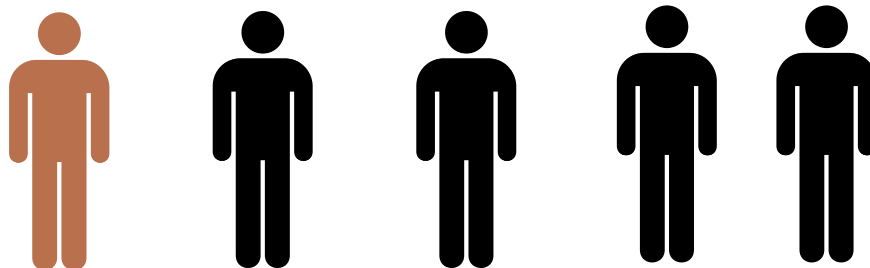
Perinatal Mood and Anxiety Disorders (PMADs)

DID YOU KNOW?

PMADs can affect parents or expectant mothers at any point during pregnancy or the first year after birth. PMADs most commonly impact the birthing person, but partners can also experience anxiety, depression and mood disorders after baby comes.



PMADs affect at least **1 in 5 birthing people** during pregnancy and/or during the first year after childbirth.

- 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.[1]

PMADs are the #1 complication of pregnancy and childbirth.

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 depressions.
- Rates were higher among women who are eligible for and receive WIC benefits.[2]

WHAT IS IT?

Perinatal Mood & Anxiety Disorders

- Perinatal Depression can be manifested by anger, irritability, social withdrawal, sleep problems, feelings of hopelessness and mothers may feel that their family/baby are better off without them. Symptoms of postpartum depression are similar and will last longer than 2 weeks after birth.[3]
- Perinatal Anxiety can include panic attacks, hyperventilation, excessive worry, restless sleep, and repeated thoughts or images of frightening things happening to the baby.
- Perinatal OCD can affect women during pregnancy or in the postpartum period where they can experience repetitive and unwanted thoughts and images which cause them to do certain repetitive actions to reduce the anxiety caused by these thoughts.[1]

Includes: Intrusive Thoughts

- **Examples: A** mother 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 early postpartum period and are associated with high levels of parenting stress and poor social support. It is important to ask about these thoughts as mothers will not voluntarily disclose this information for fear of repercussions.[3]

Postpartum

- Postpartum PTSD is often caused by a traumatic or frightening childbirth experience and may include flashbacks, anxiety and the need to avoid things related to the event.[1]
- 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.[3]

Who is at risk?

Risk factors can be biological, psychological and social/environmental.

- Biological factors include previous postpartum or clinical depression, personal or family history of depression, severe premenstrual syndrome, fertility treatments, lack of sleep.
- Psychological factors include perfectionist tendencies, difficulty with transitions, unrealistic expectations, relationship issues, low self-esteem, anxious or highly sensitive personality, feeding the baby.
- Social factors include life changes (new home, new job, changes in work status), loss of a loved one, lack of social support, history of trauma, IPV/domestic violence, systemic racism, substance use and financial stress.[1]

It is important to remember that PMADs are very common, it is not the mother's fault and with help she will get better.

How can we prevent it?

- Cognitive behavioral therapy and interpersonal therapy4
- Set realistic expectations for mom and baby
- Making it okay to ask for help
- Sleep/Rest
- Designing a postpartum plan

What can we do?

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 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.

It focuses on symptoms over the past 7 days, and a score of at least 10 is considered a positive result for being at risk for a mood disorder. A singular positive response to question number 10 regarding suicidal thoughts is also considered a positive screening result and necessitates further intervention. The EPDS has a sensitivity of 86% and a specificity of 78% is available in multiple languages and has cross-cultural validity.[6]

Recommendations for PMADs Screening: (14 and 7)

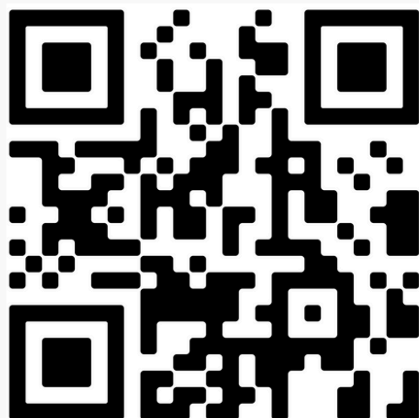
ACOG:

-First OB visit
-At 24-28 weeks gestation
-At comprehensive 6-week postpartum check
- As needed based on clinician judgment

AAP:

-At 1, 2, 4, 6 month well-child checks

Find Resources Here



Virginia Chapter
Incorporated in Virginia
American Academy of Pediatrics

1.The American College of Obstetricians and Gynecologists: Treatment and Management of Mental Health- June 2023 Number 5
*ACOG Committee on Clinical Practice Guidelines–Obstetrics in collaboration with Emily S. Miller, MD, MPH; Torri Metz,
MD, MS; Tiffany A. Moore Simas, MD, MPH, MEd; and M. Camille Hoffman, MD, MSc; with consultation from Nancy Byatt, DO,
MS, MBA; and Kay Roussos-Ross, MD.
The Society for Maternal–Fetal Medicine endorses this document.
The Committee on Women's Mental Health of the American Psychiatric Association reviewed and provided feedback on this
document.*

2.American Academy of Pediatrics:Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice
Marian F. Earls, MD, MTS, FAAP,a,b Michael W. Yogman, MD, FAAP,c *Gerri Mattson, MD, MSPH, FAAP,d,e Jason
Rafferty, MD, MPH, EdM, FAAP,f,g,h COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH*

3. American Academy of Family Physicians: Peripartum Depression: Detection and Treatment
Kathryn Justesen, MD, and Darien Jourdaine, DO, University of Minnesota, Minneapolis, Minnesota