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Centre of Perinatal Excellence

Applied Skills in Perinatal Mental Health Assessment and Care

LESSON NOTEBOOK

Module 1 | Lesson 4

Mild to Moderate Perinatal
Mental Health Issues



Module 1: Lesson 4
Mild to Moderate
Perinatal Mental Health
Issues



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Guideline


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Lesson 4 Overview

1. Adjustment Disorder
2. Antenatal Anxiety and Depression disorders
3. Postnatal Anxiety and Depression disorders

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Adjustment
Disorder



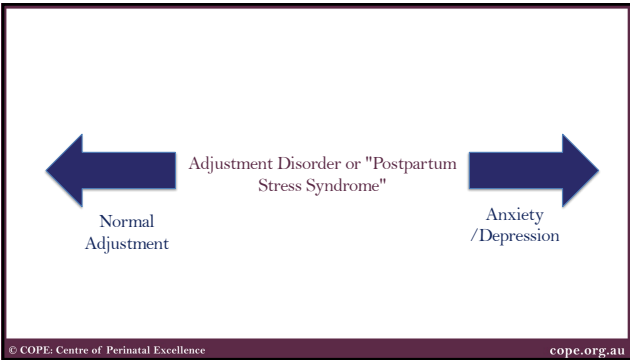
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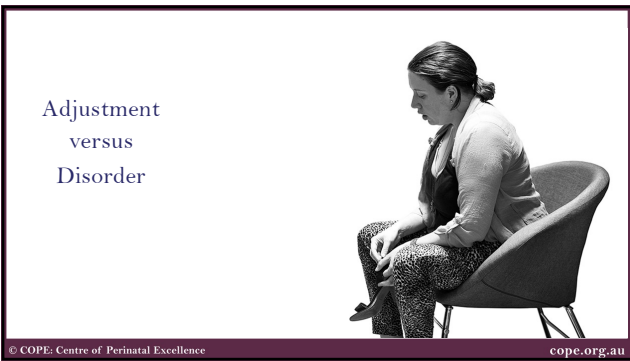
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Features of Adjustment Disorder

- Functional impairment /inability to cope
- Discomfort
- Distress
- Turmoil
- Anguish

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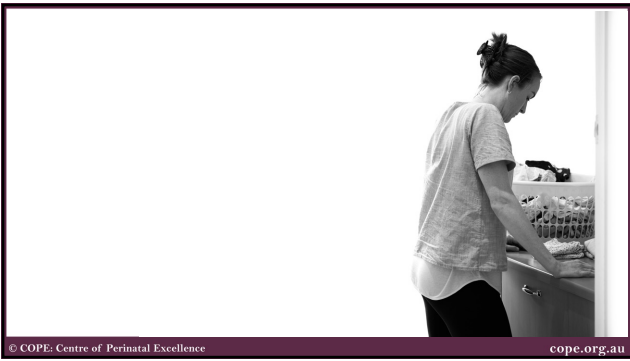
What is 'Normal'?

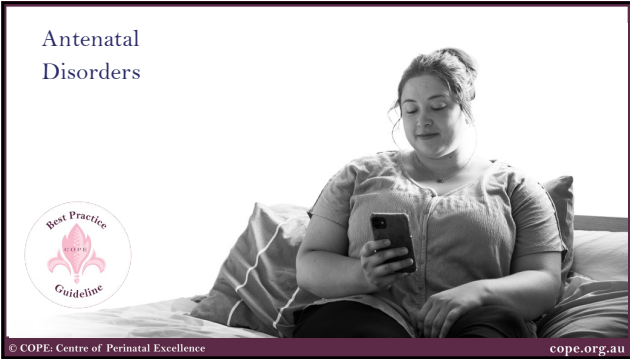
- Glorified image of motherhood is a myth
- Anxiety-filled moments and overwhelm are normal
- Baby blues are 'to-be expected'
- Appetite change, difficulty sleeping and decreased sex drive is normal
- PMH issues will noticeably interfere with ability to function

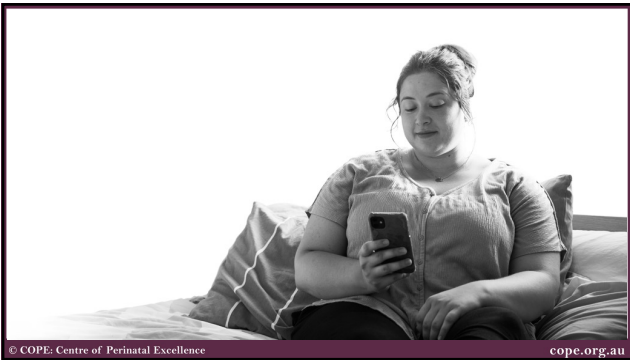
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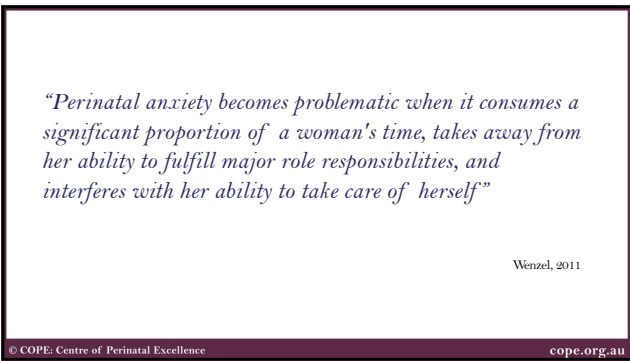
Major Depression in Perinatal Context	Adjustment Disorder (anxious/depressed subtype)
<i>Five or more of the following symptoms lasting more than two weeks, which must include at least one of the first two symptoms:</i>	<i>Symptoms that cause distress and difficulties in functioning, occurring within three months of stressor and lasting less than six months and fulfilling the criteria for major depression (or anxiety disorder):</i>
Depressed mood	Sadness
Loss of interest (usually in everything, may be a little better with baby)	Loss of interest (but is interested sometimes in some things)
Significant weight changes (not explained by pregnancy and delivery)	No significant independent weight change
Sleep changes (not explained by discomfort of pregnancy or need to feed/ settle an infant)	Sleep disturbance
Psychomotor agitation or retardation	Minimal psychomotor signs
Decreased energy out of proportion to other women at the same stage of pregnancy/level of sleep disturbance	Decreased energy
Feelings of worthlessness/guilt	Decreased concentration
Diminished concentration out of proportion to other women at the same stage of pregnancy/level of sleep disturbance	-
Thoughts of death/suicide – often persistent	Feeling overwhelmed, thoughts of suicide – usually fleeting

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Impacts - Antenatal Anxiety

- Low birth weight and impaired development
- Birth complications
- Behavioural, learning and emotional disorders
- Maternal distress postnatally
- Poorer maternal-fetal attachment

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Risks - Antenatal Anxiety

- Biological change
- Health issues regarding the safety of fetus
- Health issues of mother
- Miscarriage or any loss history
- Birth fears and/or previous birth trauma

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Risks - Antenatal Anxiety

<ul style="list-style-type: none">• Biological change• Health issues regarding the safety of fetus• Health issues of mother• Miscarriage or any loss history• Birth fears and/or previous birth trauma	<ul style="list-style-type: none">• History of PND or other depressive episodes• Previous history of difficult infant (eg. Settling breastfeeding, allergies)• Perfectionism• Expectations, own and others (societal, family, friends)
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Type of Anxiety Disorder	Description
Generalised Anxiety Disorder (GAD)	Feeling worried about perinatal issues on most days over a long period of time (e.g. six months). Some common topics of worrying include: <ul style="list-style-type: none"> The wellbeing of the fetus Getting on's life in order before the baby arrives How they will cope postnatally What if they cannot breastfeed What if the birth doesn't go to plan How they will keep the baby safe following birth (e.g. SIDS) How they will manage work and parenthood How they will manage with a sibling and new infant
Panic Disorder	Frequent attacks of intense feelings of anxiety that seem like they cannot be brought under control. These attacks can occur when seeing babies, at hospital visits, appointments with health professionals and when engaging with family and friends.
Social Phobia	Involves an intense fear of criticism, being embarrassed or humiliated, even in everyday situations. Some common examples in the perinatal context include: <ul style="list-style-type: none"> Invasion of their personal space People touching their belly Worries about involvement of friends and family in postnatal the period Pregnancy drawing attention to them publicly Worries about mother's groups Worries about people judging their parenting postnatally
Specific Phobia	Fearful feelings about a particular object or situation. This can commonly include birth: Hospitals, needles, body changes (eating disorder traits/anxiety).

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Antenatal GAD

- Prevalence – 8.5- 10.5%
- Definitions – DSM-V criteria with reduced duration (from 6 to 1 month)
- Symptomology – anxiety related somatic issues, fears relating to fetus, maternal wellbeing, illness/death of mother and/or partner
- Comorbidity – depression and other anxiety disorders
- Impact – similar to Panic Disorder over longer period

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Risk Factors

- Excessive worries
- Personal / family history
- Perfectionistic traits
 - worrier, crave routine



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Antenatal GAD

<p style="text-align: center;">Fears directed at baby</p> <ul style="list-style-type: none">• Fear of miscarriage• Fear of abnormality of fetus• Worry over extreme nausea• Will she be a 'good enough' mother?• "High Risk pregnancy" and their own mortality	<p style="text-align: center;">Broader fears</p> <ul style="list-style-type: none">• Financial concerns• Partner's health• How another child will adapt• Enough love• Work-life juggle• Childcare
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Antenatal Panic Disorder

- All-consuming
- Life-threatening
- Fear of reoccurrence

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Antenatal Panic Disorder

"When (I) was pregnant with (my) third child, "crazy" thoughts would pop into (my) head, such as "Okay, now I'm going to have three kids under the age of 5. How do you have enough (nappies) for that many?" From there it would catastrophise to things like, "What if one of them gets leukemia?" Then she'd feel as though she was going to black out. "I'd be dizzy, sweating, feeling like I'm going to have a heart attack."

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Antenatal Panic Disorder

- Prevalence ~ 2%
- Definitions – in line with DSM-V
- Symptomology – intense worry/panic to panic disorder
- Comorbidity – with other health conditions
- Impact – social isolation for mother, reduced blood flow to fetus, low birth weight and premature labor

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"I know some of the things I worried excessively about weren't a real danger to me but, at the time, it sure felt like it. The feelings were very valid and in no way hallucinogenic. For instance, I'd fear going out for dinner because I thought all anyone would see was my huge stomach. I couldn't deal with having all eyes on me so, as a result, I'd request we order takeout"

Candice

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Antenatal Social Anxiety

- Prevalence – 4.1% (limited studies)
- Definitions – Similar as for general population including added attention from pregnancy
- Symptomology – restlessness, fatigue, difficulty concentrating, irritable, muscle tension, sleeping problems
- Comorbidity - panic disorder, body dysmorphic disorder, or ASD
- Impact – isolation, avoidance of healthcare

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Antenatal Specific Phobia

- Prevalence – 2.5-14%, possibly as high as 22%
- Definitions – Tokophobia, Blood & Needle Phobia, Vomiting Phobia
- Symptomology – as for other anxiety disorders plus sleep issues
- Comorbidity – Panic Disorder, Other Anxiety Disorders, Eating Disorders, Depression (increased risk of postnatal depression)
- Impact – psychological distress, isolation, impact on birth and birthing choices

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Antenatal OCD

- Prevalence – 1-3.5%. Under or misdiagnosed?
- Definitions - presence of obsessions and/or compulsions, repetitive behaviors or mental acts in response to an obsession, avoidant behaviours within the antenatal context
- Symptomology – obsessions more frequent than compulsions. Thoughts, behaviours related to care and concern of baby
- Comorbidity – possible MDD, other anxiety disorders
- Impact – reassurance seeking, over preparing materially and educationally

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Antenatal PTSD

- Prevalence - 3-18%
- Definitions – threat or perceived threat to mother or fetus' life which triggers PTSD symptoms
- Symptomology – upsetting thoughts, mental images, avoidance, hyperarousal
- Comorbidity - Depression, Substance misuse
- Impact - increases in ectopic pregnancy, miscarriage, hyperemesis, preterm contractions, excessive fetal growth, infant morbidity and poorer perinatal outcomes in general

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Antenatal Health Issues

- High blood pressure
- Gestational diabetes
- Infections
- Preeclampsia
- Preterm labour
- Pregnancy Loss/Miscarriage
- Stillbirth
- Other complications

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Antenatal
Depression



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Antenatal Depression

- Prevalence – 20%, MDD 9-13%
- Definitions – Same as for DSM-V. MDD antenatal specific is during pregnancy
- Symptomology – Context specific although often misattributed to physiological changes of pregnancy, ie hormones, fatigue

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Antenatal Depression - Symptomology

- Feeling low or numb
- lack of interest /pleasure
- no energy
- loss of confidence
- Highly emotional
- Risk-taking behaviour
- Anger
- Sleep disturbance
- Changes in Appetite
- Concentration difficulties
- Isolation
- Suicide or self-harm

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Antenatal Depression

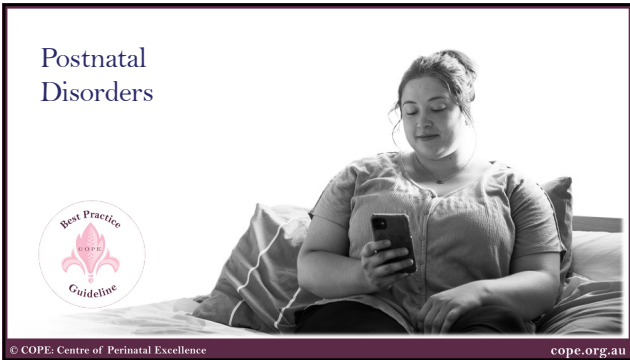
- Comorbidity - Anxiety disorders, eating disorders, childhood trauma and substance abuse
- Impact – negative impacts on mother, child and family. Poor self care, low engagement with healthcare, increases in smoking, alcohol/drug use and self-harm.

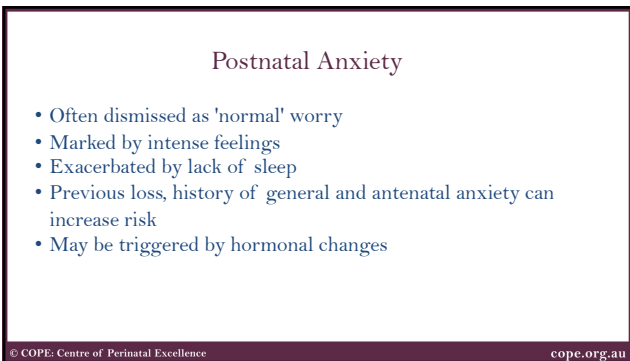
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Antenatal Depression - Triggers

- Biological change trimester one
- Stressful life events
- Complications
- Relationship strain/single parenting
- Health issues
- Trauma history
- Previous birth trauma
- Previous depressive episodes
- Isolation
- Lack of support

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Type of Anxiety Disorder	Description
Generalised Anxiety Disorder (GAD)	Feeling worried about perinatal issues on most days over a long period of time (e.g., six months). Some common types of worrying include: <ul style="list-style-type: none"> The infant's wellbeing, safety and possible threats (e.g., SIDS) Getting one's life in order, having everything planned and sorted Constant worry about how they will cope Breastfeeding worries (e.g., had the baby had enough milk, will their milk supply run out) Keeping the household chores attended to How they will manage work and parenthood How to give their other children enough attention while meeting the needs of the new infant
Panic Disorder	Frequent attacks of intense feelings of anxiety that seem like they cannot be brought under control. These attacks can occur when: <ul style="list-style-type: none"> Thinking about leaving the house with their new baby Attending mother's groups Worrying about sleep and settling issues When transitioning their infant to solid food (fear of choking)
Social Phobia	Involves an intense fear of criticism, being embarrassed or humiliated, even in everyday situations. Some common examples in the perinatal context include: <ul style="list-style-type: none"> Invasion of their personal space People touching their baby Worries about involvement of friends and family and different opinions on baby's needs Infant drawing attention to them publicly Worries about mother's groups Worries about people judging their parenting (e.g., crying baby in supermarket)
Specific Phobia	Fearful feelings about a particular object or situation. This can commonly include vomiting (babies often vomit), body changes (eating disorder traits/anxiety), death of a loved one, coprophobia

Postnatal GAD

- Prevalence - 4.4%–10.8% postpartum
- Definitions – DSM-5 criteria for GAD with one month
- Symptomology - fatigue, irritability, tension, concentration difficulties, and insomnia, fears around mother and baby's wellbeing, partner illness or death
- Comorbidity - anxiety disorders and substance use disorders.
- Impact – negative affect on bonding, poorer neurodevelopment in infant

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Postnatal GAD - Cognitive Themes

- Fear of SIDS
- Baby's health
- Being a 'bad' mother
- Criticism for motherhood role
- Lack of support
- Physical appearance


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Intrusive Thoughts

- Commonly may have fleeting intrusive thoughts
- Ritualised checking / cleanliness

Vs

- Constant, repetitive intrusive thoughts
- Behaviours in response to thoughts
- Disruption of daily functioning

 **Postnatal OCD**

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Postnatal OCD

- Prevalence – 6.1 - 16.9%
- Definitions – Obsessions: unwanted, pervasive, intrusive thoughts or visions centred on the child/wellbeing. Compulsions: behaviours to reduce fears
- Symptomology - ego-dystonic intrusive obsessional thoughts of harming the infant. Often accompanied with avoidant or checking
- Comorbidity – Anxiety disorders, MDD
- Impact – Relationships suffer particularly between mother and baby

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"I thought that having the thoughts meant that I was capable of doing the things I thought about (in other words, if I thought about my kids drowning in the tub, I thought it meant that I WOULD drown them). I avoided getting help for months because I was afraid that "they" (my doctor, my husband, etc.) would take my daughter away if they knew what I was thinking"

Amy

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Common Obsessions

- Concerns about intentionally or accidentally causing harm to the baby
- Worrying about the baby dying while asleep
- Worrying about being criticized and/or judged as a mother
- Excessive focus on cleanliness, symmetry/exactness
- Unwanted images of hurting the baby such as dropping or throwing them
- Intrusive and unwanted thoughts of suffocating or stabbing the baby
- Unwanted and disturbing thoughts of sexually abusing the baby
- Scared of making poor decisions that will cause the baby harm or death
- Fear that the baby will develop a serious disease
- Fear of exposing the baby to toxins and chemicals and other environmental pollutants

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Common Compulsions

- Getting rid of sharp objects such as knives or scissors
- Not feeding the baby because of fear of poisoning
- Not changing nappies because of fear of sexually abusing the baby
- Not administering indicated medications because of fear of harming the baby
- Continuously monitoring self when it comes to possible inappropriate sexual thoughts
- Obsessively and repetitively checking the baby while they sleep
- Seeking frequent reassurance that the baby has not been harmed or abused
- Going over the day's events mentally to ensure that nothing bad has happened to the baby
- Compulsive use of social media – eg. fact checking about baby's needs, developmental milestones etc.

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Postnatal Panic Disorder

- Prevalence – 0.5 - 2.9%
- Definitions – Same as DSM-5 with reported acute and unexpected onset
- Symptomology – similar to PD in general Population however specific themes identified within triggers
- Comorbidity – possible comorbidity with Major Depressive Disorder
- Impact – lowered sensitivity to infant, sleep disturbance for mother and baby and relationship challenges.

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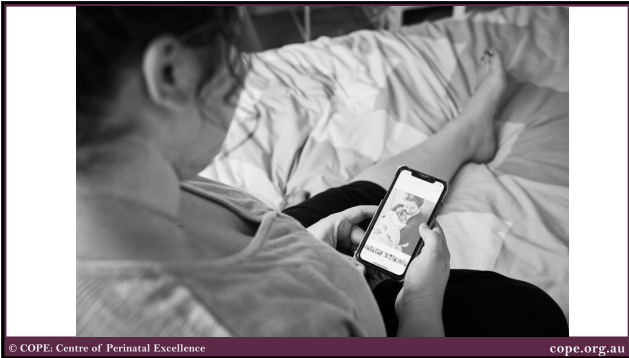
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"At 12:11 a.m. on January 1, 1995, I welcomed my first-born into the world after 22 hours of labor and a C-section. On January 3, I experienced my first panic attack. Just home from the hospital, I had fallen asleep, only to be awakened out of a dead slumber a few hours later, gasping for breath and heart racing."

Joni E. Johnston

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Postnatal Social Phobia

- Prevalence – 4.1%
- Definitions - intense fear of criticism, embarrassment, humiliation. Postnatal specific: feeling of evaluation and judgement
- Symptomology – triggers can include invasion of personal space, touching baby, unsolicited advice and judgement
- Comorbidity – Major depressive disorder and possibly substance use disorder
- Impact – reduced social engagement with impacts for mother and baby

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Postnatal Specific Phobia

- Prevalence – thought to be similar to PD and OCD in postnatal context
- Definitions – phobias relating to specific triggers
- Symptomology – similar to within a general population with cognitions and behaviours involving harm to self or baby
- Comorbidity – OCD, PD and eating disorders
- Impact – Avoidance, changes in behaviours and consuming cognitions can cause social isolation

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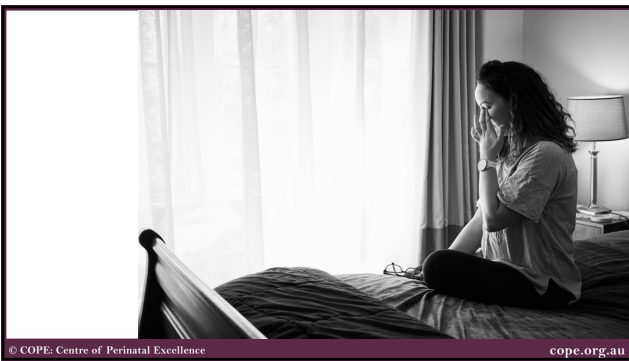
Postnatal Specific Phobia

- Feeding issues (particularly choking of baby)
- Needles (vaccination etc)
- Excrement (Coprophobia)
- Vomiting (Emetophobia)

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“Being afraid of vomit meant I was afraid of my own kids! Being alone with them, even when they were healthy, with every meal I was on alert for danger. Being constantly on alert made me agitated. My emotions were quick to change, I was in and out of panic mode, I would get angry at the kids/my husband more easily...”

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Postnatal PTSD

- Prevalence – 9%
- Definitions – a traumatic event related to labour, delivery or the postpartum period triggering fear, helplessness or horror.
- Symptomology - flashbacks, intrusive thoughts/images, nightmares, distress, pain
- Comorbidity – Previous birth trauma, sexual assault, PND, depressive episodes, anxiety, SUD
- Impact - mood, sleep, concentration, self-destruction (incl substance misuse)

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Possible Postnatal Trauma

- Prolapsed cord
- Unplanned C-section
- Use of vacuum extractor or forceps to deliver the baby
- Baby going to NICU
- Feelings of powerlessness, poor communication and/or lack of support and reassurance during the delivery
- Previous trauma, such as rape or sexual abuse
- Severe physical complication or injury related to pregnancy or childbirth, such as severe postpartum hemorrhage, unexpected hysterectomy, severe preeclampsia/eclampsia, perineal trauma, or cardiac disease

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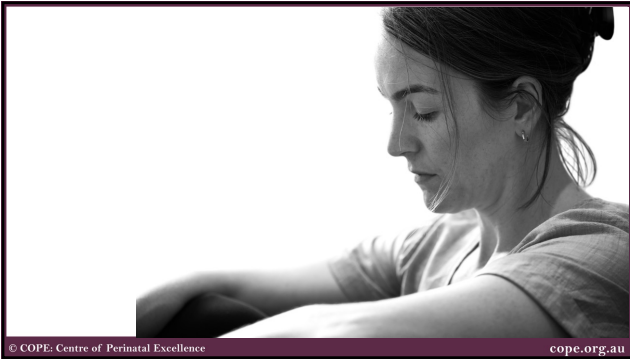
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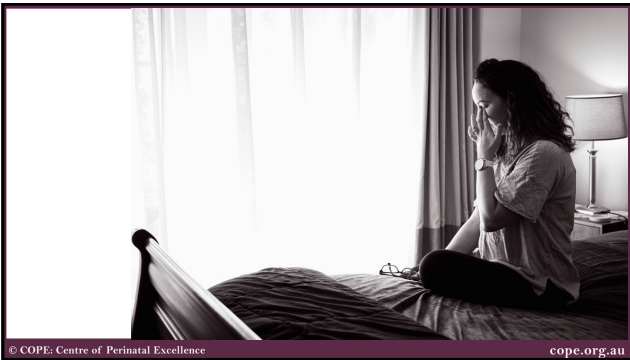
Symptoms of Postnatal PTSD

- Re-living the birth/traumatic event through unwanted and recurring memories, including vivid images and/or nightmares. This may cause intense emotional or physical reactions, such as sweating, heart palpitations or panic
- Being overly alert or wound up
- Sleeping difficulties, irritability and lack of concentration, becoming easily startled and constantly on the lookout for signs of danger.
- Avoiding reminders of the event
- Some parents find themselves wanting to deliberately avoid activities, places, people, thoughts or feelings associated with the birth or aftercare event because it brings back painful memories.
- Feeling emotionally numb
- Loss of interest in day-to-day activities, feeling cut off and detached from friends and family, or feeling emotionally flat and numb.

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Postnatal Depression

Prevalence - Generally reported as 19%, although discrepancies

Definition - Onset of depressive symptoms within 12 months of baby's birth

Symptomology - feeling low or numb, lack of interest and/or pleasure in life, yourself and/or the baby, no energy, loss of confidence, feeling helpless, hopeless and worthless, teary or emotional, constant feelings of guilt, shame, or repetitive thoughts

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Postnatal Depression

- Anger/ irritability
- Changes in sleep
- Changes in appetite
- Difficulty thinking or making decisions
thoughts of self-harm or harming the baby, other children
- Feeling isolated or alone unable to rest
- Having thoughts of harming yourself, baby and/or other children

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Postnatal Depression

- Prevalence - Generally reported as 19%, although discrepancies
- Definition - Onset of depressive symptoms within 12 months of baby's birth
- Symptomology - feeling low or numb, lack of interest and/or pleasure
- Comorbidity - Anxiety Disorders, possibly eating disorders, childhood trauma or physical abuse, Substance use disorder, stress
- Impact – for mother. Impact – for baby

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TABLE 1
Consequences of maternal depression

Fetal	Inadequate prenatal care, poor nutrition, higher preterm birth, low birth weight, pre-eclampsia and spontaneous abortion
Infant	
Behavioural	Anger and protective style of coping, passivity, withdrawal, self-regulatory behaviour, and dysregulated attention and arousal
Cognitive	Lower cognitive performance
Toddler	
Behavioural	Passive noncompliance, less mature expression of autonomy, internalizing and externalizing problems, and lower interaction
Cognitive	Less creative play and lower cognitive performance
School age	
Behavioural	Impaired adaptive functioning, internalizing and externalizing problems, affective disorders, anxiety disorders and conduct disorders
Academic	Attention deficit/hyperactivity disorder and lower IQ scores
Adolescent	
Behavioural	Affective disorders (depression), anxiety disorders, phobias, panic disorders, conduct disorders, substance abuse and alcohol dependence
Academic	Attention deficit/hyperactivity disorder and learning disorders

Canadian Paediatric Society

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Looking Forward

➔ Peripartum onset specifier for different disorders

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Perinatal anxiety
A guide for health professionals

Perinatal Depression
A guide for health professionals

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Antenatal anxiety
A guide for women and their families

Postnatal anxiety
A guide for women and their families

Depression during pregnancy
A guide for women and their families

Postnatal depression
A guide for women and their families

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