Nobody Told Me it Would Be Like This…..

Post-Partum Mood and Anxiety Disorders (PMADs)

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Post Partum Mood and Anxiety Disorders – PMAD's

* …have been described as dangerous thieves that rob mothers of the precious time together with their infants that they had been dreaming of throughout pregnancy.
* …can leave lasting scars not only on the mother but also on her infant, older children and significant others.

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Perinatal Mood and Anxiety Disorders – PMAD's

A groups of symptoms that can affect women during pregnancy and the postpartum period, causing emotional and physical problems that make it hard to enjoy life and function well

* Depression
* Anxiety and panic
* Bi-polar like symptoms
* Psychosis

PMAD's – Onset and Prevalence

* Symptoms can develop in pregnancy, immediately after birth, or months later.
* If symptoms develop during the perinatal or post-partum period (one year following delivery), they are diagnosed as Post-partum depression, anxiety, or psychosis
* Research shows that 1 in 7 women will develop a PMAD
* Father's can also develop a PMAD: research shows that 10% of father's develop symptoms also

Who is at Risk?

* Pregnant and post-partum mothers
* Fathers
* Those with a history of a mental health condition
* Those with a history of SI/HI, psychosis, family history
* Those who have had Complications during pregnancy/delivery (Birth Trauma)
* Those with babies admitted to the NICU
* Parents with multiple life stressors
* Those with limited support
* Families whose babies die

Baby Blues

* The Baby Blues is a mild, short period of mood and physical changes experienced by approximately 60 - 80% of all women within the two weeks after delivery
* The baby blues will pass on its own within 2ish weeks. If symptoms last longer than the end of the 2nd week after baby's birth the symptoms can not be attributed to the baby blues and may be a PMAD developing
* The baby blues can be due to the hormonal changes of pregnancy and delivery

Post-partum Depression

- Post-partum depression is the common name for any PMAD
- It is depression during the perinatal or post-partum period with symptoms lasting at least 2 weeks (the same criteria must be met as with Major Depression)
- The main symptoms are:
  - Loss of interest in things typically found to be enjoyable
  - Frequent crying or inability to stop crying (often for no reason)
  - Anger, frustration, irritability, 'snappy'
  - Insomnia or hypersomnia
  - Fatigue
  - Psychomotor agitation or retardation
  - Appetite changes
  - Guilt or worthlessness
  - Inability to concentrate
  - Suicidal thoughts

What does this look like in real life?

Post-partum Anxiety

- Post-partum anxiety is anxiety in the perinatal or post-partum period and can present as generalized anxiety, panic disorder, and OCD
- The symptoms include:
  - Constant worry about anything and everything
  - Panic attacks, fear of having a panic attack and fear of 'going crazy'
  - Sweating, shortness of breath
  - Obsessive and repetitive thoughts (usually judgmental, negative, persecutory or scary)
  - Compulsive behaviors that are done in an effort to relieve the mental discomfort

Panic Disorder

Anxiety with panic attacks

- Feeling physical symptoms such as:
  - Heart palpitations
  - Sweating
  - Suddenly feeling hot or cold
  - Chest pain
  - Shaking
  - Dizziness
  - Afraid of losing control or going crazy

Obsessive-compulsive Disorder (OCD)

- Obsessions are repetitive thoughts
- Compulsions are behaviors
- Engaging in compulsive behavior helps to alleviate the discomfort of the anxiety or obsessive thought – it makes the person feel calmer and more in control
- Symptoms may include:
  - Repeated, persistent, unwanted thoughts
  - Cleaning and organizing
  - Washing hands, excessive use of hand sanitizer
  - Not leaving the house for fear of germs
  - Afraid to be separated from baby for fear of 'something bad happening'
  - Sterilizing bottles, pacifiers, toys, etc.

Post-partum Psychosis

- This is a life threatening medical condition
- Luckily, post-partum psychosis is more rare than depression or anxiety but it is much more dangerous.
- It only occurs in 1-2 out of 1000 women
- Its onset can be as early at 48 hours after delivery and usually occurs within the first 2 weeks but can occur at any time
- Onset is often dramatic with early signs being restlessness, irritability and insomnia

Post-partum Psychosis What is Psychosis?

- Psychosis is the experience of delusions or hallucinations. They can be auditory, visual, tactile, olfactory or mental (beliefs)
- Women may hear or see things that others do not
- They may have very odd or obscure thoughts or beliefs such as someone is trying to break into the house, the baby has a major problem, the husband is cheating on the mother, etc. These are called delusions.
- Often the delusions are persecutory, meaning women hear voices or have intrusive critical thoughts telling them that they are worthless, a terrible mother, and cant do anything well
- Sometimes the delusions are commands telling women to hurt themselves or their babies

Post-Partum Psychosis Treatment

* Suicide and infanticide is a very significant risk when a women experiences psychosis.
* Treatment must be immediate
* A mother may need to be hospitalized in order to be stabilized (this can be done voluntarily or involuntarily if the mother meats criteria for a 5150)
* The priority is to ensure that the baby is safe and then to address the mother's safety and well-being

Post-partum Bi-polar Symptoms

Bi-polar Disorder is often misdiagnosed as Depression

* There are 3 types of Bi-polar Disorder
  * Bi-polar I – usually depression and mania
  * Bi-polar II – depression and hypomania
  * Bi-polar NEC – similar to BPII but doesn't meet all criteria for a DX

Bi-polar I and Bi-polar II

* Bi-polar I – requires at least one manic episode lasting at least one week. Usually there is a depressive episode lasting two weeks or more. (does not require a depressive episode)
* Bi-polar II – requires at least one hypomanic episode lasting at least one week and at least one depressive episode lasting 2 weeks or more. (no history of mania, if there is mania than it would be BPI)

Post-partum Bi-polar Symptoms

- Feeling you have an endless supply of energy, you don't have a 'need' to sleep
- Rapid or pressured speech, changing topics quickly
- Grandiose thinking, inflated ideas about oneself
- Reckless spending
- Hypersexual
- Abnormal elevated mood or irritable mood for at least 4 days
- Psychotic symptoms may be present in BPI but not in BPII
- The symptoms impair ones functioning

Post-partum Bi-polar Symptoms Hypomania and Onset

- It is important to assess for hypomania as it is a precursor to Bi-polar manifestations later on
- Hypomania is present in the first day rather than days 3 or 4 (more common with baby blues)
- Hypomania can look like the euphoria of a new baby but it is very different
- There is more research on BPI than BPII in post-partum women and this needs to be looked at more

PPD and Scary Thoughts or Suicidal Ideation

Some women develop very scary thoughts when depressed or anxious. These are sudden thoughts that 'pop' into a woman's mind and scare her. They are often images of bad things happening to her baby, a sibling or herself. Having scary thoughts does not mean that a woman wants to act on them, it is different than suicidal or homicidal thoughts and different than psychosis. For example:

- Fear of walking up or down steps for fear of dropping the baby
- Fear of hurting the baby (dropping from a balcony, smothering, etc)
- Fear of impulsive behaviors that will harm self or baby (swerving off the road, throwing baby, jumping off a bridge, shooting self, etc)
- Fear of extreme judgment and failure
- Desire to leave the family and never go home

Suicide

- Many Post-partum women have thoughts of suicide and never tell anyone.
- Loved ones are afraid to ask for fear that mentioning suicide will plant a seed – this is not true
- Mothers are afraid to admit they are having suicidal thoughts for many reasons, namely, having their baby taken away or being admitted to a hospital
- There is passive and active suicidal ideation – both are concerning but active suicidal ideation means the person has a plan and access to means and must be helped immediately – this is when the risk of suicide is the highest

Child Abuse

- Most women who are struggling with post-partum depression or anxiety do not want to hurt their babies but may hurt their babies inadvertently.
- A baby is at increased risk for being abused or neglected when its mother (and/or) father is severely depressed or anxious and not able to function well
  - Shaken baby syndrome is responsible for many deaths and head injuries
  - Mothers often do not feel attached to their babies when depressed, they may not read the babies' cues well, they are tired and not eating properly, all of which can contribute to a lower threshold for self control
  - Babies of depressed mothers (and fathers) are more irritable and harder to soothe - this stems from the difficulties in the attachment with a depressed parent
- If a woman has post-partum psychosis the baby is at very increased risk for harm. Some women experience command hallucinations (voices or thoughts that tell the mother to hurt or kill her baby)

How Do We Protect Babies and Mothers (Families)?

- We screen every post-partum woman and educate families about PMADs in mothers and fathers before they leave the hospital
- Pediatricians can be a frontline defense – the more skilled and comfortable a pediatrician is in screening mothers and fathers for PMADs the more likely they are to be referred for services. The parents is more likely to take the baby to the pediatrician for early well-baby care than see an MD for herself/themselves.
- We talk about it amongst ourselves : In play groups, at the supermarket, at Starbucks, etc. We work on stripping away the stigma.
- Other ideas….?

Screening for PMADs
Edinburgh Postnatal Depression Scale

- 10 statements screening for depressive symptoms
- Self scored with a score of 10 or more being suggestive of PPD
- Does not specifically screen for anxiety, OCD, Bi-polar or psychosis
- Does include a statement that screens for self-harm/suicide
- Effective for fathers also

Screening for Symptoms other than Depression

- Screening tools do exist to screen for anxiety, OCD, Bi-polar, etc., but there is not a single, simple tool to assess for any possible PMAD symptom.
- The Edinburgh is the most commonly used tool at this time
- Clinicians must use their diagnostic skills to assess for other symptoms and make formal referrals for further psychiatric assessment and treatment

Intervention/Treatment

- Referral to MD, social worker
- Referral to mental health worker
- Medication prescribed
- Close MD/CNM follow-up post delivery (2 weeks)
- Support group through Postpartum Alliance in SD

EndinburgH Postnatal Depression Scale

* Self report questionnaire
* 10 short statement of common depressive symptoms with 4 possible replies
* Chooses the best response to the way she has felt in the past 7 days
* Each statement is rated on a scale of 0-3
* Total: < 10 = low risk, 10-14 = moderate risk and >14 = high **risk** for pp depression