PMADs & Perinatal Wellness

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What is a Perinatal Mood Disorder?

We often think of the time that families begin preparing for the arrival of a new baby as a time of joy, full of positive expectations. While many mothers and their partners do experience feelings of joy, the truth is that for some mothers and their partners the time periods during and after pregnancy can be anything but happy or joyful.
What is a Perinatal Mood Disorder?

Many mothers may experience some symptoms of the “baby blues” during the postpartum period. However, if these symptoms do not resolve within 2 weeks after giving birth, it can lead to postpartum depression or anxiety in women, a temporary condition known as a Perinatal Mood and Anxiety Disorder (PMAD).
Perinatal Mood and Anxiety Disorders can occur any time during pregnancy or the first year postpartum.

Perinatal Mood and Anxiety Disorders can cause emotional distress and affect interpersonal relationships, including the emotional bonding that is so important between mothers and infants.
If left untreated, a Perinatal Mood and Anxiety Disorder, though temporary, can have long-term, adverse affects on the mothers, fathers, babies, and all other family members.

The good news is that even the most severe incidences of PMADs are highly treatable. As with many other illnesses, the earlier the treatment begins the more effective it can be.
PMADs under-diagnosed and under-treated:

Less than 20% of pregnant women with PMAD or Psychiatric diagnoses were treated. (Kelly, et al. 2001)

Less than 50% of pregnant women on antidepressants were symptomatic due to suboptimal treatment. (Marcus, et al. 2005)
PMADs under-diagnosed and under-treated:

Less than 25% of OB-GYN patients had their PMAD or Psychiatric diagnoses recognized. (Spitzer, et al. 2000)

Less than 20% of pregnant women with PMAD or Psychiatric diagnoses were treated. (Kelly, et al. 2001)

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Common PMAD symptoms that mothers may experience:

- Crying uncontrollably
- Feeling overwhelmed
- Anxiety and/or panic attacks
- Trouble sleeping or sleeping too much
- Changes in appetite
- Feeling irritable, angry, or nervous
- Not enjoying life as usual – loss of interest, joy, or pleasure
Common PMAD symptoms that mothers may experience:

- Trouble concentrating
- Feelings of being a bad mother
- Thoughts of harming yourself or your baby
- Mood swings for no apparent reason
- Inability to feel or experience positive feelings about your baby OR lack of feelings towards your baby
- Feeling guilty, worthless, hopeless, or shame
Common PMAD symptoms (continued)

- Desire to isolate yourself from others
- Not feeling like yourself or that “something is wrong with me”
- Inability to take care of self or family
- Experiencing irrational fears
- Hearing voices or seeing things that are not real (psychosis)
Risk factors for PMADs in women:

- History of a mood disorder or postpartum depression
- Lack of sleep
- Family history of a mood disorder
- Substance abuse
- Intimate partner violence
- Dysfunctional marital/partner relationships
- Inadequate social supports
- Stressful life events
- Discontinuation of antidepressant medication
- Maternal medical illness (e.g., anemia, hypothyroidism, etc.)
- Infant illness (e.g., congenital anomalies, acid reflux, etc.)
- Hormonal changes
What about the fathers of babies?

Some men may also experience similar symptoms of depression during the postpartum period known as Paternal Postnatal Depression or PPND.

Paternal Postnatal Depression is not as common or well-known as maternal postpartum depression, so consequently there is not very much awareness surrounding this condition and it may often go undiagnosed and untreated.
Estimates show that approximately 25% of new fathers will suffer from Paternal Postnatal Depression (PPND), while only about 10% of cases are actually recorded.

While many new fathers may experience the ‘Daddy Blues’, these symptoms will usually resolve themselves within a few days once the father is able to do things for himself after the birth of the baby.

However, the symptoms of Paternal Postnatal Depression (PPND) are much more severe and long-lasting, especially if left untreated.
The first step toward getting help and/or seeking support if new fathers are experiencing PPND is to be aware of the broad range of symptoms that can affect new fathers, as well as the severity.

Many new fathers may suffer in silence due to lack of awareness of PPND and that the condition is both temporary and very treatable.
Common symptoms of Paternal Postnatal Depression:

- Increased anger or conflict with others
- Frustration or irritability
- Violent or aggressive behavior
- Feeling discouraged
- Loss of interest in work, hobbies, and sex
- Problems with concentration and motivation
- Experiencing conflicting thoughts and unrealistic expectations of yourself as a man and father
- Withdrawing socially
Common PPND symptoms (cont.)

- Consistently low energy and fatigue
- Changes in sleep, weight, and appetite
- Alcohol and substance abuse
- Headaches and stomach aches
- Feeling easily stressed
- Impulsive and risky behavior
- Trying to focus more on work or other distractions
- Thoughts of suicide or harming others
Risk factors for PPND in men:

- A continual lack of sleep
- Changes in hormones
- High-stress lifestyle including career, family, etc.
- Relationship tension with spouse or partner
- Poor relationship with spouse or partner’s in-laws
- Lack of support from his own parents
- Being part of a non-standard family such as unmarried or a stepfather
- Financial stress
- History of depression
- Feeling excluded from the bond between mother and baby
The biggest risk factor for Paternal Postpartum Depression in men is whether or not the mother of the baby is also suffering from Postpartum Depression or PMADs.

Approximately 50% of all men who have a spouse or partner suffering from Postpartum Depression or PMADs will be depressed themselves as well.
The good news is that whether a mother is experiencing a Perinatal Mood and Anxiety Disorder (PMAD) related to her pregnancy OR a father is experiencing Paternal Postnatal Depression (PPND) related to his spouse or partner giving birth, these symptoms are more often than not quite temporary and can be easily treated.
The biggest challenge mothers and fathers face when experiencing any of these symptoms is asking for help. Many mothers, and even more so fathers, choose to instead suffer in silence when help and support are readily available and the symptoms very treatable.

However, it is often the *stigma* of asking for help when faced with emotional and/or mental health challenges that is the biggest barrier to mothers and fathers seeking treatment for themselves.
Wellness vs. Illness

How do we as professionals begin addressing the family’s wellness verses mental illness??
The Wellness Factor...

- What does wellness look like from one mother, father, or family to another?
- How do we assess an individual’s personal wellbeing?
- Are we only limited to currently measurement tools of PHQ-9 and/or GAD-7?
- How can we increase our efforts to focus on what’s strong in the lives of our clients/patients lives instead of only focusing on what’s wrong?
- What are the most important conversations we need to have with the perinatal mothers and fathers that we meet with every day?
Wellness vs. Illness

Why is it perhaps more important to focus and address wellness rather than symptoms?
A mother or father’s own wellness is often not at the top of the list of their priorities; many are in survival mode from day to day, which tends to dictate their priorities on a daily basis.

Perspectives of personal wellness are often distorted, and attempts to meet legitimate needs are many times being met in illegitimate ways, including substance use/abuse, intimate partner violence, over indulgence or addictions to electronics and social media, risky behaviors, etc.

Many women who suffer from low self-esteem or are culturally socialized to serve the needs of others at the expense of their own needs and/or wellness often have great difficulty with the concept of taking care of themselves without experiencing feelings of guilt or the belief that they are being selfish.

Quite often family members are not supportive of a mother’s attempts to invest time and energy into her own wellness, causing some mothers to secretly seek out support for mental health challenges and improve her wellness. For some, seeking out online support groups feels like their only lifeline.

Stigma; pressure to hide family secrets; fears of being labeled, unsupported, ridiculed, and rejected by significant others in their lives can cause many women and men to suffer in silence instead of valuing themselves and their babies enough to seek out help and support to improve their wellbeing.
There are a few key concepts to keep in mind when thinking about wellness and having conversations with perinatal mothers and fathers, which are based on the work of Mary Ellen Copeland, PhD, developer of WRAP:

**Wellness Recovery Action Plan**
What does the term **Wellness Recovery Action and Plan** mean to the perinatal client/patient?

**Factors to consider:**
- What are they like when they are feeling well?
- What are they like when their wellness begins to break down?
- Are they able to identify any early warning signs of when their wellness is beginning to break down?
- What are they willing to do for themselves to recover when their wellness begins to break down?
- Are they willing to seek support from others when their wellness begins to break down?
The Wellness Factor (cont.)...

- Do they have **hope**, when they feel stuck, to move forward in their lives?

- Are they willing and able to take **personal responsibility** for their lives and life choices without being completely dependent on others?

- Are they willing to **seek out education** about their lives, work, emotional challenges, wellness, and their baby’s health and wellbeing?

- Are they willing and able to **engage in self-advocacy**, believing in themselves and courageously taking steps to move forward?

- Do they **have support**? Who and what comprises their support system and is it health support?
• Are they willing to follow a daily maintenance plan, which fosters self-care?

• Are they willing and able to identify their triggers?

• Are they willing to acknowledge and address early warning signs?
Q & A

What extra steps are needed from helping professionals to make sure that your patients/clients get linked to the appropriate supportive mental health resources for their wellness?

What can you do to normalize and educate your patients/clients about PMADs symptoms and give them hope that they can experience positive feelings of wellness again?
Thank you!