

# PERINATAL EMOTIONAL DISTRESS

## *Enhancing Patient Education, Screening, and Treatment Referral in Maternity, Pediatric, and Family Healthcare Settings*

Researchers have identified perinatal mood and anxiety disorders (or PMADs) as the most common complication of pregnancy and childbirth. PMADs affect up to one in five childbearing women and are more common than gestational diabetes, preterm labor, or low birth weight. Medical and social service providers who care for childbearing women and their families can serve as important sources of information and support by providing patient education, preliminary screening, and referral for specialized mental health services, as outlined below. For additional information, access “Provider Resources” at <http://seleni.org/provider>.

### PATIENT EDUCATION

Approximately 85 percent of women experience significant emotional distress during or after pregnancy.

#### **Baby Blues:**

Eighty percent experience the **Baby Blues** in the first 2-3 weeks following childbirth. Symptoms include tearfulness, irritability, anxiety, and feeling overwhelmed. Symptoms generally self-resolve without formal mental health treatment, but moms benefit from knowing that they are not alone and that they will likely feel better soon.

#### **Postpartum Mood and Anxiety Disorder:**

Fifteen to twenty percent experience a clinically significant **PMAD**. While the term “postpartum depression” is often used, symptoms consistent with depression, generalized anxiety, obsessive-compulsive disorder, panic disorder, and post-traumatic stress disorder can indicate a PMAD diagnosis.

Risk factors include previous mental health diagnoses, unplanned or difficult pregnancies, and a lack of social supports, and symptoms can develop during pregnancy or at any point in the first postpartum year. Untreated PMADs are associated with negative outcomes for mothers and babies, but moms should know that treatment is available and effective.

#### **Postpartum Psychosis:**

0.1-0.2 percent experience **postpartum psychosis**, marked by rapid shifts in mood, agitation, decreased need for sleep, and delusions or hallucinations. Postpartum psychosis is often associated with previous bipolar illness, and symptoms usually develop within the first 2-3 weeks postpartum. Postpartum psychosis is a psychiatric emergency and requires immediate evaluation to ensure that moms and babies stay safe.

#### **Tips for providers:**

Patient education can be provided through posters or pamphlets, but one on one conversations between providers and patients are considered ideal.

Conversations should begin early in the helping relationship and should highlight prevalence, risk factors, symptoms, and prognoses.

### SCREENING

Providers are encouraged to use one of the following standardized instruments to screen for perinatal mental health concerns:

- **The Edinburgh Postnatal Depression Scale** is a publically available 10-question screening that is considered the “gold standard” for screening for perinatal emotional distress.

- **The Two-Question Screen**, also known as the Patient Health Questionnaire – 2 (PHQ-2), has strong validity and reliability and is easily administered verbally.

#### **Please note:**

Screening should ideally occur at every patient contact. Screening instruments are not intended to be diagnostic, and positive screenings indicate increased risk for diagnosis only. Providers using either instrument are encouraged to follow up by asking childbearing women whether there is anything about the way they are feeling or the thoughts they are thinking that concerns them.

If a woman answers yes to this clinical interview question – or has screened positively on either instrument – a referral to a mental health provider for comprehensive assessment is appropriate.

### TREATMENT REFERRAL & EDUCATIONAL RESOURCES

- [Seleni Institute](#)
- [The Postpartum Resource Center of NY](#)
- [The Postpartum Stress Center](#)
- [Postpartum Progress](#)
- [Postpartum Support International](#)
- [MGH Center for Women’s Mental Health](#)

