

# Perinatal mood and anxiety disorders (PMADS)

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# Objectives

- Identify PMAD symptoms that may be observed and appropriate interventions.
- Understand the state law and how often we should screen pregnant mothers and fathers.
- Identify what postpartum depression screening tool your hospital utilizes and best practices to illicit honest responses.
- Identify what discharge resources to provide families.

# Healthy Mom, Happy Family

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[Watch Postpartum Support International: Healthy Mom, Happy Family Online | Vimeo On Demand on Vimeo](#)



## *Stark Statistics*

ONLY  
**25%**  
of those impacted are  
identified and receive  
treatment.

PMH  
DISORDERS  
AFFECT  
**800,000**  
people a year  
in the US.

**1 IN 5**  
women and 1 in 10  
men experience  
depression or anxiety  
during the perinatal  
period.

# Why Depression Is More Common in Women



Diagnostic differences



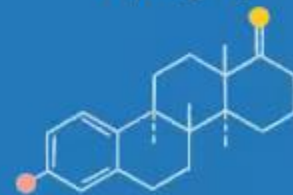
More stressful life events



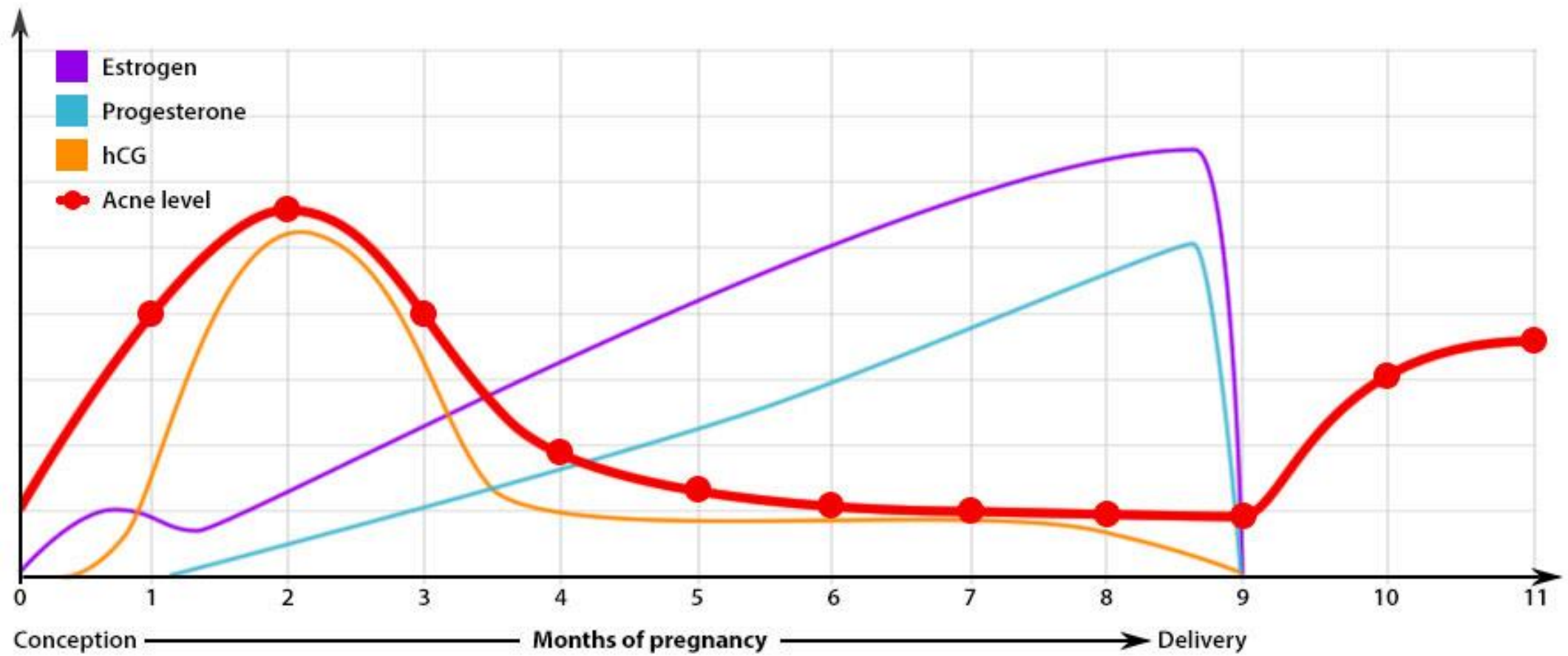
Social roles



Emotion-focused coping style



Hormones





# PERINATAL MOOD AND ANXIETY DISORDERS (PMADS)

Perinatal: Anytime during pregnancy through the first year postpartum



## SYMPTOMS



Feelings of guilt, shame or hopelessness



Feelings of anger, rage, or irritability, or scary and unwanted thoughts



Lack of interest in the baby or difficulty bonding with baby



Loss of interest, joy or pleasure in things you used to enjoy



Disturbances of sleep and appetite



Crying and sadness, constant worry or racing thoughts



Physical symptoms like dizziness, hot flashes, and nausea



Possible thoughts of harming the baby or yourself



## TREATMENT OPTIONS

Counseling

Medication

Support from others

Exercise

Adequate sleep

Healthy diet

Bright light therapy

Yoga

Relaxation techniques

# Guidelines for Health Providers-HB419

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## Hospitals

Screen postpartum mothers and potentially fathers with either the Edinburgh or Postpartum Anxiety (PASS) assessments.

Provide information regarding symptoms, coping and resources.

Communicate with LPCS of your concerns.

## LPCs

Screen prenatal and postpartum mothers with a validated tool for PMADS at least once during their pregnancy.

Provide information regarding medical therapy and refer to appropriate mental health resources.

## Pediatrics

Pediatric providers who provide care to an infant will screen the mother prior to the infant's first birthday for PMADS with a validated tool.

With consent from the mother, they will share results from to the mother's primary LHCP. If there is a present and acute danger to herself or her child it is automatically reported.



# OKLAHOMA SENATE BILL 419: PERINATAL MENTAL HEALTH DISORDERS WHAT IT MEANS TO HOSPITALS & LICENSED HEALTH CARE PROFESSIONALS

EFFECTIVE DATE: NOV. 1, 2019 | [VIEW ENROLLED BILL](#)

## How does this affect hospitals?

All hospitals that provide labor and delivery services shall provide to mothers, prior to discharge following childbirth, and, if possible, shall provide fathers and other family members with complete information about perinatal mental health disorders. This information is to include symptoms, coping methods, and treatment resources available. Such information can be found in [this patient handout from PSI](#).

## How does this affect Licensed Health Care Professionals (LHCPs)?

**Prenatal Care:** LHCPs who are providing prenatal care shall provide education to women and, if possible and with permission, to their families about perinatal mental health disorders in accordance with the [formal opinions and recommendations of the American College of Obstetricians and Gynecologists \(ACOG\)](#). LHCPs shall invite each pregnant patient to complete a validated assessment tool during a prenatal visit. The assessment should be reviewed with the patient in accordance with the [recommendations of the ACOG](#). The assessment should be repeated when a reasonable possibility exists that the woman suffers from a perinatal mental health disorder.

**Postnatal Care:** LHCPs who are providing postnatal care shall invite patients to complete a validated assessment tool during a postnatal visit. This assessment should be reviewed with the patient in accordance with the [recommendations of the ACOG](#).

**Pediatric Care:** LHCPs who are providing pediatric care to an infant at any well-baby checkup prior to the infant's first birthday shall invite the mother to complete a validated assessment tool to ensure that the health and well-being of the infant are not compromised by an undiagnosed perinatal mental health disorder in the mother. In order to share results from an assessment with the mother's primary LHCP, consent should be obtained in accordance with the Health Insurance Portability and Accountability Act (HIPPA). **Consent is NOT required if the mother is determined to present an acute danger to herself or someone else.**

## Definitions:

Hospital -- general medical surgical hospitals, specialized hospitals, critical access and emergency hospitals, and birthing centers

Licensed Health Care Professional (LHCP) -- A licensed allopathic or osteopathic physician, licensed Advanced Practice Registered Nurse, or a licensed physician assistant

## Validated Assessment Tools:

- [Edinburgh Postnatal Depression Scale \(EPDS\)](#)
- [Patient Health Questionnaire \(PHQ9\)](#)
  - [English](#) | [Spanish](#) | [Other Translations](#)
- [Beck Depression Inventory](#)
- [Postpartum Depression Screening Scale](#)
- [Other Validated Tools](#)

## Resources:

**Postpartum Support International (PSI):**  
[www.postpartum.net](http://www.postpartum.net) | [PSI Patient Handout](#)

**PSI Perinatal Psychiatric Consult Line for providers:** 1-800-944-4773 ext. 4 for consult

**ACOG:**  
[www.acog.org/More-Info/PerinatalDepression](http://www.acog.org/More-Info/PerinatalDepression)

**AAP Policy Statement:** [Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice](#)

[Consensus Bundle on Maternal Mental Health](#)

**Oklahoma Perinatal Quality Improvement Collaborative (OPQIC):** [opqic.org](http://opqic.org)

**Oklahoma Hospital Association:** [okoha.com](http://okoha.com)

**Oklahoma Board of Nursing:** [nursing.ok.gov/](http://nursing.ok.gov/)

**Oklahoma Medical Board:** [okmedicalboard.org/](http://okmedicalboard.org/)

**Oklahoma State Board of Osteopathic Examiners:** [ok.gov/osboe](http://ok.gov/osboe)



opqic



opqic\_



opqic



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Oklahoma State Board of  
OSTEOPATHIC EXAMINERS





Postpartum depression is the most common complication of childbearing.

1/5 women suffer from PMAD

50% go undiagnosed

1/10 fathers screen positive for PMAD

39% of mothers with infants in the NICU met criteria for PMAD.

30% of fathers with infants in the NICU screened positive for depression.

22% of women that met PMAD criteria were undiagnosed bipolar disorder.



# Risk factors for PMAD

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- Personal or family history of mood disorder
- Moodiness around period
- Infertility
- Thyroid disease
- Chronic sleep deprivation
- Abortion, miscarriages or infant loss
- Unplanned pregnancy
- Fussy baby
- Several children under 5 years old
- Limited support system
- Conflict with partner
- Poverty or financial hardships

# Signs and symptoms of PMAD

- Loss of appetite
- Anger or irritability
- Numbness, fog, haze, or disconnection
- Difficulty sleeping when the baby sleeps
- Scary “what if” thoughts
- Desire to be alone most of the time.
- Wondering if baby would be better with someone else
- Physical aches and pains
- Sadness
- Guilt or shame
- Intrusive thoughts
- Overwhelmed
- Difficulty concentrating
- Loss of self



# Screening scripting

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Perinatal mood disorders are common occurring in 1/5 women. Because of this, we try to screen every mom as often as we can to help with early detection. Please be as open and honest as possible when answering these questions. Please pick the answer which comes closest to how you have felt during the past seven days, not just today.

Provide the mother with the survey or enter her answers electronically in your EMR.

# Sample Survey

## Edinburgh Postnatal Depression Scale (EPDS)

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- 10 question survey
- 30 points total
- 10 points or greater= possible depression
- Item 10 may indicate suicidal thoughts

[\\*EDPS text added.pdf](#)

# Follow up questions

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Tell me how you have been sleeping.

What's keeping you awake?

Thank them for sharing with you.

Remind them that it's just a thought, not the deed. In other words, they haven't acted on anything.

What thoughts are you having?

Do you have plans to harm yourself?

Who do you have as a support system close?



# General suggestions

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- Sleep 5-6 hours at once.
- Eating well and healthy foods
- Stay hydrated with water
- Get outside in the sun
- Go for a walk or do some yoga poses
- Engage their support system
- Promote self-care



*You are not alone*

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All mothers, fathers and families deserve support during pregnancy and parenthood.

*You are not to blame*

This time is challenging.

*You will be well*

Many types of support are available.

Postpartum Support international

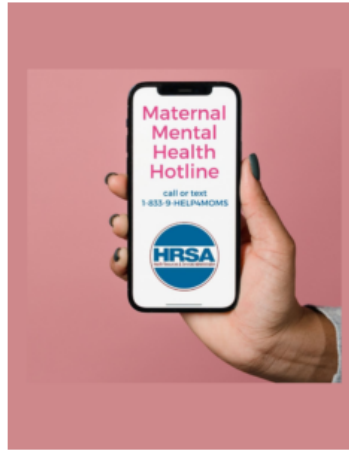
[Psichapters.com/ok](https://www.psichapters.com/ok)



# Resources and Hotline Numbers

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## MATERNAL MENTAL HEALTH HOTLINE



### CALL OR TEXT THE NATIONAL MATERNAL MENTAL HEALTH HOTLINE AT 1-833-9-HELP4MOMS (1-833-943-5746).

**FREE**, confidential, 24/7 mental health support for moms and their families before, during, and after pregnancy. English- and Spanish-speaking counselors are available. TTY Users can use a preferred relay service or dial 711 and then 1-833-943-5746.

Parents and their loved ones who contact the Hotline will speak to professional counselors. Counselors will immediately provide real-time support, information, and resources.

Counselors will also provide referrals to local or telehealth providers if you need longer-term care and support. Counselors are licensed or certified, and also have training in how to provide culturally appropriate and trauma-informed support. They will take into consideration your preferences for age, gender, ethnicity, and language-specific resources when providing referrals for you.

Maternal  
Mental Health  
Hotline  
([opqic.org](https://opqic.org))

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