planned to do with that new baby were exactly the thing that they should be doing.

There they are.

What I love about a word cloud is it makes the things bigger than multiple people are thinking.

I'm going to slide over and see if we had any questions.

A poll as we finish up.

You want to show our resources?

>> If you would like to keep writing in answers, please go ahead and do that. We're just going to go through the last couple slides here.

Our resources, for more information and for supporting families getting additional information, Postpartum Support International and the MGH Center for Women's Mental Health, their division on postpartum psychiatric disorders and the March of Dimes all have really excellent information.

And here are the references for the research that we looked through to build our presentation.

I'll just repeat your question. Go ahead and ask.

So what she said was that through Postpartum International is there are all kinds of family support groups for all walks of life and a ton of resources.

One of the other things that is accessible through that program is connection to different perinatal psychiatrists, perinatal mental health specialists in your state or area, which can be helpful as a reference if necessary. Or if parents would like that.

We have a couple more minutes. If anybody has questions, we'd be happy to address those. We're going to keep the word cloud. So, again, if you have more things to add, please feel free to keep typing those in.

>> We would love if you would connect with us.

>> I love this topic. I'm a parent, and so I went through all of this, and it's hard to have people come into your house when you're not right in the head. And I felt so much judgment. So I'm not usually that kind of person, but show them grace, I think that's one thing as parents we need to show ourselves too. Because I felt like I needed to be an audiologist all of a sudden. But it's stuff I don't know and everyone is talking at me like...

But showing grace I think is the hugest thing in this because we don't know what everyone is going through. I don't know if anyone else is as hard, but...

So thank you.

>> I think that's why we felt strongly about the reminder to talk to your parents about grace too. You might be in the mindset in the moment in the room, but you know how you get about work sometimes. You get complaining to somebody. But if you're not bringing it in there, it's going to bleed out when you go to their home, somehow, some way, it will bleed out if you're feeling that frustration and not taking that grace into account.

>> Anyone else?

>> I just want to say thank you for a couple of things. So when you talked about giving parents grace and acknowledging where they're at, because that is one of the things that is so overwhelming. We have people coming into our home and it is a sense of judgment. We feel like, oh, we should know these things. You guys are throwing out these acronyms and things at different levels on the audiogram and what we should be doing. So sometimes on top of what we're already dealing with, the emotional side of postpartum, I mean, if it's not -- we don't know that it's postpartum, but getting to that point of, oh, I'm should know these things and I don't know these things, and we don't want to come across that way to you guys, but thinking about how you guys are talking to each other when talking about parents. Because I have gotten that from an EI provider when they pass a family over to us, parent support, the parent is not engaged, she's just not doing what she needs to do.

And I thought, gosh, really? But then talking with the mom, we get more on a personal level and we're like, okay, so what is really going on? And they ear just going through some things. And so just taking a step back and realizing there's a human aspect. We're not just there to check off these boxes. We have to realize they are going through some things. I appreciate you guys acknowledging those things.

>> Morgan always said says to me, the problem isn't the person. The problem is what is the question? So if they're not putting hearing aids on or something, what is the barrier? Not why aren't they listening.

>> It's such a conundrum, because as I was telling a social worker that was working with the family, medically involved, profoundly deaf, and she was just telling me how much grief the family was in. And I acknowledged that and I said, it's so interesting, because I'm there to advocate for the child and their needs too. So it's such a complicated situation.

>> Yeah, I feel like Morgan and I felt like we didn't have answers for anyone today, but we wanted to talk about it together, and hopefully continue talking about it together in conferences to come.

Thank you so much for joining us!

As a reminder, your evaluation can be found through the app so you can get your CEU credits.