



Treatment & Support

Support Groups

Talking with others who understand can be a great place to find support and meet others recovering from PMAD.

Outpatient Therapy & Medication

Look for a therapist with advanced training in the treatment of PMADs or paternal depression. Medication can be prescribed and managed by a primary care physician, psychiatrist, nurse practitioner or physician's assistant.

Partial Hospitalization (Day) Programs

Day programs can provide intensive counseling and therapy for more severe symptoms while allowing parents to return home at night. Individuals learn skills to deal with stress, anxiety and depression symptoms and focus on topics including self-care and child-care skills.

Inpatient Psychiatric Hospitalization

Inpatient care provides short-term, intensive treatment in safe and secure units designed for individuals experiencing significant behavioral health issues, the severity of which requires 24/7 monitoring and care for safety.

How Pine Rest Can Help

Pine Rest provides treatment for PMAD at all levels of care—including inpatient, partial hospitalization, same-day psychiatric urgent care and outpatient services.

Our innovative **Mother and Baby Partial Hospitalization Program** is one of only a few in the country providing short-term, intensive day program for women experiencing significant symptoms of PMAD. Our program is unique in that it allows women to receive treatment in a setting which includes a nursery for their infants up to eight months of age. Not only does this approach enhance mother/baby bonding, it eliminates many obstacles to attending daily treatment such as separation from the baby, childcare arrangements and feeding issues.

We have approximately **30 outpatient clinicians** – including psychiatrists, psychologists, social workers and professional counselors – specially trained in treating PMAD. They can provide services in person, via telehealth or a combination. Treatment is evidence-based, which means that over time they have been tested and found to provide predictable outcomes and long-term recovery.



For help, please call
866.852.4001

Services

Outpatient & Telehealth

Assessments, psychiatry, individual and family therapy. All ages.

Psychiatric Urgent Care

Open daily for walk-in assessments. Adults only. Telehealth appointments available.

Crisis Services

If you or a loved one are in crisis, our licensed clinicians are available 24/7 to discuss your situation and determine the appropriate level of treatment. All ages.

Scan to Learn More...
About PMAD and our
services, or visit
pinerest.org/PMAD.



UNDERSTANDING Perinatal Mood & Anxiety Disorders





PMAD Symptoms

Depression

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.

General Anxiety Disorder

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.

Panic Disorder (Panic Attack)

Individuals feel very nervous with recurring panic attacks with symptoms like shortness of breath, chest pain, claustrophobia, dizziness, heart palpitations and numbness and tingling in the extremities.

Obsessive Compulsive Disorder

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 for assurance and avoiding feeding, changing or bathing the baby out of fear of harming the infant.

Post-Traumatic Stress Disorder

Often caused by trauma during or following childbirth, complications/injury related to pregnancy/childbirth or by a previous trauma. Symptoms can include flashbacks, nightmares, intrusive thoughts, re-experiencing the trauma, feeling alienated or unable to feel

positive emotions, hypervigilance, problems concentrating, self-destructive or aggressive behavior and sleep problems.

Bipolar Mood Disorders

Comprised of two cycles or phases, bipolar mood disorders can look like severe depression or anxiety.

- The lows (depression symptoms)
- The highs (mania or hypomania—some symptoms include decreased need for sleep, mood much better than normal, rapid speech, delusions, impulsiveness)

Postpartum Psychosis

Extremely rare, 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 do not harm themselves or anyone else, however, there is always risk.

Postpartum psychosis is a very serious emergency and requires immediate attention. If you suspect postpartum psychosis, call your physician, local emergency number, the National Suicide Prevention Hotline (988) or the Pine Rest crisis line (800.678.5500) or go to the nearest hospital emergency room.

Risk Factors

Many factors can increase the chance a person will develop a PMAD including:

- Personal or family history of any mental illness
- Traumatic labor and delivery
- Pregnancy or breastfeeding complications
- Multiples, infant in NICU, infant illness
- Perfectionist personality
- Significant stress
- Lack of support

More Than Baby Blues

A happy time filled with excitement and joy—it's what most of us envision when someone is having a baby. However, this is not the reality for nearly 20 percent of women and 10 percent of men who experience a perinatal mood or anxiety disorder (PMAD).

Encompassing much more than “baby blues” and postpartum depression, these medical conditions include depression, anxiety, bipolar, obsessive compulsive and post-traumatic stress disorders as well as postpartum psychosis that occur anytime during pregnancy or up to one year postpartum.

	Baby Blues	PMAD
When it starts...	After birth, even while in the hospital	Any time during pregnancy or up to one year 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