



## Postpartum Support International Perinatal Mood and Anxiety Disorders FACT SHEET

- ❖ Among women, the leading cause of disease-related disability is depression (Gaynes et. al, 2005).
- ❖ Perinatal Mood and Anxiety Disorders have been identified in women of every culture, age, income level and ethnicity. The term “Perinatal” generally refers to the period of pregnancy and the first year after a baby is born.
- ❖ Research shows that Perinatal Mood and Anxiety Disorders can appear days or even months after childbirth, and does not usually resolve without treatment. (Kendell, 1987).
- ❖ 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 15-20% (Bennett et. al, 2004) of pregnant women will experience moderate to severe symptoms of depression and/or anxiety.
  - **Postpartum Depression:** Approximately 15% (Marcus, 2009) 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 5% of new mothers will experience the following symptoms: obsessions (persistent thoughts or intrusive mental images 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 (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 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% 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 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 mood or anxiety problems, as well.
- ❖ 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.”**

**PSI Helpline: (800) 944-4PPD (4773) [www.postpartum.net](http://www.postpartum.net)**

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