

PMAD Conditions

Perinatal Depression – It's common and treatable, and it can include feelings of sadness, guilt, lack of interest in the baby, changes in eating & sleeping habits, trouble concentrating, thoughts of hopelessness, and sometimes even thoughts of harming yourself or the baby.

Baby Blues – Up to 80% of new mothers/postpartum people experience negative feelings during the first few weeks after delivery, when hormones are adjusting. Symptoms usually resolve within 2–3 weeks without medical intervention.

Perinatal Anxiety – An individual with anxiety may experience extreme worries and fears, often over the health and safety of the baby. Some have panic attacks and might feel shortness of breath, irritability, chest pain, dizziness, a sense of losing control, and difficulty sleeping despite exhaustion.

Obsessive Compulsive Disorder – Individuals with OCD can have repetitive, upsetting and unwanted thoughts or mental images (obsessions), and sometimes they need to do certain things over & over (compulsions) to reduce the anxiety caused by those thoughts. These thoughts can be very scary and unusual.

Post-Traumatic Stress Disorder – PTSD is often caused by a traumatic or frightening childbirth, and symptoms may include flashbacks of the trauma with feelings of anxiety and the need to avoid things related to that event.

Perinatal Bipolar Disorder – About 22% of pregnant and postpartum people diagnosed with postpartum depression are suffering from perinatal bipolar disorder. More than 70% of individuals with bipolar disorder prior to pregnancy will relapse during pregnancy if psychotropic medication is stopped.

Postpartum Psychosis – Postpartum psychosis is rare (approx. 1–2 per 1000 births) and a very serious emergency requiring immediate medical help. Individuals experiencing psychosis sometimes see images and hear voices that others can't, called hallucinations. They may believe things that aren't reality-based and distrust those around them. They may also have periods of confusion or memory loss and seem manic. If you or someone you know may be experiencing postpartum psychosis, call a doctor or go to the nearest hospital emergency room.

Where to get help

If you are experiencing symptoms of PMADs, please talk with your healthcare provider.



Help Me Grow connects expecting and new families to mental health clinicians with specialized expertise in treating PMADs and other community services. Call 2–1–1 option 6, text HMGVT to 898211, or email info@helpmegrowvt.org.



Postpartum Support International (PSI) Vermont has a warm line with local coordinators who provide support, information, and encouragement. Virtual support groups can be accessed at www.postpartum.net.

Designated Mental Health Agencies in each VT county have clinicians trained to provide perinatal mental health support to parents, children, and families. Many agencies have support groups for coping with pregnancy or adjusting to life with a new baby. Find more information at www.mentalhealth.vermont.gov.

For more information, visit

SupportDeliveredVT.com



The Vermont Department of Health and the Vermont Department of Mental Health are collaborating on the Screening, Treatment, & Access for Mothers & Perinatal Partners (STAMPP) 5-year cooperative agreement funded by HRSA to help expand perinatal mental health services in Vermont.



support
DELIVERED

Mental Health Resources for Expecting & New Parents

Expecting and caring for a baby can be an exciting, life-changing time. *It can also be really challenging.*





What are PMADs?

Perinatal Mood and Anxiety Disorders (PMADs)

are a group of symptoms that can occur during pregnancy and the postpartum period, causing emotional and physical concerns that make it hard to enjoy life and function well. PMADs are the leading complication of childbirth.

PMADs are common and treatable.

Not just in the postpartum period and not just depression, symptoms of emotional distress during pregnancy or in the first year postpartum have been identified in parents of every culture, age, income level and ethnicity.

There are professionals and programs to help.

What increases a person's risk?

As many as 20% of pregnant or postpartum Vermonters experience PMADs. Some people are at higher risk for PMADs because of factors including life experiences, genetics, and brain biochemistry. The stressors associated with low socio-economic status significantly increase a person's likelihood of developing postpartum depression symptoms. Due to the American history of structural racism, members of the Black, Indigenous, People of Color (BIPOC) community are disproportionately impacted by perinatal mental health conditions, experiencing them at rates 2-3 times higher than white individuals.

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It was my first baby, and I didn't know what was wrong. I was exhausted but had trouble sleeping because I was always worried. I didn't want to leave the house because I was terrified something bad would happen to her.

My doctor had me fill out a screening questionnaire and helped me with treatment, and now I can enjoy being a new mom.

MOM OF 2, AGE 25

After I had my daughter, I felt like a different person. I cried for months, I was grumpy and snapped at my husband, I struggled to breastfeed and blamed myself. One night I was talking with my sister, and she convinced me to see a therapist. With the counselor's help and eventually adding an antidepressant for a year, I was able to get back to my old self. I no longer need the therapist or medication, but I'm definitely talking to my midwife early on when I have another baby.

MOM OF 1, AGE 21

It was only after having my second baby that I realized I must have experienced perinatal depression when pregnant with my first. If I had received treatment, I'm sure I would have enjoyed my son's first year much more.

MOM OF 2, AGE 34

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The following experiences may increase the risk of PMADs:

- » Personal or family history of PMADs
- » Personal or family history with other mental health challenges
- » Biological factors, such as changes in hormones and thyroid function
- » Isolation and lack of social connection due to the COVID-19 pandemic
- » Life stressors, such as lack of support from partner and/or family
- » Being a member of the BIPOC community
- » Fertility challenges
- » Difficult pregnancy, labor, or delivery
- » Pregnancy or infant loss
- » History of sexual trauma or abuse
- » Birth of multiples
- » Financial struggles
- » Single parent
- » Teen parent
- » Unplanned pregnancy
- » Challenges with breastfeeding
- » Recent life crisis, such as serious illness or death in the family

How to take steps toward feeling better:

- » Rest & sleep
- » Nutritious food & adequate hydration
- » Consider professional help from your medical provider, support groups, and/or a mental health provider
- » Clear communication – ask friends and family for support and specific help such as folding laundry, dropping off a meal, playing with an older child
- » Seek social connection in person or virtually through friends, family, support groups, and other resources in your community
- » Pleasant activities such as reading, listening to music, going for a walk or taking an exercise class

For more information, visit

SupportDeliveredVT.com