



MORE INFORMATION FOR MEDIA and JOURNALISTS

The following are some points that can be helpful in increasing understanding and promoting prevention.

- **Postpartum Support International (PSI)** is a world-wide organization, founded in 1987, that exists to provide support, reliable information, resources, and education for distress in pregnancy and postpartum. There are PSI coordinators and volunteers all over the world who help women, families, and providers find support and make connections. You can contact PSI at www.postpartum.net or 800.944.4PPD. (See PSI Fact Sheet for more information on PSI).
- Utilize the **PSI Perinatal Mood Disorders Fact Sheet** when presenting statistics. This way you will be certain you have the most recent and up-to-date scientific facts to report. (order a copy at psioffice@postpartum.net).
- Depression or anxiety in pregnancy or postpartum is **treatable**, no matter how severe the symptoms. Women need to know that they are not alone, they are not to blame, and they can recover with a plan of self-care, healthcare, and support.
- **Prenatal education**, including resources and clear messages about recovery, is essential to crisis prevention. Partners should be given the same information.
- We **need informed healthcare providers** to address risk factors, symptoms, treatment options, and resources. Providers will greatly help their patients and will significantly lower the risk of crisis by providing reliable information about symptoms and resources to their patients and their partners. **PSI offers training for professionals and peer volunteers.**
- Providing **follow-up care** is essential for women who have presented with any symptom of a perinatal mood disorder.
- It is crucial to **understand the differences** between psychosis, depression, and anxiety so that women, their families, and their providers can provide appropriate care and are not unduly frightened.
 - “Postpartum depression” has become an umbrella term, but there are other types of psychological distress that can occur during pregnancy or postpartum. Symptoms such as panic and anxiety, obsessive intrusive thoughts, anger, and mania can first occur without depressive symptoms.

- Postpartum Obsessive-Compulsive Disorder (OCD) is an anxiety disorder with intrusive and repetitive thoughts, fears, words, or images that often include images of violence or danger and are always very upsetting to the woman. The fact that they are distressing and abhorrent to the woman herself is key to knowing that it is OCD and not psychosis. OCD is not a risk factor for violence in the absence of psychotic delusions. The more likely possibility is that the mom might avoid the baby out of her own fear and attempt to control the images.
- **Postpartum psychosis** always includes disordered thinking and sometimes includes auditory hallucinations. The delusions and beliefs make sense to the woman in her psychotic state, and they feel very personally meaningful and often religious. As opposed to non-psychotic religious states, women often mix spiritual beliefs with paranoia and a kind of personal identification with the divine or transpersonal. Before any psychosis is evident, there are often fluctuating states of mania, depression, and significant detachment. The first symptoms of Postpartum Psychosis typically start within the first 3 or 4 months postpartum, but most often symptoms start within the first month.
- Major Postpartum Depression does **not** *turn into* Postpartum Psychosis. Postpartum depression and psychosis are different illnesses. Postpartum Psychosis is an illness that begins early in the postpartum period, most often within the first month.
 - It is also important to know that many survivors of postpartum psychosis never had delusions containing violent commands. Delusions take many forms.
 - Women who have committed a crime during a postpartum psychotic episode are entitled to mental health treatment, due process and a fair trial, even when their crimes are horrible to imagine. A fair trial must include reliable expert testimony about postpartum psychosis and the woman's diagnosis.
 - It must be understood that a woman in a postpartum psychosis might understand the concept of right and wrong according to the law of the land, but at the same time might be hearing commands in her mind that she fully believes to arise from a higher and more powerful authority. These delusions are extremely powerful, often seeming religious to her, and she may feel compelled to follow instructions as if everything depended on her actions.

PSI Media Contact:

To arrange interviews contact Kim Lehman email kalehmanpr@gmail.com or call 1-717-599-0891.