

perinatal mood and anxiety disorders

MENTAL HEALTH DURING AND AFTER PREGNANCY



SHARP

What Are Perinatal Mood and Anxiety Disorders?

Mental health conditions during pregnancy and the first year after giving birth are known as perinatal mood and anxiety disorders (PMADs), commonly called postpartum depression. Conditions that fall under this category include perinatal and postpartum depression, bipolar disorder, anxiety, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and psychosis.

What Are the Risk Factors?

PMADs are the number one complication of pregnancy and childbirth, with up to 1 in 5 women (and 1 in 10 partners) experiencing them. PMADs can affect anyone regardless of background, age, education, income level or race. There is no one single cause.

The following may be risk factors for PMADs:

- Change in hormone levels
- Lack of social support
- Breastfeeding challenges
- Individual or family history of mental health conditions
- Difficult or unexpected pregnancy, labor or birth
- Lack of sleep
- A baby who cries or is fussy for long periods of time
- A baby in the NICU

What Are the Symptoms?

Symptoms may appear during pregnancy, right after birth or within the baby's first year. PMADs should not be confused with the baby blues — crying, exhaustion, irritability and feeling overwhelmed — which typically begin a few days after birth and are common, affecting up to 80% of women. **Baby blues last approximately 1 to 3 weeks and go away on their own.**

However, you may have a PMAD if these symptoms don't go away after 3 weeks:

- Feelings of sadness
- Mood swings
- Trouble sleeping
- Excessive crying
- Difficulty concentrating and coping with daily tasks



- Fear of leaving the house or being alone
- A sense of panic, nervousness or anxiety
- Unexplained anger or irritability
- Fear of harming yourself or your baby
- Lack of interest in things you used to enjoy

Partners' Postpartum Mental Health

Research shows that 1 in 10 partners get postpartum depression, and up to 18% develop an anxiety disorder that would benefit from treatment, such as generalized anxiety disorder, obsessive-compulsive disorder, or post-traumatic stress disorder, at some point during the pregnancy or the first year of postpartum. Also, LGBTQ+ families are at higher risk of perinatal mood struggles for many reasons, including discrimination, parental rights concerns, and a complicated conception history.

Therapy

Research indicates that individual therapy is an integral part of treatment. Counseling may help you understand the connection between your thoughts, moods and behaviors. It can also help identify ways to reduce symptoms of stress.

Mental health providers who specialize in pregnancy are skilled in meeting the specific needs of people who have PMADs. To adequately address the mental health needs of new mothers, a holistic approach is often most effective. This includes family support, group support, individual counseling and medication.

To locate a mental health provider who specializes in pregnancy, contact your insurance company or visit sharp.com/postpartum.

Medications

Antidepressant medications are an important part of treatment and can be used to treat depression and anxiety.

Antidepressants are not addictive, and some can be taken safely while pregnant or breastfeeding. They are most effective when taken in combination with individual or group counseling. It is important to see a doctor who is trained in prescribing medication to women who have PMADs, are pregnant or are breastfeeding.

For information about taking medication during pregnancy or while breastfeeding, visit mothertobaby.org.

Ask for Help

Reaching out for support or talking to others may not be easy while feeling this way. However, social support is an essential piece of physical and emotional recovery.

Seeking guidance from expert resources and support groups can be beneficial to recovery.

Sharp Maternal Mental Health Program **858-836-8309**

sharp.com/maternalmentalhealth

This intensive outpatient program provides comprehensive, specialized care for people who are pregnant or postpartum and are experiencing moderate to severe mental health conditions that affect their daily life.

Postpartum Health Alliance

619-254-0023

postpartumhealthalliance.org

Talk to a trained volunteer, or get a local directory of mental health providers, support groups and resource referrals.

Postpartum Support International (PSI)

1-800-944-4773

postpartum.net

Find support for moms and partners, informational articles, online support groups, web resources and more.

Vista Hill SmartCare Behavioral Health Consultation Services

858-956-5900

smartcarebhcs.org

Get free consultation services to help connect you and your family to community resources to address mental health concerns.

San Diego Access and Crisis Line

1-888-724-7240

Call the Access and Crisis Line, or visit an emergency department, if you are experiencing fear of being alone and are concerned about your safety or the safety of your baby or other children. The Access and Crisis Line is free, confidential and available 24/7. A compassionate counselor can provide hope, encouragement and help with accessing mental health services.

National Maternal Mental Health Hotline

1-833-TLC-MAMA (1-833-852-6262)

Call or text this free, confidential, 24/7 hotline for support, understanding and resources.

Sharp Postpartum Support Groups

Sharp offers free virtual support groups that are open to all.

Visit **sharp.com/postpartum** for details on support groups and more resources for managing your mental health.

Self-Assessment Tool for Postpartum Depression

Edinburgh Postnatal Depression Scale (EPDS)

Use this self-assessment as a guide to help you determine if you may have postpartum depression. Read the statements and check the box next to the choice that comes closest to how you have felt in the past 7 days — not just how you feel today. After you are finished, add up the corresponding point values for your answers.

1. I have been able to laugh and see the funny side of things.

- 0 ☐ As much as I could
1 ☐ Not quite so much now
2 ☐ Definitely not so much now
3 ☐ Not at all

2. I have looked forward with enjoyment to things.

- 0 ☐ As much as I ever did
1 ☐ Rather less than I used to
2 ☐ Definitely less than I used to do
3 ☐ Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

- 3 ☐ Yes, most of the time
2 ☐ Yes, sometimes
1 ☐ Hardly ever
0 ☐ No, not at all

4. I have been anxious or worried for no good reason.

- 3 ☐ Yes, very often
2 ☐ Yes, sometimes
1 ☐ Hardly ever
0 ☐ No, not at all

5. I have felt scared or panicky for no very good reason.

- 3 ☐ Yes, quite a lot
2 ☐ Yes, sometimes
1 ☐ No, not much
0 ☐ No, not at all

6. Things have been getting on top of me.

- 3 ☐ Yes, most of the time I haven't been able to cope at all
2 ☐ Yes, sometimes I haven't been coping as well as usual
1 ☐ No, most of the time I have coped quite well
0 ☐ No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping.

- 3 ☐ Yes, most of the time
2 ☐ Yes, sometimes
1 ☐ Not very often
0 ☐ No, not at all

8. I have felt sad or miserable.

- 3 ☐ Yes, most of the time
2 ☐ Yes, quite often
1 ☐ Not very often
0 ☐ No, not at all

9. I have been so unhappy that I have been crying.

- 3 ☐ Yes, most of the time
2 ☐ Yes, quite often
1 ☐ Only occasionally
0 ☐ No, never

10. The thought of harming myself has occurred to me.

- 3 ☐ Yes, quite often*
2 ☐ Sometimes
1 ☐ Hardly ever
0 ☐ Never

*If you answer yes, you may benefit from additional support and referrals. Please call or text the National Maternal Mental Health Hotline at 1-833-TLC-MAMA (1-833-852-6262) or the Suicide and Crisis Lifeline at 988. If you are concerned about your safety or your baby's safety, call the San Diego Access and Crisis Line at 1-888-724-7240. All services are available 24/7.

Total score _____

If your score is 10 or higher, you may have postpartum depression or anxiety.

Cox, J.L., et al. "Detection of Postnatal Depression: Development of the 10-item Edinburgh Postnatal Depression Scale." British Journal of Psychiatry, 1987; 150: 782-786. Reprinted with permission.