



Postpartum Support International Perinatal Mood and Anxiety Disorders FACT SHEET

- ❖ Among women, the leading cause of disease-related disability is depression (World Health Organization, 2013).
- ❖ Perinatal Mood and Anxiety Disorders have been identified in women of every culture, age, income level and ethnicity. We use the term “Perinatal” for the period of pregnancy and the first year after a baby is born.
- ❖ Research shows that Perinatal Mood and Anxiety Disorders can appear during pregnancy or days or even months after childbirth, and does not usually resolve without treatment (Woolhouse H. et al. BJOG 2014).
- ❖ Although the term “Postpartum Depression” is often used, 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 15-21% of pregnant women experience moderate to severe symptoms of depression or anxiety (Wisner KL, Sit D KY, McShea MC, et al. JAMA Psychiatry 2013).
 - **Postpartum Depression:** Approximately 21% of women experience major or minor depression following childbirth. (Wisner KL, Sit D KY, McShea MC, et al. JAMA Psychiatry 2013) Low income women and teens have rates up to 60% (Earls, M. Pediatrics 2010). 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.
 - **Perinatal 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 (Wenzel A. 2011).
 - **Perinatal Obsessive-Compulsive Disorder:** This is the most misunderstood and misdiagnosed of the perinatal disorders. It is estimated that as many as 11% of new mothers will experience the following symptoms: obsessions (persistent thoughts or intrusive mental images often related to the baby), compulsions (doing things over and over to reduce the fears and obsessions) or avoidance, and a sense of horror about the obsessions. These mothers know their thoughts are bizarre and are very unlikely to ever act on them (Miller ES. J Reprod Med 2013).
 - **Postpartum Posttraumatic Stress Disorder:** An estimated 9% of women experience PTSD following childbirth (Beck C, et al Birth 2011). 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).
 - **Perinatal Bipolar Disorder:** Over 70% of women with bipolar disorder who stop medication when pregnant become ill during the pregnancy. Twenty-two percent of depressed postpartum women are suffering from a bipolar depression (Wisner KL, Sit D KY, McShea MC, et al. JAMA Psychiatry 2013).
 - **Postpartum Psychosis:** occurs in approximately 1 to 2 of every 1,000 deliveries (Sit, et al, 2006). The onset is usually sudden, most within the first 4 weeks, with symptoms including: delusions (strange beliefs) and/or hallucinations, feeling very irritated, hyperactive, decreased need for sleep, and significant mood changes with poor decision-making. There is a 5% suicide rate and 4% infanticide rate associated with Psychosis and thus immediate treatment is imperative (Sit D, et al, JWH 2006).
- ❖ Without appropriate intervention, poor maternal mental health can have long term and adverse implications for mother, child and family.
- ❖ A mother’s mood and 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. About 10% of new dads have depression, mood or anxiety problems, as well (Paulson & Bazemore, JAMA 2010).
- ❖ Screening and early intervention can protect the well-being of the mother, baby and entire family.
- ❖ Scientific evidence is available on the effectiveness of a variety of treatment options.

Mothers need to know: “You are not alone. You are not to blame. With help, you will be well.”

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