

Q: What are perinatal mood and anxiety disorders?

These are mental health conditions that occur both during pregnancy and after birth. These include perinatal depression, perinatal anxiety — which includes generalized anxiety, obsessive compulsive disorder, posttraumatic stress disorder and panic disorder — and postpartum psychosis.



Tiffany Gladdis, PsyD

Q: What stigma do parents with these disorders face?

Our society isn't always transparent about the challenges of being a parent. Social media doesn't help. We should normalize the fact that pregnancy can be challenging.

The changes might not feel comfortable. Delivery will be awkward. There are days when you might not want to do the job of parenting. People don't often feel safe

Q: What causes these disorders?

After a baby is delivered, there is a dramatic change in hormone production. It can cause difficulty sleeping, lower libido and a sluggish feeling. This two-week period is sometimes called the Baby Blues, which happens in about 80% of parents. If mood changes linger, that's when health care providers should evaluate for perinatal mood and anxiety disorders. enough to share those thoughts, so they think they're a bad parent.

There is a stigma around seeking support, especially for some communities. Black families are three times more likely to experience a mental health condition in the perinatal period, but less likely to seek support. When they do seek support, they are less likely to attend a follow-up visit. Part of the reason is the lack of diversity in the field and mistrust in the health care system.

Q: How do you treat these disorders?

Therapy is the ideal treatment for perinatal mental health conditions. Therapy can come in many forms individual, couples or group therapy.

Sometimes it's necessary to have psychiatric medications. There are psychiatric medications approved for pregnancy and when supplying human milk. It's important to consult with a physician before deciding to stop or change medications.

Q: Can perinatal mood and anxiety disorders affect the health of a baby?

Yes. Mood and anxiety disorders can interrupt the natural rhythm and attachment between parent and child. When parents experience anxiety during pregnancy, their baby is at greater risk for developing attention deficit hyperactivity disorder. The mental wellbeing of the parent matters, even during their child's infancy.

When we don't care for the whole family unit, the baby experiences the consequences.

Q: How can family, friends, health care providers and policymakers help?

Family members and friends should be aware of resources like the National Maternal Mental Health Hotline, 833-852-6262, which is available by phone or text 24/7 and in multiple languages. Many national organizations also have free resources for parents, such as Postpartum Support International and Hand to Hold.

We need universal screening for perinatal mood and anxiety disorders. It is also important that NICU parents are screened because they have a 30% increased risk of developing a perinatal mood and anxiety disorder.

Medicaid expansion would help cover mental health care during the full year of the postpartum period. We also need to increase access to care through telehealth for families who are under resourced and don't have the ability to make it to appointments due to time or distance.

We can do a lot to care for families during pregnancy and the first years of parenthood.



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