



Perinatal Mood Disorders FACT SHEET

- ❖ Among women, the leading cause of disease-related disability is depression (Gaynes et. al, 2005).
- ❖ Perinatal Mood Disorders have been identified in women of every culture, age, income level and race. (The term "Perinatal" generally refers to the period of pregnancy and the first year after a baby is born.)
- ❖ Research shows that Perinatal Mood Disorders can appear days or even months after childbirth. (Kendell, 1987).
- ❖ Although the term "Postpartum Depression" is often used to describe Perinatal Mood Disorders, there is actually a spectrum of disorders that can affect mothers during pregnancy and postpartum. These include:
 - **Depression/ Anxiety in Pregnancy:** It is estimated that **8.5- 11 %** (Gaynes et. al, 2005) of pregnant women will experience moderate to severe symptoms of depression and/or anxiety
 - **Postpartum Depression:** Approximately **6.5-12.9 %** (Gaynes et. al, 2005) of women experience major or minor depression following childbirth. Symptoms differ for everyone, and may include: feelings of anger, fear and/or guilt, lack of interest in the baby, appetite and sleep disturbance, difficulty concentrating/ making decisions, and possible thoughts of harming the baby or oneself.
 - **Postpartum Panic Disorder:** This is a form of anxiety that occurs in up to **11 %** of new mothers. Symptoms include: feeling very nervous, recurring panic attacks (shortness of breath, chest pain, heart palpitations), many worries or fears (Wisner, Peindl & Hanusa, 1996).
 - **Postpartum Obsessive-Compulsive Disorder:** This is the most misunderstood and misdiagnosed of the perinatal disorders. It is estimated that as many as **3-5 %** of new mothers will experience the following symptoms: Obsessions (persistent thoughts or mental images related to the baby), Compulsions (doing things over and over to reduce the fears and obsessions), a sense of horror about the obsessions. These mothers know their thoughts are bizarre and are very unlikely to ever act on them (Brandes et al, 2004).
 - **Postpartum Posttraumatic Stress Disorder:** An estimated **1-6 %** (Beck, 2004) of women experience PTSD following childbirth. Symptoms typically include: Traumatic childbirth experience with a re-experiencing of the trauma (dreams, thoughts, etc.), avoidance of stimuli associated with the event (thoughts, feelings, people, places, details of event, etc.), and persistent increased arousal (irritability, difficulty sleeping, hypervigilance, exaggerated startle response).
 - **Postpartum Psychosis:** occurs in approximately **1.1 -4 of every 1,000** deliveries (Gaynes et. al, 2005). The onset is usually sudden with symptoms including: delusions (strange beliefs) and/or hallucinations, feeling very irritated, hyperactive, and unable to sleep, and significant mood changes with poor decision-making. There is a **10 %** infanticide/suicide rate associated with Psychosis and thus immediate treatment is imperative.
- ❖ Without appropriate intervention, maternal depression can have long term and adverse implications for both the mother and the child.
- ❖ A mother's mood / anxiety symptoms have a direct impact on her partner as well. Her partner may feel overwhelmed, confused, angry, and afraid she will never be well. This may place a strain on the couple's relationship.
- ❖ Screening and early intervention can protect the welfare of the mother, baby and entire family.
- ❖ Scientific evidence is available on the effectiveness of a variety of treatment options.
- ❖ Mothers with a perinatal mood disorder need to know: *"You are not alone. You are not to blame. With help, you will be well."*

EVANSTON/NORTHSHORE PPD HOTLINE: 866-364-6667

Beck, C. 2004. Post-Traumatic Stress Disorder Due to Childbirth, The Aftermath. *Nursing Research* 53(4):216-224.

Brandes, M., Soares, C.N., & Cohen, L.S. (2004). Postpartum onset obsessive compulsive disorder: Diagnosis and management. *Archives in Women's Mental Health*, 7, 99-110.

Gaynes, et al., (2005). Recently MSOffice, the Agency for Healthcare Research and Quality (AHRQ), in collaboration with the Safe Motherhood Group (SMG)¹, commissioned an evidence report on postpartum depression from the Research Triangle International - University of North Carolina's Evidence Based Practice Center. The report (Gaynes et al., 2005) was released in February 2005, and identifies gaps in the science as well as evidence on outcomes of screening for postpartum depression.

Kendell, R.E., Chalmers, J.C., and Platz, C. (1987). Epidemiology of puerperal psychoses. *British Journal of Psychiatry*, 150, 662-673.

Wisner, K.L., Peindl, K. S., & Hanusa, B.H. (1996). Effects of childbearing on the natural history of panic disorder with comorbid mood disorder. *Journal of Affective Disorders*, 41, 173-180.