

PERINATAL MOOD DISORDERS

SIGNS & SYMPTOMS

Baby Blues

“Baby Blues” is a term used to describe the feelings of worry, unhappiness, and fatigue that many women experience after having a baby. Babies require a lot of care, so it’s normal for mothers to be worried about, or tired from, providing care. Baby blues, which affects up to 80% of mothers, includes feelings that are somewhat mild, last a week or two, and go away on their own.

Symptoms:

- Bouts of crying with no specific reason
- Impatience, irritability, restlessness, and anxiety
- Occurs during the immediate first three days after birth, temporary experience of mild depression

Symptoms usually disappear, but some women who experience the baby blues are at risk for developing postpartum depression.

Postpartum Depression

With postpartum depression, feelings of sadness and anxiety can be extreme and might interfere with a woman’s ability to care for herself or her family. The condition occurs in nearly 15% of births.

Symptoms:

- Insomnia
- Difficulty thinking, concentrating or making decisions
- Feeling worthless, guilt or shame
- Changes in appetite or weight
- Overwhelming fatigue
- Intense anger and irritability
- Severe mood swings
- Difficulty bonding with baby
- Lack of joy in life
- Withdrawal from family or friends
- Loss of interest in sex
- Thoughts of harming self or baby
- Recurrent thoughts of death or suicidal ideation, plans or attempts

Symptoms intensify gradually and can occur anytime up to a year after birth, usually within the first three months; a period of at least two weeks of depressed mood or loss of interest in almost all activities.

Risk Factors:

- Previous episodes of depression/mood disorders
- Significant loss of life stress in the last year
- An unplanned/unwanted pregnancy
- Marital conflict
- Low social support
- Genetic predisposition
- An infant with health problems
- Fatigue

Infants may appear: Passive or avoidant (little eye contact with their mother or caregiver) which mirrors the mother’s negative mood at home; Feeding difficulties, frequent illness, and babies who display passive or avoidant behaviors.

Postpartum Anxiety

Approximately 6% of pregnant women and 10% of postpartum women develop anxiety. Sometimes anxiety is experienced alone and sometimes in addition to depression.

Symptoms:

- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and appetite
- Inability to sit still
- Physical symptoms like dizziness, hot flashes, and nausea

Risk factors:

- Personal or family history of anxiety
- Previous perinatal depression or anxiety
- Thyroid imbalance

Postpartum Panic Disorder

This is a form of anxiety with which the sufferer feels very nervous and has recurring panic attacks. During panic attack, one may experience:

- Shortness of breath
- Chest pain
- Claustrophobia
- Dizziness
- Heart palpitations
- Numbness and tingling in extremities

Attacks will seem to go in waves, but will pass and will not hurt individual.

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Postpartum Obsessive/Compulsive Disorder	Post-Traumatic Stress Disorder	Postpartum Psychosis
<p>Postpartum OCD affects approximately 3-5% of new mothers, and has symptoms similar to those seen in others with OCD. In mothers with Perinatal/Postpartum OCD, the focus of the obsessions is often on the fear of purposely harming the newborn, or somehow being responsible for accidental harm. Many women with Perinatal/Postpartum OCD also have depression.</p> <p><u>Symptoms:</u></p> <ul style="list-style-type: none"> - Obsessions, also called intrusive thoughts, which are persistent, repetitive thoughts or mental images related to the baby. These thoughts are very upsetting and not something the woman has ever experienced before - Compulsions, where the mother may do certain things over and over again to reduce her fears and obsessions. This may include things like needing to clean constantly, check things many times, count or reorder things - A sense of horror about the obsessions - Fear of being left alone with the infant - Hypervigilance in protecting the infant - Mothers with postpartum OCD know that their thoughts are bizarre and are very unlikely to ever act on them <p><u>Risk factors:</u></p> <ul style="list-style-type: none"> - Personal or family history of anxiety or OCD 	<p>Most often, this illness is caused by a real or perceived trauma during delivery or postpartum.</p> <p>Traumas could include:</p> <ul style="list-style-type: none"> - Prolapsed cord - Unplanned C-section - Use of vacuum extractor or forceps to deliver the baby - Baby going to NICU - Feeling of powerlessness, poor communication and/or lack of support and reassurance during the delivery - Women who have experienced a previous trauma, such as rape or sexual abuse, are also at a higher risk for experiencing postpartum PTSD - Women who have experienced a severe physical complication or injury related to pregnancy or childbirth, such as severe postpartum hemorrhage, unexpected hysterectomy, severe preeclampsia/eclampsia, perineal trauma (3rd or 4th degree tear), or cardiac disease <p><u>Symptoms:</u></p> <ul style="list-style-type: none"> - Intrusive re-experiencing of a past traumatic event (which in this case may have been the childbirth itself) - Flashbacks or nightmares - Avoidance of stimuli associated with the event, including thoughts, feelings, people, places and details of the event - Persistent increased arousal (irritability, difficulty sleeping, hypervigilance, exaggerated startle response) - Anxiety and panic attacks - Feeling a sense of unreality and detachment 	<p>This is a rare illness that occurs in approximately 1 to 2 out of every 1,000 deliveries, or approximately .1% of births. The onset of Postpartum Psychosis is usually sudden, most often within the first 2 weeks postpartum.</p> <p><u>Symptoms:</u></p> <ul style="list-style-type: none"> - Delusions or strange beliefs - Hallucinations (seeing or hearing things that aren't there) - Feeling very irritated - Hyperactivity - Decreased need for or inability to sleep - Paranoia and suspiciousness - Rapid mood swings - Difficulty communicating at times <p><u>Risk factors:</u></p> <p>The most significant risk factors for postpartum psychosis are a personal or family history of bipolar disorder, or a previous psychotic episode.</p> <p>Immediate treatment for a woman going through psychosis is imperative.</p>

If you or someone you know is in crisis, or thinking of suicide, get help quickly. 24-hour hotline in Maryland - 1-800-422-0009

If you suspect you are experiencing a perinatal mood or anxiety disorder, reach out. You are not alone. Talk to someone.

Visit www.healthynewmoms.org for information on local resources including support groups, insurance information and where to go for help.