

PERINATAL MOOD DISORDERS

SIGNS & SYMPTOMS

BABY BLUES	POSTPARTUM DEPRESSION	POSTPARTUM OBSESSIVE/COMPULSIVE DISORDER	POSTPARTUM ONSET PANIC DISORDER	POSTPARTUM PSYCHOSIS
<ul style="list-style-type: none"> <input type="checkbox"/> Symptoms: <ul style="list-style-type: none"> • Bouts of crying with no specific reason • Impatience, irritability, restlessness, and anxiety <input type="checkbox"/> Symptoms usually disappear, but some women who experience the baby blues are at risk for developing postpartum depression <input type="checkbox"/> Occurs during the immediate first three days after birth, temporary experience of mild depression <input type="checkbox"/> Considered hormonally related and approximately 50 to 80% of women report having had some or all of the above symptoms <input type="checkbox"/> Women experiencing this form of depression rarely pose any significant physical threat to themselves or to their babies 	<ul style="list-style-type: none"> <input type="checkbox"/> Symptoms are insidious 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 and at least four other symptoms from the following list: <ul style="list-style-type: none"> • Changes in appetite or weight, sleep, and psychomotor activity • Decreased energy • Feeling of worthlessness or guilt • Difficulty thinking, concentrating, or making decisions • Recurrent thoughts of death or suicidal ideation, plans, or attempts <input type="checkbox"/> Not a temporary mood disorder, but may have an effect for up to a year or longer <input type="checkbox"/> Psychosocial predictors: <ul style="list-style-type: none"> • Previous episodes of depression/mood disorders • Significant loss or life stress in the last year • An unplanned/unwanted pregnancy • Marital conflict • Low social support • Genetic predisposition • An infant with health problems • Fatigue <input type="checkbox"/> Biological risk factors: <ul style="list-style-type: none"> • Decline in gonadal steroid hormones • Genetic factors • Reduced anti-inflammatory capacity • Elevated neurotransmitter systems • Lowered serum cholesterol <input type="checkbox"/> Depressed mothers can physically appear to have no symptoms of depression, however their parenting style, affect, and interactions with the baby can reveal the emotional struggles the mother may be having & should be assessed for these signs and symptoms: <ul style="list-style-type: none"> • Negative emotional expressions • Insensitive and unresponsive parenting style • Mothers who feel disconnected from their infant • Feeling they are a bad or inadequate mother • Thoughts of harming their infant <input type="checkbox"/> Infants may appear <ul style="list-style-type: none"> • 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 <input type="checkbox"/> PPD can cause a strained relationship between the couple, impaired patterns of relating/communicating between the woman & her family, and negative cognitive & social development of children 	<ul style="list-style-type: none"> <input type="checkbox"/> Symptoms include: <ul style="list-style-type: none"> • Repetitive, intrusive thoughts of harming the baby • Fear of being left alone with the infant • Hypervigilance in protecting the infant <input type="checkbox"/> Prevalence rates not reported <input type="checkbox"/> Appears to be a recurrent condition; subsequent pregnancies should be treated quickly after delivery <input type="checkbox"/> Postpartum period can be a time of worsening of OCD, with the added experience of depression 	<ul style="list-style-type: none"> <input type="checkbox"/> Symptoms include: <ul style="list-style-type: none"> • Acute onset of anxiety, fear • Rapid breathing • Palpitations • A sense of doom <input type="checkbox"/> Can present during pregnancy and in the early postpartum period <input type="checkbox"/> Prevalence rates not reported <input type="checkbox"/> Women with a history of anxiety/panic attacks prior to pregnancy have an increased risk for developing PPD <input type="checkbox"/> History of anxiety/panic attacks pre-pregnancy warrant medical investigation to prevent problems during pregnancy to the mother and/or fetus 	<ul style="list-style-type: none"> <input type="checkbox"/> Clinical features include: <ul style="list-style-type: none"> • Hallucinations • Delusions • Extreme agitation • Inability to sleep • Bizarre and • Irrational behavior <input type="checkbox"/> Occurs in 1 to 2 cases per 1,000 births <input type="checkbox"/> Has a sudden onset, usually within the first week after birth <input type="checkbox"/> Postpartum psychosis poses a threat to the woman or to their babies as they may have suicidal ideation, intent, and die from suicide <input type="checkbox"/> Associated risk factor of family or personal history of mood-swing disorders <input type="checkbox"/> Hospitalization and aggressive treatment are critical <input type="checkbox"/> Chemically similar to bipolar illness
<p><i>Developed by the Indiana Perinatal Depression Project. This document is intended to serve as a recommendation—not as established standards or rigid rules. Health care providers must make the best decisions possible within the limitations of the particular situation.</i></p> <p><i>Healthy New Moms: Maryland's Campaign to End Depression During & After Pregnancy is an outreach campaign of the Mental Health Association of Maryland, funded by a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal & Child Health Bureau.</i></p> <p><i>For more information: 1-800-572-MHAM (6426). Campaign materials printed with the support of the Maryland Department of Health and Mental Hygiene.</i></p>				