

If you or someone you know needs help, contact:

National Maternal Mental Health Hotline (English/Spanish):

Call/Text: 1-833-943-5746

National Suicide Prevention Hotline

988 or 1-800-273-TALK (8255)

Crisis Text Line

Text Home to 741741

DC Access Helpline

202-561-7000 or
1-888-793-4357

DC Community Response Team

202-673-6495

Arlington County Crisis Hotline

703-228-5160

Fairfax County Crisis Hotline

703-573-5679

**Montgomery County
Mobile Crisis Team**

240-777-4000

PG County Community Crisis Hotline

301-864-7130 or MD 211

To learn more about PMADs:

Postpartum Support International

Call 1-800-944-4773

Text 503-894-9453

<https://www.postpartum.net>

*The term 'birthing caregivers' is used throughout this handout to include the broader population who are biologically able to carry a child gestationally but may not identify as a woman or a mother. The information shared in this handout is supported by studies that examine perinatal mental health among cisgender women (women whose gender identity corresponds with their birth sex). Due to the lack of research examining the broader birthing population, this handout does not include statistics about birthing caregivers who do not identify as women, such as gender nonconforming or trans-identifying people. This handout will maintain the integrity of the original statistics by using the term for the population referenced in those studies. We do not intend to exclude those who do not identify with those terms.

Wisner et al. (2013). Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA psychiatry*, 70(5), 490-498.

Lindahl, V., Pearson, J. L., & Colpe, L. (2005). Prevalence of suicidality during pregnancy and the postpartum. *Archives of women's mental health*, 8(2), 77-87.

(Wisner et al, 2013)

This program is funded by the A. James & Alice B. Clark Foundation as part of the Clark Parent & Child Network.



Children's National.



Universal Screening for Perinatal Mood and Anxiety Disorders

Information for Moms and Birthing Caregivers



Children's National.

111 Michigan Ave NW
Washington, DC 20010
ChildrensNational.org

Perinatal Mood and Anxiety Disorders (PMADs)

Perinatal Mood and Anxiety Disorders (PMADs) are a group of mental health conditions. Symptoms can be experienced during and after pregnancy. PMAD conditions include depression, anxiety, bipolar disorder, post-traumatic stress disorder and obsessive-compulsive disorder. We screen all caregivers of infants ages 0 to 6 months for symptoms of PMADs in the Emergency Department (ED) and Neonatal Intensive Care Unit (NICU).

PMADs can affect all caregivers. This information focuses on how this disorder affects Moms and birthing caregivers.* A birthing caregiver's undetected and untreated depression or anxiety can negatively affect their health, the health and development of their baby, and the entire family. When these disorders are identified early, treatment and health outcomes are more successful. Perinatal depression is common—as many as 1 in 7 women experience symptoms after the baby is born, also known as the postpartum period. During this period, suicide is the cause of death for up to 1 in 5 women.

Symptoms of PMADs are commonly experienced within 4 to 6 weeks after delivery, but these mood disorders can occur in birthing caregivers at any time between delivery through the first year. Birthing caregivers may notice differences in how they feel, think, and act after giving birth, but they may feel too ashamed to share these feelings because they want to be the “perfect” caretaker.

Why We Screen for PMADs:

PMADs are extremely common. Having a new baby brings both joy and stress to nearly every family. We screen for PMADs early in a baby's life to identify challenges that your family may be experiencing. Too many families suffer in silence; they may not know what is wrong or know how or where to get help—or they may be unable to speak up.

At Children's National Hospital, we:

- Screen caregivers of babies in our NICU for PMADs every 2 to 4 weeks during the baby's inpatient stay
- Screen caregivers of babies, 0-6 months old, who come to the Emergency Department for care
- Commit to helping families by identifying PMADs and connecting families to resources for healing

Symptoms of PMADs in Moms and Birthing Caregivers Include:

- Feeling overwhelmed, irritable, and isolated
- Feeling shame, guilt, or failure
- Lacking a connection towards the baby
- Being unable to take care of self or family
- Feeling easily fatigued or being unable to sleep due to constant worry
- Having disturbing thoughts of accidentally harming the baby

