Perinatal Mood Disorders: A continuum of symptoms

Having a baby is a miraculous experience, and for most families, a joyful although challenging event. There are many adjustments required (physical, financial and emotional) for baby, mother, father, siblings and other extended family members, even for adoptive families. It is normal to feel overwhelmed at times, getting used to new schedules, coping with fatigue and trying to return to some sense of the new normalcy. When individuals and family members experience levels of anxiety beyond the norm, professional help needs to be considered. Figure 1 shows the continuum of symptoms ranging from normal pregnancy and birthing adjustments to postpartum depression and psychosis. Each stage is treatable and should not be ignored.

![Fig. 1. Continuum of Perinatal Mood Disorders](image)

Pregnancy adjustment
During pregnancy, consulting with a family physician to start is recommended. Concerns about anxiety and depression can be addressed early by becoming more knowledgeable about the pregnancy, attending support groups and following appropriate therapies. Individuals who are diagnosed with depression at this stage are at risk for postpartum depression.

Depression and anxiety symptoms to be aware of include: sleep disturbances, changes in appetite, loss of sexual energy, feeling out of control, having crying spells without cause, having difficulties in concentrating, general despair and having suicidal thoughts.

Postpartum blues and pinks
Most women experience the blues which can last up to two weeks with mild symptoms such as being weepy and anxious. No treatment is usually required. Pinks are feelings of elation, sometimes extreme, and are generally transient.

Postpartum adjustment
This stage involves all family members as they adjust to new roles. Symptoms may include feeling overwhelmed, tired with sleep disturbances, tearful, inadequate, guilty and anxious. Support involves normalizing, lowering expectations, not comparing self to others, taking breaks when possible, and communicating.

Postpartum exhaustion
This stage can mimic depression and includes feeling tired, irritable, frustrated and overwhelmed. Support involves listening, asking open-ended questions, challenging beliefs, providing opportunities for rest and offering support resources.
Postpartum anxiety
This stage ranges from worry to panic, obsessive compulsive behaviours, traumatic stress and depression. It may include shortness of breath, palpitations and sweating, feeling choked, dizziness, fear of dying and losing control, extreme irritability, feeling restless, and experiencing trembling and shaking or having tingling in extremities.

Postpartum traumatic stress
This stage ranges from worry to panic, obsessive compulsive behaviours, traumatic stress and depression. It may include shortness of breath, palpitations and sweating, feeling choked, dizziness, fear of dying and losing control, extreme irritability, feeling restless, and experiencing trembling and shaking or having tingling in extremities.

Postpartum depression
Postpartum depression affects 10–15% of women and can last up to a year. Generally, higher rates are observed with multiple births. This can affect adoptive families and fathers as well. Symptoms include anxiety, insecurity, cognitive impairment, exhaustion, guilt and shame, loss of interest in self, sleep and eating disturbances and thoughts of suicide.

Support at this stage of anxiety includes referring the individuals for professional help (including mental health support and physician), asking the difficult questions and supplying information and reassurance.

Postpartum psychosis
One in 1000 women can be affected with postpartum psychosis which usually happens during the first few weeks after birth. It commonly involves an inability to sleep, rapid and frenzied speech, delusions, mania, hallucinations, suspicious behaviours and feeling outside of self. If untreated, postpartum psychosis is associated with a 5% suicide rate and 4% infanticide.

Risk factors for this stage of perinatal mood disorders include depression/anxiety during pregnancy, previous or family history of depression, sensitivity to hormonal changes, stressful recent life event, lack of social support (perceived or real), maternal personality (worrier, anxious, nervous), low self-esteem, sleep deprivation, perfectionism, relationship difficulties (unsupportive partner), change in socio-economic status and obstetric complications.

To help during a period of psychosis, treat this as a mental health emergency. DO NOT LEAVE MOTHER ALONE OR WITH BABY. Hospitalization will be required.

It’s often normal to feel the “baby blues” after childbirth. However, if these feelings last more than two weeks, and the ability to take care of self and baby is affected, intervention and support for probable postpartum depression anywhere along the continuum of perinatal mood disorders should be considered.

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