

Concealed but Common:

The hidden symptoms of PMADs and
how we can bridge the gap

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Antusenok, 2020

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to access slides,
resources, and
additional
information







Learning Objectives

1. Understand Perinatal Mood and Anxiety Disorders
2. Identify several hidden symptoms of PMADs
3. Explore the identification of symptoms and how to help
4. Identify resources to bridge the gap

Perinatal Mood and Anxiety Disorders Prevalence



Pre-pandemic:

Impact 15-20% of perinatal people

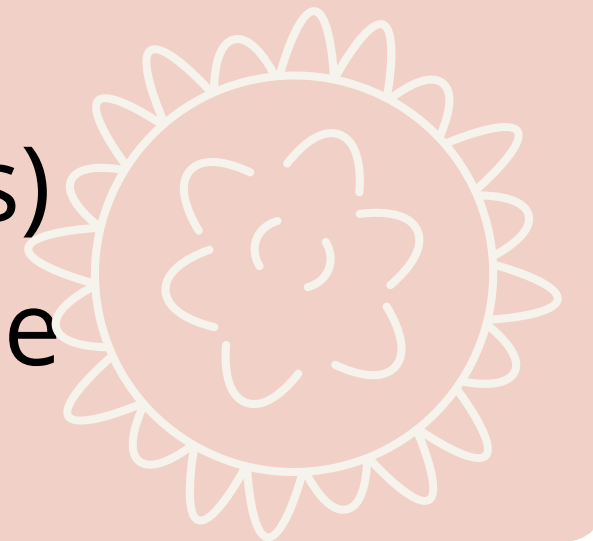
- 1 in 5 women
- 1 in 10 men

Now: (Davenport, 2020)

- 40.7% for perinatal depression
- 72% for perinatal anxiety

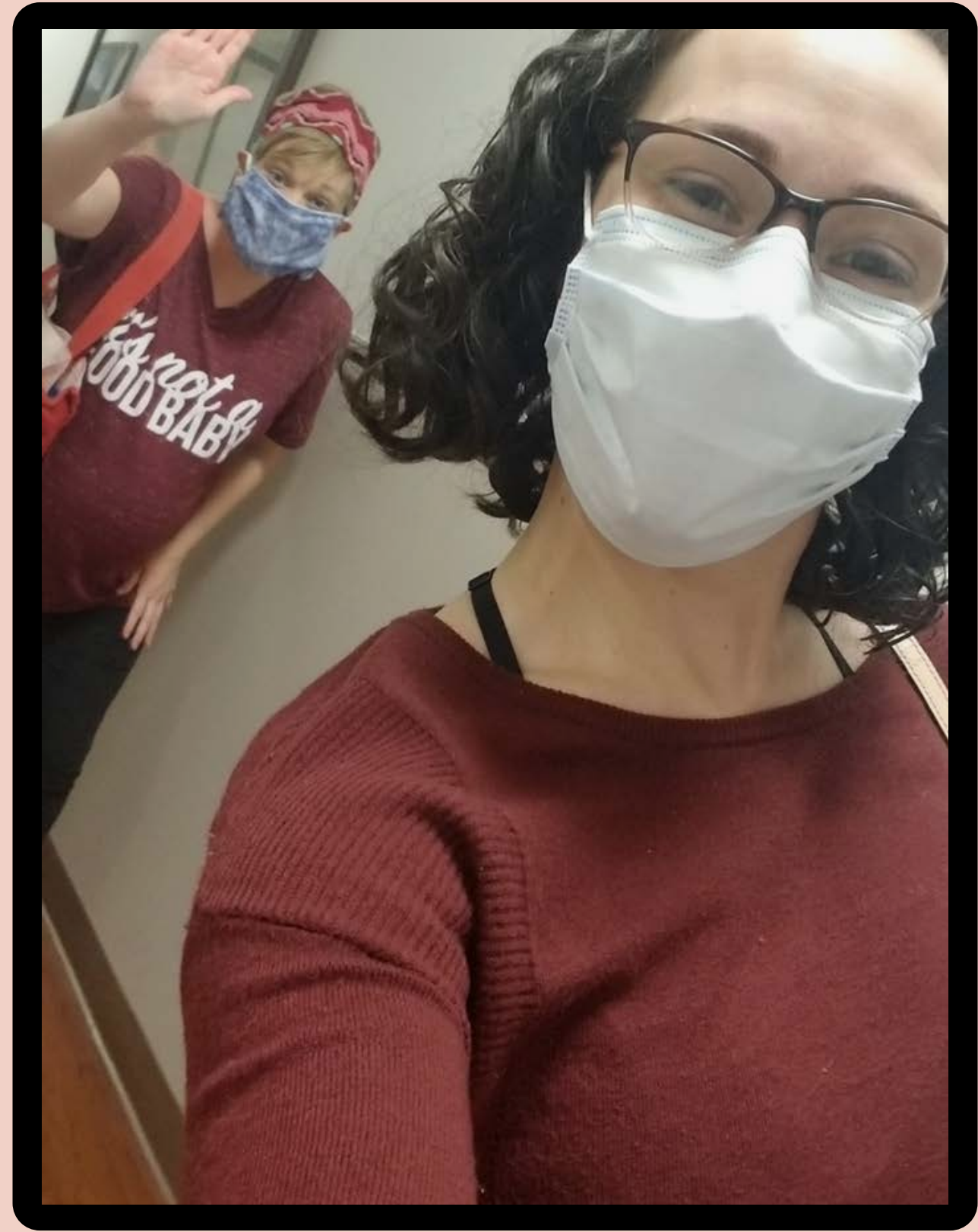
Symptoms within a pandemic

- Isolation, loneliness, limited community
- Birthing experience (limited support, changed birth plan)
- Grief over missed experiences, expectations, or opportunities lost (family, help, resources, connections)
- Driven to internet usage, Facebook groups, Google
- Fear of illness, or actual illness
- Navigating family dynamics (differing values, beliefs, ideas)
- COVID-19-related health worries and grief can increase the likelihood of PMADs





Two Pandemic Pregnancies



Perinatal Mood and Anxiety Disorders

PMADS

Perinatal Depression
Perinatal Anxiety
Perinatal Panic
Disorder
Perinatal OCD
Postpartum
Psychosis
Perinatal Bi-Polar
Disorder
Perinatal PTSD
Birth Trauma





PMADs defined:

Perinatal Depression

- Depressed/sad mood
- Tearfulness
- Loss of interest in usual activities
- Irritability
- Sleep disturbance

- Excessive feelings of guilt/worthlessness
- Fatigue/loss of energy
- Change in appetite
- Poor concentration
- Suicidal thoughts



PMADs defined: Perinatal Anxiety

- Excessive worry & anxiety
- Difficulties controlling worry
- Agitation, irritability
- Restlessness, inability to sit still, feeling on edge
- Poor concentration

- Easily fatigued
- Sleep disturbance
- Increased somatic symptoms (racing heart, muscle tension shortness of breath)
- Intrusive, unwelcome thoughts of harm



PMADs defined:

Perinatal Panic Disorder

- Episodes of intense fear or discomfort (peak within minutes)
- Shortness of breath, chest pain, sensations of choking or smothering, dizziness

- Hot or cold flashes, trembling, rapid heart rate, numbness, tingling
- Excessive worry or fear
- Persistent fear of “going crazy”
- Often no identifiable trigger

PMADs defined:

Perinatal Obsessive Compulsive Disorder

- Presence of obsessions (intrusive & unwanted) and compulsions (behaviors to reduce distress)
- Tremendous guilt and shame

- Horrified by these thoughts
- Hypervigilance and precautions taken
- Intrusive, repetitive thoughts – usually harm coming to baby (Ego-dystonic)



PMADs defined:

Postpartum Psychosis

- Rare 1 or 2 in 1,000
- Sudden onset, within 2 weeks of birth
- Rapidly changing moods
- Delusional beliefs
- Visual or auditory hallucinations
- Disorganized behavior
- Thoughts of harming baby that are viewed as rational (ego syntonic)
- Mental health emergency



PMADs defined:

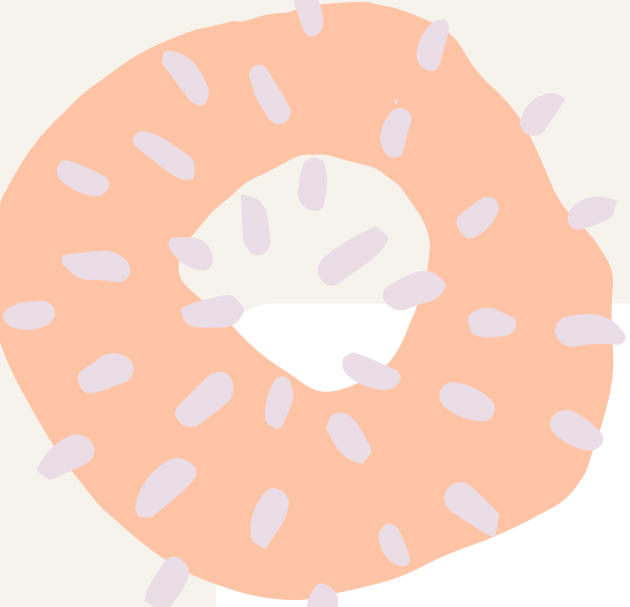
Perinatal Bipolar Disorder

- Shifts in moods
 - Depression
 - Much better mood than typical
 - Rapid speech
 - Little need for sleep
 - Delusions
- Racing thoughts, trouble concentrating
 - Continuous high energy
 - Overconfidence
 - Impulsiveness, poor judgment, distractibility
 - Grandiose thoughts

PMADs defined:

Perinatal Post Traumatic Stress Disorder

- Experience a traumatic event that results in intrusion, avoidance, negativity in cognition and mood, and arousal
- Approximately 9% of women (pre-pandemic)
- Views of lack of caring: felt abandoned, loss of dignity, no support
- Poor communication: “no one told me what was happening”
- Feeling of powerlessness: betrayal of trust, lack of informed consent



PMADs defined:

Birth Trauma

Event occurring in the labor and delivery process that can involve actual or threatened serious injury or death, or the woman being stripped of dignity (real or perceived)

- Fetal anomaly diagnosis in pregnancy
- Emergency or unplanned c-section
- Prolapsed cord
- Postpartum hemorrhage
- Prematurity
- Stillbirth
- NICU Admission
- Vacuum Extraction
- Vicarious trauma of support person
- Severe Pre-eclampsia
- 3rd or 4th-degree laceration
- Long labor process
- Failed medication or poor response to anesthesia
- Maternal near miss
- Episiotomy
- Unexpected hysterectomy
- Other medical complications (mother or baby)
- Traumatic vaginal birth

We are 1 in 2

Privileges include:

- First-time mom, good SES, happily partnered, stable job/housing/healthcare, advanced knowledge of mental health.

I struggled with PMADs:

- Pandemic pregnancy and birth (isolation)
- Unaware of hidden symptoms: rage, over-researching, rigidity, severe sleep deprivation
- Feelings of shame/perfectionism



We are 1 in 2



Privileges include:

- Good SES, support system, stable job & housing.
- Access to healthcare to address high-risk pregnancy.
- Access to extended leave.
- Advanced knowledge of maternal mental health.

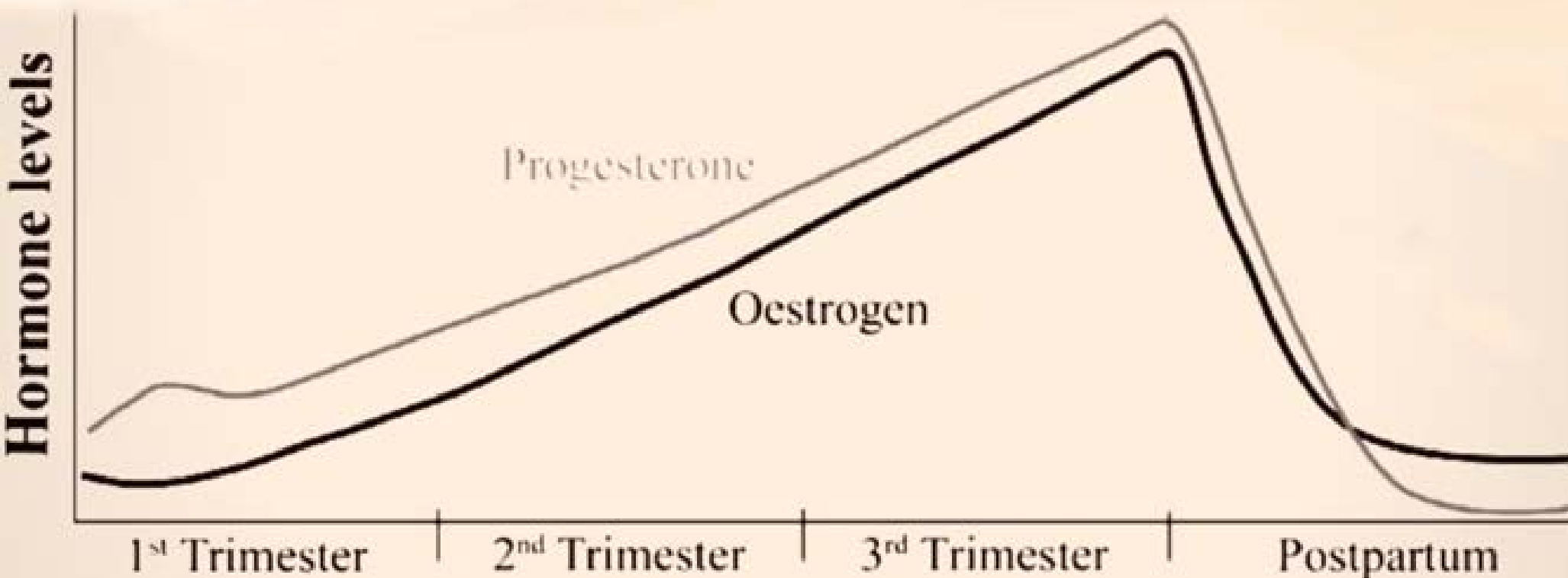
I experienced perinatal anxiety:

- Unaware of hidden symptoms: rage, sensory overload, loss of self, and sleep deprivation
- Feelings of shame, perfectionism, and not being good enough



JUST GAVE BIRTH?

If you feel like you're crying for no good reason, you're not. Your hormones just ghosted you, and it sucks.



Hormonal Changes to note in PMADs

Estrogen and Progesterone sky-rocket then crash by day 5 PP

Progesterone —the “anti-anxiety hormone”
If you give it at once, would likely pass out

Acts on GABA receptors that alcohol acts on (relaxed, more forgetful, pain relief)

“Baby Blues”– affect 80% of new birthing parents
(1-2 weeks postpartum**)

Hidden Symptom Deep Dive

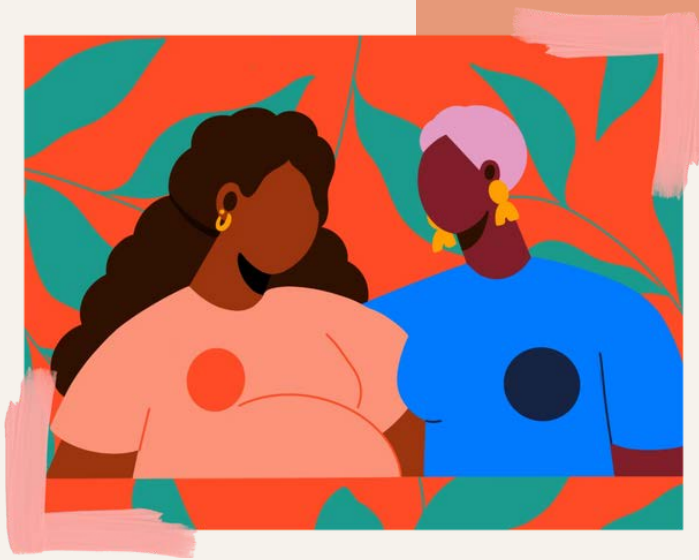
What does this
look like?

Examples
Situations
Personal experiences
Vulnerabilities

How to ask, explore,
assess & destigmatize

Identify symptoms
Know what it is
Identify risk factors
Ways to support parents

Help take the burden off the
parent to ask for help



Hidden Symptoms:

Concealed yet Common

Rage and
Irritability

Anxiety
Behaviors

Impacts of
Sleep
Deprivation

Sensory
Overload

Shame and
Guilt

Loss of Self



Postpartum Rage: Who am I?

"Mother rage is not “appropriate.” Mothers are supposed to be martyr-like in our patience.... We hide these urges, because we are afraid to be labeled “bad moms.” We feel the need to qualify our frustration with “I love my child to the moon and back, but...” As if mother rage equals a lack of love. As if rage has never shared a border with love. Fearing judgment, we say nothing. The rage festers and we are left under a pile of loneliness and debilitating shame.” Dubin, M. 2020

What does it look like?

- Brief sudden feeling of uncontrollable anger
- Generally, out-of-character and frightening
- Immediate feelings of shame, guilt, and regret
- Impact on sense of self and relationships



Rage:

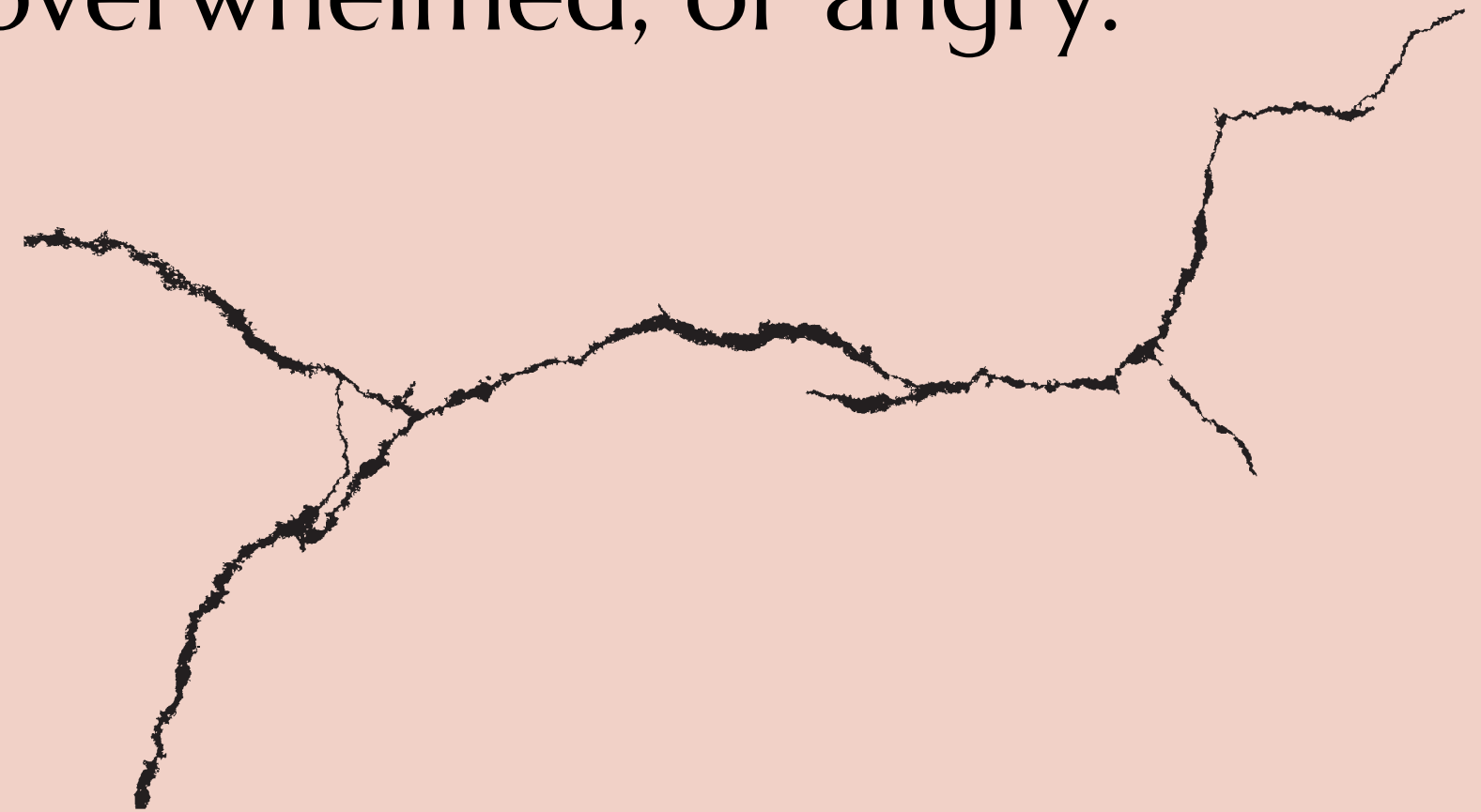
Explore, assess, destigmatize

Remember:

- Rage is common and a PMAD symptom
- Rage is a feeling and an experience, NOT an action
- Rage can be a risk factor for harm, if proper supports, skills, and impulse control are not in place
- Rage is often a signal that needs are not being met

Assessment:

Tell me how your body feels when you are triggered, overwhelmed, or angry.



Rage:

Explore, assess, destigmatize

How to Help:

- Normalize experience and educate support people
- Drop your assumptions
- 90-second rule
- Explore triggers

- Teach coping skills: grounding, parental pause, tapping out, code word
- Increase support network (partner, friends, community)
- Look at basic needs: sleep, nutrition, support





Anxiety Behaviors



Prostock Studio, 2020

- **1 in 5 postpartum people will experience Postpartum Anxiety**
- What does it look like?
 - Rigidity: sleep and feeding
 - Difficulty leaving home
 - Excessive researching (or under-researching)
 - Intrusive thoughts
 - Constant worry
 - “Only me”
 - Not being able to rest/sleep
 - Fidgety/restlessness
 - Muscle Tension
 - Panic Attacks

Anxiety Behaviors:

Remember:

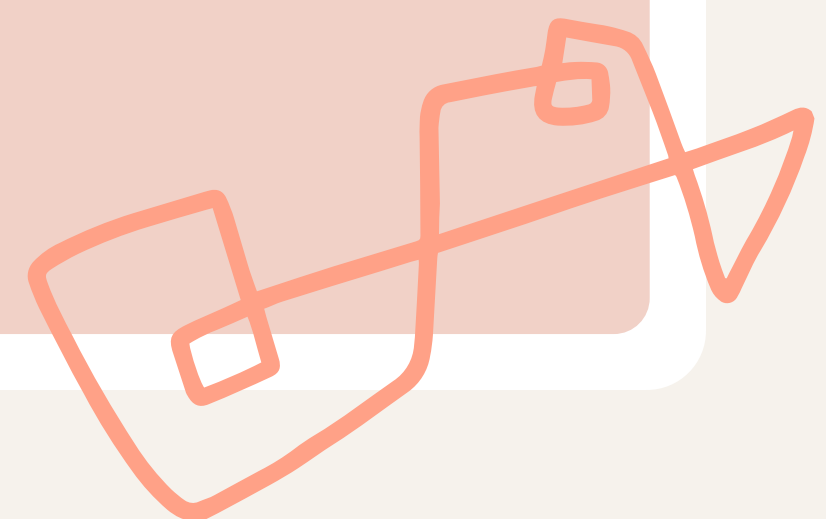
- Over-researching and tracking can be a red flag
- It may seem that they have it all together
- Anxiety often accompanies post-partum depression

Assessment:

Are you able to sleep or rest when the baby sleeps?

Are you feeling on-edge and worried more than usual?

Explore, assess, destigmatize



Anxiety Behaviors:

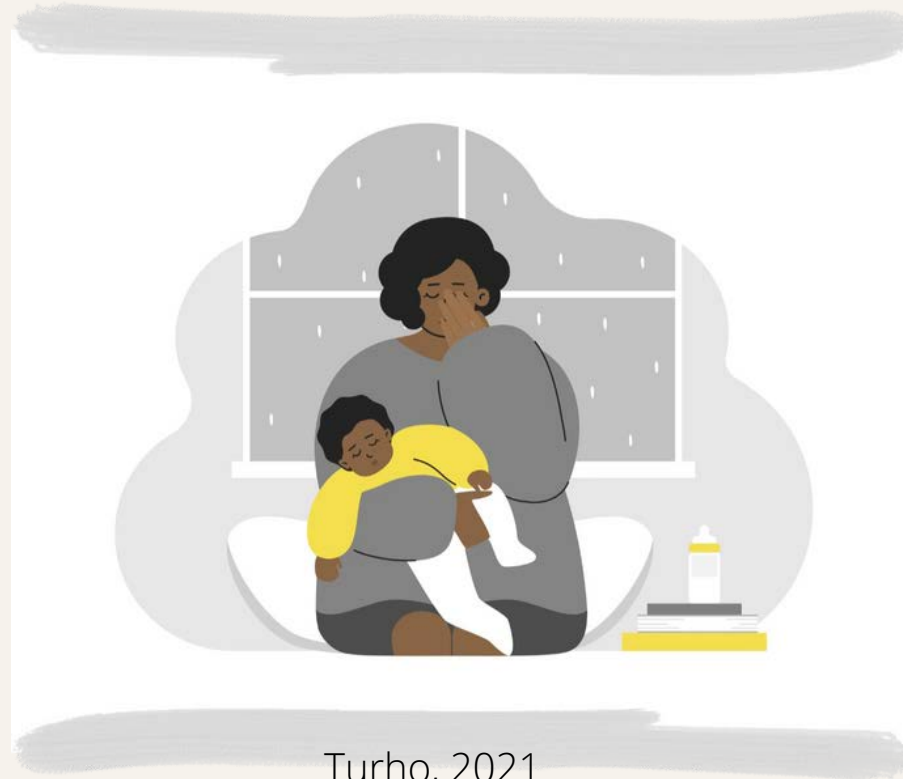
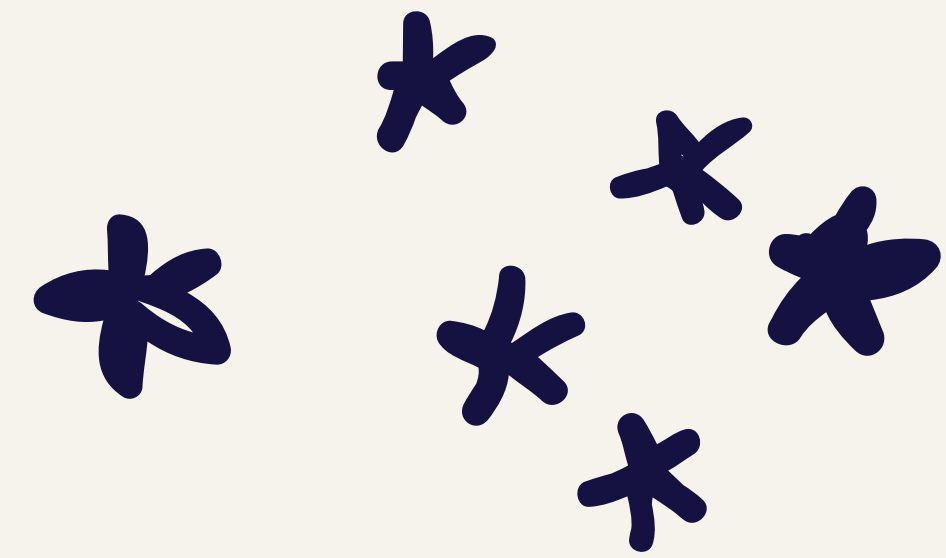
How to Help:

- Encourage attachment/cuddling to increase oxytocin
- Connect with other new parents to normalize
- Teach coping skills--CBT skills, physical activity, breathing

- If weaning, wean gradually
- Look at basic needs: sleep, nutrition, support
- Consider referral for psychiatric support
- Curate social media!



Sleep Deprivation: Nothing Can Prepare You



Turho, 2021



- "Drunk parenting": .1 BAC
- Dangers:
 - Paranoia
 - Microsleeps
 - Hallucinations
 - Mood
 - Potential for Risk-- impulse control and accidents
 - Health: weakened immune system

Sleep Deprivation:

Remember:

- The effects of sleep deprivation are real and serious
- Link to mood and increased risk for paranoia and accidents
- Assess for insomnia (60%)

Assessment:

What is a typical length of uninterrupted sleep for you?

How much sleep are you getting in total each night?

Explore, assess, destigmatize



Sleep Deprivation:

How to Help:

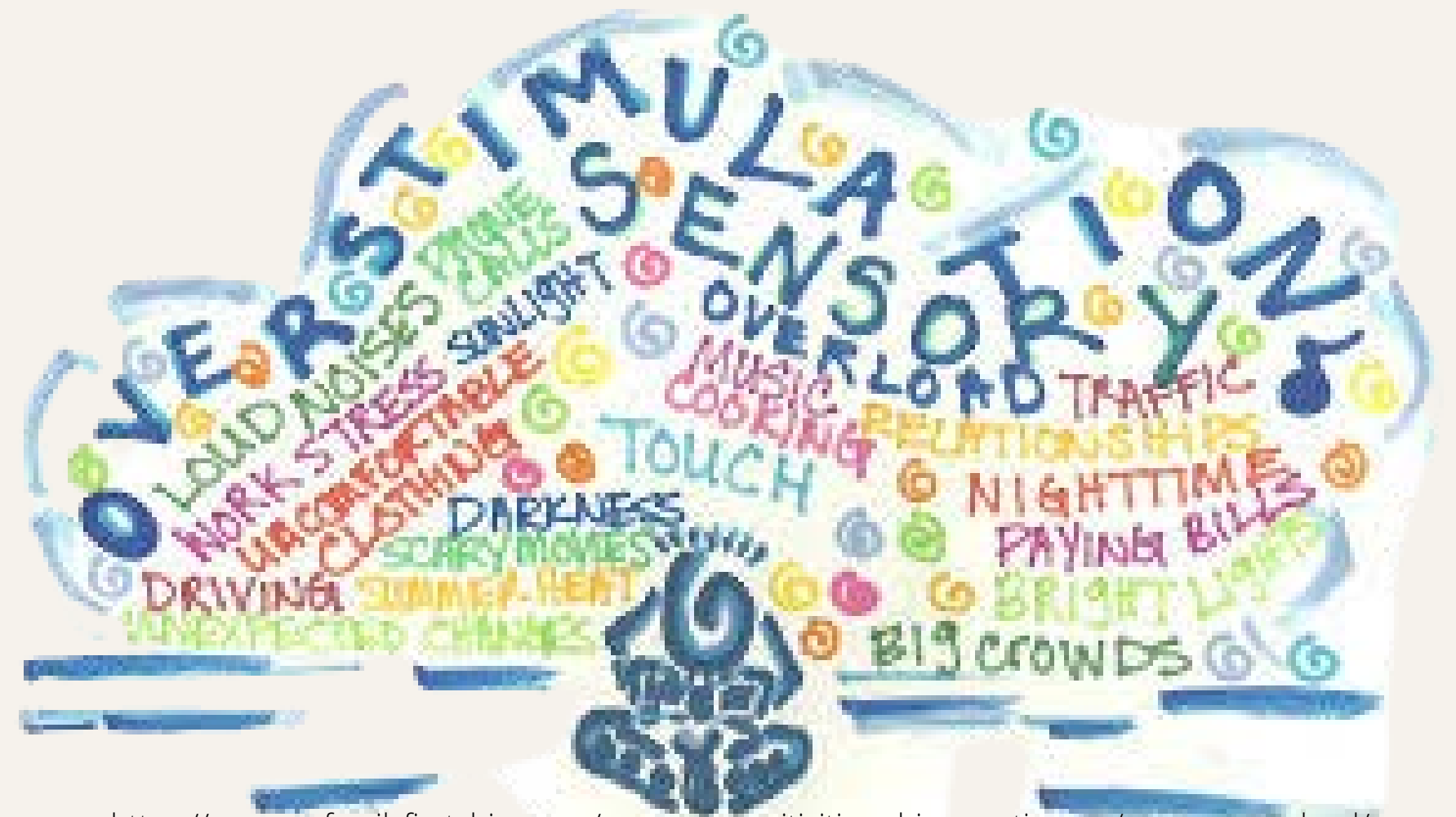
- "Prescribe" 4-6 hour chunk of UNINTERRUPTED sleep per night
- Provide psychoeducation
- Possibly refer for psychiatry/medication
- Sleep hygiene techniques

- Increase support
- Create sleep plan*
- Ask about hallucinations/paranoia
- Reconsider telling clients to sleep train* and explore this



Sensory Overload

- Being a parent can be very overstimulating and can present differently in each developmental stage
 - Constantly being touched
 - Rough play
 - Internal mental load
 - Whining
 - Noisy toys
 - Background noise
 - Screaming
 - Mess
 - Responding to multiple needs at a time



<https://www.myfamilyfirstchiro.com/sensory-sensitivities-chiropractic-care/sensory-overload/>

Sensory Overload:

Remember:

- Our auditory and tactile inputs are linked to our fight or flight responses
- Signs: decreased concentration, tensing, tightness, clenching, low frustration tolerance, irritability, OR dissociating
- Sleep quality is correlated to sensory sensitivity

Assessment:

Do you feel that you are yelling or responding abruptly when you are not angry?

Are there any times where you feel really overwhelmed?

Explore, assess, destigmatize

Sensory Overload:

How to Help:

- Provide psychoeducation
 - Normalize and validate experience of sensory system being overwhelmed, not being a “bad” parent
- Support the identification of triggers
 - Teach coping skills to regulate sensory system (intentional exhale)
 - Modify environment/routine to reduce triggers

Guilt:

- Feeling bad for something you've done (action or inaction)
- “Holding something we've done or failed to do up against our values and feeling psychological discomfort”
 - Brené Brown
- Adaptive and helpful
- Can cause us to seek connection and/or repair
- Can be helpful and lead us to look inward and see what we need



Counseling@Northwestern, 2018

Shame:

- Feeling bad about who you are
 - Feeling bad at your core sense of self/self-belief
 - Self-deprecating
 - Should statements (rules/expectations)
- “The intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging.”
 - Brené Brown
 - Something we’ve experienced, done, or failed to do makes us unworthy of connection.
 - Leads us to disconnection and potential hurtful behavior



Helen Li, 2020

Guilt & Shame:

Remember:

- Shame is rarely talked about because we actively hide these thoughts and feelings.
- Shame is very triggering. It triggers our fear of disconnection and worth.
- Guilt can lead to self-reflection and growth.

- If indicated to explore for safety, use empathy and kindness, to decrease potential of increasing guilt and/or shame.

Assessment:

I noticed you said you were a bad mom.

Can you tell me more?

What makes you think that you are a bad mom?

Explore, assess, destigmatize

Guilt & Shame:

How to Help:

- Provide psychoeducation
 - Pay attention to the language used
 - Normalize experiences of guilt and shame
 - Support the identification of triggers
- Lean into the language used and carefully explore, we often rush to reassure
 - Support development of ways to connect/repair
 - Develop plan to receive support
 - Practice self-compassion

Explore, assess, destigmatize



Loss of self & the formation of a new self:

“The critical transition period which has been missed is matrescence, the time of mother-becoming...Giving birth does not automatically make a mother out of a woman...The amount of time it takes to become a mother needs study.”

Raphael, D. (1975)

Brain changes during this time are as significant as during adolescence.

Great...but what does it look and feel like?

- “Who am I anymore?”
- Feeling that you may have made a mistake sometimes
- Feelings of failure
- Not connecting with oneself (body and emotionally)
- Relationships shifting (friendships, intimacy)



Akayeu, 2021

Loss of self:

Remember:

- Society praises mothers for being 'selfless',
 - literally meaning having no self
- Our individualistic society and limited support systems create situations where many can not care for themselves

- Loss of self can last well past the first year
- Competing demands can make mothers feel there is no time for themselves

Assessment:

Do you ever feel that you made a mistake or wonder what life would be like if you did not have children?
What do you do for yourself?

Explore, assess, destigmatize

Loss of self:

How to Help:

- Normalize postpartum changes – link to support groups
- Destigmatize feelings of regret
- Explore feelings of guilt and shame towards caring for self or meeting own needs

- Explore value system towards mothering role and desires for own parenting
- Give permission to grieve changes
- Increase support
- Encourage time for self, including mindfulness

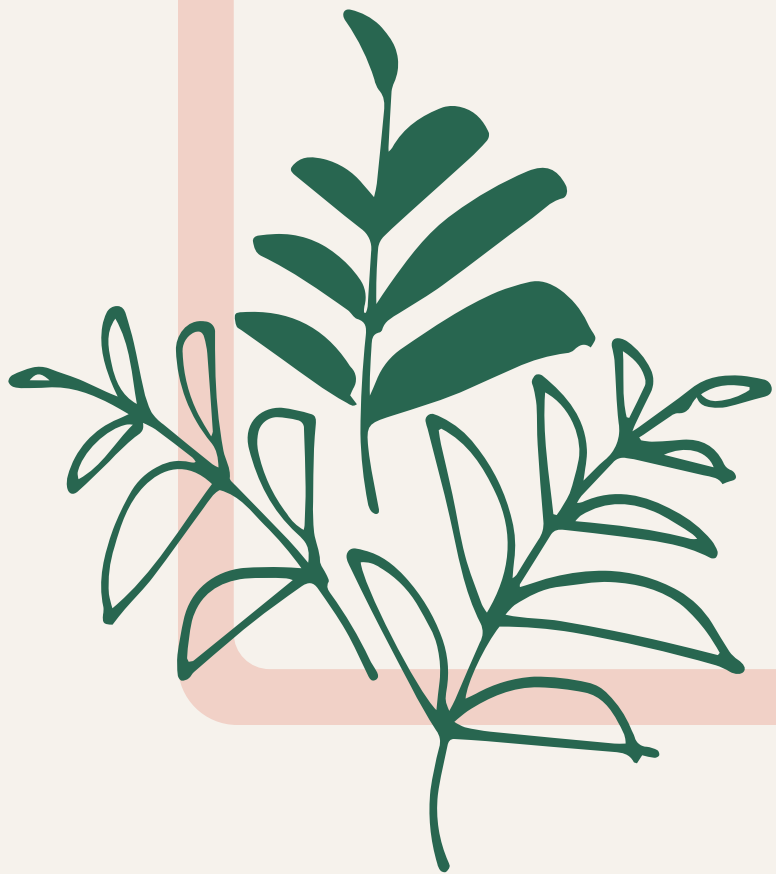


Explore, assess, destigmatize

Assessment Questions

What do I say?
What do I ask?

Helping you to help others



Resources

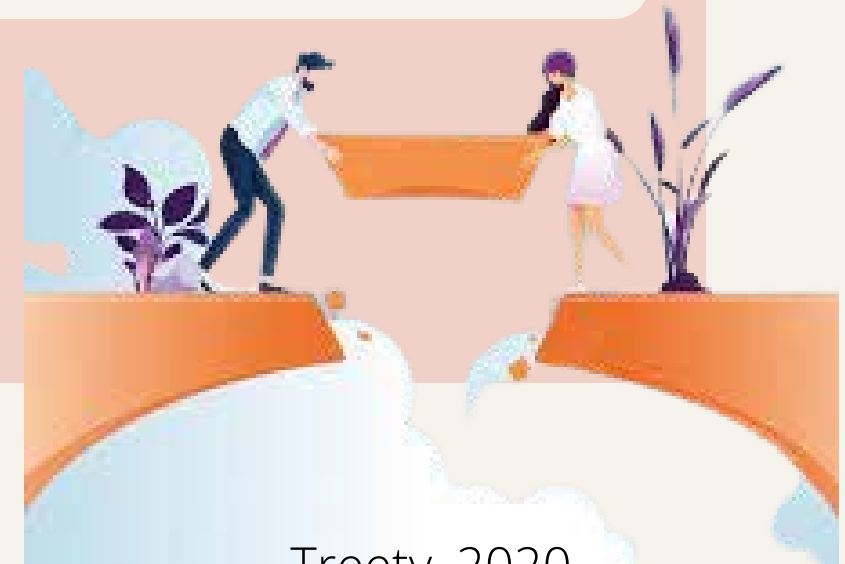
- Literature/Signs to normalize in infant mental health programs
- Education and training to ask specific questions
 - Edinburgh Postnatal Depression Scale
 - Perinatal Mental Health Discussion Tool from PSI
 - NESTS and Happyasamother.co
- Postpartum Support International Provider Directory
 - Community providers/centers focusing on the postpartum period
 - Local Hospital

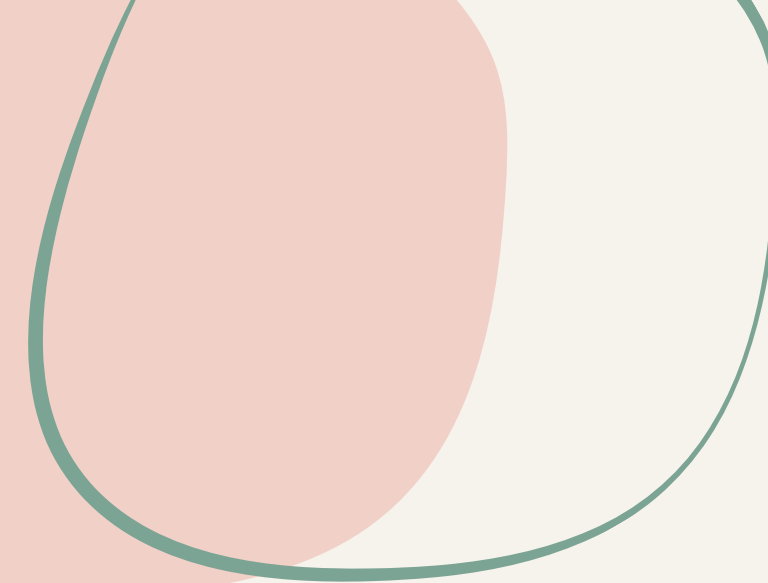


Bridge the Gap

- Only 25% of parents in need access treatment, let's increase the numbers
 - Prenatal check-ups range from 10-15 visits yet birthing parents have 1 post-partum check-up
 - 6 weeks post-partum is the benchmark to determine PMADs
 - Yet, PMADs can occur up to 12 months PP

Those who see the infant have a responsibility to assess the mental, emotional, and physical well-being of the parents





Questions to take with you:



Lantern, 2022

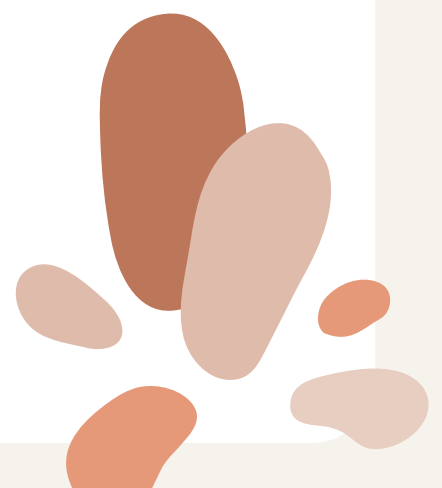
What questions or thoughts do you have about the information presented?

What resources have you found helpful in your community?

What is one thing you can do to support postpartum families in your practice?

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Thank You!