EMPOWR (Empowering Mothers to Parent and Overcome with Resilience)
Patient Health Communication Series

Types of Perinatal and Postpartum Mood and Anxiety Disorders

Perinatal or Postpartum Mood Disorder

It is common for people to develop anxiety, depression, or other mood disorders around pregnancy. We often talk about postpartum depression or "baby blues"—however, **symptoms of mood disorder or depression or anxiety can start during pregnancy or after pregnancy.** They can also progress to cause severe mental illness or psychosis.

If you are having any of the symptoms listed below daily or for longer than 2 weeks, or are having any thoughts or feelings of hurting yourself or your baby, talk to your provider immediately.
Mood disorder is common and treatable, and we are here to help.

- Feeling intense anger or irritability
- Trouble falling asleep or sleeping too much
- Trouble concentrating or remembering things
- Inability to carry out every day tasks
- Loss of interest in doing things you used to enjoy
- Negative feelings about your baby
- Possible thoughts of harming the baby or yourself*
- Seeing or hearing things that aren't there, or having thoughts that don't make sense*

**If you are experiencing any of these symptoms, please talk to your provider immediately or call 911 for help right away. This is a medical emergency requiring urgent care.*

FOR MORE INFORMATION PLEASE SEE *PMAD OVERVIEW* HANDOUT

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Perinatal or Postpartum Anxiety Disorder

Anxiety is an emotion that everyone experiences.

It can be more serious when feelings of worry or anxiety cause someone extreme distress or difficulty functioning in their daily life. Anxiety symptoms are common during and after pregnancy.

If you are experiencing any of the symptoms listed below, talk to your provider immediately—these things are common but treatable.

- Constant worry
- Feeling that something bad is going to happen
- Racing and intrusive thoughts
- Trouble falling asleep or sleeping too much
- Loss of appetite or overeating (weight loss or weight gain)
- Restlessness or inability to sit still
- Dizziness, nausea, headaches, racing heart
- Feelings of fear or uneasiness

FOR MORE INFORMATION PLEASE SEE *PMAD OVERVIEW* HANDOUT

Please know that you are never alone in your struggles.

- For appointments, call us at 856.342.3040 or come to our Camden Walk-In Clinic at 3 Cooper Plaza, Suite 220, Mondays to Fridays from 1:30pm to 4:30pm.
- If you use alcohol or any other substance and are pregnant or have infants or young children, you can drop in to our Perinatal Group Medical Visits at our Bridgeview Building Clinic at 800 Cooper Street (4th Floor) in Camden every Tuesday at either 9:30am or 1:30pm.

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Perinatal or Postpartum Psychosis

A small number of women struggle with a rare form of a mood disorder called perinatal or postpartum psychosis. Women who have been diagnosed with a bipolar disorder or other psychiatric disorders may have a higher risk for developing this form of mood disorder.

Some of the symptoms of perinatal or postpartum psychosis are listed below. **If you are experiencing any of these symptoms, please talk to your provider immediately or go to the nearest emergency room. This is treatable, and help is available.**

- Seeing things or hearing voices that are not there*
- Extreme confusion
- Hopelessness
- Inability to sleep, or excessive energy
- Refusing to eat
- Thoughts of hurting yourself, your partner, or your baby*

All of the above symptoms are often associated with hormonal changes and can occur in pregnancy, after birth, at the time one stops breastfeeding, or once a person begins regular bleeding cycles/menstruation in the months after birth.

**If you are experiencing any of these symptoms, please talk to your provider immediately or call 911 for help right away. This is a medical emergency requiring urgent care.*

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Perinatal or Postpartum Obsessive-Compulsive Disorder

Perinatal or postpartum obsessive-compulsive disorder (OCD) is a type of severe anxiety disorder. OCD is an often misunderstood and misdiagnosed disorder that affects some new parents. Risk factors include a personal or family history of anxiety or OCD. **If you are experiencing any of these symptoms, please talk to your provider immediately—these things are treatable.**

The repetitive, intrusive images and thoughts common with this condition are driven by anxiety and not psychosis. Unfortunately, many people are embarrassed or ashamed for having these thoughts and feelings.

- Obsessive, intrusive, upsetting thoughts (often related to the baby)
- A sense of disgust about the obsessive thoughts
- Fear of being left alone with the baby
- Heightened alertness and preoccupation with protecting the baby

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