

Perinatal Mental Health Disorders (PMHDs): Supporting Latinxs

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One in five women will experience symptoms of mood and anxiety disorders during pregnancy or the postpartum period. Perinatal Mental Health Disorders (PMHDs) includes various disorders that can affect individuals during pregnancy and postpartum. PMHDs have adverse effects on gestational and non-gestational parents, caregivers, and mother-infant interactions, and infant development. Making early detection and treatment are essential for the overall well-being of families [1]. Latinas seem to be at a higher risk of developing postpartum depression than non-Hispanic women and are less likely to be diagnosed [2]. Cultural values (such as familism and marianismo), stigma, accessibility, and language may present as barriers to identify risks and seek help during this period. Mental health care providers should identify risk factors, screen and treat people with PMHDs [3].

Perinatal Mental Health Disorders

- **"Baby blues"**: This is not a disorder. Up to 80% of birthing parents may experience transient symptoms, such as feeling tearful, irritable, emotional lability, and reactive right after birth and up to two weeks after delivery. These should be resolved without the need for intervention, and do not interfere with daily living activities.
- **Perinatal Depression**: It affects 1 in 7 women. Latinas are 37% more likely to experience Perinatal Depression than other groups [4]. The DSM-5 diagnostic criteria for Major Depressive Disorder diagnosis with peripartum onset require that 5 or more symptoms are present during a two week period: depressed mood, anhedonia, significant weight change, sleep disturbance, agitation or retardation, fatigue, feelings of worthlessness, excessive guilt, and recurrent thoughts of death.
- **Perinatal Anxiety**: Prevalence ranges from 13%-21% in new gestational and non-gestational parents [5]. It includes Generalized Anxiety Disorder (GAD), Perinatal Panic Disorder, and Perinatal Obsessive-Compulsive Disorder (OCD).
- **Other PMHD's include**: Perinatal Posttraumatic Stress Disorder, Perinatal Bipolar Disorder, and Postpartum Psychosis.



Risk Factors

Personal or family history of psychiatric disorder, history of Adverse Childhood Experiences (ACEs), having an unplanned or unwanted pregnancy, complications during pregnancy or delivery, relational distress, social factors, and adolescent parenthood.

PMHDs Screening Tools Available in Spanish

- Patient Health Questionnaire-9 (PHQ-9)- <https://www.ons.org/sites/default/files/>
- Postpartum Depression Screening Scale (PDSS)- <https://www.wpspublish.com/pdss-postpartum-depression-screening-scale>
- Edinburgh Postnatal Depression Scale (EPDS)- https://www.nj.gov/health/fhs/maternalchild/documents/PPD-Edinburgh-Scale_sp.pdf

Evidence-Based Treatments for PMHDs

- Cognitive Behavioral Therapy (CBT)
- Interpersonal Psychotherapy (IPT)
- Acceptance and Commitment Therapy (ACT)
- Peer support groups
- Psychotropic medications

Resources

- PSI HelpLine in Spanish and virtual meetings- www.postpartum.net/en-espanol/
- Provider Directory- www.2020mom.org
- COVID-19 resources and support- Maternal Mental Health Alliance <https://maternalmentalhealthalliance.org/>
- Healthy Families America- <https://www.healthyfamiliesamerica.org/>

The National Hispanic and Latino MHTTC recognizes that birthing and parenting experiences, as well as mental health disorders associated with these experiences, are not gender exclusive. In this document, we refer to women exclusively when sharing data from research that included women participants. The Center also recognizes the need for more participation from diverse populations in perinatal mental health research.

References

1. Stein, A., Pearson, R.M., Goodman, S.H., Rapa, E., Rahman, A., McCallum, M., Howard, L.M., Pariante, C.M. (2014). Effects of perinatal mental disorders on the fetus and child. *Lancet*, 15, 384(9956), 1800-19. [https://doi.org/10.1016/S0140-6736\(14\)61277-0](https://doi.org/10.1016/S0140-6736(14)61277-0)
2. Chaudron, L. H., Kitzman, H. J., Peifer, K. L., Morrow, S., Perez, L. M., & Newman, M. C. (2005). Self-recognition of and provider response to maternal depressive symptoms in low-income Hispanic women. *Journal of Women's Health*, 14(4), 331-338.
3. U.S. Preventive task force (2019). Recommendation topics. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations>
4. Delgado, Z. (2019). Postpartum depression: Latina mother's lived experiences and the utilization of community resources. [Thesis, California State University]. <http://scholarworks.csustan.edu/handle/011235813/1428>
5. Nakic Rados, S., Tadinac, M., & Herman, R. (2018). Anxiety during pregnancy and postpartum: Course, predictors, and comorbidity with Postpartum Depression. *Acta Clinica Croatica*, 57(1), 39-51. <https://doi.org/10.20471/acc.2017.56.04.05>

Additional References

- Lara, M.A., Le, H-N., Letchipia, G. & Hochhausen, L. (2009). Prenatal depression in Latinas in the U.S. and Mexico. *Maternal and Child Health Journal*, 13(4), p. 388-404
- Liu, C. H., & Liu, H. (2016). Concerns and structural barriers associated with WIC participation among WIC-eligible women. *Public Health Nursing (Boston, Mass.)*, 33(5), 395-402. <https://doi.org/10.1111/phn.12259>
- Orsolini, L., Valchera, A., Vecchiotti, R., Tomasetti, C., Lasevoli, F., Fornaro, M., De Berardis, D., Perna, G., Pompili, M., & Bellantuono, C. (2016). Suicide during perinatal period: Epidemiology, risk factors, and clinical correlates. *Front Psychiatry*, 12(7), 138. <https://doi.org/10.3389/fpsy.2016.00138>

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