Perinatal Mood and Anxiety Disorders (PMADs)

- What Are They?
- How do they impact Families?
- How can We help?

What are Perinatal Mood and Anxiety Disorders (PMADs)?

PMADs are mood and anxiety disorders that occur during pregnancy and/or the first year after giving birth. PMADs can occur at any point during the perinatal period. Approximately 15% of women giving birth will experience one or more. 10% of men will experience one.

- Depression
- Anxiety or Panic Disorder
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Bipolar Disorder
- Psychosis

PMADs	Symptoms may include:
Depression (The most diagnosed PMAD: 21% of those diagnosed- 68% unipolar, 22.6% bipolar) 66% of those diagnosed also had Anxiety.	Sadness, crying, appetite changes, sleep disturbances, poor concentration/focus, irritability and anger, hopelessness and helplessness, guilt and shame, unexplained physical complaints, suicidal thoughts
Anxiety (15.8 % prenatally, 8-20% postpartum)	Agitation, inability to sit still, excessive concern about baby's or her own health, high alert, appetite changes – often rapid weight loss, sleep disturbances, constant worry, racing thoughts, shortness of breath, heart palpitations
Obsessive Compulsive Disorder (OCD) (11%; 30% is new onset and 65% with co-morbid PPD).	Intrusive, repetitive thoughts – usually of harm coming to baby. These are "ego-dystonic" thoughts-Moms are horrified by these thoughts, have tremendous guilt and shame, are hyper-vigilant, and engage in behaviors to avoid harm or minimize triggers) Other OCD behaviors: cleaning, counting, hypervigilant about all baby care

Disorder:	Symptoms may include:
Post-Traumatic Stress Disorder (PTSD) (12% of those diagnosed with PMAD)	Intrusive re-experiencing of past traumatic event, isolation from family and friends, "emotional numbing," hyperarousal/hypervigilance, avoidance
Bipolar I (Defined as at least one lifetime episode of mania along with major depressive episodes)	Includes symptoms of major depressive disorder, Hypomania (less pronounced), mania (at least 7 days in length, more severe symptoms including psychotic symptoms often requiring hospitalization) - onset is often in perinatal period
Bipolar II (Defined as one or more major depressive episodes with one or more episodes of hypomania)	Includes symptoms of major depressive disorder, hypomanic episodes may last 1-6 days, Irritability, rage, anxiety, insomnia, excitability (no symptoms of mania) – onset often in perinatal period

Disorder:	Symptoms may include:
Psychosis 1-2 in 1,000 (50% of them are first time Moms with no prior history)	Delusions (e.g.: baby is possessed by a demon), hallucinations (e.g.: seeing someone else's face instead of baby's face or hearing voices), insomnia, confusion/disorientation, rapid mood swings (more than non-postpartum psychosis), waxing and waning (can appear and feel normal for stretches of time in between psychotic symptoms)

Why Should We Care About PMADs?

- #1 Medical Complication related to Childbearing
- Treating mental health issues at this time can prevent domestic violence, child neglect, abuse and trauma, developmental delays, even suicide, infanticide and homicide.
- By preventing childhood trauma, we can impact the overall health of our population (high Adverse Childhood Experiences (ACE) scores are associated with a multitude of negative health outcomes)
- Screening helps detect so treatment can occur (about half have no MH history)
- Opportunity to help those with prior undiagnosed issues when motivation is often high
- Moms Can Die from PMADs

PMADs and Connecticut Maternal Deaths

Mental health conditions other than substance use disorder (SUD) contributed to over one-fifth (n =18/80, 22.5%) of pregnancy-associated deaths in Connecticut in the period between 2015 and 2020

Mental health condition "probably" contributed to an additional (14%) pregnancy-associated deaths.

Of 18 pregnancy-associated deaths in which mental health conditions definitively played a role, two-thirds (n = 12/18, 66.7%) were determined by the CT MMRC to be pregnancy-related—that is, causally related to pregnancy or its management.

Data from Connecticut Maternal Mortality Committee (MMRC) brief from 2015-2020

"Preventable" Deaths

Continued Data from Connecticut Maternal Mortality Committee (MMRC) brief from 2015-2020

- CT MMRC determined that all 18 deaths were preventable.
- "Accidental overdose" was the most common cause of death among pregnancy associated deaths in which mental health conditions other than SUD played a role.
- Half (n = 9/18) died of an overdose
- One-third (n = 6/18) died by suicide
- Other causes of death: unintentional injury and embolism.

Women of Color and in Lower Social Strata are Overrepresented

(Continued) Data from Connecticut Maternal Mortality Committee (MMRC) brief from 2015-2020

- Race: 44% White; 28% Black; 28% Hispanic/Latinx.
- Education: 11% of decedents held a Bachelor's degree or higher
- Employment: 2 of 18 (11%) held a professional job; 28% were not employed outside of home; 11% were students; 50% were employed as technicians, service workers, or in sales, or administrative positions
- Health Care: 72% had Medicaid insurance

Essential Screening did not occur

(Continued) Data from Connecticut (MMRC) brief from 2015-2020

Most had two or more mental health diagnoses on record: Those with a MH diagnosis prior to pregnancy are at greater risk for an exacerbation of symptoms during pregnancy and postpartum.

One third died during pregnancy; Two thirds died during the postpartum period

Although 10 of the 12 women had mental health diagnosis prior to their pregnancy and death, only 2 were screened at any of their ER visits

All received prenatal care, but only two were screened prenatally by their obstetric providers

Only half were screened in the hospitals of labor & delivery of babies

Half were not screened during delivery or in the postpartum period; despite having a history of mental health concerns

Care and "Net" of Community Support

A "Buffet" of Interventions:

Technology Enabled Help: Apps

Telehealth Support

Mommy Activity Groups

Home Visitation: Nurses, Doulas, Parent educators, lactation consultants, social workers, therapists

Peer-led Support Groups

Individual Therapy

Clinician-led Support/therapy Groups

Intensive Outpatient Program

Partial Hospitalization

Hospitalization

Supported Housing Specific to Needs

Connecting the Net: "Pie in the sky"

Universal Screening: OB, ED, Pediatric, Every health care setting

Communication between Care Providers

Universal Electronic Health Record

Training for Care Providers: PMADs, Trauma sensitive, Racially sensitive, Collaborative care

Communication/Training about Community Resources & Programs

Devoted Social Workers to connect Moms and Families to "the next step" resources and programs

Increased Public Health Education Campaigns to Increase Awareness of PMADs, impact, and effectiveness of treatment

Common Themes in Intensive Treatment

- Training in Perinatal Care of all Providers
- Interdisciplinary Teams which include Psychiatric Specialists, Psychologists, Nurses, Occupational Therapists, Recreational Therapists, and More
- Primarily Group treatment
- Individual assessment and treatment
- Family Psychoeducation and Services
- Baby Care& Bonding Psychoeducation and Support
- Lactation/Feeding Support
- The Best Treatment Centers have Baby Care on site
- Most have access to family housing near the site (Ronald McDonald houses or others)

Inpatient Perinatal treatment programs in the US

Arkansas: Little Rock, AK

Women's Inpatient Unit

California: Mountain View, CA (near San Jose)

El Camino Health Women's Specialty Unit

North Carolina: Chapel Hill, NC

UNC Perinatal Psych Inpatient Unit

New York: Glen Oaks, NY

Northwell Health Perinatal Psychiatry Service

Intensive Outpatient Perinatal (IOP) Units in the United States

California

- Los Angeles: UCLA CA Resnick/Maternal Mental Health Program
- Mountain View: El Camino Hospital Maternal Outreach Mood Services (MOMS)
- Newport Beach: Hoag Hospital Maternal Mental Health Clinic
- Pasadena: Huntington Memorial Hospital Maternal Wellness Program
- San Diego: UC San Diego Maternal Mental Health Program

Colorado

- Aurora: HealthOne Behavioral Health and Wellness Center

Florida

- Gainesville: Better Beginnings Mommy & Baby Day Program

Illinois

- Hoffman Estates: AMITA Health Perinatal IOP at Alexian Brothers Women & Children's Hospital

Michigan

- Grand Rapids: Pine Rest Mother and Baby Program

IOP Units in the United States (Continued)

Minnesota

- Brooklyn Park: PrairieCare Perinatal Mental Health Clinic
- Eden Prairie: Nystrom & Associates, Ltd. Mother Baby Intensive Outpatient Program
- Minneapolis: Hennepin Mother-Baby Day Hospital

Missouri

- St. Louis: Mercy Birthplace Mother-Baby Intensive Outpatient Program

New Jersey

- Long Branch: Monmouth Medical Center Perinatal Mood & Anxiety Disorders Program

New York

- New York City: The Motherhood Center of New York
- Queens, Nassau, and Suffolk Counties: Perinatal Psychiatry Services at The Zucker Hillside Hospital and South Oaks Hospital

IOP Units in the United States (Continued)

Pennsylvania

- Philadelphia: Drexel University Mother Baby Connections Intensive Outpatient Program
- Pittsburgh: Aleixis Joy D'Achille Center for Women's Behavioral Health (West Penn Hospital, Allegheny Health Network)

Rhode Island

- Providence: Brown University / Women & Infants Hospital

Utah

- Provo and Riverton: Serenity Recovery and Wellness
- Salt Lake City: St. Marks Outpatient Perinatal Program
- Salt Lake City: Huntsman Mental Health Institute / University of Utah
- South Jordan: Reach Counseling

Washington

- Seattle: Swedish Perinatal Center for Perinatal Bonding and Support

Resources (Non-exhaustive)

ACCESS Mental Health for Moms: Statewide program works with obstetric, primary care, and psychiatric providers to support their capacity to identify, screen, assess, treat, and refer women with behavioral health concerns up to one-year post delivery.
Connecticut Coalition Against Domestic Violence: a statewide network focused on advocacy, outreach and education to prevent domestic violence.
Postpartum Support International (PSI): PMAD education, Online Support Groups, Professional Trainings, Helpline, National Maternal Mental Health Hotline, Perinatal Psychiatric Consultation Line, Provider Directory to local providers trained in PMADs, Annual Conference, Grants, Advocacy
Postpartum Support International Connecticut Chapter (PSI-CT): Local Support Groups, Local Advocacy and Awareness Campaigns (e.g.: Climb Out of Darkness) Local Professional Trainings
American Psychological Association Fact Sheet:
2-1-1 Connecticut : 2-1-1 is a free, confidential information and referral service that connects people to essential health and human services 24 hours a day, seven days a week online/ phone.
Suicide Hotline- 988: free, confidential support for people in distress, prevention and crisis resources, and best practices for professionals.