Perinatal Mood and Anxiety Disorders (PMADs)

DID YOU KNOW?

- *PMADs affect at least **1 in 5 birthing people** during pregnancy and/or during the first year after childbirth.*
- *PMADs most commonly impact the birthing person, but partners can also experience anxiety, depression and mood disorders after baby comes.*
- *All women, regardless of culture, age, income level, religion and race can develop PMADs.*
- *Onset of symptoms may be gradual or sudden, but should never be ignored.*
- *There are many reasons why PMADs occur, and often are caused by changes in biology, physiology, lack of sleep, transition in identity and one's own expectations of parenthood versus the reality of a new baby.*
- *PMADs are temporary and are treated with some combination of self-care, social support, talk therapy, and, if necessary, medication.*

PMADs: Spectrum of Disease

PMADs, or perinatal mood and anxiety disorders, describe symptoms of several mental health conditions that mothers and birthing people can face during pregnancy or after delivery. They are the most common complication of the perinatal period and often go untreated. Theseinclude:

- *Anxiety*
- *Bipolar Mood Disorder*
- *Depression*
- *Obsessive Symptoms*
- *Postpartum Psychosis*
- *Post-Traumatic Stress Disorder*

Depression/Anxiety

- *Approximately 15-21% of pregnant women experience moderate to severe symptoms of depression or anxiety.*
- *In the postpartum period, 21% of women experience major or minor depression.*
- *Low income women and teens have rates up to 60%.*
- *Symptoms differ for everyone, and may include: feelings of anger, fear and/or guilt, lack of interest in the baby, appetite and sleep disturbance, difficulty concentrating/ making decisions, and possible thoughts of harming the baby or oneself.*

Intrusive Thoughts/OCD

- *Envisioning hurting her infant, such as smothering the infant with a pillow or shaking the infant.*
- *Intrusive thoughts are NOT a sign of psychosis, but are common in the postpartum period (can affect 80% of mothers) and are associated with high levels of parenting stress and poor social support.*
- *As many as 11% of new mothers will experience the following symptoms:*
  - *Obsessions (persistent thoughts or intrusive mental images often related to the baby)*
  - *Compulsions (doing things over and over to reduce the fears and obsessions)*
  - *Avoidance and/or Sense of horror about the obsessions*
- *These mothers know their thoughts are bizarre and are very unlikely to ever act on them.*
- *It is important to ask about these thoughts as mothers will not voluntarily disclose this information for fear of repercussions.*

Postpartum PTSD

- *Approximately 9% of women will experience PTSD following childbirth.*
- *Symptoms typically include:*
  - *Traumatic childbirth experience with a re-experiencing of the trauma (dreams, thoughts, etc.)*
  - *Avoidance of stimuli associated with the event (thoughts, feelings, people, places, details of event*
  - *Persistent increased arousal (irritability, difficulty sleeping, hypervigilance, exaggerated startle response).*

Perinatal Bipolar Disorder

- *Over 70% of women with bipolar disorder who stop medication when pregnant become ill during the pregnancy.*
- *Approximately 22% of women with postpartum depression will be suffering from a bipolar depression*

Postpartum Psychosis

- *Postpartum Psychosis is a rare psychiatric emergency and requires immediate hospitalization. Symptoms include substantial mood shifts, paranoia, hallucinations, delusions, and suicidal or homicidal thoughts.*
- *Women with a history of bipolar disorder have a higher risk of developing psychosis.*
- *Among women experiencing postpartum psychosis, approximately 5% will attempt suicide and 4% will commit infanticide.*
- *Keep in mind that patients don't always feel comfortable telling their providers about their suicidal thoughts, particularly during pregnancy and postpartum due to fears of being perceived as a bad parent or of being separated from their children.*
- *Suicide Specific Questionnaires are available.*

Risk Factors

BIOLOGICAL

- Dramatic change in hormone levels occurring during pregnancy and postpartum
- Previous postpartum or clinical depression
- Family history of depression
- Personal history of mood/anxiety disorder
- Severe premenstrual syndrome
- Fertility treatments
- Thyroid changes
- Lack of sleep

PSYCHOLOGICAL

- Perfectionist tendencies
- Difficulty with transitions
- Unrealistic expectations
- Relationship issues
- Low self esteem
- Anxious or highly sensitive personality
- Feeding baby

SOCIAL

- *Life changes (new home, new job, changes in work status)*
- *Loss of a loved one*
- *Isolation or lack of social support*
- *History of trauma*
- *Domestic violence/Intimate Partner Violence*
- *Systemic racism*
- *Substance use*
- *Financial stress*
- *Barriers to communication*

PMADs are the #1 complication of pregnancy and childbirth.
It is not the mother's fault.
With help she will get better.

In Virginia

- *Over 12% of women reported depression before getting pregnant.*
- *1 in 8 women reported depression during pregnancy.*
- *Over 13% of women reported symptoms of postpartum depression.*
- *Rates of PMADs are higher among women who are eligible for and receive WIC benefits.*

Identifying patients is the first step.

Screening for perinatal mood disorders is an important part of women's health visits and pediatric well child checks.
The close nature of the patient-physician/clinician relationship and the multiple visits that occur make it an ideal setting for screening.

How do we screen?

The **Edinburgh Postnatal Depression Scale (EPDS)** is a 10-question screening tool used during pregnancy and the postpartum period.

- The EPDS is not a diagnostic tool but identifies individuals who may be experiencing depression, both during pregnancy and during the postpartum period. A formal diagnosis requires a comprehensive evaluation by a clinician.
- Patients complete the questionnaire by choosing the answer that best describes how they have felt in the past 7 days.
- The scale has been validated and translated into numerous languages worldwide.
- Scores may need adjustment for different cultural groups, and careful consideration should be given to language and potential stigma.
- The questions cover symptoms like mood, worry, and anxiety, not just physical symptoms.
- It is FREE and available in multiple languages.
- Affirmative answers to question 10, concerning thoughts of self-harm, should trigger immediate safety assessment and clinical intervention

Recommendations for PMADs Screening

American College of Obstetrics and Gynecology (ACOG):

- *At first prenatal visit*
- *At 24-28 weeks gestation*
- *At 6-week postpartum check*
- *As needed based on clinician judgment*

American Academy of Pediatrics (AAP):

- *At 1,2,4,6 month infant well-child checks*
- *As needed based on clinician judgment*

Find Resources Here:

Virginia Chapter
Incorporated in Virginia
American Academy of Pediatrics

VDH VIRGINIA DEPARTMENT OF HEALTH

RESOURCES/REFERENCES

1.Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum: ACOG Clinical Practice Guideline No. 4. Obstet Gynecol. 2023 Jun 1;141(6):1232-1261. PMID: 37486660.

2.Earls MF, Yogman MW, Mattson G, Rafferty J; Commitee on Psychosocial aspects of Child and Family Health. Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. Pediatrics. 2019 Jan;143(1):e20183259. doi: 10.1542/peds.2018-3259. PMID: 30559120.

3. Justesen K, Jourdaine D. Peripartum Depression: Detection and Treatment. Am Fam Physician. 2023 Sep;108(3):267-272. PMID: 37725459. American Academy of Family Physicians: Peripartum Depression: Detection and Treatment Kathryn Justesen, MD, and Darien Jourdaine, DO, University of Minnesota, Minneapolis, Minnesota.

4. Wisner KL, Sit DK, McShea MC, Rizzo DM, Zoretich RA, Hughes CL, Eng HF, Luther JF, Wisniewski SR, Costantino ML, Confer AL, Moses-Kolko EL, Famy CS, Hanusa BH. Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. JAMA Psychiatry. 2013 May;70(5):490-8. doi: 10.1001/jamapsychiatry.2013

5. Virginia Maternal Mental Health PRAMS data, 2021

6.. Postpartum Support International

7. National Institute of Mental Health Ask Suicide Screening Questions

8. Columbia-Suicide Severity Rating Scale

Perinatal Depression

RESOURCES

National Maternal Mental Health Hotline
Call/Text: 1-833-TLC-MAMA

National Suicide Hotline
www.988lifeline.org
Call/ Text 9-8-8

Postpartum Support Virginia
www.PostpartumVA.org
Call/Text: 703-829-7152
English & Spanish available

Postpartum Support International
www.postpartum.net
Call: 1-800-944-4773 #1: Español #2: English
Text "Help" to 800-944-4773 (EN)
Text en Español: 971-203-7773

For Physician/Clinician Support:

VMAP for Moms+

Virginia Mental Health Access Program

www.vmap.org/vmap-for-moms

Call: 1-888-371-VMAP (8627)

(Press "1" for VMAP for moms)