# Perinatal Mental Health Disorders: An Overview

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# Health Plans We Support


# Learning Objectives

1. List 4 different types of perinatal mental health disorders (PMHDs)
2. Define birth trauma and how it can lead to postpartum PTSD
3. Discuss treatment considerations for PMHDs
4. Identify at least 2 cultural influences on PMHDs

# What are Perinatal Mental Health Disorders?

Perinatal Mental Health Disorders (PMHDs) are common complications that occur during pregnancy (perinatal) or in the first 12 months after delivery (postpartum)

The term Perinatal Mood and Anxiety disorders (PMADs) is used to describe symptoms that occur during pregnancy or postpartum

The terms are often used interchangeably

# Postpartum Blues or Baby Blues

## Symptoms Include:

Tearfulness, insomnia, irritability, and anxiety. These symptoms are normal during the adjustment period after having a baby

## Duration:

Symptoms are a normal part of the adjustment period after having a baby, but if they last longer than 3 weeks, they can be a disorder



(LeFevre, Buck, & Strickland, 2022; Children's Hospital of Philadelphia, 2022)

# Prevalence of Perinatal Mental Health Disorders

| Mental Health Disorder | During Pregnancy | Up to 1 yr. Postpartum |
|---|---|---|
| Baby Blues* | n/a | 50-80% |
| Depression | 10% | 15% or higher |
| Anxiety | 6% | 10% |
| Psychosis | n/a | .1 -.2% |
| PTSD | n/a | 9% |
| Bipolar Disorder | 2.8% | 2.9% |

**Remember, the Baby Blues is not a disorder. It is included in this chart to show its prevalence and how it compares to the other mental health disorders.*

# Cultural Influences on PMHDs

Cultural dimensions play a significant role in the perception and experience of motherhood in a variety of cultures

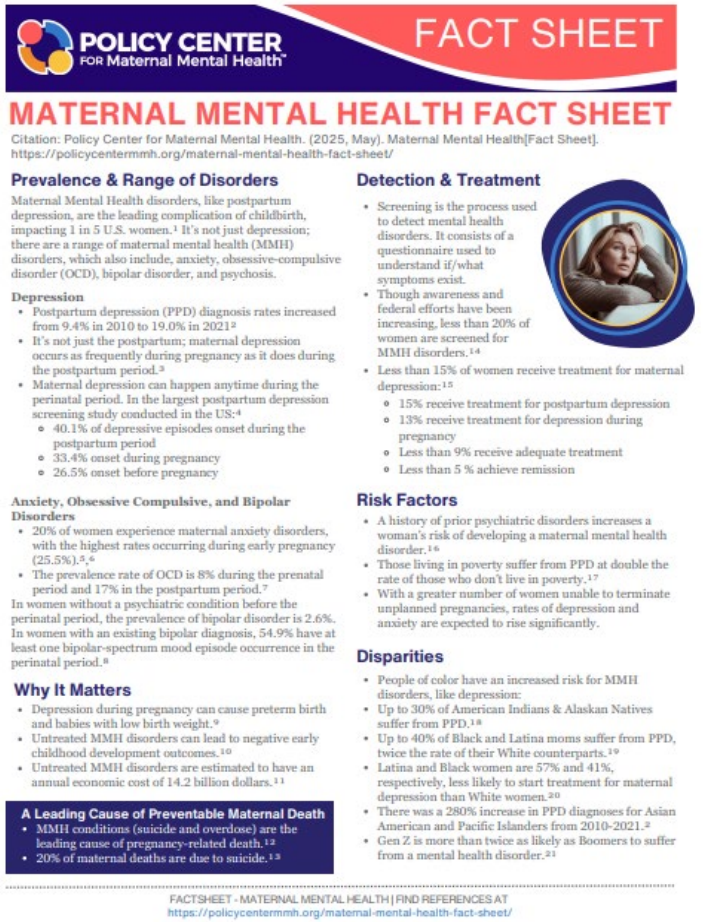
Western values tend to place most of the attention and care on the baby and not the mother

Other cultures put more emphasis on the physical and emotional needs of the mother

(Abdollahi et.al., 2011)

# Prevalence of Postpartum Depression Based on Race/Ethnicity

| Race/Ethnicity | Percent of Mothers Reporting PPD Symptoms |
|---|---|
| American Indian / Alaska Native | 21.8% |
| Black, non-Hispanic | 16.3% |
| Multiple Race, non-Hispanic | 15.4% |
| Hispanic | 13.8% |
| White, non-Hispanic | 11.7% |
| Asian / Pacific Islander, non-Hispanic | 8.0% |



POLICY CENTER FOR Maternal Mental Health

FACT SHEET

## MATERNAL MENTAL HEALTH FACT SHEET

Citation: Policy Center for Maternal Mental Health. (2025, May). Maternal Mental Health[Fact Sheet]. https://policycentermmh.org/maternal-mental-health-fact-sheet/

### Prevalence & Range of Disorders

Maternal Mental Health disorders, like postpartum depression, are the leading complication of childbirth, impacting 1 in 5 U.S. women.[1] It's not just depression; there are a range of maternal mental health (MMH) disorders, which also include, anxiety, obsessive-compulsive disorder (OCD), bipolar disorder, and psychosis.

**Depression**

- Postpartum depression (PPD) diagnosis rates increased from 9.4% in 2010 to 19.0% in 2021[2]
- It's not just the postpartum; maternal depression occurs as frequently during pregnancy as it does during the postpartum period.[3]
- Maternal depression can happen anytime during the perinatal period. In the largest postpartum depression screening study conducted in the US:[4]
  - 40.1% of depressive episodes onset during the postpartum period
  - 33.4% onset during pregnancy
  - 26.5% onset before pregnancy

**Anxiety, Obsessive Compulsive, and Bipolar Disorders**

- 20% of women experience maternal anxiety disorders, with the highest rates occurring during early pregnancy (25.5%).[5,6]
- The prevalence rate of OCD is 8% during the prenatal period and 17% in the postpartum period.[7]

In women without a psychiatric condition before the perinatal period, the prevalence of bipolar disorder is 2.6%. In women with an existing bipolar diagnosis, 54.9% have at least one bipolar-spectrum mood episode occurrence in the perinatal period.[8]

### Why It Matters

- Depression during pregnancy can cause preterm birth and babies with low birth weight.[9]
- Untreated MMH disorders can lead to negative early childhood development outcomes.[10]
- Untreated MMH disorders are estimated to have an annual economic cost of 14.2 billion dollars.[11]

**A Leading Cause of Preventable Maternal Death**

- MMH conditions (suicide and overdose) are the leading cause of pregnancy-related death.[12]
- 20% of maternal deaths are due to suicide.[13]

### Detection & Treatment

- Screening is the process used to detect mental health disorders. It consists of a questionnaire used to understand if/what symptoms exist.
- Though awareness and federal efforts have been increasing, less than 20% of women are screened for MMH disorders.[14]
- Less than 15% of women receive treatment for maternal depression:[15]
  - 15% receive treatment for postpartum depression
  - 13% receive treatment for depression during pregnancy
  - Less than 9% receive adequate treatment
  - Less than 5 % achieve remission

### Risk Factors

- A history of prior psychiatric disorders increases a woman's risk of developing a maternal mental health disorder.[16]
- Those living in poverty suffer from PPD at double the rate of those who don't live in poverty.[17]
- With a greater number of women unable to terminate unplanned pregnancies, rates of depression and anxiety are expected to rise significantly.

### Disparities

- People of color have an increased risk for MMH disorders, like depression:
- Up to 30% of American Indians & Alaskan Natives suffer from PPD.[18]
- Up to 40% of Black and Latina moms suffer from PPD, twice the rate of their White counterparts.[19]
- Latina and Black women are 57% and 41%, respectively, less likely to start treatment for maternal depression than White women.[20]
- There was a 280% increase in PPD diagnoses for Asian American and Pacific Islanders from 2010-2021.[2]
- Gen Z is more than twice as likely as Boomers to suffer from a mental health disorder.[21]

FACTSHEET - MATERNAL MENTAL HEALTH | FIND REFERENCES AT https://policycentermmh.org/maternal-mental-health-fact-sheet/

# Risk Factors for Perinatal Mental Health Disorders

Strongest predictor is a history of a psychiatric disorder

Other risk factors include:

- Stressful life situations
- Domestic violence
- Low partner support or marital difficulties
- Low socioeconomic status
- Having a chronic illness
- Obstetric trauma
- Discrimination and mistreatment



(Sampson et.al, 2012; Vaughn et.al, 2021: NIH 2023)

# Forms of Perinatal Mental Health Disorders

# Perinatal Depression

Is the most common complication of childbirth

Symptoms include:

- ✓Depressed mood, feelings of anger, or irritability
- ✓Loss of interest or pleasure
- ✓Appetite and sleep disturbance
- ✓Fatigue or loss of energy
- ✓Feelings of worthlessness or guilt
- ✓Diminished ability to think
- ✓Suicidal thoughts and possible thoughts of harming the baby

Individuals with peripartum depression often have anxiety and panic attacks



(Postpartum Support International (PSI), 2023a; Jordan & Minikel, 2019; American Psychiatric Association [APA], 2022; Vaughn et.al, 2021)

# Perinatal Anxiety

Some anxiety is normal, but should be temporary

Ongoing worry and troubling thoughts that disrupts daily life may indicate a medical condition needing attention

**1 in 5 women are diagnosed with perinatal anxiety**

Symptoms include:

- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and appetite
- Inability to sit still
- Physical symptoms like dizziness, hot flashes, and nausea

If the symptoms interfere with the ability to care for the infant, herself, or her family then it can be considered a disorder

(Jordan & Minikel, 2019; PSI, 2023b)

# Perinatal Bipolar Disorder

Many are diagnosed with bipolar disorder for the first time while they are pregnant or postpartum

The episodes are more than the moodiness of pregnancy or postpartum

In severe cases, individuals may also present with psychotic symptoms

It can look like severe depression or anxiety

(PSI, 2023e; APA, 2022)

# Postpartum Psychosis

- Occurs in about 1 to 2 out of every 1,000 deliveries (.1 -.2% of births)
- The onset is usually sudden, but can appear any time in the first year
- The most significant risk factors are a personal or family history of bipolar disorder or a previous psychotic episode

Symptoms include:

- Delusions or strange beliefs
- Hallucinations (seeing or hearing things that aren't there)
- Feeling very irritated
- Hyperactivity
- Difficulty communicating at times
- Severe depression or flat affect
- Decreased need for or inability to sleep
- Paranoia and suspiciousness
- Rapid mood swings

Postpartum psychosis is temporary and treatable with professional help, but it should be treated as an emergency where the client receives immediate help

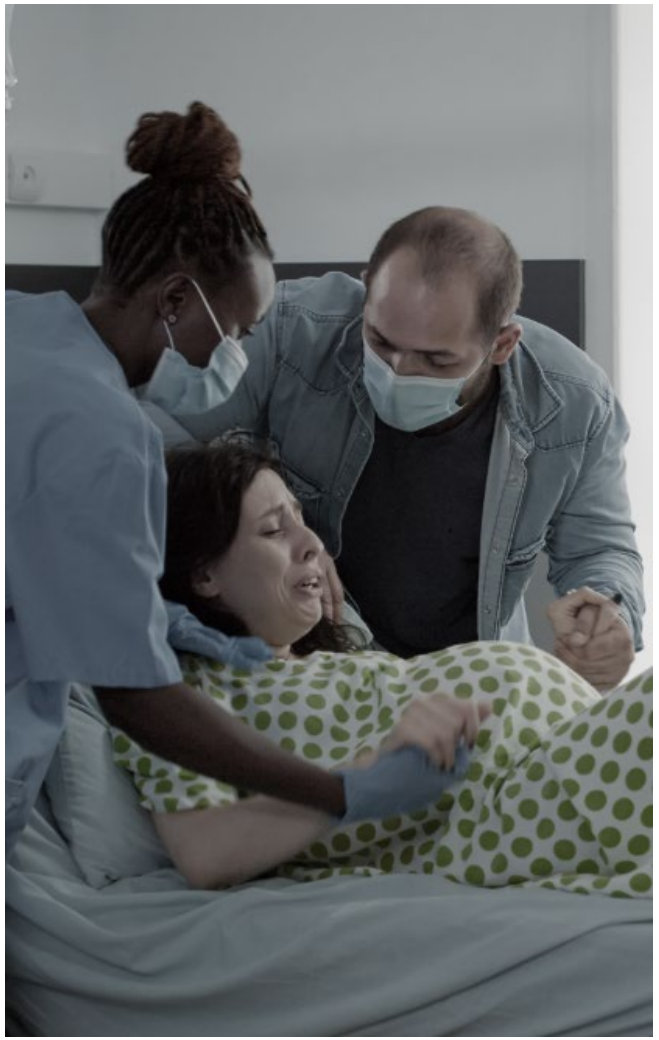


(PSI, 2023c)

# Birth Trauma & Postpartum Stress

# What is Birth Trauma?

- Traumatic experiences that occur during childbirth that can result in:
  - » Acute stress reaction
  - » Acute Stress Disorder (ASD)
  - » Post-Traumatic Stress Disorder (PTSD)
- Symptoms include:
  - » Re-experiencing the traumatic birth through nightmares, flashbacks, or intrusive memories
  - » Avoidance or numbing (including detachment from others
  - » Hypervigilance or hyperarousal
  - » Negative thoughts



(Evans, 2020)

# Postpartum PTSD

- Most often caused by a real or perceived trauma during delivery or postpartum.  Examples include:
  - Prolapsed cord
  - Unplanned c-section
  - Use of vacuum extractor or forceps during delivery
  - Baby going to the NICU
- Women who have experienced a previous trauma are a high risk for postpartum PTSD
- Women who have experienced a severe physical complication or injury related to pregnancy or childbirth are also at risk

Early detection and treatment of postpartum posttraumatic stress symptoms can promote a faster recovery and lead to positive outcomes for both mom and baby

(PSI, 2023d; Valentina, et.al., 2020)

# Factors Associated with Postpartum Stress

## FACTORS INCLUDE:

- Low social support
- Threatened death or injury of the mother and/or baby
- Loss of control
- Loss of dignity
- Hostile attitudes by caregivers or medical providers
- Feelings of not being heard
- Absence of informed consent

## THEMES INCLUDE:

- Helplessness or lack of control
- Feelings of guilt
- Anxiety, fear, or terror
- Lack of memory or dissociation
- Lack of medical support or empathy

(Evans, 2020)

# Recognizing Postpartum Depression Symptoms in Men

- Anger, sudden outbursts, or violent behavior
- Increase in impulsive or risk-taking behavior
- Irritability
- Low motivation
- Physical symptoms (headaches, muscle aches, stomach or digestion issues
- Poor concentration
- Suicidal thoughts
- Withdrawing from relationships
- Working a lot more or a lot less

(Horsager-Boehrer, 2021)

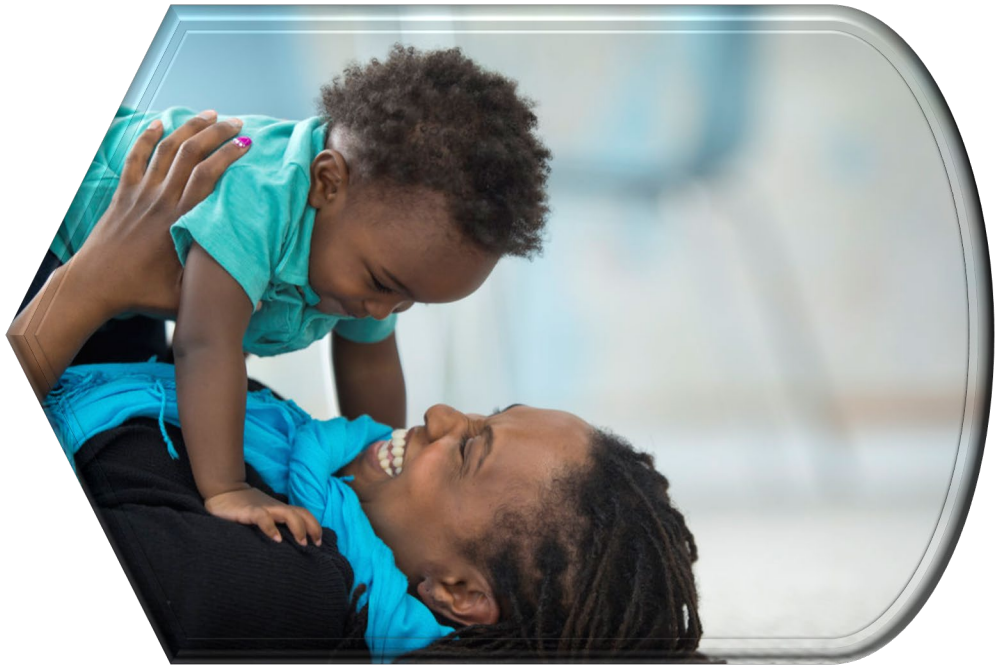
# Resources

# Supporting Clients: Health Net Mental Health Resources

Overview of Health Net Mental Health Benefits:

- Mental Health Evaluation and Treatment
- Psychological and Neuropsychological Testing
- Medication Monitoring
- Psychiatric Consultation
- Supportive Outpatient Services
- Medications for Addiction Treatment (MAT)
- Emergency Mental Health Services

# What is the Dyadic Services and Family Therapy Benefit?



**NOTE:** Dyadic services and family therapy are essentially the same benefit and offering. The only difference is:

- Members can only receive up to five family therapy sessions before a mental health diagnosis is required.
- Family therapy must be provided by the Plan without regard to the five-session limit.

**Dyadic Services Benefit:** designed to support implementation of comprehensive models of dyadic care that work within the pediatric clinic setting to identify and address caregiver and family risk factors for the benefit of the child and **addresses maternal mental health**.

**Family Therapy Benefit:** improve family relationships and address behavioral and mental health issues within the family unit.

**Eligibility:** Medi-Cal enrolled children/youths (members under age 21) and their parent(s)/caregiver(s). **Note:** Parent(s)/caregiver(s) does not need to be enrolled in Medi-Cal or have other coverage.

**Covered behavioral health services under Dyadic Care:**

1. Dyadic Behavioral Health Well-Child Visit
2. Dyadic Comprehensive Community Supports Services
3. Dyadic Psychoeducational Services
4. Dyadic Family Training and Counseling for Child Development

# Referral to Health Plan Mental Health Services

Most outpatient mental health services do not require prior authorization. Members can access care by calling the toll-free number on the back of the Member ID card for help with mental health or substance use concerns.

Teladoc members can call 800-835-2362, go online at Teladoc HealthExternal Link, or download the Teladoc app to schedule a visit by phone or video in the privacy of their home.

# Support Resources

**National Maternal Mental Health Hotline**

833-TLC-MAMA

*Link*: https://mchb.hrsa.gov/national-maternal-mental-health-hotline

**California Child and Adolescent Mental Health Access Portal**

800-253-2103

*Link*: https://cal-map.org/s/?language=en_US

**Postpartum Support International**

800-944-4773

*Link*: https://www.postpartum.net/

**988 Suicide and Crisis Lifeline**

988

*Link*: https://988lifeline.org/

# Closing Discussion

What is one thing you learned today that will change the way you care for members?

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