

PMAD

Perinatal Mood and Anxiety Disorder

For many people the holiday season elicits thoughts of family, festivities, and fun along with the joyful feelings that are associated with these thoughts. However, for many expectant or new mothers who struggle with feelings of depression or anxiety this may not be the case. If you are a pregnant or new mom that struggles with a perinatal mood and anxiety disorder (PMAD), despite being “the most wonderful time of the year”, you may not be feeling the holiday love. Holidays can be an extremely stressful time for those who are struggling with an emotional disorder.

The term perinatal refers to the period of time surrounding birth, more specifically, pregnancy up to one year following birth. Many people have heard of the baby blues but are unaware of several other disorders that can exist during the perinatal period. These disorders are more than the baby blues and most often need treatment to recover.

Consider the following about PMADs:

- Perinatal mood disorders refers to a spectrum of mood disorders that can occur anytime during the pregnancy or in the first year postpartum. PMAD symptoms can also occur with miscarriage, abortion, stillbirth or infant loss.
- Every year, more than 400,000 infants are born to mothers who are depressed, which makes perinatal depression the most under diagnosed obstetric complication in America.
- Postpartum depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction and adversely affects early brain development (AAP).
- Perinatal mood and anxiety disorders are the number one medical complication related to childbirth.

- Research shows about 80% of new mothers experience normal “baby blues” in the first few weeks after the baby arrives. This is not a PMAD. Baby blues are normal and get better without treatment.
- At least 1 in 7 mothers experience serious depression or anxiety during pregnancy or postpartum.
- Suicide is one of the three leading causes of maternal death.

There is much confusion and misunderstanding associated with emotional concerns related to the perinatal period. Here are some of the reasons:

1. Lack of knowledge. Many people do not know that PMADs exist.
2. Shame and embarrassment: Society expects women to enjoy “the happiest time of life”, because of this cultural expectation women may feel shame and embarrassment and not seek help.
3. Limited access to mental health care providers during perinatal period: Mental health is not the primary focus of physician based practices (OB/GYN, pediatrician, primary care). It can be difficult to identify mothers who are suffering from a PMAD in these settings. Many new mothers show no clear signs of mental illness and may hide signs of distress. Their appearance may not differ significantly from other sleep-deprived, stressed new parents.
4. Lack of knowledge of treatment options: Treatment options can include any combination of medication, psychotherapy and social support. As with any medical condition, the best individual course of treatment can be determined through

active, open dialogue with a qualified medical professional.

5. Insufficient screening: The last emotional health screening is typically given at the six week postpartum appointment. If mom is feeling fine at this time and symptoms develop later, she may not seek help. It is recommended that screenings periodically be given by the pediatrician at well baby visits in addition to the standard OBGYN visit.
6. Lack of professional resources trained in treating PMADs: It can be difficult to find providers that have training and experience in treating PMADs.

There is good news about PMADs, they are treatable! You don't have to suffer, and you don't have to do it alone. While there may be stress associated with the holiday season, you will be better able to manage that stress, as well as enjoy family, festivities and fun if you are taking care of your emotional health.



Enjonae Anderson is a Licensed Professional Counselor in High Point, North Carolina. She specializes in working with women during their reproductive and mothering years. For more information call 336-609-7383 or visit www.mhcrs.com.

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