

Perinatal Mood and Anxiety Disorders (PMADs)

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24 Hour Warm Line 1-888-404-7763

We now call Postpartum Depression (PPD), Perinatal Mood and Anxiety Disorders (PMADs) because:

- a) It often starts during pregnancy, but goes undiagnosed;
- b) It's not just depression. Perinatal anxiety is actually more common than perinatal depression. Anxiety often comes with depression as well. Anger and rage are common features of perinatal depression, which is not traditionally what we think of when we think of depression; and
- c) It's not just depression or anxiety. Perinatal Bipolar, PTSD, OCD, or psychosis can happen, too.

Facts:

- PMADs are the MOST common complication of childbirth, more common than gestational diabetes or preeclampsia, but the least talked about and is not as effectively screened for in prenatal care.
- 20% of women get it. Only 40% get help.
- 10% of partners get it. When the mother has it, 30% of partners get it.
- It can show up any time in pregnancy and even a year after birth. Without treatment, it can last a long time. The most common onset times are 3mo, 6mo, 9mo, and 12mo postpartum, because of stressors that can happen at those times (weaning, going back to work, anniversary of a traumatic birth) as well as hormonal and physical changes associated with postpartum recovery.
- The year after birth is the most depleted a woman's body will ever be, so it makes sense that this illness can happen at such a physically vulnerable time.
- Risk factors: personal and/or family history of depression/anxiety/trauma/abuse, traumatic birth, feeding issues, medical issues with baby or mom, lack of support, chronic sleep deprivation.
- It is an invisible physical illness, a chemical/hormonal imbalance. It does not discriminate; even someone with a "perfect" family/financial/health situation can still get it.

Baby Blues:

- Raw, paper thin emotions.
- Improves quickly with adequate self-care, sleep (two REM cycles per day, 2-3 hours each stretch), and good nutrition.
- Baby blues ALWAYS resolves after the first three weeks. If you are having any significant mood issues after three weeks, you may be having a PMAD.
- Anxiety is NOT part of normal baby blues. If you are having significant anxiety in the first three weeks, you may be having a PMAD.

How do you tell the difference between normal new mom stress/worry/baby blues vs. a PMAD?

- 1) How intense is it on a scale from 1-10. If it's above a 6, it may be a PMAD.
- 2) How frequent does it come? If it's every day several times a day, and if the worry "sticks" and you can't shake it off despite people reassuring you, it may be a PMAD.
- 3) On a scale from 1-10, how much is it bothering you or affecting you? If it feels like you can't keep living like this or if it's damaging your relationships, it may be a PMAD.
- 4) Bottom line is, if you feel like you are having a hard time, talk to your doctor, a therapist, or a support group. More support never hurt anyone. Our society is not very good at supporting new mothers, so more support is always helpful, whether you have a diagnosable illness or not.

Every new mom is tired, worried and stressed. If you feel exhausted, overwhelmed and upset every now and then, that is perfectly normal. However, if you have sadness, irritability, or anxiety that seem to continue on and on without letting up, or that continually worsen, or are really bothering you, and are affecting your ability to function on a daily basis, that's when it's time to reach out for help. You do not have to accept that this is what it's like to be a mom, because it isn't.

Examples of symptoms of a PMAD:

- Feeling completely overwhelmed, a feeling that doesn't go away. Not like, "hey, this new mom thing is hard," more like, "I can't do this and I'm never going to be able to do this." Wondering if you should have become a mom in the first place. Wishing you didn't have the baby.
- Feeling like something isn't right, or not feeling like yourself. Feeling guilty, because you feel like you should be handling new motherhood better than this. Feeling embarrassed or ashamed about how much of a hard time you are having. Feeling afraid of being judged if you share how you're really doing. Feeling weak, defective, like a failure.
- Feeling like your baby deserves better or like you're a bad mom or that your baby would be better off without you.
- Crying a lot. Not feeling connected or bonded to your baby. Feeling disconnected or detached from others or yourself, feeling numb, empty. (Up to 45% of moms take up to 12 weeks to feel a connection/bond with baby).
- Feeling irritable, angry, rage, or resentful of baby, partner, friends, or family.
- Can't sleep when you have the opportunity to sleep even though you are exhausted, either because your mind won't stop running or because you can't relax enough to fall asleep.
- Racing thoughts, restless, agitated, worrying all the time and you can't turn it off.
- Anxiety that keeps you from doing things or compels you to do things (excessive cleaning, checking, charting).

What helps:

- 1) *Eat*: Eat a protein snack whenever baby eats. 20g of protein every three hours to stabilize blood sugar. Minimize sugar and processed food to reduce inflammation.
- 2) *Sleep*: Five consecutive hours of uninterrupted sleep every night. I know this sounds impossible, but if you are having a PMAD and are not getting this much sleep regularly, your brain will not have the ability to heal. Overnight help from a partner, friends, family, or a professional are critical for recovery.
- 3) *Breath*: 10 minutes of alone time doing something quiet and relaxing every day.
- 4) *Move*: 10 minute walk around the block every day.
- 5) *Support*: Find your tribe, find people you can be real and open with. Counseling and a support group.
- 6) *Supplements*:
 - a) Vitamin D improves mood;
 - b) Vitamin B is a precursor for serotonin (Thorne Methyl-Guard);
 - c) Fish Oil improves mood (Nordic Naturals);
 - d) Magnesium is calming and helps anxiety (no magnesium stearate in the capsule though, because it prevents absorption);
 - e) Probiotics, because most serotonin is made in the digestive tract;
 - f) Ashwagandha and Skullcap are adaptogenic herbs that help you adapt to stress, relieve tension, calm anxiety, improve mood, and balance hormones.
- 7) *Medications*: Medications have some, yet low, risks while breastfeeding and during pregnancy. However, an untreated PMAD has risks as well, so it's not a choice between some risk and no risk, it's a choice between which risk is the least harmful to you and your family; everyone is different. It's important to see a perinatal specialist, because they will be much more knowledgeable about current research.

Resources:

- Perinatal Support of Washington State www.perinatalsupport.org:
 - **24 Hour Warm Line 1-888-404-7763** Free phone support from volunteers who are moms who have had a PMAD and recovered and have received training to give peer to peer support, listen, answer questions, provide information, and referrals. There is also a volunteer dad who had a PMAD and recovered that partners can talk to for support and resources as well.
 - referrals for therapists, support groups, or medication prescribers:
<https://perinatalsupport.org/parent-support-groups>
- Postpartum Support International (PSI): www.postpartum.net
- www.postpartumprogress.org
- For feeding issues: www.fearlessformulafeeder.com
- Online Community for Healing Birth Trauma: www.solaceformothers.org
- The Lytle Center for Perinatal Bonding and Support at Swedish Hospital in Seattle on First Hill has psychiatrists and therapists who specialize in PMADs:
 - 206-320-7288
 - www.swedish.org/locations/center-for-perinatal-bonding-and-support