

# Perinatal Mood Disorders

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# Perinatal Mood Disorders

It is estimated that 1 in 7 mothers will fight a maternal mental illness. Sadly these conditions often go unrecognized and untreated which negatively impacts not only the woman but her entire family.

# Perinatal Mood Disorders

**Though many women may experience some mild mood changes during or after the birth of a child, 15-20% of women experience more significant symptoms of depression or anxiety.**

# Perinatal Depression

- 15% of women experience significant symptoms after childbirth
- 10% of women experience symptoms during pregnancy
- Postpartum depression is the most common complication of childbirth

Symptoms may include:

- anger or irritability
- lack of interest in the baby
- appetite & sleep disturbance
- crying & sadness
- guilt, shame or hopelessness
- loss of interest, joy, pleasure in things previously enjoyed
- possible thoughts of harming the baby or themselves

# Perinatal Depression

## Risk Factors

- A personal or family history of depression, anxiety, or postpartum
- Premenstrual dysphoric disorder (PMDD or PMS)
- Inadequate support in caring for the baby
- Financial stress
- Marital stress
- Complications in pregnancy, birth or breastfeeding
- A major recent life event: loss, house move, job loss
- Mothers of multiples
- Mothers whose infants are in Neonatal Intensive Care (NICU)
- Mothers who've gone through infertility treatments
- Women with a thyroid imbalance
- Women with any form of diabetes (type 1, type 2 or gestational)

**Pregnancy & postpartum depression are temporary and treatable with professional help.**

# Perinatal Anxiety

6% of pregnant women and 10% of postpartum women develop anxiety. Sometimes they experience anxiety alone, and sometimes they experience it in addition to depression.

Symptoms include:

- Constant worry
- Feelings that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and appetite
- Inability to sit still
- Physical symptoms like dizziness, hot flashes, or nausea

Postpartum Panic Disorder=Panic attacks, i.e., feeling very nervous and physical symptoms such as shortness of breath, chest pain, claustrophobia, heart palpitations, numbing/tingling extremities

# Perinatal Anxiety

## Risk Factors

- Personal or family history of anxiety
- Previous perinatal depression or anxiety
- Thyroid imbalance

Pregnancy and postpartum anxiety are temporary and treatable with professional help.

# Perinatal Obsessive-Compulsive Disorder (OCD)

As many as 3-5% of new mothers will experience these symptoms that can include:

- *Obsessions* (intrusive thoughts)--persistent, repetitive thoughts or mental images related to the baby that are very upsetting and unlike anything the woman has experienced before.
- *Compulsions* where the mom may do certain things again and again to reduce fears and obsessions, e.g. needing to clean constantly, check things many times, count or reorder things
- Sense of horror about obsessions; fear of being left alone with the infant; hypervigilance in protecting the infant; knowledge that their thoughts are bizarre and very unlikely to ever act on them.

# Perinatal Obsessive-Compulsive Disorder (OCD)

## Risk Factors

Personal or family history of anxiety or OCD

Pregnancy and Postpartum OCD are temporary and treatable with professional help.

# Postpartum Post-traumatic Stress Disorder (PTSD)

Approximately 1-6% women experience PTSD following childbirth caused by trauma during delivery or postpartum, e.g., prolapsed cord, unplanned C-section, baby going to NICU, etc.

Symptoms might include: intrusive re-experiencing of event; flashbacks or nightmares; avoidance of stimuli associated with event; persistent increased arousal (irritability, difficulty sleeping, increased startle response); feeling a sense of unreality and detachment; persistent distorted blame of self and others and negative emotional state.

Postpartum PTSD is temporary and treatable with professional help.

# Postpartum Psychosis

A rare illness, compared to the rates of postpartum depression and anxiety, i.e., approximately 1-2 out of every 1,000 deliveries (.1% of births). Onset is usually sudden, most often within the first 2 weeks after delivery.

Symptoms can include:

- Delusions or strange beliefs
- Hallucinations (seeing or hearing things that are not there)
- Feeling very irritated
- Hyperactivity
- Decreased need for or inability to sleep
- Paranoia and suspiciousness
- Rapid mood swings
- Difficulty communicating at times

# Postpartum Psychosis

## Risk Factors

- Personal or family history of anxiety or bipolar disorder
- Previous psychotic episode/s

Of the women who develop psychosis, there is a 5% suicide rate and a 4% infanticide rate associated with the illness. This is because the woman is experiencing a break from reality. In her psychotic state, the delusions and beliefs make sense to the woman; they feel very meaningful and are often religious in nature.

Immediate treatment for these women is imperative!! Most women with postpartum psychosis do not harm themselves or others. However, there is always a risk of danger and must be treated and carefully monitored by a healthcare professional.

**\*\*\*Postpartum psychosis is temporary and treatable with professional help, but it is an emergency and it is essential that immediate help is received\*\*\***

# Beyond Perinatal Mood Disorders: **Maternal Mental Health**

- How do you define a good mom?
- What gets in the way of being the kind of mom who can take care of her child/children) AND herself?
- What does she need most to assist her in being a good mom?

# Maternal Mental Health

- Define (and re-define) priorities as health for self, baby, family rather than listening to others' opinions about what you should be doing as a mom.
- Remember that “perfection is the enemy of good enough” and your family's mental health.
- Ask for and accept assistance from family and friends.
- Pursue opportunities for rest/respice/relaxation—nap when child naps, babysitting, let go of unnecessary household tasks.
- Delight in your child whenever you can—gazing in her/his eyes builds self-regulation that is essential for optimal growth.