

# Perinatal Mood & Anxiety Disorders — (PMAD)

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# Perinatal

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In the case of parental mental health--

The time during pregnancy and up to *one year* postpartum

# Why has it been a big secret?

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Stigma----news stories about perinatal women are the worst case scenarios.

Expectations-- Facebook, IG, What to Expect books, well-meaning family

Myths--instant love, interpret baby's cries, motherly "instincts"

Feeling like a bad mother, someone else could take better care of the baby

# Baby Blues: Considered normal

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About 75-80% of postpartum women may experience this--NORMAL

Self-correcting moodiness, tearfulness, fatigue, sleep deprivation lasting 2-3 weeks, peaks ~3-5 days postpartum

Feeling overwhelmed with transition to motherhood

# Under the PPD “umbrella”

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- Depression
- Anxiety/panic
- OCD (Perinatal Obsessive/Compulsive Disorder)
- Bipolar Disorder
- PTSD (Post Traumatic Stress Disorder)
- Postpartum Psychosis

~ 15-20% of all pregnant & postpartum women experience a Perinatal Mood & Anxiety Disorder PMAD (higher in high risk populations), ~10% of men do also. Adoptive parents also experience any of these at similar rates.

# PERINATAL\* Depression

- Overwhelm
- Irritability, anger, rage
- Unable to get going, get out of bed
- Lack of interest or enjoyment
- Changes in appetite and sleep.
- Feeling guilty, over-thinking, 2nd guessing self
- Feeling disconnected from baby postpartum or in utero

*About 10% while pregnant and 15% of new mothers .*

*“Most common complication of pregnancy and the postpartum period”*

*Onset usually between 2-6 months, but can be later, eg. when mom stops nursing.*

# PERINATAL Anxiety

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- Being “on edge”, agitated
- Mind constantly going, racing thoughts
- “wanting to run away”
- Insomnia--hard to fall/stay asleep/sleep at all (lingering symptom)
- Difficulty eating, weight loss, GI tract upset
- Cold hands/feet

*Statistics report about 10% occurrence overall , ~5% in pregnancy*

*Of the parents who do have a PMAD, at least 1/2 have anxiety leading the symptoms.*

*Similar onset as depression.*

# PERINATAL OCD

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<https://www.postpartum.net/news-and-blog/publicserviceannouncements/>

- Some experts estimate that as many as 30% to 57% of new mothers with PPD / A also have PP OCD, Obsessions (--everyone gets them but...)
  - Thinks she is a danger to self or baby or partner
  - Health concerns for baby (autism) or self
  - Can show up more as images, “pop up movies”, Mama bear, *in context*
  - These thoughts scare her and are “ego-dystonic”\*\*\*
  - Have been mistaken for psychosis
  - *Moms keep quiet about this, unless they feel you understand it*
- Compulsions (behaviors can include)
  - Checking baby’s breathing, hiding the knives, avoiding news articles and scary TV shows (at all), avoiding diaper changing (avoid imagined sexual abuse)



# Bipolar Disorder

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Bipolar II can become apparent for the first time

Something to keep an eye on--family history, changes

Very important to monitor if a mother has Bipolar Disorder

Postpartum Psychosis is most associated with Bipolar Disorder and Schizophrenia.

# PERINATAL Psychosis

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The negative media coverage is for PPP, not PPD.

- 1-2 of 1000 (.10%) deliveries result in psychosis. (usually either w/Bipolar or Schizophrenia involved)
  - Of those (the .1%), there is a 5% suicide rate and a 4% infanticide rate.
  - ONSET is often within the first few weeks after giving birth, but can be later. The 6 week PP check up is too long to wait if mom is known to have bipolar or schizophrenia.

IMPERATIVE TO GET TREATMENT, IMMEDIATELY

--PSYCHIATRIC EMERGENCY

# PERINATAL Psychosis<sup>2</sup>

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- Delusions or hallucinations, often religious-themed (Andrea Yates)
  - “Sending the children to God, to protect them from me.” --AY
- Odd thinking. She may think her thoughts make sense, but no one else does
- Decreased *need* for or inability to sleep
- Paranoia and suspiciousness
- Rapid mood swings
- Difficulty communicating at times, “zoned out”

Treatment with appropriate medications can work well.

# PTSD Post Traumatic Stress Disorder

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## Causes

- Unplanned and emergency C-sections--the setting
- Non birth plan events, baby's condition resulting in going to NICU
- Feelings of powerlessness, poor communication during the delivery
- Pre existing trauma from sexual abuse--the birthing and c-section process can be very triggery
- Postpartum hemorrhage, unexpected hysterectomy, perineal trauma (3rd or 4th degree tear)

# PTSD Post Traumatic Stress Disorder

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## Symptoms

- Intrusive re-experiencing flashbacks or nightmares of a past traumatic event (including their childbirth)
- Avoiding the stimuli associated with the event, including thoughts, feelings, people, places (the hospital or birth place, the OB) and details of the event
- Persistent increased arousal (irritability, difficulty sleeping, hypervigilance, exaggerated startle response)
- Anxiety and panic attacks, feeling a sense of unreality and detachment

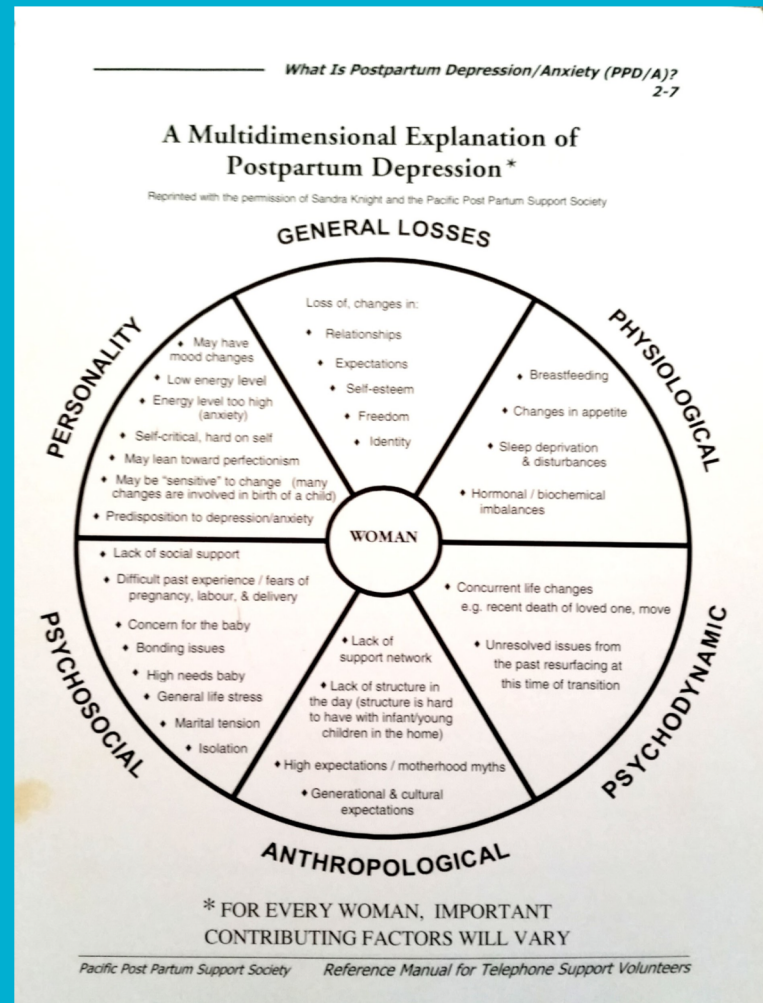
Partners who witness the trauma may equally be affected--pay special attention.

Trauma focused treatments--EMDR and other trauma-focused therapies.

# PMAD RISK FACTORS:

## Stacking the Deck

PPD is more than the shift in hormones



# Added Risk Considerations

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Previous loss/current loss

NICU families

Infertility

Military families

Adoptive families

Poverty

Houselessness (with & w/o shelter)

Domestic Violence

People of color

# Screening--not diagnosing

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Several tools available:

- Edinburgh Postnatal Depression Scale--cut off 10 for women, 8 for men
- PHQ-9--does not assess anxiety
- \*Postpartum Depression Screening Scale (\$\$)
- OCD Center of Los Angeles has a free OCD online, confidential assessment (questions can be trigger)

Can be screened throughout pregnancy, at first postpartum visit and quarterly, throughout the first year.

[www.postpartum.net/professionals/screening/](http://www.postpartum.net/professionals/screening/)



# What if someone says “yes” to S/I?

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Does your agency have guidelines as to what to do?

- Are they feeling suicidal currently?
  - Call Access Line 832-3100 and a crisis worker can come out to assess
  - Call 911
  - Emergency Room

For support at other times, mom can

- 1-800-784-2433 (1-800-SUICIDE) - National Hopeline Network
- 1-800-273-8255 (1-800-273-TALK) - National Suicide Prevention Lifeline 24/7
- CrisisTextLine 741741 (“home”)

# Treatment

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“Put out the fire before rebuilding the house”

- See a therapist--PSI-trained therapists available on Oahu, Hawai'i Island, Maui
  - Cognitive Behavioral Therapy or Interpersonal Therapy
- Take medication:
  - Most SSRIs can be taken throughout pregnancy and breastfeeding ([InfantRisk.com](http://InfantRisk.com))
    - There can be *initial* side effects--they usually fade within 1-2 weeks
    - People can notice small improvements in mood within the first week
  - Titration notes
    - Lowest *effective* dose
    - Per most medication websites, medications can be increased weekly until reaching effective dose. Mom has a family to care for.

# Learn More

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Postpartum Support International (PSI) [postpartum.net](http://postpartum.net)

PSI has free CONSULTs available to prescribers (search “Consult”)

“Down Came the Rain” Brooke Shields, 2003

Karen Kleiman, LCSW--Postpartum Stress Center, in NJ--books, website, training

OCD Center of Los Angeles <http://ocdla.com/postpartum-ocd>

Postpartum Progress [postpartumprogress.com](http://postpartumprogress.com)

# Mahalo!

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