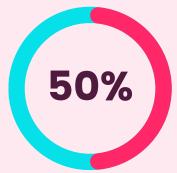
Maternal Mental Health

Perinatal or postpartum mood and anxiety disorder (PMAD) is the term used to describe distressing feelings that occur during pregnancy (perinatal) and throughout the first year after pregnancy (postpartum). Symptoms of a perinatal or postpartum mood disorder occur daily for more than two weeks. Rates of PMADs are on the rise.



50% of Perinatal Mood and Anxiety Disorders develop in pregnancy.



Effects on the **Baby**

- PMADs affect the early developmental outcomes of infants including neurosynaptic development, regulatory development, and developmental milestones.
- PMADs can lead to premature birth, risk of SIDs, and a need for neurodevelopmental or neurobehavioral support.
- Research shows that depressed and anxious parents often smile less, talk less, and are less likely to touch or engage with their newborns throughout the first year of life.
- Children of parents with depression and anxiety may develop learning, attention, or behavioral difficulties as they grow older.
- Older children may also suffer from the loss of maternal/paternal attention and support, and they may become depressed or anxious as teenagers.

The Impact

Effects on the Parents

- Risks in pregnancy include low infant birth weight and preterm delivery (less than 37 weeks gestation).
- PMADs are the #2 reason for maternal mortality in the U.S.
- PMADs adversely affect parental cognitions and beliefs, attachment to the infant, and the growing caregiverinfant relationship.

Barriers to Treatment

- Studies show that African American women are less likely to receive treatment for postpartum depression.
- While socioeconomic status is correlated with access to treatment, other factors such as greater stigma associated with mental health in communities of color, challenges with getting to care in the first place, and lack of patient-provider racial/ethnic concordance.
- Another critical barrier is continuous insurance coverage. African
 American women are disproportionately likely to have their pregnancy
 and deliveries covered by Medicaid.
- However, low-income mothers on Medicaid are removed from the rolls 60 days postpartum if they don't meet the income criteria for regular Medicaid, which represents a huge disruption in the continuity of care.
- Given that postpartum depression can intensify after this period, the lack of postpartum coverage for low- income women is a huge issue.

Resources

- <u>Glow in the Woods</u> (for babylost mothers and fathers) discussion forum and helpful posts for parents who have lost a baby.
- <u>Griefwatch</u> (for perinatal loss) a publisher and manufacturer of bereavement books and materials used by families and professionals around the country.
- Georgetown University <u>Emotional Healing after a Miscarriage: A Guide</u> for Women, <u>Partners, Family and Friends</u>
- <u>March of Dimes</u> overview of dealing with grief after the death of one's baby.
- PALS (Pregnancy After Loss Support) PALS supports courageous mamas pregnant again after a loss through connection with peers, awareness in the community, education of providers, and advocacy
- around the world. PALS also has an <u>app for parents who are conceiving</u> <u>after a loss</u>.
- <u>Postpartum Support International</u>
 <u>Policy Center for Maternal Mental Health</u>