Perinatal Mood & Anxiety Disorder (PMAD)
Mothers Emotional Health During and After Pregnancy

An Infopeople Hosted Webinar
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Mothers Strong Mission:
To promote and strengthen Butte County maternal depression systems of care, and ensure help is available to all women and their families
Objectives

• At the end of the session, learners will be able to identify the prevalence of PMAD and list the disorders that comprise PMAD.
• Learners will be able to identify a screening tool for perinatal depression.
• Learners will be able to articulate the impact of PMAD on maternal and infant health.
Scope of Problem

- Perinatal Depression and Anxiety is the No. 1 complication of childbirth, and it has a significant impact on the fetus, mother, infant, child and family.
- Nationally, 1 in 7 mothers will suffer from PMAD.
- Prevalence increases to 40% in low income communities.
- Not limited to pregnancy and early postpartum (can occur up to 1 or more years after birth of child).
Butte County Estimates: 2016

- 690 new cases each year
Symptoms of Baby Blues

- Approximately 70-80% of new mothers experience some negative feelings or mood swings after the birth of their child
- Usually occurs within 4-5 days after the birth and diminishes after two weeks
- Symptoms include:
  - Weepiness or crying for no apparent reason
  - Anxiety
  - Insomnia
## Types of PMAD

1. Depression
2. Anxiety
3. OCD (Obsessive-Compulsive-Disorder)
4. PTSD (Post-Traumatic Stress Disorder)
5. Postpartum Psychosis
Depression During Pregnancy & Postpartum

- 15% of women experience significant depression following childbirth and the percentage is even higher for women living in poverty
- The rate is twice as high for teen mothers
- Perinatal depression is the most common complication of childbirth
Risk Factors

- Personal or family history of depression or anxiety
- Premenstrual dysphoric disorder (PMDD or PMS)
- Marital/relationship stress
- Financial stress
- Pregnancy, birth and/or breastfeeding complications
- Recent life event such as loss or move
- Multiple birth
- NICU moms
- Inadequate support
Depression Symptoms

- These symptoms can start anytime during pregnancy and up to one year postpartum
  - Feelings of anger and/or irritability
  - Difficulty engaging with baby
  - Appetite and/or sleep disturbance
  - Crying and sadness
  - Feelings of guilt, shame or hopelessness
  - Loss of interest, joy or pleasure in things they usually enjoy
  - Possible thoughts of self-harm
  - Suicidal thoughts
Approx. 6% of pregnant women and 10% of postpartum women develop anxiety. This can be experienced alone, or with depression.
Anxiety Symptoms

- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and/or appetite
- Fidgeting/restlessness
- Physical symptoms like dizziness, hot flashes, and nausea
Risk Factors

- Family or personal history of anxiety
- Previous depression diagnosis
- Thyroid imbalance
Specific Anxiety Disorders

- Postpartum Panic Disorder
- Postpartum Obsessive Compulsive Disorder
Postpartum Panic Disorder

- Woman feels very nervous
- Recurring panic attacks
- Panic attacks can be experienced in waves
Obsessive–Compulsive Disorder

- Most misunderstood and misdiagnosed
- Affects 3-5% of new mothers
- Obsessions or intrusive thoughts
  - Persistent, repetitive thoughts or mental images related to the baby
  - Leaves mom with a sense of horror
- Compulsions
  - Repetitive behaviors that reduce fear and obsessions
does having scary thoughts mean you'll act on them?

postpartumprogress.com
Postpartum PTSD

• 1-6% of women experience PTSD following childbirth
• May be associated with a trauma during childbirth:
  o The trauma is based upon how the mom perceives the birth event, not how anyone else perceives the event
Perceptions:

- A perception of lack of caring
- Poor communication
- Feelings of powerlessness
- Re-triggering of old trauma histories or fears
- Does a healthy baby justify a traumatic delivery?
Symptoms of PTSD

- Intrusive re-experiencing of a past traumatic event (which may be childbirth itself)
- Flashbacks or nightmares
- Avoidance of stimuli associated with the event including thoughts, feelings, people, places and details of the event
- Persistent increased arousal (irritability, difficulty sleeping, hypervigilance)
- Anxiety and panic attacks
- Feeling a sense of unreality and detachment
• This is the most rare form of PMAD and occurs in one out of every 1,000 deliveries, or approximately 0.1% of births

• Onset is usually sudden, often within the first two weeks postpartum
Symptoms of Psychosis

• Delusions or strange beliefs
• Hallucinations (seeing, feeling or hearing things that aren’t there)
• Paranoia and suspiciousness
• Delusions of grandeur
• Can’t remember how to complete basic tasks
• Losing track of time
• Rapid mood swings/conflict
• Feeling controlled by an outside force
Risk Factors

• Most significant risk factor is personal or family history of Bipolar 1 disorder or a previous psychotic episode

• For a woman with psychosis
  – 5% rate for suicide
  – 4% rate for infanticide
Warning Signs

• Not showing up for commitments
• Looking unusually tired
• Requiring a support person to accompany her
• Significant weight loss or gain
• Evading questions about her own well-being
• Not willing to hold baby or not willing to let others care for the baby
• Expressing that the baby does not like her, or that she is not a good mother
Risks of Untreated PMAD

- Low birth weight
- Prematurity
- Small head circumference
- Low Apgar scores
- High fetal stress levels
- Negative effect on bonding
- Decreased breastfeeding
- Poor self-care, nutrition and sleep
- Infant growth and nutrition
- Suicide
Why this information is so important…

- PMAD symptoms generally do not resolve themselves without treatment
- PMAD can become chronic for the mother, and affect the entire family
Why this information is so important...

- Cognitive and emotional delays through early childhood
- Poor school readiness
- Developmental delays and affective disorders
- Higher rates of depression and psychiatric disorders in adults
Three Core Concepts in Early Development

- Experiences Build Brain Architecture
- Serve & Return Interaction Shapes Brain Circuitry
- Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child

HARVARD UNIVERSITY
Sources of Toxic Stress in Young Children

U.S. Children Ages 2-5 (per 1,000)

- Maltreatment: 75
- Parental Substance Abuse: 98
- Postpartum Depression: 130

Source: The Invisible Wound Project  www.theiwp.org
What does this mean for your community?

• Communities need to have a variety of resources and services in place to support families…
Critical Elements

• Medical providers and professionals need to be aware of the issue and engaged in treatment.
• Home visiting, counseling, case management and effective social services.
• Families have access to concrete supports such as food security, economic support, transportation, diapers, referral to services.
• Culturally sensitive services and interventions that include input from community members.
Screening

• The AAP and ACOG recommend screening for maternal depression
• Screening is the first step in helping new moms get back on their feet
Edinburgh Postnatal Depression Scale

1. I have been able to laugh and see the funny side of things:
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things:
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3. I have blamed myself unnecessarily when things went wrong:
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason:
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

5. I have felt scared or panicky for no very good reason:
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6. Things have been getting on top of me:*
   - Yes, most of the time I have not been able to cope at all
   - Yes, sometimes I have not been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:*
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

8. I have felt sad or miserable:*
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

9. I have been so unhappy that I have been crying:*
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10. The thought of harming myself has occurred to me:*
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never

*R e s p o n s e  c a t e g o r i e s  a r e  s c o r e d 0, 1, 2, and 3 according to increased severity of the symptom. Items marked with an asterisk (*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the 10 items. Women with scores above 12 likely have depression.
Public Education and Awareness
1 in 7 Women
Will Experience Depression and Anxiety During Pregnancy and After Birth of a Baby.

You Are Not Alone.

Visit:
HelpCentral.org/mothersstrong or call 2-1-1
Join us on facebook at facebook.com/mothersstrong

If you are experiencing:
• Depressed moods
• Disturbing thoughts
• Constant worry
• Difficulty sleeping
• Changes in appetite

Talk to:
• Your doctor
• A counselor
• Your family or friends
• Call the Warmline (800) 994-4773 (English and Spanish)
Trained Therapists
Events for Mothers
MOthers STRONG – HELP FOR POSTPARTUM DEPRESSION AND ANXIETY

Mothers Strong is a group dedicated to bringing vital mental health information to moms and families in the North State area. Please note that Butte 2-1-1 and Mother Strong do not provide therapy or counseling. We do not provide a hotline or a warmline, and cannot provide advice via email. However, if you feel that you or a loved one may be suffering from pregnancy-related or postpartum depression/anxiety, we strongly encourage you to reach out for help by calling 211 to find support, counseling and other resources in your community. If you are outside of Butte County you can ask for help by reaching out to Postpartum Support International at 1-800-944-4773 or www.postpartum.net, or by speaking to your healthcare provider.

Visit Mothers Strong on Facebook

If you have thoughts of harming yourself or your baby or if your pregnant/postpartum loved
MothersStrong

“1 in 7 families will be affected by perinatal mood and anxiety.”

Join the conversation
Mothers Strong, Building Strong Families.

Mothers Strong
Community Organization
Increased screening and services for women

Public Awareness Campaigns

Supportive Networks

Resources that are easy to find

Medical Provider outreach training & support

Events for mothers

Trained therapists who call back
What could work in your community?
What helps?

• Normalize and Destigmatize:
  “This will pass.”
  “You are a good mother.”
  “You’ve got this.”
  “Fear is love.”
  “You are not alone.”
What’s probably not helpful

• “Oh, that happens to everyone.”

• “You’d feel better if you did X...”

• “When I had a baby I didn’t have time to be depressed.”

• “You’ve always wanted a baby, enjoy this happy time.”

• “You don’t need medication.”

• “Go to the gym, you’ll feel better.”
Do you know what to do with a mom in crisis?

• Know how to listen
• Know your county crisis hotline
• Know the suicide hotline and other helplines

• Know to call Postpartum Support International (PSI)
  (800) 944-4773
Resources

Books-
http://postpartumstress.com/books/
Beyond the Blues by Shoshana Bennet and Pec Indman

Websites-
www.Postpartum.net
www.Postpartumstress.com
www.postpartumprogress.com
www.helpcentral.org/mothersstrong
Questions?