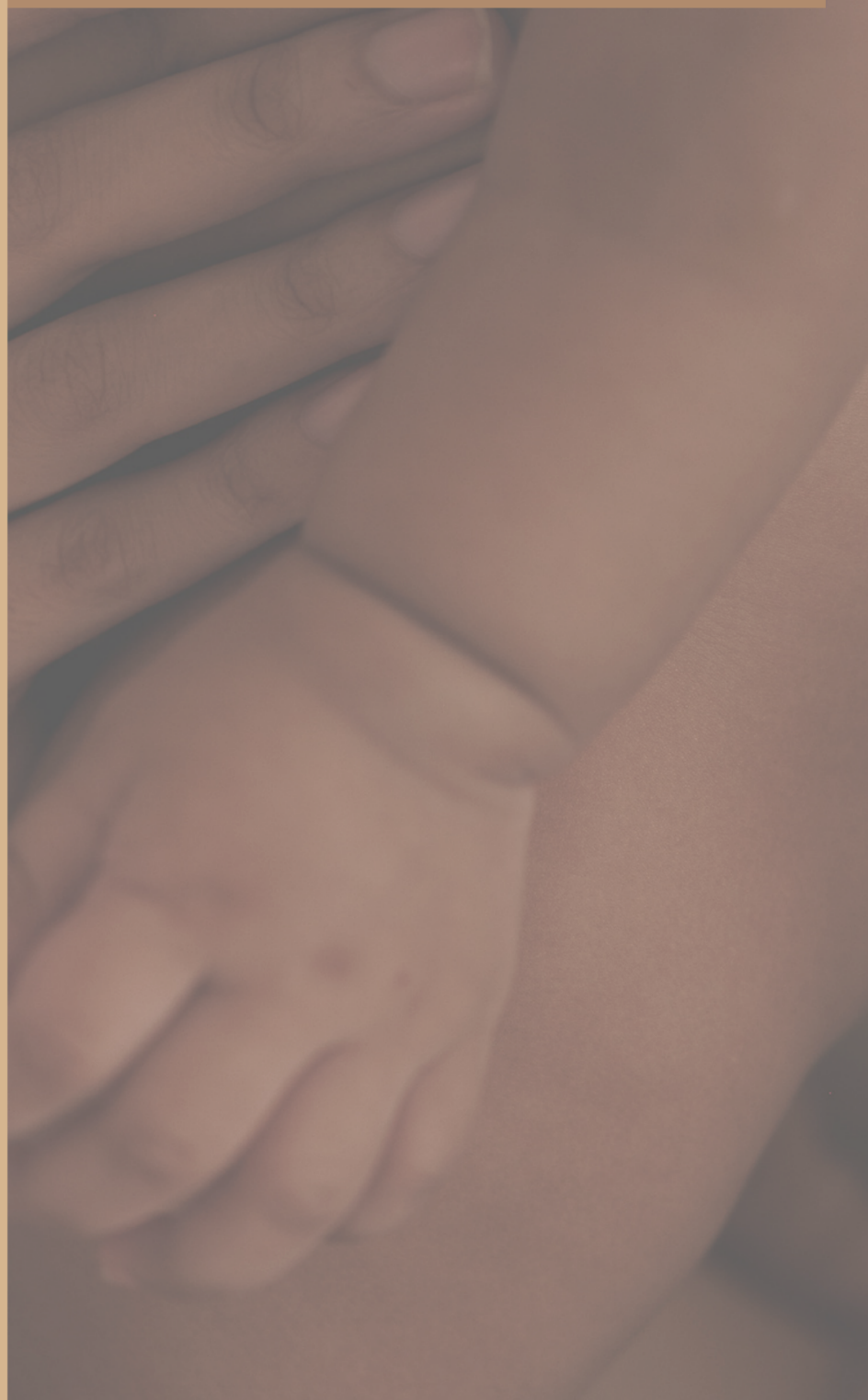
A GUIDE TO:

Perinatal Mood & Anxiety Disorders



Brought to you by
Mother Willow
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WHY PMADS MATTER

It is believed that perinatal depression is the most under-diagnosed obstetric complication in America. At least 1 in 7 women suffer some form of Postpartum depression or anxiety, but a staggering 75% of these cases go undiagnosed. Suicide accounts for up to 20% of postpartum deaths and is the second leading cause of mortality in postpartum women. PMADs are detectable, treatable, and even preventable with early intervention. Knowing the warning signs of PMADs is paramount to early detection and intervention.

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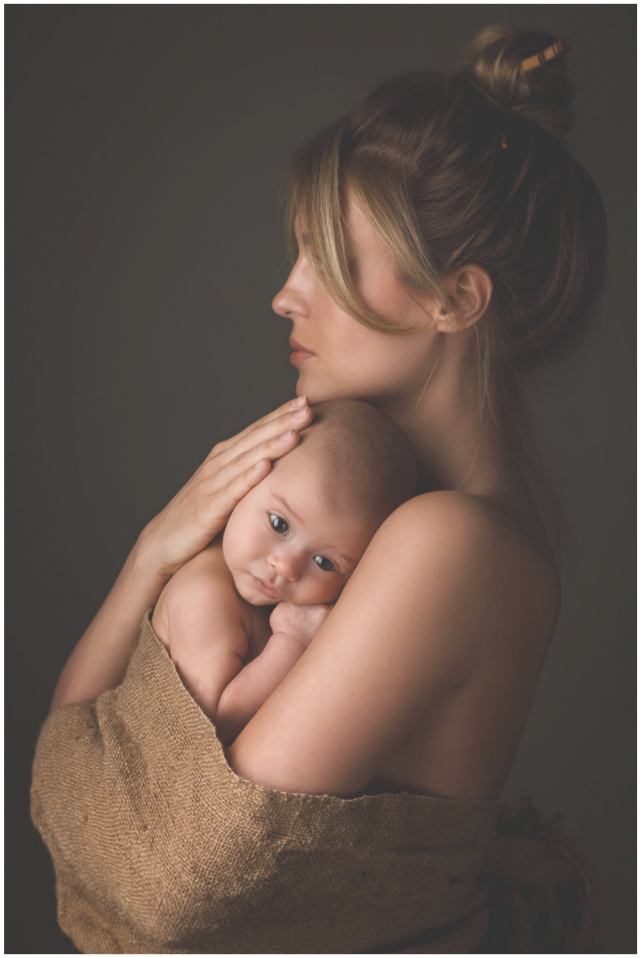
IN THIS FREE RESOURCE

We will discuss the different diagnoses of PMADs and the warning signs of each to equip you with the knowledge to identify potential signs and symptoms, leading to early detection, intervention, and prevention.



What are PMADs?

PMAD stands for Perinatal Mood and Anxiety Disorder.

PMAD is a broad term used to describe a range of emotional disruptions or disorders experienced during pregnancy and after. Many of these conditions are marked by heightened levels of anxiety and depression that lead to disruptive symptoms.

Patients (i.e. new mothers) are extremely vulnerable. This is due to multiple factors such as physical, mental, and emotional changes and extreme hormonal changes. There is a certain level of urgency in detection and intervention, as mothers are fragile due to postpartum conditions such as sleep deprivation, physical recovery, and caring for a newborn.

There are not always outward symptoms to denote the presence of a PMAD. For example, mothers can go about their daily routines, smile, put on make-up, and seem generally "okay." But the reality is that she may not be okay at all. This is why it's extremely important for those closest to new mothers to be aware of the warning signs of the presence of a mental health emergency.

Increased Risk Factors

All new mothers are vulnerable to experiencing a PMAD, but there are certain risk factors that can increase the likelihood. These are:

BIOLOGICAL

- Personal history of depression or anxiety
- Family history of depression or anxiety
- Thyroid issues
- History of strong mental/ emotional impact surrounding menstruation

MENTAL

- Negative thought patterns
- Difficulty adjusting to changes
- Body image issues or history of eating disorders
- Highly sensitive
- Anxious
- Self-conscious
- Fearful or mistrusting
- Highly introverted
- Perfectionist
- Harm-avoidant
- Self-depracating
- Easily annoyed and emotionally undifferentiated

SOCIAL

- History of conflict with parents
- Weak support system
- Exposure to violence
- High conflict environments
- Low socioeconomic status
- History of conflict with peers

SITUATIONAL

- Difficulty getting pregnant
- Teen pregnancy
- Unwanted or unplanned pregnancy
- Colicky baby
- Sick newborn
- Multiples birth
- Gender disappointment
- Complicated pregnancy, birth or breastfeeding relationship
- Previous pregnancy/birth trauma

Diagnoses

Please note: This free resource is **NOT** intended to be used as a diagnostic tool, but rather as a guide to bring awareness to PMAD warning signs. If you notice any of these symptoms, please do not self-diagnose or diagnose your partner, spouse, friend, relative, etc. but get in to a mental health professional for an accurate diagnosis as soon as possible.

DIAGNOSES

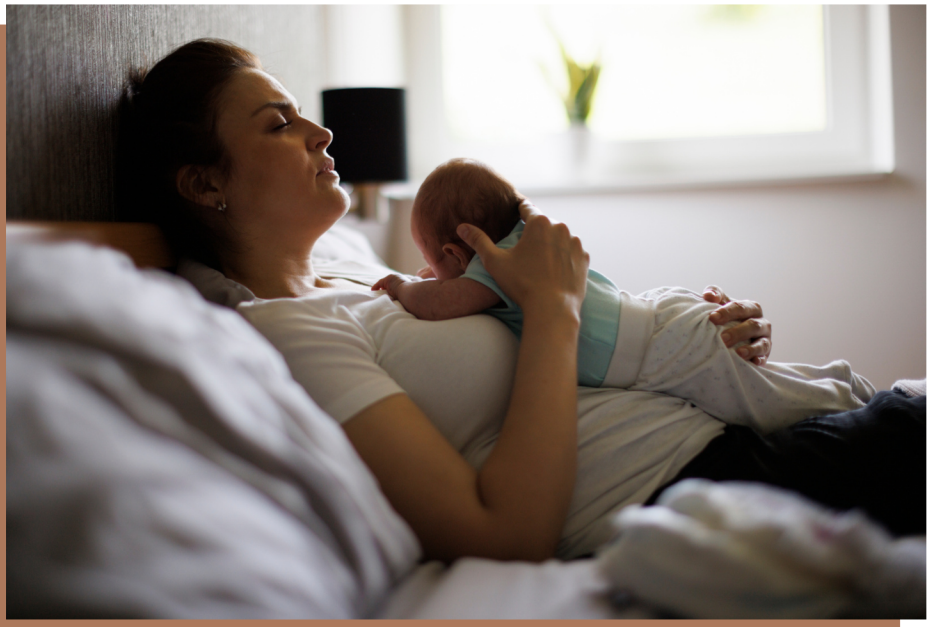
- Baby Blues (not considered a disorder)
- Perinatal Depression
- Perinatal Anxiety
- Perinatal OCD
- Postpartum Bipolar Disorder (Type 1 & 2)
- Postpartum Post-Traumatic Stress Disorder (PTSD)
- Postpartum Psychosis

Baby Blues

Baby blues is not considered an official disorder. It occurs in at least 80% of mothers, and sets in within the first week after childbirth. It lasts anywhere from 1-3 weeks and then subsides.

SYMPTOMS

- Mood instability
- Weepiness
- Sadness
- Anxiety
- Lack of concentration
- Feelings of dependency



Perinatal Depression

Perinatal Depression is a very common diagnosis. Roughly 33% of the time the symptoms actually begin to appear during pregnancy (hence the term perinatal). At least 1 in 7 women will experience Perinatal Depression. Symptoms often begin during the first 10-14 days postpartum, and continue beyond the general threshold of Baby Blues. It most commonly peaks around 3 months after birth, though symptoms can appear before and later.

SYMPTOMS

- Tearful, irritable, or angry
- Unexplained physical complaints (such as muscle aches and pains, joint pain, etc.)
- Suicidal thoughts and/or intentions
- Appetite changes
- Sleep disturbances (a key indicator is the inability to sleep when baby is sleeping)
- Poor concentration and/or focus
- Feelings of hopelessness, helplessness, guilt and shame
- Lack of feelings toward baby
- Inability to take care of self or family
- Loss of interest in pleasurable or joyful activities
- Anxiousness
- Overwhelm

Perinatal Anxiety

Perinatal Anxiety is another common diagnosis. It affects roughly 6% of women during pregnancy. Around 10% of women experience postpartum anxiety disorder after birth.

SYMPTOMS

- Agitation
- Inability to sit still
- Excessive concern about the health of baby or self
- Constantly on high alert
- Appetite changes (oftentimes it's rapid weight loss)
- Sleep disturbances (difficulty falling and/or staying asleep, or difficulty sleeping when baby is asleep)
- Racing thoughts
- Constant worry
- Shortness of breath
- Heart palpitations

Perinatal OCD

Perinatal OCD (obsessive-compulsive disorder) can affect 3-5% of new mothers and fathers, though they may not qualify for an official diagnosis. Perinatal women are 1.5 to 2 times more likely than the general population to experience OCD. 70% of women who have been previously diagnosed with OCD experience a recurrence of symptoms during pregnancy, even if the condition has been treated/managed previously.

SYMPTOMS

- Intrusive, repetitive thoughts or mental images (usually harm coming to the baby)
- Tremendous guilt and shame
- Hypervigilance in protecting infant
- Overly focused on harm avoidance and minimizing triggers
- Compulsions to do certain activities repetitively to reduce fears or obsessions (like repeatedly washing clothes, reordering items, and cleaning constantly)
- Fear of being left alone with the baby

Postpartum Bipolar Disorder (I & II)

Postpartum Bipolar Disorder presents initially as depression in 60% of patients. It has one of the highest risks of suicide of all PMADs. Many women are diagnosed with Bipolar Disorder for the first time during pregnancy and/or postpartum, possibly because it can be triggered by sleeplessness. The main difference between Bipolar 1 & 2 is the severity of the mania. Type 1 has manic episodes (more severe) and Type 2 has hypomanic episodes (less severe).

SYMPTOMS

- Periods of severe depression
- Periods of radically improved mood
- Euphoria or agitation
- Anxiety
- Decreased need for sleep
- Racing thoughts
- Increased productivity
- Symptoms become noticeable to others
- Rapid speech
- Increased energy
- Grandiose thoughts
- Inflated sense of self-importance
- Delusions and hallucinations (in severe cases)
- **TYPE 2:** Same symptoms as Type 1 but hypomanic episodes often appear as normal behavior and are not as disruptive

Postpartum PTSD

(Post Traumatic Stress Disorder)

Postpartum PTSD affects approximately 9% of postpartum mothers. Some mothers experience impaired mother-infant bonding. Partners who witness traumatic births can also experience PTSD. Those who experience Postpartum PTSD often avoid aftercare.

SYMPTOMS

- Intrusive re-experiencing of past traumatic event
- Flashbacks or nightmares
- Avoidance of stimuli
- Persistent increased irritability
- Difficulty sleeping
- Hypervigilance
- Exaggerated startle response
- Anxiety and panic attacks
- Sense of unreality and detachment
- Persistent, distorted sense of blame of self or others
- Numbing and disassociation
- Diminished interest in activities
- Inability to remember certain aspects of the event
- Isolation from family/friends/providers

Postpartum Psychosis

Postpartum psychosis is an extremely rare and dangerous mental illness. It occurs in 1-2 out of 1.000 postpartum women. Those who suffer Postpartum Psychosis are at risk of committing suicide and/or infanticide. The disease usually sets on within 2 weeks after childbirth.

SYMPTOMS

- Delusions or strange beliefs (oftentimes containing religious symbolism)
- Hallucinations/hearing voices
- Insomnia
- Feeling very irritated
- Hyperactive
- Confusion/disorientation
- Difficulty communicating
- Rapid mood swings
- Waxing and Waning (appears normal for stretches at a time between psychotic symptoms)

IF YOU OR A LOVED ONE

is experiencing signs/symptoms of any of the above-mentioned PMADs, please don't hesitate to reach out to your doctor or a certified mental health professional. Please, remember, this guide is **NOT** a tool for self-diagnosis.

I CAN HELP!

As a certified full-spectrum Doula, I can offer you a free mental health screening if you fear you're experiencing any PMAD symptoms. I **CANNOT** diagnose you -- however, if you would like to receive a free screening prior to making an appointment with your preferred doctor, or mental health professional, please feel free to reach out to me via phone or email and I'd be happy to help!