PRGLAC NIH-led Federal Task Force to Consider Perinatal Mood and Anxiety Disorders (PMAD) in Pregnant and Lactating Women

It has been repeatedly substantiated that Perinatal Mood and Anxiety Disorders is the most common complication surrounding childbirth, yet all too often it goes unrecognized and untreated.

Perinatal mood disorders (PMAD), or pregnancy and postpartum depression are the names most commonly used for the psychiatric syndrome surrounding childbirth that includes a variety of moderate to severe mood and anxiety symptoms that require professional mental health treatment.

The clinical presentation often includes many of the following distressing and overwhelming symptoms: depressed mood, severe anxiety, panic attacks, insomnia and/or sleep disturbances, appetite loss, feelings of hopelessness and worthlessness, suicidal thoughts, loss of pleasure or joy, lack of energy and motivation, difficulty functioning at one's usual level, inability to cope with normal life demands, rumination, and/or obsessive and disturbing thoughts.

Far less common is symptoms of mania and psychosis (1 to 2 out of 1000 childbearing women) that research has linked to bipolar disorder and is considered the single strongest predictor of a postpartum psychosis.

According to the World Health Organization, depression affects 13% of women worldwide within a year of delivery (Bulletin of the World Health Organization 2012;90:139-149). In the United States and worldwide, the prevalence and incidence rates of PMAD has been estimated at 10 to 15% of women experiencing significant symptoms of depression and/or anxiety during their pregnancy or the postpartum period (Gavin et al, Obstet Gynecol.2005;106(5 Pt 1):1071–1083; O'Hara M. & Swain A., Int Rev Psychiatry. 1996;8:37–54).

While the PRGLAC NIH-led Federal Task Force has been assigned the mammoth task of identifying gaps in knowledge and research on safe and effective therapies for pregnant women and lactating women, it is essential to consider perinatal depression and anxiety disorders along with other health and medical concerns. PMAD has enormous implications for the mental health, physical health and the overall well-being of women and their children.

Meltzer-Brody, S. (2011) reports that perinatal depression can have devastating consequences for the affected women, their children, and family, (Feldman et al. J Am Acad Child Adolesc Psychiatry.2009;48:919–927), and has been associated with serious adverse consequences for the developing neonate (premature birth, low birth weight, and future behavioral disturbances).

In addition, maternal depression has been linked to detrimental effects on maternal sensitivity and attachment in the postpartum period; mothers are more likely to exhibit impaired parenting and have infants with colic. Those children exposed to maternal depression have been found to have higher levels of cortisol than infants of mothers who were not depressed. Even nursing can be affected, as Meltzer-Brody reports that curtailed breastfeeding is associated with maternal depression (Meltzer-Brody S., Dialogues Clin Neurosci. 2011 Mar; 13(1): 89–100).

There are numerous research studies corroborating the negative outcomes on children and families of depressed mothers, yet the incredible toll that PMAD takes on the private life of mothers, children and families is not easily measured. Many are unaware of the chaos and havoc caused by PMAD, which results in excessive personal suffering, and the loss of joy in becoming a mother that often accompanies this debilitating mental health syndrome when it is not recognized early and treated promptly.

In the past few years we have made progress toward understanding various aspects surrounding perinatal mood and anxiety disorders: incidence and prevalence rates; development of new assessment and screening tools; predictors and risk factors; clinical symptom presentation; the effect on infant attachment and the couple/family relationship; and the efficacy of some evidence-based psychotherapeutic treatment methods.

Yet, there still remains many gaps and much to be learned about the pathogenesis of PMAD, the effect and exposure of various psychotropic medications on the fetus, on infants and in breast milk, the efficacy of evidence-based psychotherapeutic approaches alone or in combination with medication, as well as the usefulness of incorporating complementary and alternative methods in treatment.

From a perinatal psychiatry perspective, Meltzer-Brody (2011, Dialogues Clin Neurosci. 13(1):89-100) states that more research is needed to address gaps in the literature in the following: prospective studies that further our understanding of the safety of antidepressant exposure in pregnancy and lactation; longitudinal neurodevelopmental studies of children exposed to maternal mental illness, with or without psychotropics during pregnancy; translational research that clarifies the pathophysiology of PMAD with the long-term goal of ensuring the best possible clinical outcomes for mother and child.

In conclusion, there is a need for increased awareness of PMAD in both the public sector and with health care professionals. Despite encouraging steps in that direction, we have only just begun to address many significant gaps in knowledge and treatment. We need further efforts to investigate issues of prevention, to identify and promptly refer women at heightened risk, and to research safe and effective treatments for those with PMAD. There needs to be a willingness to explore an interdisciplinary treatment approach incorporating a combination of alternative and traditional therapies. These treatment approaches should consider the risk-benefits of using psychotropic medications when necessary, along with safe, effective evidence-based psychotherapies (2014, http://apa.org/health/briefs/perinatal-depression), such as cognitive-behavioral, interpersonal, mindfulness-based therapy, couple/family, EMD-R, and integrative approaches), and various alternative methods (acupuncture, nutritional and supplemental approaches, yoga, movement therapy, hypnosis, Transcranial Magnetic Stimulation, etc.) for women's optimal mental health.