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Multidisciplinary management of Post-Partum Depression (PPD): From screening to the implementation of a specific clinical-care treatment protocol

Post-Partum Depression (PPD) is defined as depression with the onset of symptoms during pregnancy or within 6 weeks of delivery. The PPD occurs in 10-15% of the new mothers and if not diagnosed it is present in 50% at 6 months, and in 25% at a year (Trop et al., 2018). The implementation of a protocol is essential to examine the current diagnostic criteria, the probability of performing differential diagnosis or to find predictors of risk factors for PPD. Screening tools must be able to establish the right timing of action and women acceptability. The support path arises from the collaboration between those who provide primary care to women - Midwives and Ob/Gyn and mental health professionals - Psychologists and Psychiatrists (Meissonier S., 2003). The selected professional figures are called on a longitudinal management of the cases, in order to ensure a holistic treatment and a close follow-up. The multidisciplinary aspect of treatment for PPD reflects the need for health of every woman and her child and has positive implications for the family and the whole society. If no action is taken, the PPD is a significant risk factor for the development of the child as well as for the style of insecure attachment to the caregiver (Coyle et al., 2000). It has been documented how the risk of depression affects maternal behavior, limiting emotional expression and the quality of relational exchanges, within the process of mutual emotional regulation (Amanita et al., 2006). PPD can lead to an affective deregulation and a deficit in psycho-biological synchronization which represents a psychopathological vulnerability for the child. Psychoneuroimmunology studies on PPD show how the main risk factor is related to the inflammatory process increased by stress (it increases the level of cortisol - a hormone often elevated in depressed people). Normally inflammation increases during the last trimester of pregnancy - a period when there is also a high risk of depression (Kendall-Tackett KA, A, 2007). The use of the multidisciplinary protocol would lead to the prevention of psychopathological disorders in the child.

Biography

Ernesto Mangiapane is a clinical psychologist with a psychoanalytic orientation, EMDR (Eye Movement Desensitization and Reprocessing) therapist, expert in intervention techniques in psycho-legal and criminological contexts, master degree in Criminology and Forensic Psychopathology, Professional Certificate in Forensic Psychology, expert in Persecution Sciences, Membership in APA - American Psychological Association, Society for Clinical Neuropsychology, Trauma Psychology, Membership British Psychological Society, Membership ESRU (European Society for Research on Internet Interventions), ANFOS (National Association of Workplace Safety Trainers) trainer, Scientific technical consultant at "Armando Curio" Institute.

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Cristina Lumia is a midwife, she completed her first degree at the age of 23 years old, during a short period of study and work between England and United States. After the Midwifery graduation she has achieved in 2017 a master degree from School of Medicine of Florence in "Clinical, Instrumental and Laboratory Diagnostics" with a dissertation about "Robson Classification of Caesarean Section with integration of new criteria". In the same year she got a fellowship in Robotic Surgery at the University Hospital of Palermo. Currently she collaborates in a medical clinic for early diagnosis, treatment and monitoring of breast, cervical and ovarian tumors in women and doing clinical and statistical research about Human Papilloma Virus diseases. She is the author of the Italian translation of World Health Organization Guidelines - Intrapartum care for a positive childbirth experience.

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