



# PERINATAL MOOD & ANXIETY DISORDERS (PMAD): The Impacts on Families

## What are PMADs?

The perinatal period encompasses the time surrounding pregnancy and up to one year postpartum. During this time, women and men are at an increased risk of developing a mood or anxiety disorder.

Most women experience mood differences with hormonal fluctuations during pregnancy and the dramatic hormonal shift that takes place at the time of delivery. The "Baby Blues" are the mildest and most frequently occurring (up to 80% of women) symptoms in the postpartum period, should be no more than mild and resolve without special intervention by day 10-12 postpartum.

A PMAD develops when the individual experiences persistent symptoms for a longer duration. Those at highest risk for experiencing a PMAD include those with a previous diagnosis of a mood or anxiety disorder, minors, history of sensitivity to hormonal shifts, history of trauma/abuse, thyroid dysfunction, crisis related to health of baby or mother, high needs infant, unplanned pregnancy, pregnancy or infant loss, lack of perceived support, lack of socialization, lack of foundational attachment as a child, among others.

## COSTS:

- Those with depression, incur 90% increase healthcare costs than non-depressed.
- Annual cost of untreated perinatal depression: \$15,000/child & \$7200/mother
- US annual employer loss \$44billion in productivity, \$12.4 billion healthcare expenses

✓ **MOST COMMON complication of pregnancy & childbirth**

✓ **1 in 7 women and 1 in 10 men**

✓ **Reach across ethnicity, age, or socioeconomic status**

✓ **Direct correlations to negative prenatal and childbirth outcomes**

✓ **Increases risk of substance abuse and other risky behaviors/coping mechanisms.**

✓ **Suicide one of three leading causes of maternal mortality**

✓ **Increased familial conflicts, divorce and violence**

✓ **Correlation to ACEs for both individual and lifespan of child(ren)**

✓ **Parental stress reported as leading risk factor for depression**

✓ **Parental stress correlation to cases of abusive head trauma and infant mortality**

## THE GOOD NEWS?

✓ **Very treatable with evidence-based practices and support for parents**

## PMADs include a spectrum:

**Perinatal Depression, experienced by 21%.** Common symptoms include: anger/rage, fear, guilt, lack of interest in baby, appetite and sleep disturbance, difficulty concentrating and making decisions, and possible thoughts of harming self or others.

**Perinatal Anxiety (including panic), experienced by 11%.** Feeling very nervous/"on edge," recurring panic attacks (shortness of breath, chest pain, heart palpitations, sense of doom), and many worries and fears.

**Perinatal Obsessive Compulsive Disorder (OCD), experienced by 11%.** Obsessions (persistent thoughts or intrusive mental images often related to pregnancy or baby), compulsions (doing things repetitively to cope with or reduce fear/obsession), or avoidance, and a sense of horror about the obsessions.

**Postpartum Posttraumatic Stress Disorder, experienced by 9%.** Re-experiencing of traumatic childbirth through dreams, thoughts, etc.; avoidance of stimuli associated with the event and persistent increased arousal (irritability, difficulty sleeping, hypervigilance and exaggerated startle response).

**BIPOLAR disorder:** Over 70% of women with Bipolar who stop medication when pregnant become ill during pregnancy; 22% of depressed postpartum women are suffering from bipolar depression.

**Postpartum psychosis:** 1-2/ 1,000 births, very sudden onset characterized by delusions &/or hallucinations, high irritability, hyperactive/decreased need for sleep, significant mood changes; poor decision-making. **MEDICAL EMERGENCY!!**

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Brandes et al., 2004. Postpartum onset obsessive-compulsive disorder  
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