

Perinatal Mood and Anxiety Disorders (PMADs)

Perinatal Mood and Anxiety Disorders (PMAD's) incorporate prenatal, pregnancy or postpartum mood changes that can include Anxiety, Depression, Obsessive Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), Bipolar Disorder and Psychosis in both birthing people and partners, as well as families that adopt or welcome a child via surrogacy.

PMAD symptoms can include:

- constant worry or racing thoughts
- crying and sadness
- disturbances to sleep and appetite
- thoughts of harming yourself or baby
- feelings of irritability, anger and rage
- lack of interest in the baby or older children
- loss of interest in things that previously brought you joy
- feelings of excessive guilt or shame
- physical symptoms such as dizziness, nausea or hot flashes
- panic or anxiety attacks
- not feeling like yourself



Some people might experience these symptoms while going through fertility treatments, in pregnancy or in the postpartum period (which can be up to a year after birth and beyond). PMAD's can look very different for every person and with each pregnancy. Sometimes these symptoms can feel terrifying and bring on feelings of shame or guilt because this is not what we anticipated to experience on this perinatal journey. These symptoms may also be the result of a pregnancy or infant loss or pregnancy release.

You are not alone. Many people experience these symptoms and you do not have to suffer through it.



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What Postpartum Depression and Anxiety Can Feel Like

These are some things you can feel with postpartum depression (PPD):

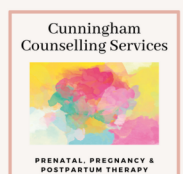
- You miss your old life. Parenting isn't what you expected, and you are sad that this is your new normal.
- You just want the baby to go to sleep, so you can be away from them. You feel dread when you think they are waking up or that you have to spend time alone with them.
- You are going through the motions of caring for your baby, but you are afraid that you aren't as bonded as other parents.
- You get angry or frustrated a lot - with your baby/kids, partner (if you have one) and even yourself.
- Everything seems to annoy you and you have trouble calming down.
- You're pretty sure you suck at parenting. You feel like you can't do anything right, it's your fault that they cry and have trouble sleeping, and you sometimes wonder if they would be better off without you.
- You don't feel much at all. You are totally spaced out, feel empty and have trouble connecting or paying attention.
- Your body feels heavy and you don't feel grounded. You feel like you could lie down and sleep for days on end.
- You cry a lot. It's hard to believe that this is your life. You have flight fantasies of running away or living a different life.

These are some things you can feel with postpartum anxiety (PPA):

- You are totally in your head thinking, worrying, and stressing about problems that could happen - some of which are possible but out of your control and some of which are very unlikely.
- Your body feels ramped up and agitated all the time. It feels like you can't take a deep breath.
- You feel tired all the time but are having trouble falling asleep, or you wake up from sleeping because your brain and body won't turn off.
- You have scary thoughts of terrible things happening to your baby and or other loved ones. They seem to come out of nowhere and the graphic, sexual or violent nature of the thoughts are sometimes so terrifying, you can't believe you had them and are afraid to tell people about them.
- You have had one or more panic attacks and you live in fear of having more.
- You have a never ending to do list of housework and childcare. You are obsessed with keeping everything in order and doing everything right.
- You don't want to be alone with the baby because you are afraid you can't handle it or that things will go wrong. You may also never want to be away from the baby and get very agitated when people take the baby from you - even if they are in the same room.
- You are eating really differently. Either you can't eat or can't stop eating.
- You have tried to calm down but can't. The things you used to do to relax during stressful or anxious times don't seem to be working.

Adapted from Olivia Scobie, Postpartum Support Toronto

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Symptoms of Perinatal OCD and Bipolar Disorder

What does OCD look like in the Perinatal period (PPOCD)?

- You have intense fears and intrusive thoughts around baby's safety; getting sick (contamination), SIDS (accidental harm or death), getting hurt (fear of accidental or deliberate harm). Intrusive thoughts can be sexual in nature as well.
- You feel very anxious about sleep, feeding or development.
- You fear being left alone with baby.
- You engage in behaviours to soothe your obsessive thoughts (compulsions), ie. excessive hand washing to soothe the fear of passing germs to the baby and they get sick.
- The behaviours you engage in (compulsions) to soothe the obsessive thoughts take up more than 2 hours of your day, ie. cleaning the kitchen daily for an hour and washing surfaces throughout the house for another hour, showering more than necessary or for long periods of time.
- Feeling unsatisfied that the behaviour will help soothe the thoughts, ie. "something doesn't feel right, I didn't check on the baby enough, I have to check on them again to make sure they're breathing" (even though you've checked on baby several times already).
- OCD is an anxiety disorder and will include intrusive thoughts and symptoms of anxiety such as panic, difficulty sleeping, racing thoughts, excessive worry and difficulty managing stress.
- These thoughts and fears are distressing to you and PPOCD often includes excessive guilt.

What does Bipolar Disorder look like in the Perinatal period (PBD)?

- Bipolar Disorder (BD) in the postpartum period is characterized by periods of mania, depression, and wellness and cycling through these 3 states.
- Symptoms of mania can include exaggerated feelings of grandeur or self-confidence, hyperfocus, high energy and less need for sleep, racing thoughts and speech, distractibility, engaging in risky behaviours, irritability.
- Symptoms of depression can include loss of interest in pleasurable activities, appetite changes, low energy, excessive guilt or feeling worthless, thoughts of suicide or self-harm.
- Symptoms must last more than 1 week for mania or hypomania (a less severe form of mania) and more than 2 weeks for depressive symptoms.
- More severe symptoms of psychosis (delusions and hallucinations) and catatonia can occur with PBD.
- Some research shows that over 20% of people diagnosed with BD are diagnosed in the perinatal period.
- People with a family history or BD have a higher risk of developing Perinatal BD.
- A history of BD can be a risk factor for Postpartum Psychosis.

Postpartum Psychosis and Perinatal Post-Traumatic Stress Disorder

What is Postpartum Psychosis (PPP)?

- Active Postpartum Psychosis is a psychiatric emergency and if someone is currently experiencing symptoms support them in accessing emergency services.
- Postpartum Psychosis is very rare and occurs in approximately 1 or 2 births out of 1,000 births.
- Symptoms can include delusions, paranoia, auditory and visual hallucinations, rapid mood swings, trouble with communication, irritability, hyperactivity or feeling awake even if they have had very little sleep. The person may seem cognitively impaired (they may seem different than their usual self) and might not be aware of present time and place.
- Symptoms also include thoughts of self-harm, harm to others or harm to baby.
- When someone feels that their thoughts of harm to others or self-harm or paranoias and delusions make sense, that is an indication of psychosis.

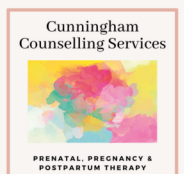
What is Perinatal Post-Traumatic Stress Disorder (PTSD)?

- PTSD is an anxiety disorder that develops as a result of experiencing trauma.
- You can experience any event in the Perinatal period as traumatic; i.e. a pregnancy loss or release, fertility treatments, bleeding during pregnancy, labour and delivery, obstetric violence, a NICU stay, experiencing a PMAD, nursing challenges, among others. Everyone interprets and experiences potentially traumatic situations differently thus someone might have an unplanned c-section and not experience it as traumatic, where others might.
- Previous trauma, feeling powerless, poor communication or lack of support during delivery, and experiencing an injury or near death experience during labour and delivery can all contribute to developing PTSD. If you felt your life or baby's life was in danger that can contribute to trauma. If you felt in control, supported and that your life was not in danger then you are less likely to experience the event as traumatic.
- Isolation can add to the experience of trauma, so dealing with the above situations during COVID, with restrictions on visitors and not as much access to community can contribute to developing post-trauma symptoms.

Symptoms of PPTSD can and do look very similar to anxiety. Symptoms of PTSD in the Perinatal period can include:

- Flashbacks to the traumatic events, nightmares, panic attacks, intrusive thoughts, dissociation (numbing/detachment) and/or a sense of unreality.
- Physical reactions include feeling amped up or on edge, irritability, trouble sleeping, exaggerated startle response (you scare easily), and anxiety.
- Avoidance of reminders of the trauma (ie. not driving near the hospital) and dissociation (numbing).

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Coping Skills and Strategies to Widen our Window of Tolerance

Grounding Skills:

- 54321
- Describe an object
- Spend time in nature
- Journalling
- Yoga
- Petting an animal
- Hugging meditation
- Eat something mindfully, noticing all the texture and flavour
- Deep breathing, box breathing
- Listen to music
- Mindfulness; simply observe the present moment without judgement

Ideas for activating the Vagus Nerve/Closing the stress response cycle:

- Gargle
- Hum or sing
- Have a good cry
- Splash cold water on your face or take a cold shower
- Rub an ice cub on your face or neck
- Jump on the spot - get your heart rate up
- Shake out your hands and feet
- Orgasm
- Deep breathing
- Connect with a friend or loved one
- Creative Expression
- Laugh
- Touch (if you're feeling touched out then don't try this one)
- Yoga
- Foot massage/massage your clavicle, neck and ear lobe
- Sun exposure
- Hard exercise such as a HIIT workout

Coping Skills and Strategies to Widen our Window of Tolerance

Coping Skills for depression and/or dissociation:

- Try to reconnect to your body, ie. progressive muscle relaxation
- Have someone talk to you about anything to bring you back to the present moment
- Distraction (making sure to come back to your emotions later, when you feel more able to)
- Drink a glass of water or eat some food mindfully
- Take a shower and really notice how the water feels on your body
- Engage in pleasurable activities, ie. read a favourite book, talk to a friend, eat a favourite food, listen to your favourite music, watch a comedy
- Connect with a friend or loved one
- Connect with nature
- Move your body in a way that feels good/realistic for you
- Connect to your spirituality or spiritual practices

Coping Skills for nightmares/flashbacks/Panic Attacks:

- Acknowledge that you are having a nightmare, flashback or panic attack
- Take deep breaths and ground yourself by putting your feet on the floor, feel your back on your chair or notice what is around you (54321)
- Try not to analyze the nightmare or flashback, continue to focus on the present moment and what is around you, tell yourself you are not in danger currently
- Engage in self-soothing afterwards, connect with a friend or loved one

Other Ideas:

- Scaling your symptoms (1/10 is not activated - 10/10 is a panic attack) and choosing coping skills for each level (5/10 - Focus on my breathing and engage in healthy distraction)
- Step away/take a break
- Come back to the Self and give yourself permission to prioritize your needs and self-care
- Talk to your support person
- Consider individual therapy

Remember the essentials; food, water, sleep, connection. Taking care of the essentials will help to reduce your overall symptoms and open your window of tolerance; improve your capacity for coping in moments of distress.

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