

PERINATAL MOOD AND ANXIETY DISORDERS

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OVERVIEW OF PERINATAL MOOD AND ANXIETY DISORDERS (PMAD'S)

[Watch Postpartum Support International: Healthy Mom, Happy Family Online | Vimeo On Demand on Vimeo](#)

PMAD'S DEFINED

- + Parents of every culture, age, income level and race can develop perinatal mood and anxiety disorders.
- + Symptoms can appear any time during pregnancy and the first 12 months after childbirth.
- + There are effective and well-researched treatment options to help you recover.
- + Postpartum depression is most often used several forms of illness that parents may experience.

PMAD'S AND THE DSM-5

- + Depression
- + Anxiety
- + Panic Disorder
- + Obsessive Compulsive Disorder
- + Postpartum PTSD
- + Bipolar Disorder
- + Postpartum Psychosis

SIGNS AND SYMPTOMS

- + Feelings of guilt, shame, hopelessness, etc.
- + Feelings of anger, rage/irritability, or scary/unwanted thoughts
- + Lack of interest in the baby or difficulty bonding with baby
- + Loss of interest, joy or pleasure in things you used to enjoy
- + Disturbances of sleep/appetite
- + Crying/sadness, constant worry or racing thoughts
- + Physical symptoms like dizziness, hot flashes, and nausea
- + Possible thoughts of harming the baby or yourself

A kitten.



Good parents can have scary thoughts

RISK FACTORS

- + History of depression, anxiety, etc.
- + Thyroid imbalance, physical health concerns
- + Lack of support from family and friends
- + Pregnancy or delivery complications, infertility, miscarriages, or infant loss
- + Financial stressors/poverty
- + Abrupt discontinuation of breastfeeding
- + History of abuse (sexual, physical, emotional)
- + Unwanted or unplanned pregnancy

PMAD'S AND SPECIAL POPULATIONS

CULTURAL/RACIAL CONSIDERATIONS

- + Asian women least likely to report being educated about PMADs
 - least likely to report symptoms
- + Black women 50% increased risk
 - 57% less likely than white women to receive care
- + Latinas 40% increased risk
 - 41% less likely than white women to receive care

SUBSTANCE USE DISORDERS

- + 86% of pregnant opioid-abusing women reported pregnancy was unintended
 - In general, 31-47% are unintended
- + Around 50% of pregnant substance use disorder treatment admissions are for opioids
- + Adolescent mothers report the highest illicit substance use rates
- + dfgsfg

LGBTQIA+

- + Much more likely to have a trauma history
- + Adolescent sexual assault rates
 - 15.5% for lesbians
 - 55.5% for transgender individuals
 - 7.5% heterosexual girls
- + 44% of LGBTQ report prior physical assault directly due to their identity
- + Edinburgh Postnatal Depression Scale average ratings at 6-8 weeks postpartum
 - ISM: 6.9, VSM: 5.4; Heterosexual women: 4.6

THERAPY AND MEDICATION REFERRALS

- + Counseling
- + Medication
- + Support from others/peer support
- + Exercise
- + Adequate sleep
- + Healthy diet
- + Bright light therapy
- + Yoga
- + Relaxation techniques





PERINATAL MOOD AND ANXIETY DISORDERS (PMADS)

Perinatal: Anytime during pregnancy through the first year postpartum



SYMPTOMS



Feelings of guilt, shame or hopelessness



Feelings of anger, rage, or irritability, or scary and unwanted thoughts



Lack of interest in the baby or difficulty bonding with baby



Loss of interest, joy or pleasure in things you used to enjoy



Disturbances of sleep and appetite



Crying and sadness, constant worry or racing thoughts



Physical symptoms like dizziness, hot flashes, and nausea



Possible thoughts of harming the baby or yourself



TREATMENT OPTIONS

Counseling

Medication

Support from others

Exercise

Adequate sleep

Healthy diet

Bright light therapy

Yoga

Relaxation techniques

RISK FACTORS



History of depression, anxiety, OCD



Pregnancy or delivery complications, infertility, miscarriage or infant loss



Abrupt discontinuation of breastfeeding



Thyroid imbalance, diabetes, endocrine disorders



Premenstrual Syndrome (PMS)



History of Abuse



Lack of support from family and friends



Financial stress or poverty



Unwanted or unplanned pregnancy

WHAT IS POSTPARTUM DEPRESSION

POSTPARTUM DEPRESSION

Postpartum depression (PPD) is a mood disorder that affects some women after childbirth. Mothers with PPD can experience feelings of extreme sadness and anxiety, which can make it difficult to complete daily activities and could have significant consequences for both the mother and family.

SYMPTOMS

- Severe mood swings
- Intense irritability and anger
- Feelings of shame, guilt or inadequacy
- Withdrawal from family and friends
- Difficulty bonding with the baby
- Overwhelming fatigue
- Insomnia
- Loss of appetite
- Loss of interest in sex



THE BABY BLUES

The "Baby Blues" is a lot more common than PPD, and the symptoms of this condition usually happen in the first few days following childbirth, and are a lot less serious than PPD and normally don't need treatment.

SYMPTOMS

- Sadness
- Changes in sleeping and eating patterns
- Reduced libido
- Crying episodes
- Impatience
- Restlessness
- Irritability
- Anxiety

1 IN 7 
WOMEN THAT GIVE BIRTH EXPERIENCE
POSTPARTUM DEPRESSION

FIRST TIME MOTHERS ARE
→ 7.3 ←
TIMES MORE AT RISK FOR PPD

WOMEN WHO HAVE ALREADY EXPERIENCED
POSTPARTUM DEPRESSION HAVE A
50%
CHANCE OF EXPERIENCING IT
AGAIN IN ANOTHER PREGNANCY

PPD AFFECTS
10% – 15%
OF MOTHERS IN THE
1ST YEAR
FOLLOWING CHILDBIRTH

PPD CAN AFFECT AS MANY AS
10%
OF FATHERS WITHIN THE 1ST YEAR

PPD CAN PERSIST FOR MONTHS OR YEARS WITHOUT TREATMENT
PPD IS USUALLY TREATED WITH COUNSELING AND/OR MEDICATION

Counseling treatment entails talking to a mental health professional such as a psychologist, psychiatrist, therapist or social worker. Postpartum depression counseling strategies proven to be effective are interpersonal therapy and cognitive behavioral therapy.

Medication treatment entails the use of antidepressants which act on mood regulation brain chemicals. These medications will however be ingested by the baby if breastfeeding.

Why Maternal Mental Health Should be a Priority

World Maternal Mental Health Day draws attention to essential mental health concerns for mothers and families. Life changes around pregnancy make women more vulnerable to mental illness. The negative cycle of poverty and mental illness impact on a woman's ability to function and thrive. This may also directly affect her foetus or child, with long-lasting physical, cognitive and emotional outcomes. Mental health care provides the necessary support to empower women to identify resources and personal capabilities. This can enhance their resilience to difficult life circumstances and support them to nurture their children optimally. Caring for mothers is a positive intervention for long-term social development.

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WOMEN WITH PMAD

Worldwide, as many as 1 in 5 women experience some type of perinatal mood and anxiety disorder (PMAD). Statistics vary by country, but this is a worldwide concern. PMADs include postpartum depression, postpartum anxiety, postpartum obsessive compulsive disorder, postpartum bipolar, and postpartum psychosis.

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WOMEN HIDING THEIR SYMPTOMS

Estimates are that 7 in 10 women hide or downplay their symptoms. Without understanding, support, and treatment these mental illnesses have a devastating impact on the women affected and on their partners and families.

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FAMILY MENTAL HEALTH

Perinatal mood disorders affect the entire family. Many people don't realize that about 1 in 10 dads develop depression during this time. An integrated approach to family mental health allows both parents to move beyond the postpartum period as a thriving family unit.

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MISCARRIAGE OR STILLBIRTH

It is estimated that 20 – 25% of pregnancies end in miscarriage or stillbirth. In addition to grief, many of these women also experience postpartum depression. Giving birth to a premature child, or having a child spend extended time in a Neonatal Intensive Care Unit, can also take a toll on maternal mental health.

A puppy. We did it!

