Maternal Mental Health Coalition

Meeting #2: PMADs

Postpartum Support Virginia
Hope and help for new mothers

Local / hospital logo
The happiest time in a woman’s life...
Not Always....
Anxiety and/or depression affect up to 1 in 5 new or expectant mothers

Perinatal mood & anxiety disorders are the #1 complication of pregnancy and childbirth
GOALS for TODAY

Overview of PMADs
Signs & Symptoms
Predictors & Risk Factors
Risks of Untreated PMADs
Examples / Case Studies
OVERVIEW OF PMADS
Perinatal Mood & Anxiety Disorders

It’s not just postpartum. It’s not just depression.

**PERINATAL**
Conception to baby’s 1st birthday

**MOOD**
- Depression
- Bipolar Disorder

**ANXIETY**
- Generalized Anxiety
- Panic Attacks
- Obsessive-Compulsive Disorder
- Post Traumatic Stress Disorder
Spectrum of Illnesses

- Baby Blues: 80-85%
- Postpartum Psychosis: 1-2 per 1,000

MOOD
- Depression
- Bipolar

ANXIETY
- Anxiety
- Panic Attacks
- Obsessive Compulsive Disorder
- Post-Traumatic Stress Disorder

Perinatal Mood and Anxiety Disorders
<table>
<thead>
<tr>
<th>Baby Blues</th>
<th>Perinatal Mood and Anxiety Disorders</th>
<th>Psychosis</th>
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<tbody>
<tr>
<td><strong>85%</strong></td>
<td><strong>20%</strong></td>
<td><strong>1-2 in 1,000</strong></td>
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<tr>
<td><strong>Onset</strong>: first 72 hours, resolves in 2-3 weeks</td>
<td><strong>Onset</strong>: during pregnancy or first year postpartum</td>
<td>Rapid <strong>onset</strong> Link to bipolar</td>
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<tr>
<td><strong>Onset</strong>: during pregnancy or first year postpartum</td>
<td><strong>Symptoms</strong>:</td>
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<tr>
<td><strong>Symptoms</strong>:</td>
<td>• Mood swings&lt;br&gt; • Tearfulness&lt;br&gt; • Irritability</td>
<td>• Mood swings&lt;br&gt; • Tearfulness&lt;br&gt; • Irritability&lt;br&gt; • Anxiety&lt;br&gt; • Overwhelmed</td>
</tr>
<tr>
<td><strong>Treatment</strong>:</td>
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<tr>
<td>• Sleep&lt;br&gt; • Social support</td>
<td>• Self-help&lt;br&gt; • Social support&lt;br&gt; • Talk therapy&lt;br&gt; • Medication</td>
<td>• Hospitalization&lt;br&gt; • Medication</td>
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<tr>
<td><strong>MEDICAL EMERGENCY</strong></td>
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# Spectrum of Illnesses

<table>
<thead>
<tr>
<th>Illness</th>
<th>Symptoms</th>
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</table>
| Depression| - Sadness, lack of energy, lack of interest in baby  
               - Emptiness, numbness, nothing-ness                                                        |
| Bipolar   | - First diagnosis of bipolar in postpartum period  
               - Mania: not WANTING / NEEDING sleep                                                      |
| Anxiety   | - Agitated, irritable, overwhelmed, hypervigilant  
               - Exhausted but CAN’T sleep                                                                |
| OCD       | - Obsessions: intrusive thoughts of harming self/baby  
               - Compulsions: actions to deal with obsessions                                              |
| PTSD      | - Birth trauma – real or perceived  
               - Nightmares, flashbacks, avoidance                                                           |
Signs and Symptoms

Sad
Miserable
Overwhelmed
Guilty
Anxious
Hypervigilant
Irritable
Angry
Rageful
Brittle

SYMPTOMS

Increased sensitivity
Poor concentration
Intrusive thoughts
Panic attacks
Physical symptoms
Exhausted but cannot sleep
Insomnia
Nightmares, flashbacks
Women With PMADs Say…

I’m supposed to be happy… why am I sad?

I love my baby but I hate my life.

My marriage cannot survive this.

Having a baby was a mistake.

If only I could get a good night’s sleep, everything would be better.

I’m having thoughts that are scaring me.

Why can’t I “snap out of it”? 

I’m the worst mother in the world.

I can’t talk about these feelings.

Why am I such a failure?

I want to run away.

My family would be better off without me.
VIDEO

Inside a Mother’s Head

https://www.youtube.com/watch?v=U8ZSUzJ0KqU
Predictors and Risk Factors

**PHYSIOLOGICAL FACTORS**
- Mental health history
- Reproductive history
- General health
- Hormones

**INTERNAL FACTORS**
- Personality & behavior
- Relationship & role issues
- Unrealistic expectations

**ENVIRONMENTAL FACTORS**
- Trauma
- Social changes
- Other issues
Hormones

- **HCG**
- **Progesterone**
- **Estrogen**

**Hormone Levels of Lactation**

- *Adapted from Love, 1990*
Physiological Factors

Mental health history
- Personal history of mood/anxiety disorder
- Family history of mood/anxiety disorder

Reproductive history
- Miscarriage
- Fertility treatments
- Severe premenstrual syndrome
- Difficult pregnancy/labor/delivery

General health
- Thyroid changes
- Anemia
- Lack of sleep
Environmental Factors

Trauma
- History of childhood or sexual trauma
- Domestic Violence
- Traumatic labor/delivery

Social changes
- Life change (new home, new job, marriage)
- Loss or illness of loved one
- Isolation or lack of social support, especially from partner

Other issues
- Baby (NICU, colic, reflux)
- Financial stress
- Low income / immigrant status
Internal Factors

Personality and behavior
- Perfectionist tendencies
- Self-esteem issues
- Difficulty with transitions

Relationship and role issues
- Partner
- Own mother

Unrealistic / rigid expectations
- Pregnancy / labor / delivery
- Motherhood
- Work

Breastfeeding
- Expectations, desires, ability
- Weaning
The Perfect Storm

- Hormonal changes
- Sleep deprivation
- Single biggest identity transition for women
- Unrealistic expectations
- Difficulties in pregnancy or birth
- Predisposition for depression or anxiety
  *(prior depression is #1 predictor for PMAD)*
Why Do We Care???
## Annual Diagnosis for Major Illnesses

<table>
<thead>
<tr>
<th>Major Illnesses</th>
<th>Pregnancy-Related Illnesses</th>
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<tbody>
<tr>
<td>Diabetes</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Stroke</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>Preclampsia</td>
</tr>
<tr>
<td>PMADs</td>
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</tr>
<tr>
<td>800,000</td>
<td>8%</td>
</tr>
<tr>
<td>300,000</td>
<td>10%</td>
</tr>
<tr>
<td>230,000</td>
<td>10%</td>
</tr>
<tr>
<td>PMADs 1.2 million</td>
<td>PMADs 20%</td>
</tr>
</tbody>
</table>

**Sources:**
- National Diabetes Information Clearinghouse
- Centers for Disease Control
- National Cancer Institute
- Postpartum Progress

**Sources:**
- March of Dimes
- National Institute of Child Health and Human Development
- Postpartum Progress
SUICIDE
is the leading cause of death
in the first year postpartum

Women use
MORE LETHAL MEANS
means during the perinatal period
Psychiatric hospitalizations

Admissions to a psychiatric hospital:
2 years pre- and post-delivery

Risks of Untreated PMADs / Pregnancy

Pregnant women experiencing PMADs are more likely to have
- poor health habits
- poor prenatal care
- substance abuse

- Preeclampsia
- Low Apgar scores \(^1\)-\(^3\)
- Small head circumference \(^1\)-\(^3\)
- Preterm labor, low birth weights \(^1\)-\(^3\)
- Prolonged labor, forceps delivery, fetal distress\(^6\)
- Elevated cortisol or catecholamine levels in newborn\(^4\)
- Lower levels of dopamine and serotonin in newborn\(^5\)
- Newborns crying more often; more difficult to console\(^4\)

4. Lundy BL, Infant Behav Dev 1999
5. Field, T. Infant and Behavior Dev, 2004
Risks of Untreated PMADs / Postpartum

Depressed mothers are more likely to have
– Fewer positive interactions with baby
– Decreased response to cues
– Breastfeeding issues

Children of depressed mothers are more likely to experience
– Behavioral, cognitive and emotional problems \(^{1,2,3}\)
– Suicidal behavior, conduct problems, and emotional instability requiring psychiatric care \(^{5,6}\)
– Impaired mother-infant interaction, attachment and later development \(^{4}\)

Risks of Untreated PMADs / Postpartum

- Impaired relationships with other children or partner
- Maternal depression is the #1 predictor of paternal depression
- Depression can lead to decreased safety precautions
  - Improper car seat use
  - Less likely to put baby on back to sleep
- Untold costs….
  ....impact on marriage
  ....no additional children
VIDEO
Still Face Experiment
https://www.youtube.com/watch?v=apzXGEBZht0
If Momma isn’t happy, then nobody is happy

A happy healthy mother makes a happy healthy family
What comes first?
- Breastfeeding issues? Or PMADs?

Depressed mothers are
- Less likely to breastfeed
- More likely to stop breastfeeding

Breastfeeding can be a fixation
“I failed at giving birth, so I’m going to make it up”
“Is my baby getting enough to eat?”
“It’s the only thing I’m doing RIGHT”

Weaning….another change in hormones
Random Thoughts

- This is often the first time a woman deals with mental illness
  - *She might not realize it is mental illness*
  - *She doesn’t know where to go for help*
- Women experiencing PMADs think they are monsters
- 1 in 10 fathers / partners experience PMADs
- Mothers, babies, families can recover
EXAMPLES /
CASE STUDIES
Example 1: Alice

**SITUATION**

- No history of anxiety / depression
- Very traumatic birth
- Breastfeeding issues

**SYMPTOMS**

- Sense of failure
- Physical symptoms
- Nightmares, flashbacks

**TREATMENT**
Example 2: Becky

**SITUATION**
- Twins
- History of fertility treatments
- Family history of depression
- Recent cross-country move
- Lack of social support
- Recent parental illness

**SYMPTOMS**
- “I used to be able to do anything”
- Overwhelmed / anxious
- Focus on baby’s eczema

**TREATMENT**
Example 3: Carla

**SITUATION**
- From El Salvador
- Children at home
- History of sexual assault
- No insurance

**SYMPTOMS**
- Shutting down
- Extreme guilt
- Ignoring pregnancy

**TREATMENT**