



# perennial wellness

## The “Baby Blues” vs. Perinatal Mood and Anxiety Disorders (PMADs)

### The “Baby Blues”

- **80%** of women experience a significant level of emotional distress during and after pregnancy.
- The blues typically emerge within the first week postpartum, and generally resolve within the first three weeks postpartum.
- They are thought to be a **normal** and **temporary** reaction to the hormonal shifts that follow childbirth, coupled with an increase in stress.
- Common symptoms include mood swings, tearfulness, irritability, and a sense of overwhelm, but most women *still feel able to function and begin creating a bond with their infant*. You shouldn't need any professional mental health treatment in order to feel better, because the blues lift without intervention.

### Perinatal Mood and Anxiety Disorders (PMADs)

Perinatal mood and anxiety disorders typically develop within the first three months postpartum, but many women actually begin to experience symptoms *during pregnancy*. PMADs affect 10-15% of women. If you've previously suffered from depression or anxiety at another time in your life, you have a higher risk of developing a PMAD.

- **Major Depressive Disorder** is characterized by overwhelming feelings of sadness, guilt, and shame; tearfulness; loss of interest in usual activities; fatigue; irritability; sleep disturbance; change in appetite; and/or suicidal thoughts.
- **Generalized Anxiety Disorder** is a pattern of persistent worry or hypervigilance that interferes with daily enjoyment and routine and can cause intrusive thoughts often related to concerns of the baby's health and safety.
- **Obsessive-Compulsive Disorder** occurs when unwanted intrusive thoughts or images take over a woman's thinking, which can lead to compulsive behaviors to help alleviate the anxiety (such as checking on a sleeping baby repeatedly to ensure that he is still breathing).
- **Panic Disorder** occurs when anxious thoughts take on a physical form, causing sudden, immense bouts of fear, trouble breathing, heart palpitations, dizziness, or a constant fear of “going crazy.”
- **Posttraumatic stress disorder** may occur after having a pregnancy or birth related complication or trauma, and can result in nightmares, flashbacks of the trauma, mood disturbances, or a sense of feeling on edge, jumpy, irritable, or isolated.

***PMADS are common and treatable!*** If you are suffering from or are concerned that you may have a PMAD, we recommend seeking the support of a psychologist who has experience working with reproductive mental health issues. Cognitive behavioral therapy (CBT) is well established as the evidence-based treatment of choice for perinatal mood and anxiety disorders. CBT is a short-term and structured therapy focused on how habitual thought patterns can lead to troublesome feelings and behaviors.

***Dr. Emma Levine, PhD, Licensed Psychologist & Fern Drillings, RN, MSN***