



Maternal Mental Health Conditions



Maternal mental health conditions, such as postpartum depression and anxiety, are common and can significantly impact a mother's well-being and her child's development. Recognizing the signs of distress is crucial, as early intervention and support can make a profound difference in a mother's recovery and overall health. If you or someone you know is struggling, know that help is available and seeking it is a sign of strength.

Baby blues

- Normal period of transition
- Typically include emotional sensitivity, weepiness, and/or feeling overwhelmed
- Likely associated with the significant changes in hormones in the immediate postpartum period
- Resolves without treatment within two to three weeks following childbirth

Anxiety disorders

- Feeling easily stressed, worried, overwhelmed, or tense
- Panic attacks, including shortness of breath, rapid pulse, dizziness, or chest or stomach pain
- Fear of going crazy or dying
- Intrusive or scary thoughts; thoughts of harming self or baby
- Fear of going outside
- Sleep disturbances; difficulty falling or staying asleep, even if baby is sleeping

Depression

- Change in appetite, sleep, energy, motivation, and/or concentration
- Negative thinking including guilt, helplessness, hopelessness, and worthlessness
- Irritable, angry, rageful
- Lack of interest in the baby
- Low self-care
- Intrusive or scary thoughts; thoughts of harming self or baby

Obsessive-compulsive disorder

- Disturbing, repetitive, intrusive thoughts which may include thoughts of harming self or baby; these thoughts cause the individual great distress
- Compulsive behaviors, such as checking, in response to intrusive thoughts or in an attempt to make the thoughts stop or go away



Substance use disorder (SUD)

- Most-frequently used substances: tobacco, alcohol, marijuana, cocaine, and opioids
- Women are at the highest risk for SUD during reproductive years, especially if access to mental health services is limited.
- Most women who use substances often decrease their use during pregnancy. Those who can quit on their own usually do so, which is the distinguishing factor between substance use and SUD.

Post-traumatic stress disorders

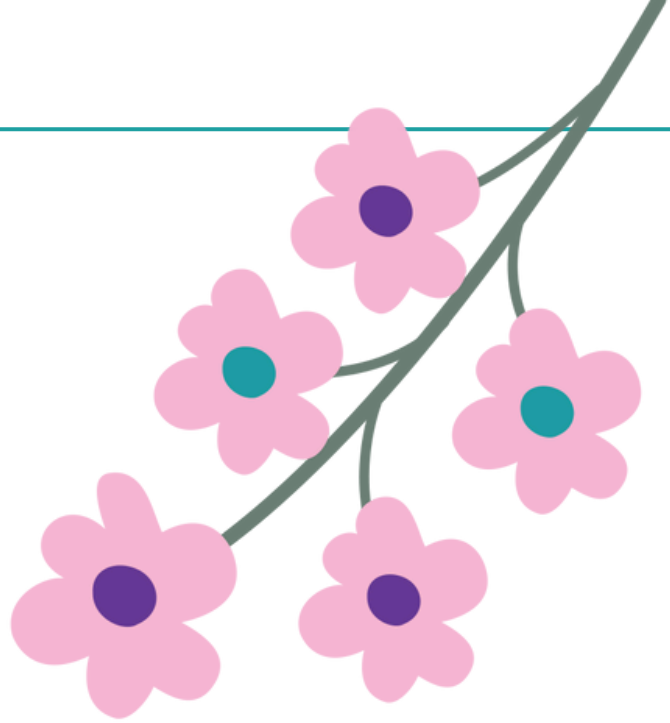
- Change in cognition, mood, and/or arousal associated with traumatic events, typically around childbirth
- Avoidance of stimuli associated with the traumatic event
- Feeling constantly keyed up or on guard

Bipolar disorder

- Manic or hypomanic episodes alternate with depressive episodes
- Unusual shifts in mood, energy, activity levels, and ability to carry out day-to-day tasks
- Women with bipolar disorder are extremely vulnerable to recurrence during pregnancy and have an increased risk for postpartum depression and psychosis.

Psychosis — MEDICAL EMERGENCY

- Most significant and least frequent mental health condition occurring during the perinatal period
- Increases the risk of infanticide and/or suicide
- Symptoms include delusions, hallucinations, paranoia, rapid mood swings, cognitive impairment, focus on death, and reckless behavior.
- Thoughts do not cause the individual distress.
- Onset is sudden, usually within one to two weeks following childbirth.
- **The mother should be under the care of a medical provider or taken to the emergency department for assessment and care.**



Women experiencing maternal mental health conditions might say ...

- "Having a baby was a mistake."
- "I'm afraid to be alone with my baby."
- "I'm such a bad mother. My baby and family would be better off without me."
- "I want to run away."
- "I'm exhausted but can't sleep, even when the baby sleeps."
- "I'm not bonding with my baby."
- "I feel like I'm drowning."
- "I was so embarrassed to say I have postpartum depression. It felt dirty, like a contagious disease."

Consequences of untreated maternal mental health conditions

On mothers

Women with untreated maternal mental health conditions during pregnancy are more likely to:

- Have poor prenatal care
- Use substances such as alcohol, tobacco, or drugs
- Experience physical, emotional, or sexual abuse

Women with untreated maternal mental health conditions postpartum are more likely to:

- Be less responsive to their baby's cues
- Have fewer positive interactions with their baby
- Experience breastfeeding challenges
- Question their competences as mothers

On children

Infants born to mothers with untreated maternal mental health conditions are at higher risk for:

- Preterm birth, small for gestational size, low birth weight
- Stillbirth
- Longer stay in the neonatal intensive care unit
- Excessive crying

Untreated maternal mental health conditions in the parent can increase the risk for:

- Impaired parent-child interactions
- Behavioral, cognitive, and emotional delays in the child
- Adverse childhood experiences (potentially traumatic events that occur between the ages of 0 and 17)

On parents

Parents who are depressed or anxious are more likely to:

- Make more trips to the emergency department or doctor's office
- Find it challenging to manage their child's chronic health conditions
- Not adhere to guidance for safe infant sleep and car seat usage

Who is at increased risk for maternal mental health conditions?






- Women with personal or family history of mental illness
- Women of color
- Women who live in low-income neighborhoods
- Military service members and their spouses
- Women veterans
- Immigrant mothers
- Women with a baby in the neonatal intensive care unit
- Women who lack social support, especially from their partner
- Women who have experienced birth trauma or previous sexual trauma in their lifetime

Barriers to accessing care

- Feelings of shame, stigma, and guilt
- Expense and/or lack of access to healthcare
- Social biases in the healthcare system
- Logistical challenges, such as lack of transportation or childcare
- Distrust of the healthcare system
- Fear that child protective services or immigration agencies will become involved
- Fear of being considered a "bad mom"
- Racial, cultural, and religious beliefs

Caring for maternal mental health conditions

Most maternal mental health conditions are temporary and treatable. Almost all women who experience maternal mental health conditions can recover from a combination of self-care, social support, therapy and/or counseling, and medication.

Self-care	Peer and social support
 <p>Basic self-care — such as regular and adequate sleep, nutrition, and exercise — may be challenging during the first few days and weeks with an infant but are necessary to recover from the physical and emotional demands of pregnancy and childbirth.</p> <ul style="list-style-type: none"> • SLEEP. Getting four to five hours of uninterrupted sleep is one of the most effective, least expensive things a new mom can do to start feeling better. • NUTRITION. Lactating moms should eat and drink every time the baby eats to maintain calorie intake and hydration. • MOVEMENT. Light exercise (stretching, walking) and getting outdoors every day can have a significant positive impact on mood. • LIGHT. Going outdoors for 20 to 60 minutes or using bright light therapy can help with perinatal depression. • TIME FOR ONESELF. Taking even a few minutes to recharge and rejuvenate — such as taking an interrupted shower — can increase feelings of well-being. 	 <p>New mothers can feel isolated and alone during the intense period of caring for a newborn. Social support is vital during this time and can include emotional support, companionship, information and resources, and tangible support such as preparing meals or running errands.</p>
	Mindfulness and mindful breathing
	 <p>Mindfulness-based interventions have shown to be helpful with stress, anxiety, and depression in perinatal women.</p>
	Therapy and counseling
	 <p>Counseling during the perinatal period is often short-term, pragmatic, and focused on symptom relief and coping skills. Cognitive behavioral therapy and interpersonal therapy are evidence-based therapeutic techniques proven supportive during the perinatal timeframe.</p>
	Medication
	 <p>Sometimes medication is required to treat maternal mental health conditions. Fortunately, there are safe and effective medications to manage mood during pregnancy and lactation. Decisions about medication are best made in consultation with obstetric and psychiatric providers.</p>