### Perinatal Mood & Anxiety Disorders: Impacts on moms, babies, and families

#### What are Perinatal Mood & Anxiety Disorders?

During pregnancy and up to one year after birth (known as the perinatal period), women have an increased risk of developing a mood or anxiety disorder. While most women experience some mood differences during pregnancy and soon after birth (the "baby blues"), a perinatal mood or anxiety disorder (PMAD) develops when women experience persistent sadness, anxiety, depression, or frustration for a longer duration. If a woman was previously diagnosed with a mood or anxiety disorder, she is at an even higher risk of having a re-occurrence or worsening of her symptoms.

Types of perinatal mood and anxiety disorders include: depression both antepartum (during pregnancy) and postpartum (after birth), postpartum anxiety, and postpartum psychosis.

Perinatal Mood and Anxiety Disorders (PMAD) affect between 10 percent to 25 percent of all pregnant women and new mothers. PMAD has also been shown to affect up to 48% of women living in poverty. Women with little social support or who experience stressful life events such as single parenthood, domestic violence, trauma and unemployment are also at a higher risk for PMAD. These heavily stigmatized, and often overlooked, disorders are treatable onceidentified, yet 50 percent of all PMAD sufferers are never identified.

In spite of the frequency of depression in new mothers, many affected mothers are not identified as having a treatable condition and just 15% get professional care.

During pregnancy:

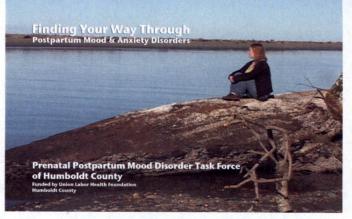
 15 to 20% of women experience moderate to severe symptoms of depression and/or anxiety.

#### After birth:

#### Major or minor depression

- Following childbirth, approximately 15% of women experience a new episode of major or minor depression, with rates among lower-income women going up to 30%.
- Experiencing depression or anxiety during pregnancy is a strong risk factor for developing postpartum depression
- Approximately 1 in 11 infants will experience their mother's major depression in the first year of their lives
- Women with a family history of depression, alcohol abuse, or a personal history of depression are at an increased risk for perinatal depression.
- Symptoms of depression differ from woman to woman, but may include: feelings of anger, fear, and/or guilt, lack of interest in the baby, sleep and appetite disturbances, difficulty concentrating and/or making decisions, and possible thoughts of harming the baby or oneself.

"Every year, more than 400,000 infants are born to mothers who are depressed, which makes perinatal depression the most underdiagnosed obstetric complication in America." – Marian F. Earls, Pediatrics, 2010



## How are babies and families impacted by mothers with perinatal mood & anxiety disorders?

These disorders can have very serious adverse effects on the health and functioning of the mother, her infant and her family.

- Fetuses of depressed mothers are smaller and have slower fetal growth rates.
  - Depressed mothers are more likely to have a preterm birth and low birth weight baby.

• Depression can interfere with a mother's emotional and physical ability to care for her child and to develop a healthy bond and attachment

• Children of depressed mothers are more likely to have delayed psychological, cognitive, neurological, and motor development, and to have serious emotional problems.

 Abnormal patterns of mother-infant interactions seen in depressed mothers increase the likelihood of chronic mental health, emotional and family function problems, leading children of depressed mothers to use more health care.

#### Perinatal Mood and Anxiety Disorders in Humboldt County

Humboldt County ranks in the 75th-89th percentile for maternal depression in the state. The ranking for this indicator, provided by the California Department of Public Health, is the second highest (worst) ranking possible. In 2008, the Prenatal/Postpartum Mood and Anxiety Disorder Task Force (PPMADTF) was created by the Maternal Child and Adolescent Health (MCAH) Director to address the stigma associated with perinatal mood disorders and to improve access to preventive and supportive care for those at risk. Over the past six years the task force has provided training for community members and medical and human service providers and developed outreach materials. The DVD, "Finding Your Way Through - Postpartum Mood and Anxiety Disorders" was created locally and has been translated into Spanish. It provides an overview of the signs and symptoms of PPMAD and stories of hope from survivors. The task force has also developed a risk screening tool with resource information and outreach materials in English and Spanish.

If you would like to access these resources or would like to schedule a presentation and view the DVD, please contact Maternal Child and Adolescent Health staff Marilyn Powell at 441-5087 (<u>mpowell@co.humboldt.ca.us</u>) or Nancy Keleher at 441-5070 (<u>nkeleher@co.humboldt.ca.us</u>).

# SHORT FILM SCREENING Finding Your Way Through



The Humboldt County Perinatal Mood and Anxiety Disorder (PMAD) Task Force presents the short film, "Finding Your Way Through: Postpartum Mood and Anxiety Disorder," followed by a short discussion.

When: Noon to 1 p.m., Wednesday, May 13, 2015

Where: Community Wellness Center, 908 Seventh St., Eureka

Join us for an opportunity to learn more about PMAD and discuss how to support families in our community. Children and babies welcome!

For more information, contact Nancy Keleher, Maternal, Child and Adolescent Health Division, DHHS at (707) 441-5070 or nkeleher@co.humboldt.ca.us.



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