

## Mental Health Changes During the Perinatal Period

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During pregnancy and postpartum, also called the *perinatal period*, we always pay attention to physical health. We tend to think about mental health far less, even though mental health changes are one of the most common complications of birth.

*Perinatal mental health* refers to a person's mental health during the perinatal period. Changes in mood and behavior are common during this time. Sometimes, these changes are more severe and need treatment.



Some people think that postpartum depression is the only concern. In reality, many other symptoms can be present. ***Perinatal Mood and Anxiety Disorders (PMADs)*** is a term to describe several different mental health disorders that can present during the perinatal period. It is estimated that 1 in 7 persons will experience a PMAD during the postpartum period. One in 10 persons will experience these disorders during the prenatal period.

These disorders include:

- 🌱 Perinatal Depression
- 🌱 Perinatal Anxiety
- 🌱 Perinatal Obsessive Compulsive Disorder
- 🌱 Postpartum PTSD
- 🌱 Perinatal Psychosis

PMADs are different from the “baby blues.” “Baby blues” is a common postpartum experience. Up to 80% of postpartum people experience mood changes up to 3 weeks postpartum. This is due to the rapid decrease of hormones after birth. This can affect mood for many people. These mood changes can include:

- weepiness and sadness
- irritability
- anxiety
- hostility towards others



Symptoms usually resolve after 3 weeks. If symptoms continue after the 3 week postpartum period, then you should talk to your provider about possible PMADs.

### Who is affected by PMADs?

PMADs can impact anyone during this period. However, studies show that rates of postpartum depression in persons of color are higher than white persons in the perinatal period.

Not only those who give birth can experience symptoms of PMADs. Major life transitions can cause a disruption in mental health due to the stress of adjustment. Partners of those who give

birth as well as adoptive and foster parents can also experience symptoms.

### What Causes PMADs?

Causes of PMADs are not fully understood. One idea is that hormonal changes during this period can cause symptoms to arise. There are also risk factors for these disorders. These include:

- Preexisting mental health disorder such as depression, anxiety, or premenstrual dysphoric disorder
- Low birth weight
- Traumatic childbirth experience
- NICU experience
- Social isolation
- Financial stress
- Uncertain feelings concerning pregnancy or unplanned pregnancy
- Chronic illness
- Treatment for infertility
- Persons who have birthed multiples

- Complications during pregnancy, birth, or with breastfeeding
- Thyroid imbalance
- Diabetes

These risk factors do not mean that a person will experience a PMAD. However, knowing the risk factors can be helpful in seeking ways to protect against mental health difficulties. Those with risk factors may need earlier assessment by a provider. They may also need strong support systems. And, it is always important that persons who give birth receive proper postpartum care.

Symptoms of PMADs may not be apparent right away postpartum. Symptoms may appear at any time within 12 months postpartum.

## What are the Symptoms of PMADs?

Becoming a parent is a major life transition. Feelings of overwhelm, anxiety, and some stress are common. But when it becomes difficult to complete daily activities, this is not a level of normal stress. At this point, a person should seek professional help. The following is a review of symptoms of the various PMADs.

### Symptoms of Perinatal Depression

- Difficulties concentrating
- Low mood, crying, sadness
- Feelings of guilt or shame
- Feelings of low self-worth
- Lack of pleasure in things the person once enjoyed
- Changes in appetite or sleep that are not explained by physical causes
- Lack of desire for sexual activity or intimacy
- Irritability
- Thoughts of harming self or baby



### Symptoms of Perinatal Anxiety

- Frequent worry that is distressing
- Racing thoughts
- Difficulties concentrating

- ✦ Changes in appetite or sleep that are not explained by physical causes
- ✦ Physical symptoms such as sweating, hot flashes, racing heart

### **Symptoms of Perinatal Obsessive Compulsive Disorder (Perinatal OCD)**

- ✦ Obsessive thoughts or unwanted, distressing thoughts that may at times concern the safety of the baby
- ✦ Compulsions (uncontrollable repetitive behaviors that disrupt daily functioning and are in response to the obsessive thoughts)
- ✦ Fear of being alone with the baby
- ✦ Uncontrollable worry about the safety of the baby

Many persons with unwanted thoughts about harming their baby fear that they will act on their thoughts. In fact, it is rare for persons with perinatal OCD to harm their babies.

**Postpartum Posttraumatic Stress Disorder (Postpartum PTSD)** is a disorder that is a response to an experienced traumatic event during the perinatal period. These events include:

- ✦ miscarriage
- ✦ stillbirth
- ✦ infant loss
- ✦ a traumatic birth experience

A “traumatic event” is when any person feels a threat, either physically or emotionally. Typically, the person would respond with distress, anxiety, and fear. For many, the experience of birth trauma is less if the person who gives birth and the baby are healthy. However, this is not always the case. We should not assume to know how a person feels about their experience. Making comments such as “at least you have a healthy baby” might stop parents from talking about the experience or seeking professional help.

It is estimated that 9% of persons who give birth will experience postpartum PTSD. Symptoms of PTSD include:

- ✦ experiencing flashbacks or nightmares of the event
- ✦ avoidance of recalling the event
- ✦ avoidance of any external reminders of the experience
- ✦ anxiety and/or panic attacks
- ✦ a hypervigilance or fear for their safety when there are no real threats present
- ✦ feelings of detachment



In rare cases a person can develop postpartum psychosis. **Postpartum psychosis** includes symptoms such as hallucinations (experiencing sights or sounds that are not real) or delusions (false beliefs). At times false beliefs can center around the safety of the person or their baby. Symptoms usually occur within several weeks post birth. Those who experience these types of symptoms need immediate help from a provider. People who experience these symptoms often are out of touch with reality and can experience delusions or hallucinations that can lead to harming themselves or their children.

## What Should You Do if You Feel You Are Experiencing Symptoms of a Perinatal Mood or Anxiety Disorder?

The first and most important thing to for the perinatal person to understand is that they are not alone. Cultural stigma about mental health issues keeps many people from asking for help. However, untreated mental health issues can result in a worsening of symptoms. It can also cause detachment from relationships and impact attachment and bonding with their children. In some cases, untreated mental health issues can lead to suicide.

Talking with a trusted provider can begin the process of assessing needs. Being honest about symptoms and the impact they are having on daily life is crucial for getting the proper treatment.

After being assessed by a provider one should receive a referral to a psychiatrist or licensed mental health professional that specializes in perinatal mental health.

## What is the Treatment for PMADs?

Several treatment methods are effective in treating PMADs. With these treatments most people will have a healthy recovery.

### Medications

There are several medications that have been shown to be effective for these disorders. There are also new medications being released and developed specifically for PMADs. It is important that a provider understands the medications that are approved for pregnancy or breastfeeding when prescribing to patients. Resources such as the Infant Risk Center can be used for latest recommendations on the safety of medications during pregnancy or lactation.

### Counseling

Counseling from a licensed mental health professional such as a psychologist, counselor, or social worker that specializes in maternal mental health can provide effective treatment.

Treatment methods include:

- altering negative beliefs
- learning and enhancing coping skills
- using mindfulness for anxiety and stress reduction

A treatment plan with specifically tailored goals should be provided to help plan the course of treatment.



### Community Supports

Using community supports can be helpful in alleviating symptoms. Members of the person's support team can help with:

- managing daily responsibilities of infant care
- household care
- providing emotional support
- encouraging the person to engage in self-care

Forming supportive relationships with others that are experiencing PMADs can increase hope and strengthen the support system of a person recovering. Many communities have local support groups for those with postpartum depression or other PMADs.

### Partner Supports

Partners can be critical sources of support during the perinatal period. Often partners may be able to notice when symptoms are present before the person struggling is aware. Bringing attention to the person's symptoms and encouraging them to seek professional help can make a big difference. It may be the first step towards recovery. Partners can also help with daily responsibilities in the household. They can encourage the person to engage in self-care and offer emotional support and reassurance. They can also practice patience with their partner's symptoms, which gives them space to manage their symptoms without unneeded guilt. It is also important that partners engage in healthy self-care practices during this time of adjustment for families.

## Take Home Points

- Various mental health symptoms can present during the perinatal period beyond postpartum depression. The term to describe all of these disorders is PMADs (PMADs).
- PMADs are one of the most common complications of childbirth.
- Understanding the signs and symptoms of PMADs can be helpful in understanding when to seek professional help.
- Those experiencing symptoms are not alone. Help is available and recovery is possible.

## Additional Resources

**Postpartum Support International:** <https://www.postpartum.net/>

- This is one of the leading resource centers for perinatal mental health. The organization provides several resources for persons dealing with PMADs such as a helpline in English and Spanish, a weekly online support group, a peer mentor program, online chat with an expert, and connection with local resources.

**Infant Risk Center:** <https://www.infantrisk.com/>

- A resource about medication safety during pregnancy and lactation

## References

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## About the Author



Rachel Bowers is a licensed social worker, psychotherapist, and maternal wellness coach. She has a private practice in Cleveland, Ohio specializing in perinatal mental health and women's mental health. She completed her Masters of Science in Social Administration (M.S.S.A) from Case Western Reserve University as well as additional training in perinatal mental health from Postpartum Support International. Her coaching practice, Resilient Mamas, aims to help mothers enhance their resilience to the challenges of motherhood through an online platform. Rachel is passionate about combating the stigma of

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