MNPQC LINK ECHO SERIES

ECHO SERIES SESSION 8 OVERVIEW

SEPTEMBER 22, 2025

PERINATAL MOOD & ANXIETY DISORDERS (PMADS)

Purpose

To explore the impact of perinatal mood and anxiety disorders (PMADs) on women, infants, and families; increase awareness of risk factors and outcomes; and highlight strategies to improve identification, reduce stigma, and strengthen support pathways.

Case Study Snapshot

Ana, 34 years old, postpartum

Ana missed multiple opportunities for screening during routine visits. Long waitlists, childcare challenges, and cultural stigma prevented her from accessing treatment. Her partner also struggled with mental health needs that were overlooked. This case highlights system gaps and the urgent need for accessible, family-centered care.

Goal

To equip participants with practical tools to (1) recognize the prevalence and risks of PMADs, (2) understand short and long-term impacts on families, and (3) apply best practices for screening, support, and referral within healthcare and community settings.

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WHY IT MATTERS

- **1 in 5 pregnant women** are affected by PMADs, yet only 25% receive treatment
- **Suicide and overdose** are the leading causes of maternal death in the U.S.
- **Cost of untreated PMADs:** $14.2 billion annually in the U.S., $326 million in MN (medical costs, lost productivity, social services)
- **Impact is widespread:**
  - Mother- depression, anxiety, physical health risks
  - Infants- preterm birth, low birth weight, bonding challenges
  - Partner- postpartum depression/anxiety in 10-18%
  - Child- long-term developmental and behavioral impacts

KEY TAKEAWAYS FROM SESSION 8

- **Diverse Manifestations & Diagnostic Nuances:** PMADS include not just depression, but perinatal anxiety, OCD, PTSD, and in rare but serious cases, psychosis.
- **Longer-Term Health Implications:** Untreated PMADs may contribute to obstetric complications, reduced lactation, and long-term maternal physical health risks (ex. cardiometabolic disease).
- **Sleep as a Clinical Prescription:** Sleep is not just a form a self-care, but a therapeutic intervention that can reduce PMAD risk.
- **Barriers to Care:** Stigma, fear of child removal, lack of awareness, long wait times, childcare/transportation challenges, inconsistent referrals
- **Why Screening Matters**: Improves early detection, reduces stigma, validates lived experience, and must include both parents in a supportive, non punitive, way
- **Best Practices**: Universal screening at prenatal and postpartum visits; use validated tools; immediate scoring if suicidal ideation is present; pair with referral and follow-up
- **Minnesota Context**:
  - Screening rates remain <10% (2023 report card)
  - 2026 legislation may standardize screening/reimbursement, opportunities include aligning with HEDIS measures, provider training, and a centralized referral network

RELEVANT RESOURCES:

1. **MN Dept. of Health- Postpartum Support & Care**
2. **Postpartum Support International (PSI)-- Provider Directory and Support Groups**
3. **Policy Center for Maternal Mental Health– Report Card & Tools**