



PREPP

PRACTICAL RESOURCES FOR
EFFECTIVE POSTPARTUM PARENTING

**A Mother-Infant Dyadic Treatment
to Prevent Postpartum Depression**



Overview

- Treatment protocol
- Conceptual model and rationale
- Efficacy Data
- Deep dive into PREPP intervention



PREPP Treatment Protocol

Brief (5 sessions)

- 28-32 gestational weeks – 6 week postpartum

For those at risk of PPD

- Stress, depressive symptoms; experiencing poverty

PREPP Conceptual Model

Two unique features

- Begins in pregnancy
- Dyadic approach

An intervention based on the conceptualization of postpartum depression as a potential disorder of the dyad, and one that can be approached through preventative psychological and behavioral changes in the mother that affect her and the child — even before birth

Efficacy Data

Arch Womens Ment Health
DOI 10.1007/s00737-015-0549-5



ORIGINAL ARTICLE

PREPP: postpartum depression prevention through the mother–infant dyad

**Elizabeth A. Werner¹ · Hanna C. Gustafsson¹ · Seonjoo Lee^{3,4} ·
Tianshu Feng³ · Nan Jiang¹ · Preeya Desai¹ · Catherine Monk^{1,2}**

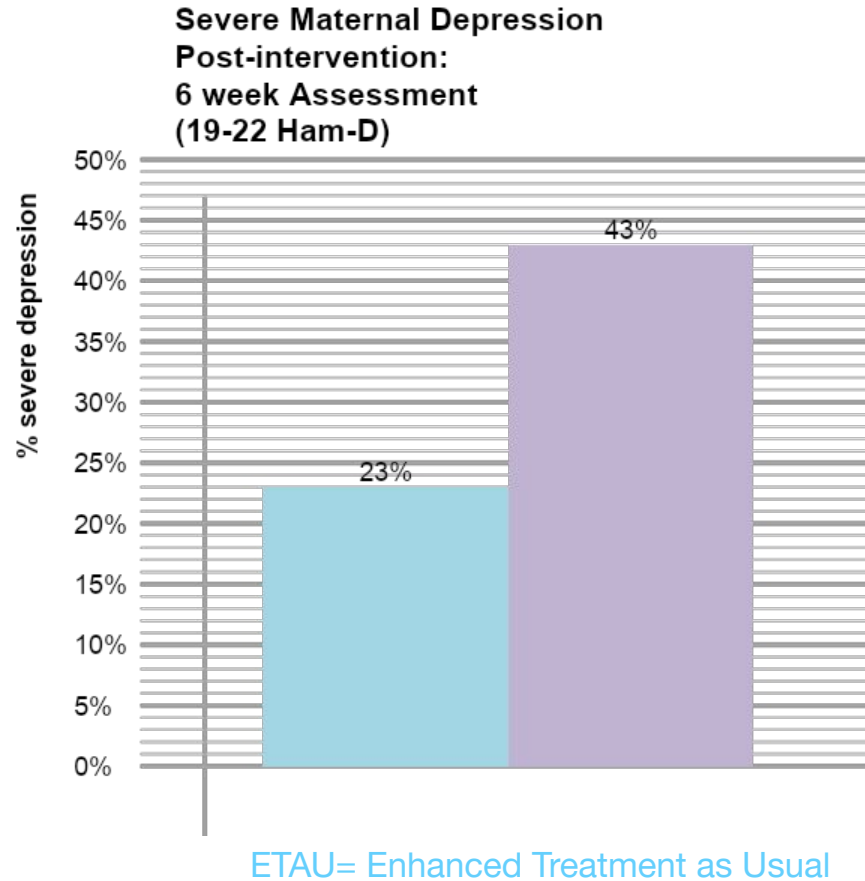
Archives of Women's Mental Health, 2016

Efficacy Data

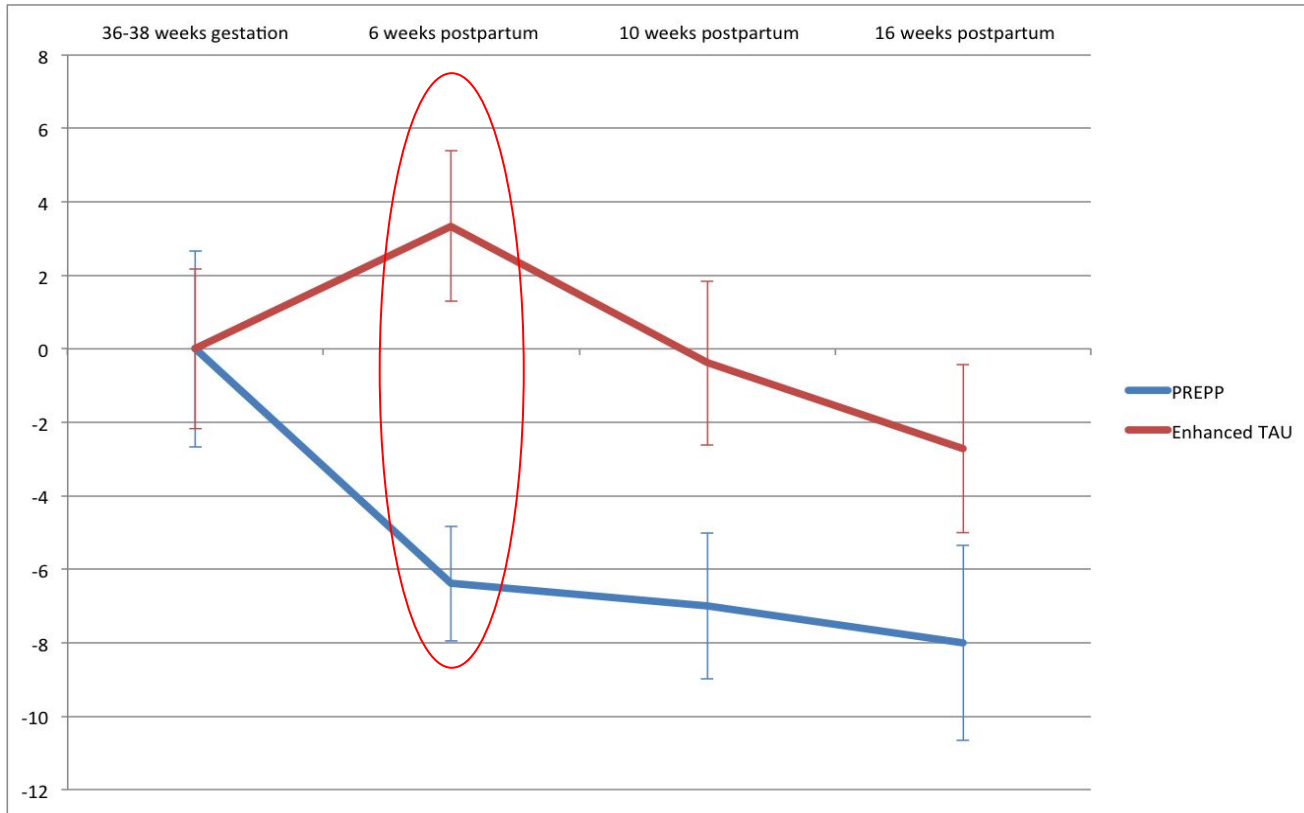


- 58% Latinx, 19% Black
- Age: 18-45 yrs old, average=30
- At risk for PPD based on Predictive Index of PPD (Cooper, 1996)
- Baseline mild to moderate depression symptoms
 - average of 16.11 on the HRSD, max 54, 14-17 mild to moderate
- Adherence: 100% completed PREPP intervention

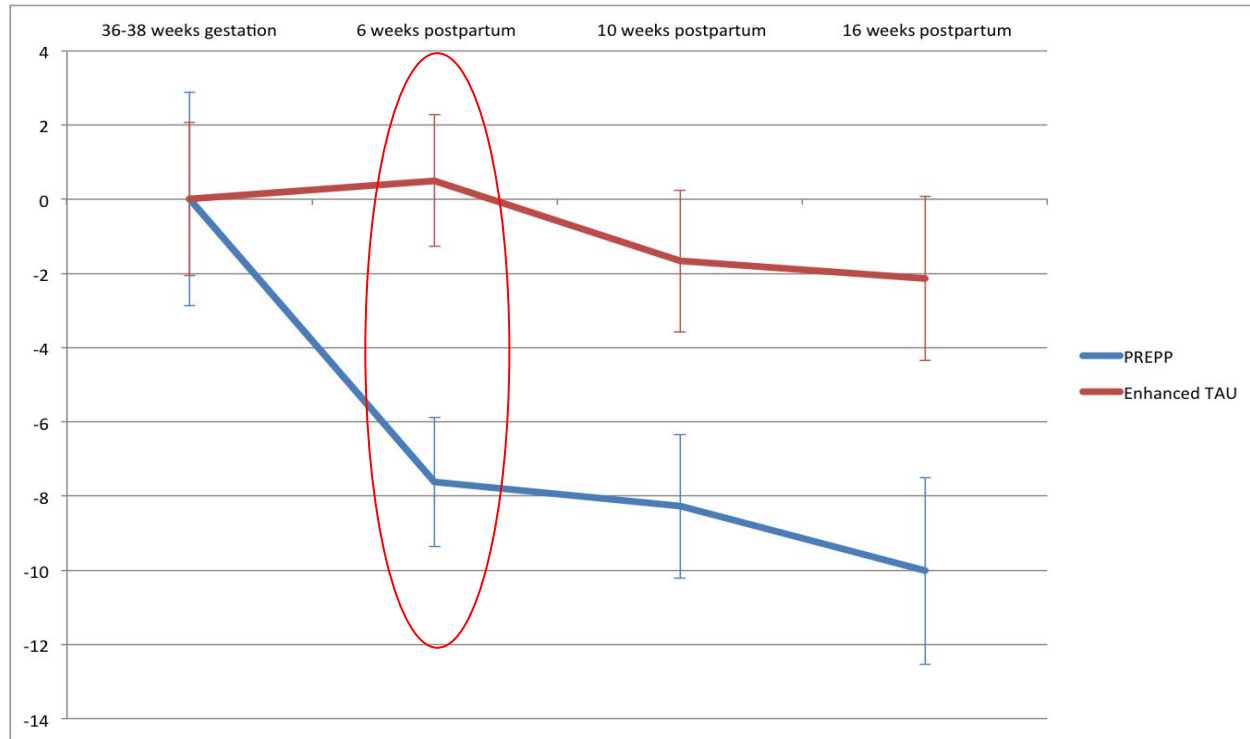
PREPP Reduced Rate of Severe PPD



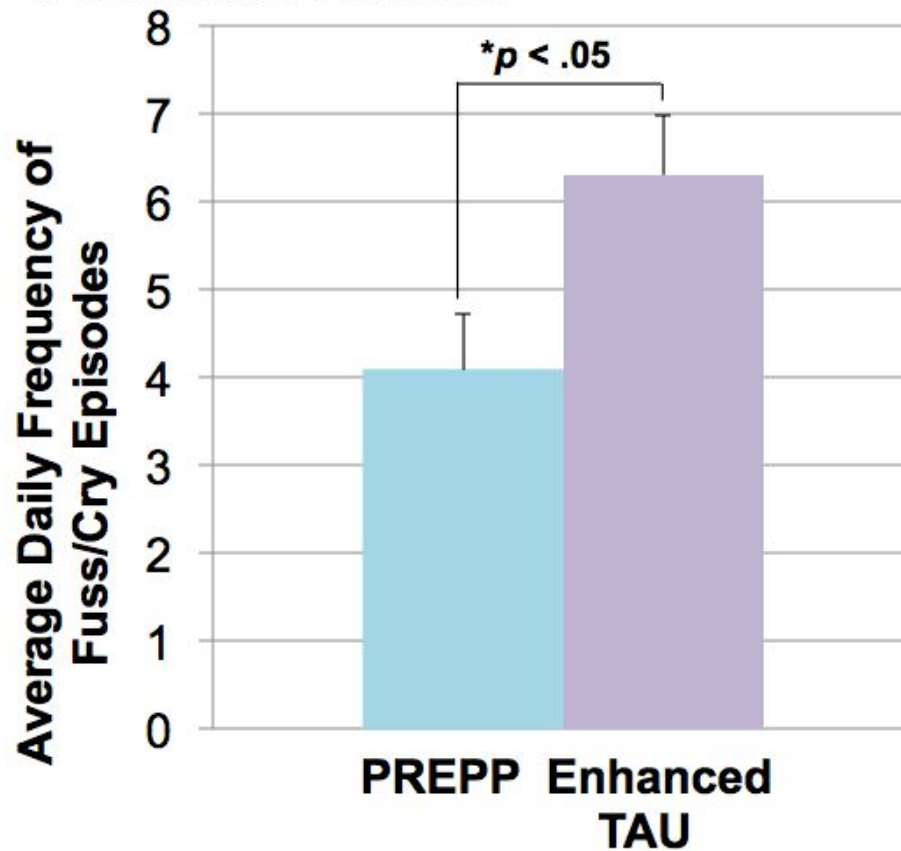
PREPP Greater Change in Depression Score



PREPP Greater Change in Anxiety Score



PREPP Associated with Less Infant/Fuss Cry Behavior at 6 weeks Old



Efficacy Data

Preventing maternal mental health disorders in the context of poverty: pilot efficacy of a dyadic intervention



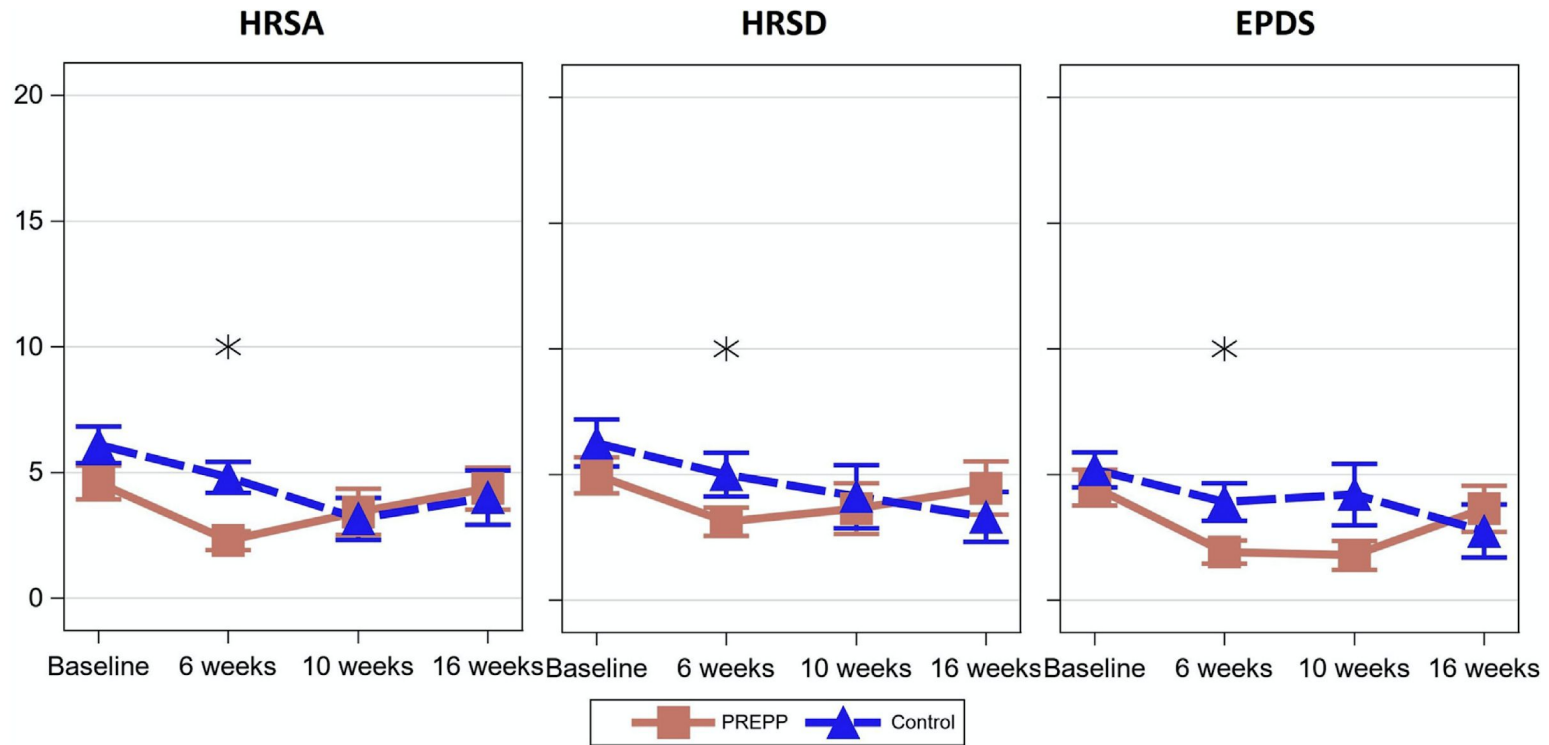
Pamela Scorza, ScD; Catherine Monk, PhD; Seonjoo Lee, PhD; Tianshu Feng, PhD; Obianuju O. Berry, MD, PhD; Elizabeth Werner, PhD

American Journal of Obstetrics & Gynecology—Maternal Fetal Medicine, November, 2020

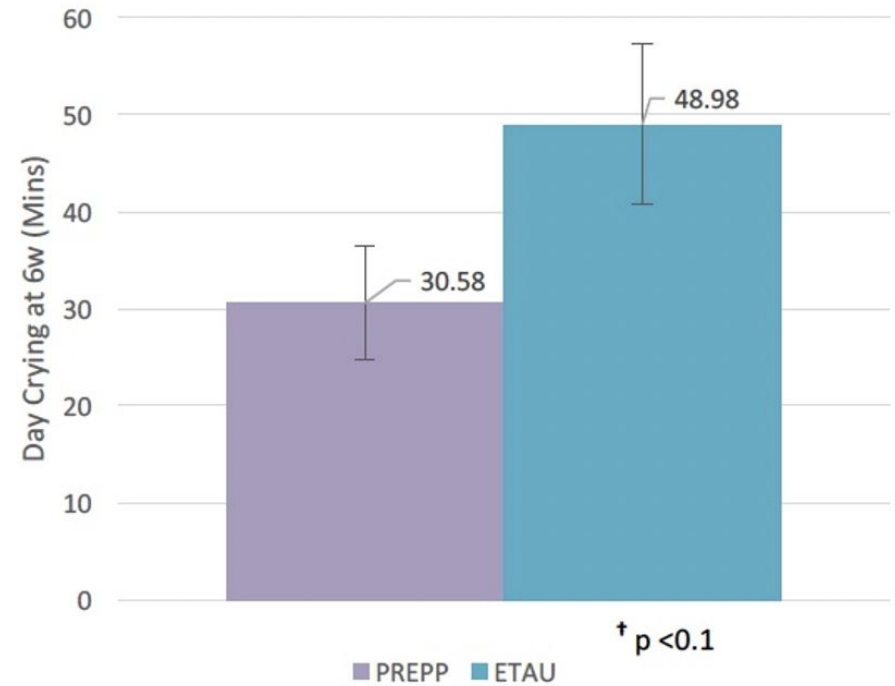
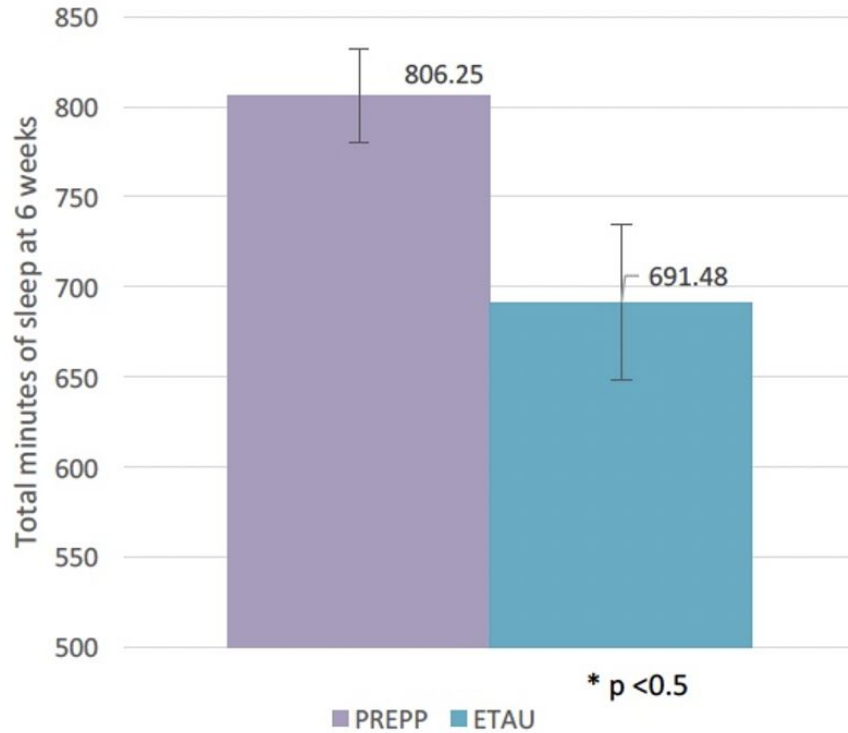
Efficacy Data

- 84% Latinx
- Age: 18-45 yrs old, average=28
- SES: (1) salary “near poor, struggling” (200% of national poverty levels) — \$47,700 annually for a family of four, based on self-report—or (2) having met the income criteria for Medicaid
 - 100% Medicaid for insurance
- Baseline depressive symptom relatively low
 - average of 4.8 on the EPDS, 30 max, 10 possible depression
- Adherence: 83% completed PREPP intervention

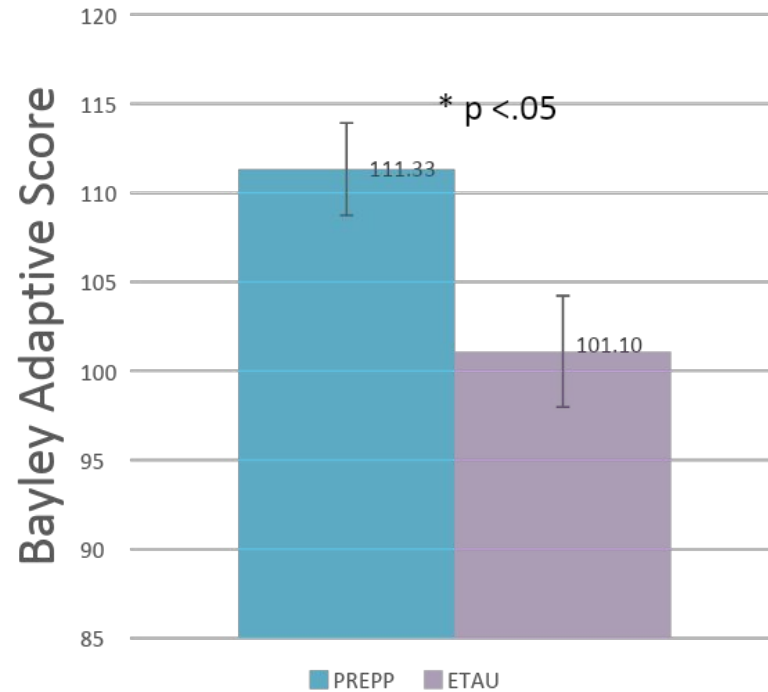
PREPP Greater Change in PMAD



PREPP Associated More Infant Daily Sleep and Less Day Crying at 6 weeks Old



PREPP Associated with Higher Infant Development at 4 months old: Bayley Adaptive Score



Introduction to PREPP Sessions

	PREPP Session	Components
Session 1	28-32 weeks gestation In clinic or virtual 45-60 minutes	Harnessing a dyadic focus Establish alliance Self-reflection practice Sleep skills and mindfulness Distributed Materials: Prepp App/Mindfulness Audio File

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Session 4	2-3 weeks postpartum Virtual 15-30 minutes	Check in about mother & infant well-being Assess use of techniques Discuss challenges of newborn car
Session 5	6 weeks postpartum In clinic or virtual 45-60 minutes	Practice self-reflection Assess use of techniques Review techniques where necessary

Session 1: Three Aims

Time Frame: 28-32 Weeks Gestation

Duration: 45-60 minutes

1

2

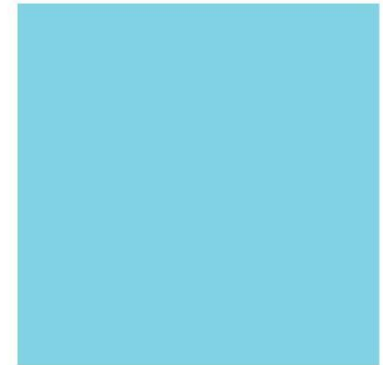
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Aim 1

To establish a treatment alliance between coach and participant.



Research regarding common factors in all types of therapies that contribute to improvement has revealed that the quality of the therapeutic alliance is the most robust predictor of treatment success.



Establishing a strong treatment alliance is a key component of this intervention.

To this end, we have designed the first session as an opportunity for the coach to begin to develop an alliance with the participant in addition to teaching skills and imparting information.



The alliance has been found to predict treatment adherence and concordance across a range of diagnoses and treatment settings.

Based on participant responses to a series of questions, the coach can tailor subsequent sessions to each woman's needs and circumstances, thereby maintaining and strengthening the treatment alliance over the course of the intervention.



Aim 2

Focus on the Mother-Infant Dyad: To promote the mother's maternal reflective functioning capacities both before the child is born and after the birth of her child.



Reflective Functioning

Reflective functioning (RF), as defined by Peter Fonagy and colleagues, refers to an individual's capacity to understand one's own and others' behavior in terms of underlying mental states and intentions.



In the context of parenting, RF refers to a parent's capacity to “keep the child in mind”—that is, to imagine and make sense of the child's mental states, and to use this understanding in guiding the parent's own responses to the child.

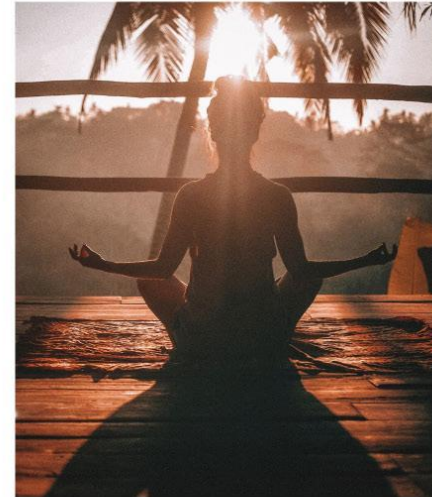


Maternal RF has been shown to be predictive of sensitive caregiving and negatively correlated with hostile, intrusive, or withdrawn caregiving behavior.



Aim 3

To teach mindfulness skills and sleep hygiene principles that can be used during pregnancy and postpartum to promote affect regulation and better sleep.



Sprint

4:42 PM

63%



MEDITATIONS

MORE

7:25



Choose Your Meditation

A Mindful Walk

A Mindful Moment

Progressive Muscle Relaxation

1

Session 2: Three Aims

2

Time Frame: 34-39 Weeks Gestation

3

Duration: 45-60 minutes

Aim 1

Carry forward the RF and alliance orientation of the first session.



Aim 2

Draw on prior mindfulness training



Aim 3

Provide psychoeducation and teach parenting skills to set expectations for the postpartum period and better manage the challenges of caring for a newborn.



Psychoeducation



1

2

3

4

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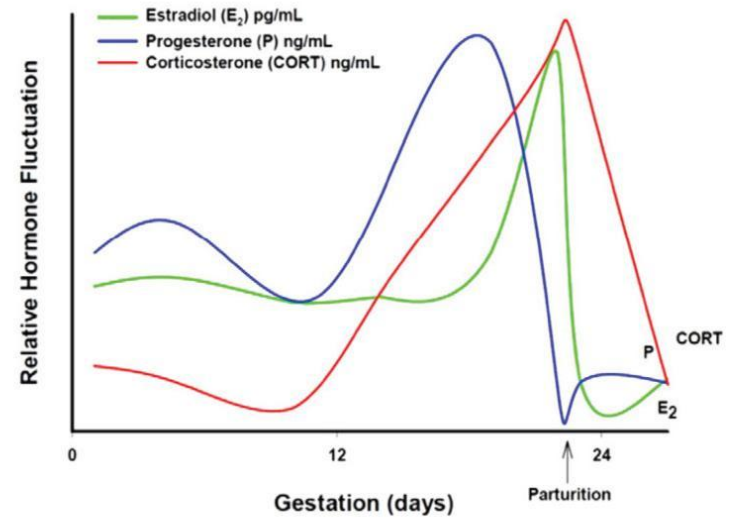
The focus of this part of the session is to provide information about postpartum factors that contribute to PPD and ways to address these factors and decrease the likelihood of the development of PPD.



Hormones

During pregnancy, the amount of female reproductive hormones (estrogen and progesterone) in the body increases to ten times the normal level. After delivery, there is a rapid drop in hormone levels, and by the third day after delivery, hormone levels are back to pre-pregnancy.

In some women, these hormonal changes, along with the dramatic life changes of becoming a mother of a newborn baby (even if you have other kids), can contribute to postpartum depression.



Baby Blues

Hormones can contribute to “the baby blues”—the irritability, sadness, crying spells, or frustration that many women experience in the first few days and weeks after giving birth.

Postpartum Depression

Symptoms of PPD are similar to the baby blues but are more persistent and can include sleep difficulties, changes in appetite, and anxiety/panic. PPD can also affect your ability to bond with your baby.



Sleep

During the first few weeks, newborns typically spend about two-thirds of each day sleeping—between 12 and 20 hours per day.

Newborns wake frequently and rarely sleep for more than three hours at a time, making it difficult for caregivers to get a good night's sleep.

Sleep is critical to the mental and physical health of caregivers.

Sleep and mood are closely intertwined, and lack of sleep can lead to irritability, anxiety, and sadness. Lack of sleep can also trigger or worsen an underlying mood disorder.



Crying

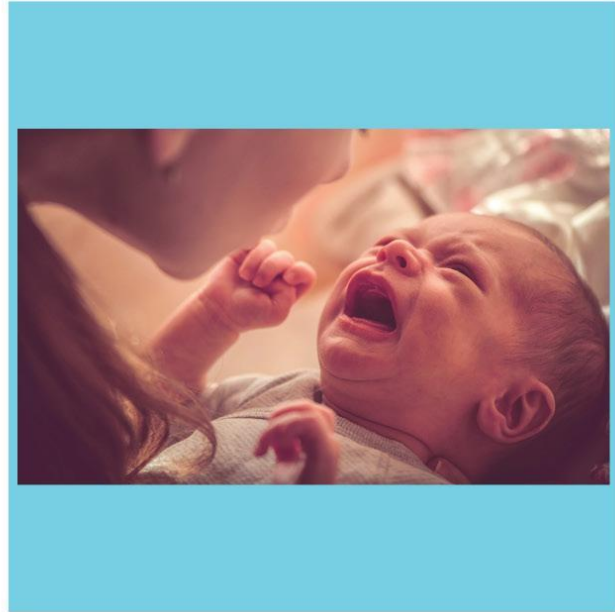
At about 2 weeks of age, babies start to cry more each week

By 2 months of age, babies usually cry more than at any other time. This is sometimes referred to as the Period of **PURPLE** Crying .

Every infant is unique, some might have their “peak” at 3 weeks of age, while others have it at 8 weeks of age.

For some infants, the amount of crying at the peak might be 1 hour a day; for others, 5 hours.

It is common for babies to cry more in the late afternoon and evening.



Period of "PURPLE" Crying

The Letters in **PURPLE** Stand for

P

PEAK OF CRYING

Your baby may cry more each week. The most at 2 months, then less at 3-5 months

U

UNEXPECTED

Crying can come and go and you don't know why

R

RESISTS SOOTHING

Your baby may not stop crying no matter what you try

P

PAIN-LIKE FACE

A crying baby may look like they are in pain, even when they are not

L

LONG LASTING

Crying can last as much as 5 hours a day, or more

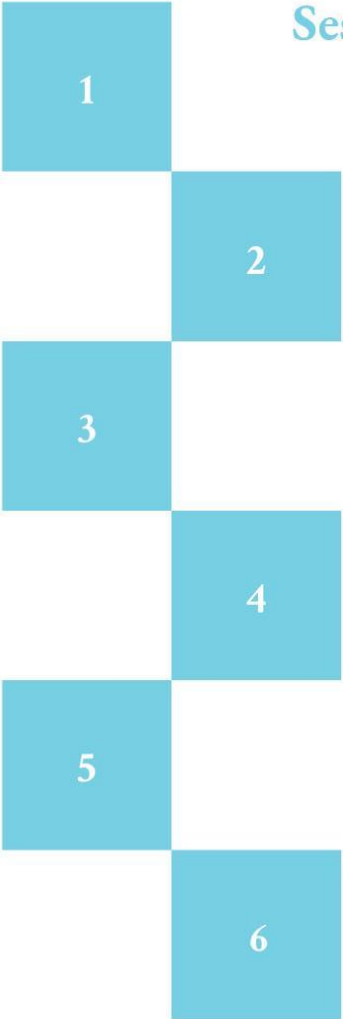
E

EVENING

Your baby may cry more in the late afternoon and evening

Introduction to Skills

"Dealing with all of the changes in your mood and your baby's sleeping and crying patterns can be very stressful, but I am going to share some techniques with you that have been shown by researchers to help improve your baby's and your sleep, lessen the amount of time your baby cries, and improve your mood."



Comforting Measures

Comforting measures (after checking if the baby is hungry, tired, or has a wet diaper):

Rocking or dancing with baby

Going for a walk in the stroller

Going for a drive in the car

Singing/talking to baby

Rhythmic sounds: vacuum cleaner, washing machine, running water

Giving baby a bath, offering baby a soft blanket

Skin-to-skin contact



Swaddling

Helps baby fall asleep

Lengthens periods of sleep

Reduces the number of times baby wakes spontaneously

Increases the chances that the baby will be able to fall back to sleep on his or her own

Can be used to soothe a crying baby

Safe Swaddling:

You need to feel comfortable

Practice proper technique to avoid hip injury

“Back is best!”

Use a light blanket in hot weather

Stop swaddling when baby can roll over



Carrying

Benefits of Carrying:

Free Hands = Easier Life

Secure Attachment

Increased Bonding

Calms baby

Fosters independence during toddler phase

Reduces fussiness



Day/Night Cues



Interact with your baby as much as possible when your baby is awake during the day

Open the curtains and shades and play lively music

Don't minimize background noise, like the phone or the TV



At night, keep the baby's room quiet and dark

Don't play with baby during night feeds

Avoid turning on the lights during nighttime diaper changes and feedings

Maintain a quiet voice at night

Focal Feeding & Lengthening Intervals

Focal Feeding:

Wake baby for a feeding between 10 pm and 12 am
Begin using this tool 2-3 weeks postpartum and only once baby has gained enough weight

Lengthen Feeding Intervals:

Once baby is 3 weeks old, begin to delay feeding for a few moments in order not to associate waking with immediate feeding



Mindfulness and Postpartum Care



If your baby's needs are met but they are still fussy or crying inconsolably try these mindfulness exercises to remind yourself that this period is temporary:

Take a mindfulness walk with baby in carrier

Listen to one of your mindfulness exercises on the iPod

Focus on your breath while comforting baby

Take time for a mindful moment while baby naps

Informational Pamphlet



PREPP

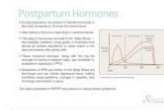
PRACTICAL RESOURCES FOR
EFFECTIVE POSTPARTUM PARENTING



 **COLUMBIA UNIVERSITY
MEDICAL CENTER**
COLUMBIA SCHOOL OF NURSING
COLUMBIA DOB FERTILITY INSTITUTE

Catherine Monk, PhD; Elizabeth Werner, PhD; Maia Miller, PhD;

email: ew150@cumc.columbia.edu | tel: 646.774.8945



Welcome to PREPP!

This is a program to help you with the challenges of being a mom to a newborn baby. Every mother can have times when she feels very stressed.

This can be even more true if you felt overwhelmed during your pregnancy. This program will teach you skills that you can use to cope with these difficult moments and to care for your newborn baby.



Challenges of Being a Mom to a Newborn

All mothers, even mothers who already have children, have moments when parenting a newborn feels frustrating and overwhelming.

These moments may include:

- When your baby cries more than you expected
- When your baby is crying and won't stop, even though you've tried everything
- When you are tired and feel guilty for not having the energy to care for your baby
- When caring for your baby seems harder and less enjoyable than you thought it would be

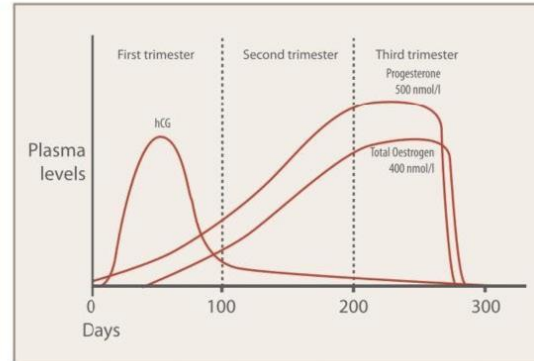
Common responses that mothers have in these moments:

- Feeling like a bad parent or that you are doing something wrong
- Feeling angry at yourself, and sometimes at your baby
- Feeling like things will never get better
- Feeling like you are not ready to care for your newborn



Postpartum Hormones

- During pregnancy, the amount of female hormones in the body increases to 10 times the normal level.
- After delivery, there is a rapid drop in hormone levels.
- This drop in hormones can lead to the “Baby Blues”—the irritability, sadness, crying spells, or frustration that almost all women experience to some extent in the days and weeks after giving birth.
- These hormonal changes, along with the big life changes of having a newborn baby, can contribute to postpartum depression (PPD).
- Symptoms of PPD are similar to the Baby Blues but last longer and can include depressed mood, feeling worthless, sleep problems, changes in appetite, loss of energy, and anxiety or panic.



© Fleshandbones.com Davies et al: Human Physiology

The skills presented in PREPP may prevent or reduce these symptoms.

Crying

All babies cry. You may be surprised by how much time your baby spends crying.

- At about 2 weeks of age, babies start to cry more each week.
- By 2 months of age, babies usually cry more than at any other time. This is sometimes referred to as the **Period of PURPLE Crying®**. For more information, please go to www.purplecrying.info.
- As babies become older than 2 months, they begin to cry less with each week.
- Babies still can be normal and healthy even if they cry 5 hours a day.

All of this crying can be overwhelming, but remember: this period of your baby's life will not last forever!





PREPP Skills: Comforting Measures

When your baby is crying, there are things that you can do to try to help comfort your baby:

- Check to see if your baby is hungry, tired, or has a wet diaper.
- Rock or dance with your baby.
- Go for a walk in the stroller or a ride in a car.
- Sing or talk to your baby.
- Hold your baby close to you with skin-to-skin contact or in a carrier.

Remember, you can always check with your doctor to see if there is something wrong that is causing your baby to cry.



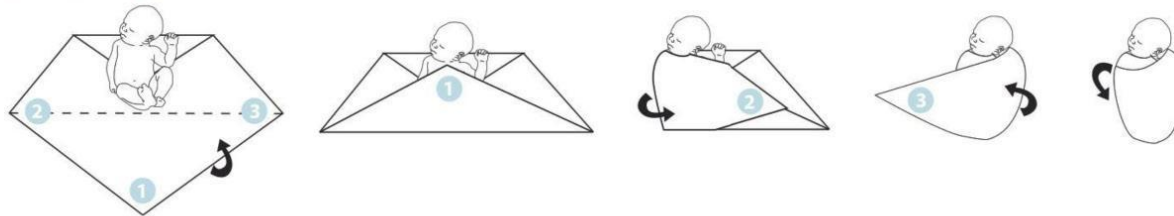
PREPP Skills: Swaddling

Swaddling involves carefully and tightly wrapping an infant in a blanket or other piece of fabric. It has been used for hundreds of years to calm babies.

Swaddling can help by:

- Making it easier for your baby to fall asleep
- Lengthening the periods of time your baby stays asleep
- Reducing the number of times your baby wakes up
- Increasing the chances that if your baby does wake up, he or she will be able to fall back asleep on his or her own

Swaddling Method:



You should feel comfortable and take care when swaddling. Try to only use swaddling at nighttime or when you put your baby to bed.

● Remember that for sleeping, "back is best". This is true even if you don't swaddle. Make sure to use a very light blanket to swaddle in hot weather so that your baby does not get too hot. If you have any questions about swaddling, please speak with your doctor or with your PREPP counselor.

PREPP Skills: Carrying

Benefits of using an infant carrier:

- Leaves your hands free to do other things (including taking care of your other children)
- Makes the baby happier
- Provides a chance for your baby to feel close to you and for you to feel close to your baby
- Reduces crying and fussiness in babies



*When using
a baby carrier
remember:*

“T.I.C.K.S.”

Safety tips for using a baby carrier—“T.I.C.K.S.”:

Tight—Make sure the carrier is fastened tightly around your baby, with no loose fabric.

In view at all times—You should be able to see your baby’s face at all times by looking down. There should not be any fabric covering your baby’s face.

Close enough to kiss—Keep your baby’s head as close to your chin as is comfortable. You should be able to kiss your baby’s forehead by tipping your head forward.

Keep chin off the chest—Make sure that there is always at least a finger width of space between your baby’s chin and chest.

Supported back—Your baby should be held close to you, with the baby’s back supported by the carrier and his or her tummy and chest against you. If the carrier is too loose, the baby’s back will slump, which can cause breathing problems.

PREPP Skills: Day and Night Cues

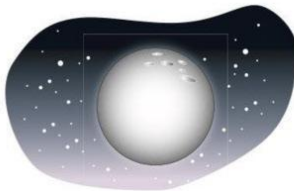
Almost all newborns need help getting onto our day and night schedule. These tools can help them learn that daytime is for active play and nighttime is for sleeping.

During the day:



- Interact with your baby as much as possible.
- Open the curtains or shades and play lively music.
- Don't minimize background noise, like the phone or the TV.

At night:



- Keep your baby's room quiet and dark.
- Instead of playing with your baby when he or she wakes up, focus on his or her needs, such as feeding or a diaper change.
- Make nighttime interactions with your baby as brief as possible. Avoid turning on the lights during feedings and diaper changes (a nightlight is useful for this). Keep your voice soft and low.
- Swaddle your baby.



PREPP Skills: Feeding to Help Your Baby Sleep

Making some changes to the way you feed your baby at night can help your baby get onto your sleep schedule and learn to sleep through the night.

Focal Feeding:

- Feed your baby between 10pm and midnight, even if it requires waking him or her.
- The idea is to make sure that your baby is full when you put him or her down for the night.

Lengthening the time between feeding at night:

- When your baby wakes up at night, try to delay feeding him or her for a few moments. You can calmly rest your hand on your baby's belly or change the diaper to add a short delay.
- This does *not* involve leaving the baby to cry for a long time or playing with him or her.

Start using these tools 2 to 3 weeks after your baby is born, and only if your baby is healthy and gaining the right amount of weight.



PREPP Skills: Mindfulness

- Sometimes you will use all of the PREPP skills and your baby will still cry or have a lot of trouble going to sleep. Sometimes being a mom to a newborn can be so stressful! If you feel like you are becoming overwhelmed, it is okay to place your baby in a safe place (e.g., the crib) and take a moment for yourself away from your baby.
- Using mindfulness exercises at these times can be really helpful. Mindfulness is learning a new way to handle your thoughts and feelings. These exercises can help you feel less overwhelmed by upsetting thoughts and remind you that a difficult experience is only temporary.

Exercise 1: Progressive Muscle Relaxation

Close your eyes. Turn your focus to your breathing. Breathe normally. If you notice your mind wander to anything other than your breath, notice where your mind goes and then bring it back to your breath.

Then turn your focus to your tension or stress that you are holding in your body. Each time you breathe in tighten a specific muscle in your body and with each exhale, focus on releasing tension from that part of your body. Start by tightening and releasing tension in your head and neck and work your way down to your toes.

Exercise 2: Mindful Walk (can be done with your baby in carrier or in a stroller)

Take a walk in your neighborhood or in a favorite spot.

Notice your breathing, your body, and how the air feels against your skin. Notice smells and what you see.

When your mind wanders (and it will), gently guide it back to noticing the outside world. Stay present in the moment and in touch with what you are smelling, seeing, and feeling.

Hospital Packing List



FOR YOU

- comfortable socks
- slippers
- toiletries
- 1–2 pairs of pajamas
- bathrobe
- a nursing bra
- nursing pads
- 3–4 pairs underwear
- maternity outfit to wear home (you'll still be swollen)
- toiletries (e.g., toothbrush, toothpaste, hairbrush, shampoo, soap, lotion, etc.)
- eyeglasses and/or contact solution
- prescription medications you are taking
- an iPod, or music device, and charger
- cell phone and charger
- camera with charger and extra batteries
- magazine or book
- snacks
- health insurance forms
- pre-registration forms from the hospital
- personal identification
- this pamphlet!
-



FOR YOUR BABY

- infant car seat
- going-home outfit
- baby hat
- mittens to keep your baby from scratching his or her face
- blankets and outerwear for the trip home (if cold weather)

CONTACT INFORMATION:

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PREPP
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1

Session 3: Three Aims

2

Time Frame: 18-72 hours postpartum

3

Duration: 15-20 minutes

Aim 1

Make contact and check in about how her labor & delivery went.



Aim 2

Review materials discussed in Sessions 1 & 2.



Aim 3

Review when you can start using certain PREPP behavioral techniques.



Session 4: Two Aims

Time Frame: 2-3 weeks postpartum

Duration: 15-30 minutes

1

2

Aim 1

Discuss PREPP techniques and how often they are being utilized.



Aim 2

Use motivational interviewing techniques to encourage women to use PREPP skills that could be helpful in managing current care giving goals and challenges



1

Session 5: Three Aims

2

Time Frame: 6 weeks postpartum

3

Duration: 45-60 minutes

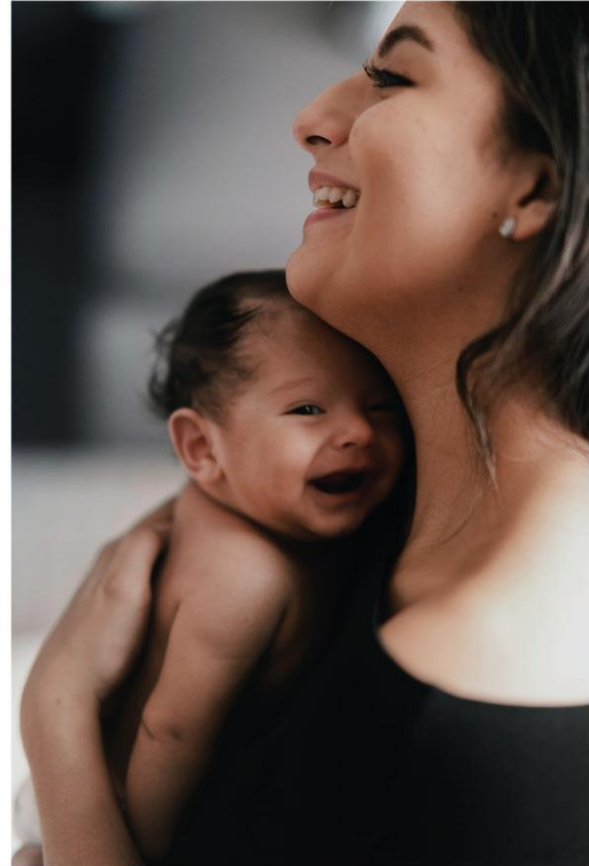
Aim 1

Assess mood/ how participant is managing in the postpartum period.



Aim 2

Assess utilization of PREPP tools.



Aim 3

Assess areas where the participant may require some help and emphasize intervention techniques that may improve these areas.



Interested in getting trained in PREPP?

Go to: <https://www.perinatalpathways.org/prepptraining>



Interested in Getting Trained in PREPP?

Please fill out the following information and one of our staff members will reach out to you.

Name

First Name

Last Name

Email *

Phone

(###)

###

####

Institution

Number of Staff Members You Would Like Trained *

Level of Experience of Trainees

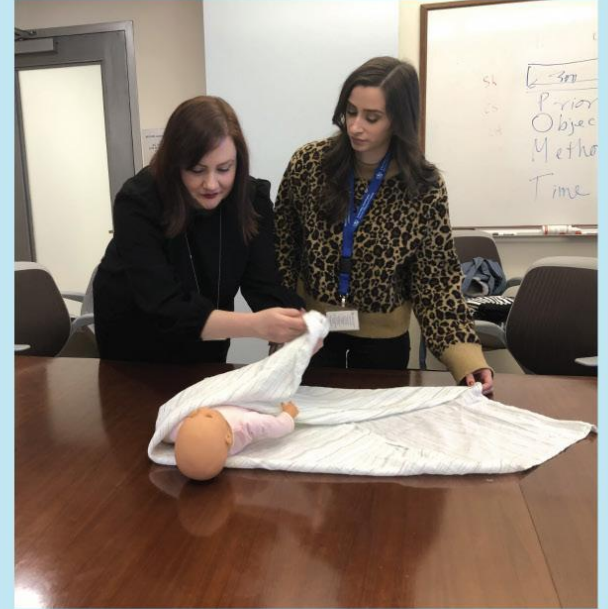
(Job titles/degree/work experience, etc. This helps us combine groups if necessary.)

Ideal Time Frame for Training *

Trainings are:

- Straightforward
- Tailored to the intended clinical population
- Customized to the trainee's experience & previous training
- Can be 100% virtual

Requires ~8 training hours and a 1 hour certification assessment.

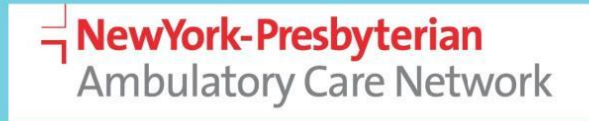
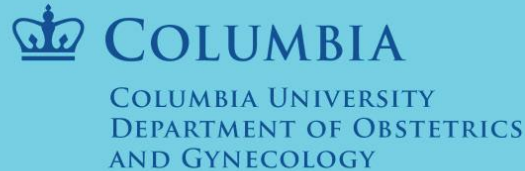


Our previous trainees have come from a variety of clinical backgrounds.

Clinical Psychologists
Psychiatrists
Occupational Therapists
Social Workers
Case Managers
Community Health
Workers
Nurse Practitioners
NP Students
Social Work Student
Masters Psychologist



Mental health providers & other clinicians from all over the U.S. & around the world have been trained in PREPP



Thank you to:



Eunice Kennedy Shriver National Institute
of Child Health and Human Development



for their support!



**If you are interested in more
information, you can contact:**

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or visit the Perinatal
Pathways website

