Beyond Baby Blues: Navigating PMADs and Child Welfare Outcomes

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ABSTRACT

This project explores the connection between Perinatal Mood and Anxiety Disorders (PMADs) and child welfare, focusing on child maltreatment. With PMADs affecting 15-21% of pregnant and postpartum individuals, understanding their implications for maternal and child well-being is essential for social workers aiming to provide effective care to these populations. The presentation will examine social workers' advocacy efforts for mental health resources, routine screening implementations, and provide culturally competent support to populations experiencing PMADs.

LITERATURE REVIEW

PMADs are maternal mental health issues that can compromise maternal and child well-being during the perinatal period (before, during, and after pregnancy)

PMADS	
	Perinatal: pregnancy and postpartum period
	Mood: depression, bi-polar, psychosis
	Anxiety: GAD, panic, OCD, PTSD
	Disorders: impairs daily functioning

Figure 1 Note: A chart capturing the symptoms associated with PMADs as denoted in its acronym

PMADs have a range of diagnoses, including the following

Mood Disorders:

- PTSD, occurring in individuals that suffered from a traumatic childbirth, or perinatal loss (e.g., miscarriage).
- Postpartum Depression (PPD), which occurs during or after pregnancy and can manifest as a sense of dread regarding motherhood. PPD affects 1 in 7 pregnant individuals.

Anxiety

- Perinatal Anxiety
- Perinatal OCD

It is also important to make the distinction between PMADs and 'baby blues', which affect 50-80% of new mothers 2-3 weeks postpartum.

Baby blues' symptoms are more transient, characterized by mood shifts, whereas PMADs are more severe and persistent.

PMADS & ACES

When evaluating the impact of PMADs on maternal and child well-being, it is important to consider Adverse Childhood Experiences (ACEs). ACEs encompass early exposure to childhood maltreatment and household dysfunction. Despite the growing body of literature on the impact of ACEs on parenting behaviors, the direct connection between PMADs and ACEs remains underexplored. However, existing studies highlight concerns related to untreated PMADs and their potential implications for child maltreatment and household dysfunction.

For example, Mothers with histories of ACEs are at higher risk of developing perinatal depression, anxiety, and posttraumatic stress disorders.

Impact of Untreated PMADS	
Birthing-Person	**Baby**
• Strain on relationships	• Pre-term delivery
• Attachment to the infant	• Lower birth weights & APGARS
• Parental cognitions and beliefs	• Child neglect/abuse
• Medical non-compliance	• Developmental delays
• Substance use	• Behavioral concerns
• Homicide/Suicide	• Higher rates of anxiety & depressive disorder
	• Infanticide

Figure 2 Note: Table detailing the impact of untreated PMADs on both birthing-person and baby.

SCREENING TOOLS

Findings of the literature review also identified the significance of PMADs screening for perinatal populations. The screening tools are often questionnaires used to compose a comprehensive assessment of perinatal individuals' mental health. The most popular screening tools are free, evidence-based self-administered tools and are available in many languages. Popular PMADs screenings such as the Edinburgh Postnatal Depression Screen (EPDS) and the Patient Health Questionnaire (PHQ-9) can be utilized to understand the specifics of PMAD affecting maternal and child well-being. Research suggests that healthcare providers are highly encouraged to administer these screenings, but it is possible that these screenings could be effectively implemented in child welfare and relevant settings where interactions with perinatal populations are frequent.

OPPORTUNITIES FOR FUTURE RESEARCH

To gain a better understanding of the current knowledge and prevalence of PMADS in the Pennsylvania Child Welfare Workforce, Focus Groups were held on October 14th, 2024. Participants included a total of 55 students enrolled in a Title IV-E MSW program.

Themes

- Lack of knowledge on subject
- Not enough community supports or resources
- Need for more training + info. on subject
- Encounter Mental Health issues, not specifically PMADs
- Varied personal encounters with clients experiencing PMADs
- Quotes
  - "More information would be helpful. I feel that we encounter them often yet are unaware."
  - "Basic info on the topic, this is a huge part of my job."

Figure 4 Note: Chat displaying the themes emerged from the focus groups.

Results from the initial focus group highlighted that although at least 68% of the participants encountered PMADS on their caseload somewhat frequently, only 19% considered themselves very familiar with what PMADS are. Additionally, most of the participates indicated that they never received any formal training regarding PMADS.

NEXT STEPS

A potential strategy for narrowing the knowledge gap is implementing professional training sessions on PMADs awareness, which can be administered as ongoing training development for professionals. The sessions will be conducted focusing on

- The identification and management of PMADs derived from the themes emerging from the focus groups.
- Exploring the impact of Adverse Childhood Experiences (ACEs) on maternal mental health and the need for specific interventions for mothers with histories of childhood adversity.

The expected outcome of the suggested methodology is an increased understanding of PMADs and its implications for child welfare outcomes amongst professionals who frequently interact with perinatal populations—starting with the child welfare settings. The increased knowledge equips these populations with the ability to assess the mental health needs of perinatal populations in their communities.

CALL TO ACTION

Findings from the focus group inform us that in our community, there is a limited understanding of the significance of PMADS and its implications for child welfare outcomes. The results also highlight the need for more detailed professional training in the subject. Increasing awareness about PMADs is important for our communities and is especially pertinent in today's politically diverse climate. Factors including shifts in federal funding, educational attainment, and rapidly growing disparities in socioeconomic status affect pregnant populations access to information and care.

CONCLUSION

Addressing PMADs is crucial for improving maternal and child-welfare outcomes especially in a politically divided nation. By raising awareness, implementing routine screening, and providing comprehensive support, social workers can mitigate the effects of PMADs on families. Through addressing the intersection of PMADs, ACEs, and the socio-political landscape, social workers play a pivotal role in improving the wellbeing of mothers and children.

CONTACT

REFERENCES