



Opinion

Volume 11 Issue 1 - August 2018  
DOI: 10.19080/JGWH.2018.11.555803

J Gynecol Women's Health

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# Stigma in A Name: Perinatal Mood and Anxiety Disorders (PMAD)



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**Submission:** January 19, 2018; **Published:** August 08, 2018

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## Abstract

Maternal mental health during pregnancy and postpartum is especially critical, as the health of both mother and child are dynamically interconnected. Stigma can hinder mental health service utilization. Perinatal Mood and Anxiety Disorders (PMAD) refers to mental illness that occurs during pregnancy or postpartum. This acronym's pronunciation, "P-MAD," reinforces societal stigma. As pregnant and postpartum women may avoid revealing mental illness to appease cultural expectations, stigmatizing terms may exacerbate this issue. We, therefore, discourage the use of the term, "P-MAD."

**Keywords:** Anxiety; Mental health; Mental health disorder; Mental illness; Mood; Mood and anxiety disorder; Obstetric mental health assessment; Perinatal psychiatric assessment; Psychiatry; Stigma

## Main Text

Mental health is a vital component of one's holistic health and wellbeing. Mental health professionals provide services that allow individuals to address mental health concerns and move toward wellness. Although the use of mental health services is promoted/advocated at various structural and institutional levels, societal public stigma potentially decreases mental health service utilization and worsens treatment outcomes [1,2]. Indeed, stigma has been noted as a significant barrier to seeking services and care by those who need it [3,4]. For some, the experience and consequences of stigma can be more deteriorating than impairment from the illness itself [5].

## Pregnancy and Mental Health

Maternal health during pregnancy and postpartum is especially critical, as the health status of both mother and child are dynamically interconnected. In addition to physical health, the mental health status of mothers can influence child health outcomes [6]. Members of the healthcare professions are now emphasizing the importance of good maternal mental health during the critical periods of pregnancy and postpartum. This emphasis is evidenced primarily by increased professional attention to the detection and treatment of postpartum depression. The mental health concerns of mothers during or

following pregnancy warrant this attention, as issues often persist unless detected and addressed in healthcare settings.

In recent years, Perinatal Mood and Anxiety Disorders (PMAD) has been introduced as a term to label the cases of mental illness that occur postpartum or during pregnancy. The term astutely acknowledges that pregnancy-related mental illness can occur within a wide time frame. Unfortunately, PMAD as an acronym reinforces, albeit inadvertently, societal stigma. This is especially true when "P-MAD" is used for pronunciation. More generally, the term "mad" carries with it a historically negative connotation. Before the advent of psychology and psychiatry, madness, as a term/label, was used to characterize what can be deemed today as mental health concerns [7]. Although PMAD is an acronym, "mad" is a colloquial term and is not appropriate for use by professionals in the context of modern mental healthcare. Therefore, we discourage the use of the term "P-MAD," especially because mental health concerns during or following pregnancy are not uncommon. In fact, 3.9 to 6.4% of pregnant women and 4.6 to 6.9% of women postpartum in the United States report serious psychological distress [8]. Approximately 25% of women during pregnancy or postpartum report having a psychiatric disorder of any kind [9].

## Principles for Best Practice

Healthcare professionals generally consider it best practice to avoid using labels that could lead individuals to experience shame about an already difficult experience. One might argue that an acronym is harmless, but imagine a healthcare professional telling a client she should take a "P-MAD" evaluation. The client could have an adverse reaction to that term. Reverence towards motherhood is noted in American society, such that prospective or new mothers are expected to feel joy and fulfillment as a result of child-bearing [10]. Commonly, pregnant women are expected to have a pregnancy "glow". Thus, many women avoid unveiling mental health concerns that arise during pregnancy or postpartum to appease the expectations of others. Even if mental health concerns are identified, many women do not use mental health services [8]. Stigmatizing diagnostic labels, such as "P-MAD," may exacerbate this issue.

If we prioritize client well-being, then we should avoid labels that cause inadvertent harm. With respect to labeling instruments or diagnostic phenomena, avoiding potentially harmful or stigmatizing labels seems like a relatively easy task. Even saying P.M.A.D. (pronouncing each letter, similar to PTSD) could be an improvement; however, promoting this method of pronunciation would require significant societal effort and/or education given that the sequence of the letters can be easily pronounced.

Similar to Perinatal Mood and Anxiety Disorders, another mental illness, Seasonal Affective Disorder, has a potentially stigmatizing acronym: SAD. In our view, the label SAD may generate negative attitudes and beliefs toward those with this mental health disorder and may deter those with the disorder from seeking help. The use of the term "mad," however, may carry even more weight due to its more direct ties to psychology and colloquial usage. Seasonal Affective Disorder was described and labeled more than 30 years ago [11] and is now a well ingrained term and acronym. Perinatal Mood and Anxiety Disorders is, by comparison, a new term, first referenced in 2007 [12]. The historical use of the SAD acronym provides an illustration of how potentially stigmatizing terms can be perpetuated over time—a possible outcome for the use of PMAD if left unchallenged.

## Looking Forward

Though Perinatal Mood and Anxiety Disorders appears to be a fairly widespread term, its use can be curbed or halted. The selection of an alternative term can achieve this end. Possible substitutes include perinatal depression, pregnancy-related mental health disorders, perinatal anxiety and mood disorders, perinatal mental illness, perinatal depression and anxiety

disorders. Each of these present less stigmatizing acronyms and corresponding pronunciations.

Considering that the destigmatization of mental health is a significant key to promote appropriate use of mental health services [4], and consequently ideal health, the use of appropriate terms and acronyms will provide an environment supportive of mental well-being. Stigma is a social construct and can be effectively deconstructed. To do so, we must not fan the flames of stigma through the inappropriate use of terms and their accompanying acronyms, such as Perinatal Mood and Anxiety Disorders (PMAD).

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DOI: [10.19080/JGWH.2018.11.555803](https://doi.org/10.19080/JGWH.2018.11.555803)

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