

Perinatal Mood and Anxiety Disorders (PMADs):

A Fact Sheet

Definitions:

Prenatal, antenatal: before birth

Perinatal: surrounding birth

Postpartum, postnatal: after birth

What are perinatal mood and anxiety disorders?

“Perinatal mood and anxiety disorders” (PMADs) is an umbrella term that encompasses maternal mental illness during pregnancy and up to one year postpartum. PMADs are **a leading** complication of childbirth in the US, and an estimated 30,000 Georgia women experience these illnesses every year. These disorders can affect all women - regardless of ethnicity, age, or socioeconomic status.

Perinatal mood and anxiety disorders constitute a spectrum of mental illnesses. Often, the term “postpartum depression” is used to generalize these conditions, but mothers can experience more than just depression. PMADs include:

- **Antenatal Depression/Anxiety**
 - Affects an estimated 15% of pregnant women ¹
- **Postpartum Depression**
 - Affects approximately 10-15% of postpartum women²
- **Postpartum Anxiety/Panic Disorder**
 - Estimated to occur in up to 11% of new mothers. Symptoms include: feeling very nervous, recurring panic attacks (shortness of breath, chest pain, palpitations), and exaggerated fears ³
- **Postpartum Obsessive Compulsive Disorder (OCD)**
 - Approximately 3-5% of new mothers will experience obsessions (persistent, frightening thoughts or mental images related to the baby) and compulsions (repeated actions to reduce the fears and obsessions) ⁴
- **Postpartum Post Traumatic Stress Disorder (PTSD)**
 - An estimated 1-6% of women experience PTSD following childbirth; symptoms include re-experiencing the traumatic childbirth through flashbacks, avoidance of stimuli associated with the event (thoughts, feelings, people, places, etc.), and persistent increased arousal (irritability, difficulty sleeping, hypervigilance, exaggerated startle, etc.) ⁵
- **Postpartum Psychosis**
 - Occurs in approximately 1 to 2 of every 1,000 deliveries. Symptoms include: delusions and/or hallucinations, extreme irritability, hyperactivity, decreased need for sleep, significant mood changes with poor decision-making, and greatly increased risk of infanticide/suicide. Postpartum psychosis is considered a psychiatric emergency. ⁶

¹ Bennett et al., 2004. Prevalence of depression during pregnancy: a systematic review

² Marcus et al., 2009. Depression during pregnancy: rates, risks, and consequences—MotherRisk Update

³ Wisner et al., 1996. Effects of childbearing on the natural history of panic disorders with comorbid mood disorder.

⁴ Brandes et al., 2004. Postpartum onset obsessive-compulsive disorder

⁵ Beck, 2004. Post-traumatic stress disorder due to childbirth: the aftermath

⁶ Sit et al., 2006. A review of postpartum psychosis.

What are the consequences of untreated/undertreated perinatal mood and anxiety disorders?

Perinatal mood and anxiety disorders (PMADs) affect the physical and mental well-being of not only the mother, but the child and entire family unit as well.

PMADs affect mothers...

- PMADs impair a mother's ability to function in everyday life, with increased risk for anxiety, cognitive impairment, guilt, self-blame, and fear¹
- PMADs may interfere with a mother's ability to interact appropriately with her child, and maternal-infant attachment is often negatively affected¹
- PMADs decrease the likelihood that mothers will provide developmentally appropriate care for the infant/child, such as proper prenatal care, attending well-child appointments, and following appropriate child-safety procedures²
- PMADs increase the likelihood that mothers will engage in negative parenting behaviors, such as corporal punishment, neglect, and abuse of cigarettes/drugs/alcohol^{3,4}
- The risk for infanticide and/or suicide is increased for mothers experiencing PMADs
 - Suicide is a leading cause of maternal mortality in both high and low income countries⁵

...children....

- Children of mothers who are experiencing PMADs are more likely to:
 - Be delivered pre-term⁶
 - Have lower birth weights and lower APGAR scores (a measure which is designed to quickly evaluate a newborn's physical condition directly after birth)⁶
 - Display insecure attachment and behavioral problems⁷
 - Experience problems in cognitive, social, and emotional development, and have a higher risk of anxiety disorders and depression in childhood and adolescence⁷

...and families.

- Fathers are more likely to experience mental illness if the mother is experiencing a PMAD⁸
- PMADs are associated with higher rates of marital discord, divorce, and family violence^{9,10}

¹ O'Hara, 2009. Postpartum depression: what we know

² Field, 2009. Postpartum depression effects on early interactions, parenting, and safety practices

³ Lovejoy et al., 2000. Maternal depression and parenting behavior: a meta-analytic review

⁴ Ross and Dennis, 2009. The prevalence of PPD among women with substance use, an abuse history, or chronic illness: a systematic review

⁵ World Health Organization, 2009. Women's Health: Today's Evidence and Tomorrow's Agenda

⁶ Federenko et al., 2004. Women's Mental Health During Pregnancy Influences Fetal and Infant Development and Health Outcomes

⁷ Weissman et al., 2006. Remissions in maternal depression and child psychopathology: A STAR*D Child report

⁸ Goodman, 2004. Paternal depression, its relationship to maternal depression, and implications for family health

⁹ Burke, 2003. The impact of maternal depression on familial relationships

¹⁰ Kornfield et al., 2011. Postpartum depression and intimate partner violence in urban mothers: co-occurrence and child healthcare utilization

Untreated/undertreated perinatal mood and anxiety disorders result in huge healthcare costs.

In a recent 2012 study, it was found that women experiencing postpartum depression and other PMADs incurred 90% higher healthcare costs than non-depressed women. In general, depression costs US employers \$44 billion a year in lost productivity, and \$12.4 billion in healthcare expenses. As of 2010, more than half of mothers of infants participate in the labor force (56%), so these statistics are especially significant. Maternal mental health must be taken into consideration, if not for the human and quality of life cost, for the economic savings.¹

Perinatal mood and anxiety disorders can be effectively prevented and treated, with the right resources.

It is clear that PMADs are a critical public health issue that needs to be examined closer. The effects that untreated/undertreated PMADs have on the physical and mental health of the population of Georgia, and on the economy of Georgia, can no longer be tolerated. The positive news is that there are effective methods of screening and treatment which would greatly decrease the negative effects of PMADs:

- The following validated screening tools are available to aid healthcare providers in identifying PMADs:
 - Edinburgh Postnatal Depression Scale (EPDS)
 - Postpartum Depression Screening Scale (PDSS)
 - Patient Health Questionnaire (PHQ-9)
 - Center for Epidemiologic Studies Depression Scale (CES-D)
- If a woman screens positive, she can get a referral for further mental health examination and treatment from a primary health care provider, OB/GYN, pediatrician, midwife, or local resource list.
- Research indicates that effective psychological treatments exist to address PMADs, including, but not limited to: cognitive-behavioral therapy, interpersonal therapy, and psychiatric medication (breastfeeding-safe).

What's going on in Georgia?

In Georgia, there is a severe lack of health professionals with expertise in PMADs, no standardized screening protocols, and only one consistent support group in the state. The self-report rate of PMADs stands at 16.6% according to the CDC, higher than the US average. To address this critical public health problem, more attention must be paid to PMADs, and resources must be allocated to provide mental health support for our mothers. By taking care of our state's mothers, we can affect the future health of their children and families. Through awareness, intervention, and treatment, we can work to support maternal mental health in Georgia.

¹ Dagher et al., 2012. Postpartum depression and healthcare expenditures among employed women