



# III Jornada de Casos Clínicos

en Salud Mental Perinatal

*presencial y online*

Madrid, 29 de enero 2022

Información e inscripción  
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Instituto Europeo de  
Salud Mental Perinatal



# INTERVENCIÓN GRUPAL ONLINE EN PACIENTES CON TRASTORNO MENTAL EN ETAPA PERINATAL

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# EPIDEMIOLOGIA

DISTRITO	NIÑOS MENORES 1 AÑO (2019)
CIUDAD LINEAL	1570
HORTALEZA	1909
BARAJAS	435 (+700)
SAN BLAS	1169
MADRID	27336



20 % de las maternidades de Madrid.

Prevalencia de trastorno mental perinatal 25%.

- Aproximadamente 1375 madres en nuestro área tendrían psicopatología perinatal.

Psicosis postparto 2/1000 partos.

- Unas 10 psicosis postparto por año en nuestro área



# GRUPO SALUD MENTAL PERINATAL





# GRUPO SALUD MENTAL PERINATAL

PARTICIPANTES: mujeres EN TRATAMIENTO en SM

- Embarazo y postparto (1 año aprox)

CARACTERISTICAS

- Grupo semanal de 90 minutos de duración
- Abierto y flexible
- Vivencial, poco directivo
- Pueden acudir con los bebés
- Accesible a todo el Área
- El tratamiento farmacológico y el plan de vida son llevados siendo a cargo de su profesional de salud mental

PROFESIONALES

- 2 Psiquiatras y enfermera



GRUPO EUROPEO DE SALUD MENTAL PERINATAL



# GRUPO PERINATAL ONLINE



## The impact of the COVID-19 pandemic on women's mental health

Marcela Almeida<sup>1,2</sup>  · Angela D. Shrestha<sup>3</sup> · Danijela Stojanac<sup>3</sup> · Laura J. Miller<sup>4,5</sup>

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### Abstract

The current worldwide outbreak of COVID-19 has changed the modus operandi of all segments of society. While some pandemic-related stressors affect nearly everyone, many especially affect women. Purpose: To review what is known about the pandemic's effect on women's mental health, what makes them more predisposed to vulnerabilities and adverse impacts, and strategies for preventing and treating these mental health consequences in the female population during specific stages across the lifespan. Methods: The authors performed a narrative review in combination with their observations from clinical experience in the field of women's mental health and reproductive psychiatry. Articles on women's mental health and COVID-19 up to May 30, 2020, were searched using the electronic PubMed and PsychInfo databases, as well as publications by major health entities (e.g., World Health Organization, Centers for Disease Control and Prevention, the United Nations) and press releases from prime communication outlets (e.g., National Public Radio). Results and conclusions: Women who are pregnant, postpartum, miscarrying, or experiencing intimate partner violence are at especially high risk for developing mental health problems during the pandemic. Proactive outreach to these groups of women and enhancement of social supports could lead to prevention, early detection, and prompt treatment. Social support is a key protective factor. Similarly, parenting may be substantially more stressful during a pandemic. Gender disparities may be accentuated, particularly for employed women or single parents, as women are disproportionately responsible for the bulk of domestic tasks, including childcare and eldercare.

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## The impact of the COVID-19 pandemic on maternal and perinatal health: a scoping review

Bethany Kotlar<sup>1</sup>, Emily Gerson<sup>2</sup>, Sophia Petrillo<sup>3</sup>, Ana Langer<sup>1</sup> and Henning Tiemeier<sup>1,4\*</sup> 



### Abstract

**Introduction:** The Covid-19 pandemic affects maternal health both directly and indirectly, and direct and indirect effects are intertwined. To provide a comprehensive overview on this broad topic in a rapid format behooving an emergent pandemic we conducted a scoping review.

**Methods:** A scoping review was conducted to compile evidence on direct and indirect impacts of the pandemic on maternal health and provide an overview of the most significant outcomes thus far. Working papers and news articles were considered appropriate evidence along with peer-reviewed publications in order to capture rapidly evolving updates. Literature in English published from January 1st to September 11 2020 was included if it pertained to the direct or indirect effects of the COVID-19 pandemic on the physical, mental, economic, or social health and wellbeing of pregnant people. Narrative descriptions were written about subject areas for which the authors found the most evidence.

**Results:** The search yielded 396 publications, of which 95 were included. Pregnant individuals were found to be at a heightened risk of more severe symptoms than people who are not pregnant. Intrauterine, vertical, and breastmilk transmission were unlikely. Labor, delivery, and breastfeeding guidelines for COVID-19 positive patients varied. Severe increases in maternal mental health issues, such as clinically relevant anxiety and depression, were reported. Domestic violence appeared to spike. Prenatal care visits decreased, healthcare infrastructure was strained, and potentially harmful policies implemented with little evidence. Women were more likely to lose their income due to the pandemic than men, and working mothers struggled with increased childcare demands.

**Conclusion:** Pregnant women and mothers were not found to be at higher risk for COVID-19 infection than people who are not pregnant, however pregnant people with symptomatic COVID-19 may experience more adverse outcomes compared to non-pregnant people and seem to face disproportionate adverse socio-economic consequences. High income and low- and middle-income countries alike faced significant struggles. Further resources should be directed towards quality epidemiological studies.

**Plain English summary:** The Covid-19 pandemic impacts reproductive and perinatal health both directly through infection itself but also indirectly as a consequence of changes in health care, social policy, or social and economic circumstances. The direct and indirect consequences of COVID-19 on maternal health are intertwined. To provide a comprehensive overview on this broad topic we conducted a scoping review. Pregnant women who have symptomatic COVID-19 may experience more severe outcomes than people who are not pregnant. Intrauterine and



# GRUPO PERINATAL CIUDAD LINEAL

## 1 EDICIÓN:

- FEBRERO - JUNIO 2019
- PRESENCIAL
- 15 PACIENTES

## 2 EDICIÓN:

- SEPTIEMBRE 2019- MARZO 2020 PRESENCIAL
- JUNIO 2020- JULIO 2020 ONLINE

## 3 EDICIÓN:

- SEPTIEMBRE 2020 – JUNIO 2021

## 4 EDICIÓN:

- SEPTIEMBRE 2021- ACTUALIDAD



# GRUPO ONLINE

## Effectiveness of Telehealth Interventions for Women With Postpartum Depression: Systematic Review and Meta-analysis

LiuHong Zhao<sup>1\*</sup>, BSN; Jingfen Chen<sup>1\*</sup>, BSN; Liuying Lan<sup>1</sup>, BSN; Ni Deng<sup>2</sup>, BSN; Yan Liao<sup>3</sup>, BEng; Liqun Yue<sup>4\*</sup>, BSN; Innie Chen<sup>3,5,6</sup>, MD; Shi Wu Wen<sup>3,5,6</sup>, PhD; Ri-hua Xie<sup>1</sup>, PhD, FAAN

### Appraisal of systematic reviews on interventions for postpartum depression: systematic review

Ryan Chow<sup>1,2</sup>, Eileen Huang<sup>1</sup>, Allen Li<sup>1</sup>, Sophie Li<sup>3</sup>, Sarah Y. Fu<sup>1</sup>, Jin S. Son<sup>3</sup> and Warren G. Foster<sup>2,3\*</sup>



#### Abstract

**Background:** Postpartum depression (PPD) is a highly prevalent mental health problem that affects parental health with implications for child health in infancy, childhood, adolescence and beyond. The primary aim of this study was to critically appraise available systematic reviews describing interventions for PPD. The secondary aim was to evaluate the methodological quality of the included systematic reviews and their conclusions.

**Methods:** An electronic database search of MEDLINE, Embase, and the Cochrane Library from 2000 to 2020 was conducted to identify systematic reviews that examined an intervention for PPD. A *Measurement Tool to Assess Systematic Reviews* was utilized to independently score each included systematic review which was then critically appraised to better define the most effective therapeutic options for PPD.

**Results:** Of the 842 studies identified, 83 met the a priori criteria for inclusion. Based on the systematic reviews with the highest methodological quality, we found that use of antidepressants and telemedicine were the most effective treatments for PPD. Symptoms of PPD were also improved by traditional herbal medicine and aromatherapy. Current evidence for physical exercise and cognitive behavioural therapy in treating PPD remains equivocal. A significant, but weak relationship between AMSTAR score and journal impact factor was observed ( $p = 0.03$ ,  $r = 0.24$ ; 95% CI, 0.02 to 0.43) whilst no relationship was found between the number of total citations ( $p = 0.27$ ,  $r = 0.12$ ; 95% CI, -0.09 to 0.34), or source of funding ( $p = 0.19$ ).

**Conclusion:** Overall the systematic reviews on interventions for PPD are of low-moderate quality and are not improving over time. Antidepressants and telemedicine were the most effective therapeutic interventions for PPD treatment.





## VENTAJAS

ACCESIBILIDAD/ASISTENCIA

COMPATIBILIDAD HORARIOS BEBES

TELETRABAJO/PERMISOS

DISTANCIA SOCIAL/PANDEMIA

AGORAFOBIA, TOC

INFORMACION ENTORNO SOCIAL

GRUPO IDONEO (edad, manejo redes)

## INCONVENIENTES

FRIALDAD INICIAL

PSICOTERAPEUTAcentrico

MENOR INFORMACION BEBE

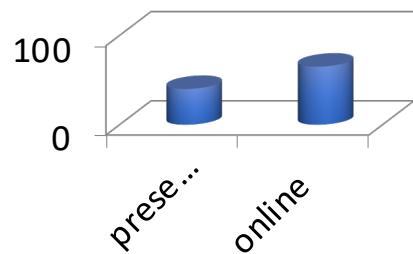
MARCO/ CONTEXTUALIZAR

CONFIDENCIALIDAD/ZOOMBOMBING

FALLOS TECNOLOGICOS

PSICOSIS O ALTO RIESGO DE SUICIDIOS

### ASISTENCIA



### PREFERENCIAS





## CONCLUSIONES:

### BUENA ALTERNATIVA

- BUENA COHESION GRUPAL
- MEJORA LA ASISTENCIA GLOBAL
- MISMA TEMATICA QUE GRUPOS PREVIOS
- PERFIL SOCIODEMOGRAFICO SIMILAR

### SATISFACCION DE LOS PACIENTES

- OPTAN POR CONTINUAR CON FORMATO MIXTO

### DIFICULTAD CON PACIENTES CON PATOLOGIA PSICOTICA



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