

Perinatal Mood & Anxiety Disorders

How to Reduce Your Risk

SCARY THOUGHTS
AND OTHER
SYMPTOMS
**Nobody Has
Told You About**

PMAD
*IT'S MORE THAN
JUST POSTPARTUM
DEPRESSION*

**THE MOST
COMMON
COMPLICATION
OF PREGNANCY**

When Dad Is Depressed

INSIGHTS magazine is a publication of Pine Rest Christian Mental Health Services and is reviewed by Pine Rest clinical and medical staff. INSIGHTS is produced by the Pine Rest Marketing and Communications Department.

To learn more about perinatal mood and anxiety disorders, visit pinerest.org/pmad.

About Pine Rest

The fourth largest behavioral health provider in the U.S., Pine Rest is a comprehensive mental health center for treatment, higher education and research.

Services for PMAD

Pine Rest provides treatment for perinatal mood and anxiety disorders and paternal depression at all levels of care.

Outpatient

Counseling, therapy, psychiatry, neuromodulation, psychological assessment & testing, classes and support groups.
866.852.4001

Teletherapy

866.852.4001
pinerest.org/teletherapy

Mother and Baby Program

One of only a few in the country, the program provides intensive daily treatment and a nursery so women may bring their infants to treatment.
616.455.9200
800.678.5500
TTY 616.281.6446

Inpatient Hospitalization

616.455.9200
800.678.5500
TTY 616.281.6446

Psychiatric Urgent Care Center

Same-day psychiatric evaluation and treatment for adults (18+). Walk-ins welcome and virtual appointments available.
616.455.9200
800.678.5500
TTY 616.281.6446

PMAD Information and Treatment

pinerest.org/hope

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Pine Rest is an Associate Member of the National Network of Depression Centers (nndc.org).

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Is Postpartum Depression Real?

A happy time filled with excitement and joy—it’s what most of us envision when someone is having a baby. However, for many women, this is not the reality.

Depression or anxiety during or after pregnancy is an illness best described as a perinatal mood or anxiety disorder (PMAD) and is as real as any other medical condition, like a heart disease, cancer, a broken leg or diabetes. Without help there can be serious consequences.

Nearly 20%—1 out of every 5 women—experience some form of perinatal mood or anxiety disorder during or after pregnancy.

One of the central symptoms of this disease is guilt. Not just the guilt a person feels when they make a mistake, but guilt that feels unquenched by simple reassurances. So, when a woman’s feelings are dismissed by others as not real, they are even more unlikely to seek help.

What Are Perinatal Mood and Anxiety Disorders?

PMAD encompasses conditions from pregnancy until two years after a baby is born and includes depression, anxiety, psychosis, bipolar disorder, obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD).

How Common Are PMAD and Paternal Depression?



These disorders are a significant change of mood that can include depression, anxiety or increased energy (manic behavior) anytime during or after pregnancy. Symptoms can include irritability, change in sleep or eating patterns, obsessive worry or scary thoughts.

Some women have never experienced anything like this. Others may have experienced anxiety or depression before, and it is worsened during or after pregnancy. Sometimes symptoms can also include suicidal or other scary thoughts or, in rare cases, psychosis.

Although the most common complication of childbirth, PMAD often goes untreated, causing serious complications for moms, babies and families, including disruption in mother-baby bonding, interruption in the infant’s development, and family and relationship conflicts and in serious cases, it can lead to suicide or infanticide. The World Health Organization reports women are at greater risk of suicide the year after they give birth than any other time of life.

More than “Baby Blues”

Many women can relate to the emotional roller coaster that dominates the first few weeks after a baby is born—who wouldn’t be a mess? Sore, sleep deprived, in a totally new role (even if this is not your first child), hormones are unbalanced and little time to take care of yourself. The term “baby blues” is often used to refer to the mild mood swings occurring after the birth of a child. Nearly 80% of women experience baby blues.

The baby blues is common. Perinatal mood and anxiety disorders are common...but require treatment.

So how do you know if you or a loved one is experiencing something more serious than the baby blues?

Baby blues usually begin a few days postpartum and last about three weeks. Symptoms include moodiness,

tearfulness, anxiety, inability to concentrate and sadness. These feelings come and go but the predominant mood is actually happiness.

Perinatal Mood and Anxiety Disorders have an onset any time during pregnancy until two years after the baby is born and symptoms last longer than three weeks. The highest time of risk is six months after childbirth. Symptoms can include excessive worry, sadness, guilt, hopelessness, sleep problems, fatigue, loss of interest in normally pleasurable activities, change in appetite, irritability and difficulty making decisions.

	Baby Blues	Perinatal Mood & Anxiety Disorder
When it starts...	After birth, even while in the hospital	Any time during pregnancy or up to two years postpartum
How long it lasts...	A few days up to three weeks	Longer than three weeks
Main mood is...	Happiness	Sadness, anxiety, guilt
Other symptoms...	Bouts of moodiness, tearfulness, anxiety and sadness Inability to concentrate	Scary thoughts Irritability Hopelessness Sleep problems Fatigue Loss of interest in normally pleasurable activities Change in appetite Difficulty making decisions

Types of PMAD: Beyond Postpartum Depression



Although depression is the most common perinatal mood and anxiety disorder, other conditions can occur in addition to depression. Educating expectant parents and their support persons on the range of symptoms and when symptoms may occur can help ensure more individuals receive treatment sooner rather than later... or never.

Depression. Depression during and after pregnancy is the most common PMAD, affecting approximately 15% of women. Certain risk factors, such as previous depression or anxiety, can increase the likelihood of depression. Symptoms include sadness, anger, change in appetite, difficulty making decisions, fatigue, feelings of hopelessness, guilt or shame, irritability, loss of interest in normally pleasurable activities and sleep problems.

Anxiety Disorders. Approximately 6% of pregnant women and 10% of postpartum women develop anxiety. These disorders include generalized anxiety disorder and panic disorder (panic attack). Symptoms of general anxiety disorder include excessive worry and fear about the baby's health and safety including scary thoughts, feeling overwhelmed, inability to sit still, changes in appetite and restless sleep. Those with panic disorder feel very nervous with recurring panic attacks including symptoms like shortness of breath, chest pain, claustrophobia, dizziness, heart palpitations and numbness and tingling in the extremities.

Obsessive-Compulsive Disorder (OCD).

Perinatal OCD affects approximately 3-5% of pregnant and postpartum women. Symptoms include repetitive, upsetting and unwanted thoughts and mental images (obsessions) such as something terrible happening to the baby through accident or purposely. In addition, they may feel the need to excessively repeat certain behaviors (compulsions) like hiding sharp objects, repeatedly asking family members for assurance and avoiding feeding, changing or bathing the baby out of fear of harming the infant.

Post-Traumatic Stress Disorder (PTSD).

Occurring in approximately 1-6% of pregnant and postpartum women, PTSD is often caused by trauma during or following childbirth (such as unplanned C-section, baby going to NICU, prolapsed cord or feelings of powerlessness during the delivery), complications or injury related to pregnancy or childbirth (such as unexpected hysterectomy, severe preeclampsia/eclampsia, postpartum hemorrhage or cardiac disease) or by a previous trauma (such as rape or sexual abuse). Symptoms can include flashbacks or nightmares, intrusive thoughts or re-experiencing of the trauma, feeling alienated or unable to feel positive emotions, and changes such as hypervigilance, problems concentrating, self-destructive or aggressive behavior and sleep problems.

Bipolar Mood Disorders. Approximately 3% of pregnant and postpartum women experience symptoms of a bipolar mood disorder after pregnancy. These disorders are comprised of two cycles or phases—the lows (depression symptoms) and the highs (mania or hypomania—some symptoms include decreased need for sleep, mood much better than normal, rapid speech, delusions, impulsiveness). Bipolar mood disorders can look like a severe depression or anxiety, so it is essential to get experienced professional help to make a correct diagnosis. Current research suggests a bipolar mood disorder places a woman at much higher risk for postpartum psychosis.

Postpartum Psychosis. Extremely rare, psychosis occurs in approximately 1 to 2 out of every 1,000 deliveries. The onset of symptoms is usually sudden, most often within the first two weeks after delivery. Symptoms can include hallucinations, delusions, hyperactivity, decreased sleep, rapid mood swings, difficulty communicating at times and confusion. Most women who experience postpartum psychosis do not harm themselves or anyone else (of the women who develop postpartum psychosis, there is a 5% suicide rate and a 4% infanticide rate); however, there is always risk of danger because of delusional thinking and irrational judgment.



Postpartum psychosis is a very serious emergency and requires immediate attention. If you or someone you know may be experiencing postpartum psychosis, call your physician, your local emergency number (911 in Michigan and Iowa), the National Suicide Prevention Hotline (800.273.8255) or the Pine Rest crisis line (800.678.5500) or go to the nearest hospital emergency room.

Reducing PMAD Risk

Many factors can increase the chance a person will develop a PMAD, although sometimes one occurs without any risk factors present.

Just as a woman can be proactive about the physical health of herself and her baby, she can also make preparations during pregnancy to take care of her emotional and mental health. In addition, she can recruit a support person or team to help identify warning signs, identify and strengthen her resources, reduce or eliminate stress and put health practices in place.

Specific actions that can help reduce risk:

Make a Plan. Ask friends, family and others in the mother's extended network (work, faith community, neighborhood) to bring meals, clean house, do the grocery shopping or hold the baby while Mom takes a nap.

Practice Healthy Lifestyle Habits. More now than ever, eating healthy, sleeping at least four to five hours at a time and getting moderate exercise can help keep up the mother's energy and reduce stress.

Identify People to Talk with Openly. No matter how complicated or uncomplicated a woman's pregnancy and childbirth, she needs to be able to talk about her feelings, concerns and fears and get feedback

on how things are going. Expressing herself to safe friends and family members, trusted clergy or a new mom's group can help allay feelings of isolation and anxiety. Also, spending time with other moms can provide helpful insights and support for healthy habits.

Reduce Stress. Use stress management techniques such as taking 10-15 minutes a day to meditate or practice yoga, shortening the daily to-do list, not taking on more responsibilities, being more flexible about how things get accomplished and setting more realistic expectations about being a parent.

Seek Professional Help. If facing a number of risk factors, especially personal history of anxiety, depression, bipolar disorder, another psychiatric illness or a previous PMAD, consult with a mental health professional during pregnancy to review other ways to reduce risk and possibly schedule check-ins throughout the pregnancy and postpartum.



Risk Factors

- Personal or family history of PMAD, anxiety, depression, bipolar or any other psychiatric illness
- Perfectionist personality
- High expectations of motherhood
- Recent stressors: illness, divorce, move, job change, death, financial
- Lack of social support
- Complications with pregnancy or breastfeeding
- Traumatic labor and delivery
- Fussy, colicky, ill or high-need baby
- Reproductive losses: miscarriage, abortion, infertility
- Unplanned pregnancy
- Stressful relationship with significant other
- Mother of multiples
- Mother of infant(s) in NICU
- Thyroid imbalance
- Vitamin D deficiency

Treatment & Professional Support

Many professional services are available to help individuals experiencing a perinatal mood or anxiety disorder. The level of treatment recommended will depend on the diagnosis and the severity of the symptoms. Look for a therapist with advanced training in the treatment of PMAD.

Support Groups. Talking with others who understand can be a great place to find support and meet people who have recovered from PMAD.

Outpatient Treatment. Most women experiencing a PMAD or men experiencing paternal depression can receive treatment on an outpatient basis. Services can include counseling for individuals and their family members, individual therapy, psychiatric evaluations, medication management, support and therapy groups. Often a support person and the infant are welcome to accompany the individual to treatment. Many of these services are also available via online video chat with licensed therapists.

Day or Partial Hospitalization Programs. For individuals with more severe symptoms but with good support at home, these programs can provide intensive counseling and therapy while allowing parents to return home at night. In these programs, individuals learn skills to help them deal with stress, anxiety and depression symptoms and focus on topics including self-care and child-care skills. A few programs in the country permit a mother to attend day sessions with her infant, providing nursery and other resources to help care for her infant.

Psychiatric Hospitalization. For those with severe symptoms such as postpartum psychosis or fear of self-harm, treatment is provided in a psychiatric hospital or unit—a safe environment where healing can begin. Typically inpatient length of stay is 8-10 days and an individual aftercare plan will include some combination of day treatment, outpatient therapy and support group participation.

Pine Rest provides all of the services noted and can help connect individuals with resources in their community. Please see the phone numbers listed in the front of this publication.



Men Are Not Immune

Recent studies have shown that up to 10 percent of fathers experience paternal depression or anxiety. PMAD in women has been linked to traumatic birth experiences, hormonal changes, thyroid problems, vitamin D deficiencies, previous history of mental illness and many other factors. So why are men affected?

While men may not experience the full spectrum of biological and hormonal changes or other factors impacting women, they are experiencing a change in their role and a major life change. The pressure to be a good dad, the desire to succeed at being a father and the dramatic life change can bring on paternal depression (PMAD in men). Plus, dads also experience the lack of sleep, the frustration of trying to soothe a fussy baby and the fear of making a mistake.

Other factors of the male experience can contribute, including the change of family dynamics that lead to feelings of exclusion from the parenting role, additional financial stress and family responsibilities, unmet expectations for resumption of the sexual relationship, the impact of changing social roles for fathers in the family and reduced likelihood of a man talking about feelings due to socialized ideas about masculinity. If the man's partner is experiencing a PMAD, he has double the risk to develop one, too.

While much is to be learned about paternal depression, one thing is sure: It is important to get help. Studies have shown untreated paternal depression leads to marital problems, increased conflict in the home and decreased bonding with the baby.



Paternal Depression Symptoms

- Being easily stressed
- Fatigue
- Feeling discouraged, depressed
- Impulsiveness and reckless behavior
- Increased alcohol consumption
- Increased anger and conflict
- Irritability
- Isolating from family and friends
- Loss of interest in work, hobbies and sex
- Misuse of prescription medication
- Physical complaints like headaches, stomach problems
- Problems with concentration and motivation
- Suicidal thoughts
- Violent behavior
- Weight loss without dieting
- Working constantly

How Friends and Family Members Can Help

Pregnancy and the months following childbirth are a stressful time of life whether or not a parent has a PMAD or paternal depression. In any situation, friends and family can offer practical support. Wash the dishes. Bring a meal. Care for older children.

Ask the expectant or new parents questions about how they are feeling, eating, sleeping, etc. and then listen and validate both parents' feelings. Let them know they are not alone and other people feel this way. If you are noticing warning signs of a PMAD, address it openly and assist them with finding help.

Remember, perinatal mood and anxiety disorders are real illnesses. The symptoms are not a sign of personal weakness.



Helpful Things To Do and Say

- Be patient! Recovery will not happen overnight.
- Encourage the person to talk about her/his feelings and show you understand by listening and accepting that the feelings are genuine.
- Sit down with the parent(s) to make a list of what you and/or others can do to help out.
- Help and/or enlist the aid of other family members or friends with household chores.
- Care for the baby or assist in arranging childcare so Mom can catch up on sleep, take a break or go out. Remember, partners need time away from baby, too!
- Offer to go to doctor and therapist appointments with her/him.
- Encourage activity. Suggest going for a walk together, out to dinner, watching a movie, etc.
- Support her/him seeking and pursuing treatment (therapy, medication, support group, exercise, eating well, etc.).
- Let the parent know she/he is doing their best and point out ways you see she/he is doing a good job. (Be specific, like: "I love how you smile at the baby.")
- Tell the parent it isn't her/his fault and not to place blame.



Don't Say...

Just relax.

Snap out of it.

Think positively and/or about everything you have to feel happy about.

You just need more sleep.

Women and men have been having babies for centuries.

Why can't you be more like Stacy or Mike?

What did you do all day long?

I'm tired of you feeling this way. I liked you better the way you were before.

Because...

Anxiety produces physical reactions like increased heart rate, shakiness, shortness of breath and muscle tension. Anxiety is not something a person can will away.

If the person could, she/he would have already. A person cannot snap out of any illness.

The nature of this illness prevents positive thinking, as negative, guilt-ridden thoughts are prevalent.

Sleep is important, but it is not ALL the person needs.

And women and men have been getting PMAD for centuries as well.

Comparisons to other new parents only increases the negative feelings.

This can be interpreted as an attack; instead, compliment her/him on the things accomplished during the day.

Frustration and disappointment only adds to anger regarding the situation.

For Spouses and Partners: Taking Care of Yourself

One parent's PMAD affects everyone in the family including the spouse or partner. It's essential to practice good self-care in order to stay healthy and be available for your partner and children. Here are some suggestions:

- Be kind to yourself by setting reasonable expectations.
- Ask for help, information and support for yourself.
- Develop a supportive circle for your family. Say yes when others offer to help.
- Realize helping her/him adjust to the new baby may increase the strength of your relationship.
- Take time for yourselves other than at work. Continue to follow some of your own interests.
- Be aware of your own needs for sleep, healthy eating, exercise, etc.
- Keep the lines of communication open between you.
- Verbalize your feelings instead of distancing from her/him.
- Take a break if tempers are hot and resume discussion later.
- Find someone to talk to besides your partner.
- Do not blame yourself.
- Do not try to fix this alone.



What about the Children?

Perinatal mood and anxiety disorders can and do impact the infant and other children in the household. The adverse effects can start during pregnancy and occur for multiple reasons.

Untreated PMAD during pregnancy impacts the developing baby as maternal hormones cross the placenta. These hormones lead to complications after birth such as fussiness, crying and inconsolability. In one study, researchers looked at the brain activity of babies born to depressed mothers. These babies' brain activity matched the brain activity of adults diagnosed with major depression.

The effects of untreated PMAD continue after birth, changing from biological to environmental. It is difficult for parents struggling with symptoms such as not sleeping, irritable mood, tearfulness and appetite problems to care for an infant.

Bonding between mother and baby can be interrupted when Mom is depressed or anxious. Babies bond with their mother by giving cues (crying when wet or hungry, smiling, cooing) and having the cues responded to appropriately (changing the diaper, feeding, smiling and talking back). Mothers with PMAD may be withdrawn and at times even feel apathetic towards the baby, making it difficult to respond to or many times even recognize cues.



Research has shown that when untreated, PMAD can have serious ramifications for the children. Problems include behavioral issues, problems with emotional and social development, cognitive delays and a greater risk for lifelong struggles with depression and/or anxiety. Some of the research findings include:

- Depression during pregnancy causes problems in the newborn such as inconsolability, sleep problems, decreased appetite and less responsiveness with facial expressions.
- Babies with depressed and/or anxious mothers have a higher incidence of excessive crying or colic.
- Mothers with PMAD report infant sleep and crying problems more frequently than non-depressed mothers.
- Children whose fathers suffer with depression are nearly twice as likely to have behavioral problems in preschool.
- PMAD in the mother is linked to poor cognitive test scores in children including learning to walk and talk later than other children, learning difficulties and problems in school.
- PMAD in parents can lead to emotional problems later on for children such as increased anxiety, low self-esteem and less independence.
- Older children in the family may have emotional detachment from the baby as part of the PMAD.

It is essential for parents struggling with a PMAD to know it is not their fault. Only untreated PMAD impacts children. Hope and healing are available!

Many read the negative impacts of PMAD on children and feel discouraged. However, getting help not only allows the parent to recover, **it can also prevent negative impact on children.**

Helping Older Children

Children pick up on their parents' moods and can sense when Mom or Dad is not quite herself/himself. After the birth of a new baby in the family, older siblings may get worried if they see a parent crying a lot and may wonder why you aren't spending as much time with them. Rather than try to protect children from your illness, let kids know (especially older children) you are not feeling well.

Parents can say something as simple and straightforward as, "You're right; I have been upset and tired lately. I have not been feeling well."

Don't forget to emphasize to the children you are getting help and will feel better soon. This way they will know the adults in the family are taking charge and will be all right. And, of course, reinforcing how much you love them, despite not feeling well, goes a long way.

- Use simple words like: sad, tired, cranky, worried and grouchy.
- Reassure them often that they did not cause the problem and it is not the baby's fault.
- Let them know this illness is not caused by germs. Mommy/Daddy did not "catch it" from anyone.
- Assure them Mommy/Daddy is getting help and will get better soon.
- Let them know Mommy/Daddy may have some good days and some bad days as she/he recovers.
- Ask the children to think of some ways they can help Mommy/Daddy to feel better, like drawing pretty pictures, etc.

Although it may be hard to continue parenting older children as you usually do, try to keep their lives as routine as possible. Enlist the help of your partner and support system to keep your other kids active outside of the home with school activities, etc. The more they can be involved with things making them feel good and the more they can maintain their routine, the less your PMAD will impact them.

Your children might sense you are depressed and all is not perfect, but if their lives are the same as usual, they can be happily distracted as you work towards wellness. Work together as a team with your husband, partner and/or support persons to meet your children's needs.





When their observations are validated, children are less likely to feel frightened or fear your unhappiness is their fault.

Perinatal mood and anxiety disorders (PMAD) are real illnesses—just like heart disease, cancer, a broken leg or diabetes. And just like these illnesses, professional help is needed to avert serious consequences to women and their families.

Don't dismiss a woman's feelings as not real. Let her know it's not her fault, the symptoms are not a sign of personal weakness and she is not alone. Encourage her to seek help.

About 20% of pregnancy and postpartum moms experience mental health symptoms that make life pretty tough. If you are worrying too much, feeling irritable or overwhelmed, having scary thoughts, struggling to bond with your baby, or just plain don't feel like yourself, you may be experiencing a Perinatal Mood and Anxiety Disorder. We're here to help! Please visit pinerest.org/pmdhope.

