

Maternal Mental Health Matters!

Facts on PMADs (Perinatal Mood and Anxiety Disorders)



Maternal mental health is the **#1 complication associated with childbirth** and the **leading cause of maternal mortality in New York City**.ⁱ Perinatal mood and anxiety disorders (PMADs) **impact at least 1 in 5 pregnant and postpartum people**,ⁱⁱ ⁱⁱⁱ with a notably higher incidence among black and brown birthing people, where over **50% experience PMADs**.^{iv} Despite these alarming statistics, **75% of perinatal people experiencing mental illness remain undiagnosed and untreated**, potentially resulting in physical and mental health challenges for both the birthing parent and child.^v

What are PMADs?

Perinatal mood and anxiety disorders (PMADs), otherwise known as “postpartum depression”, are a group of psychiatric illnesses that can strike at any time during pregnancy, and up to one year postpartum. PMADs can cause emotional and physical problems that make it hard for women and birthing people to function adequately (i.e., care for themselves, babies, and family). PMADs include:

Perinatal Depression – low mood, sad, tearful, hopeless, helpless, irritable, finding little to no joy in things, suicidal ideation.

Perinatal Anxiety – constant worry, feeling something bad will happen, disturbances in sleep and appetite.

Perinatal Obsessive Compulsive Disorder – doing certain things over and over to reduce fears, repeatedly asking for assurance.

Perinatal Post Traumatic Stress Disorder – intrusive reexperiencing of the past traumatic event, flashbacks, nightmares, avoidance of stimuli associated with the event, panic attacks.

Postpartum Psychosis – delusions or strange beliefs that feel real, hallucinations, confusion, disconnected from reality, paranoia and suspiciousness – **THIS IS A 911 EMERGENCY**.

Why is it so Hard to Talk about Having a PMAD?

Unfortunately, there is a lot of stigma associated with having a mental health condition, even more so for pregnant and postpartum people. Pregnancy and having a baby are “supposed” to be a wonderful and blissful experience. When women and birthing people have a PMAD, they feel ashamed for not enjoying motherhood more. They carry a strong sense of guilt and failure, along with a fear of judgment and having their baby taken away if they tell anyone. By normalizing maternal mental health conditions, and raising awareness around how common they are, birthing people can feel more comfortable asking for help.

What is the connection between Trauma and PMADs?

Adverse childhood experiences (ACEs) such as physical, emotional and sexual abuse have been shown to increase the risk of developing a PMAD. As women transition into motherhood and experience emotional, cognitive, and behavioral stressors, memories of their childhood arise. Traumatic memories are especially salient, resulting in anxiety, stress, and depression. Furthermore, ACEs often result in feelings of helplessness, shame, impotence, and worthlessness.

Are PMADs Treatable?

YES! With the right support and treatment, perinatal people experiencing PMADs can feel much better. Support groups, therapy and medication are interventions that can address distressing PMAD symptoms that are getting in the way of enjoying motherhood.

Remember, nobody wants to experience a PMAD, and it’s not their fault if they do. It doesn’t mean that they are a “bad mom” – it means that they need help – and you can be the one to connect them to the care and support they need and deserve.



What are PMAD Risk Factors?

- History of mental illness
- Stressful life circumstances
- Social Determinants of Health (SDOH)
- Complications in pregnancy, birth or breastfeeding
- Previous PMAD
- Unplanned or unwanted pregnancy
- Mothers of multiples
- NICU experience

PMAD Resources:

Postpartum Resource Center of New York:
<https://postpartumny.org> | 1-855-631-0001

Postpartum Support International:
<https://www.postpartum.net> | 1-800-944-4773

National Maternal Mental Health Hotline:
1-833-TLC-MAMA

988 National Suicide and Crisis Lifeline

ⁱ <https://www.nyc.gov/assets/doh/downloads/pdf/data/maternal-mortality-annual-report-2023.pdf>

ⁱⁱ Fawcett, E. J., Fairbrother, N., Cox, M. L., White, I. R., & Fawcett, J. M. (2019). The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period: A Multivariate Bayesian Meta-Analysis. *The Journal of Clinical Psychiatry*, 80(4).

ⁱⁱⁱ Gavin, N. I., Gaynes, B. N., Lohr, K. N., Meltzer-Brody, S., Gartlehner, G., & Swinson, T. (2005). Perinatal Depression: A Systematic Review of Prevalence and Incidence. *Obstetrics and Gynecology*, 106(5 Part 1), 1071–1083.

^{iv} Taylor, J. and Gamble, C. (2017, November). Suffering in silence: Mood disorders among pregnant and postpartum women of color. *American Progress*. <https://www.americanprogress.org/article/suffering-in-silence/>

^v Byatt, N., Levin, L. L., Ziedonis, D., Moore Simas, T. A., & Allison, J. (2015). Enhancing Participation in Depression Care in Outpatient Perinatal Care Settings: A Systematic Review. *Obstetrics and Gynecology*, 126(5), 1048–1058.