



A mental health acronym that must be stopped: PMAD

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Received: 12 November 2018 / Accepted: 20 November 2018 / Published online: 26 November 2018
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Dear Dr. Riecher-Rössler,

We are writing in regard to the recent article by Long et al. entitled, “A systematic review of interventions for healthcare professionals to improve screening and referral for perinatal mood and anxiety disorders” (<https://link.springer.com/article/10.1007/s00737-018-0876-4>). In recent years, the important topic of maternal mental health has gained growing attention. With this, a new term emerged: *perinatal mood and anxiety disorders*, which is commonly abbreviated as *PMAD*. Historically, there has been a heavy focus on postpartum depression with inadequate attention to the wide array of perinatal mood disorders that can occur during pregnancy and the postpartum period. These conditions include depression, anxiety, posttraumatic stress disorder, and psychosis. The term *perinatal mood and anxiety disorders* acknowledges this full spectrum of disorders, which is noteworthy progress. However, it is inappropriate to use the acronym *PMAD* in that it contains the word *mad*.

Mad is a term that mental health advocates have worked for years to disassociate from psychiatric disorders due to its use as a derogatory label for individuals with these conditions (Sirois 2014; Frese 2007). Other dictionary definitions of *mad* are also filled with negative connotations: “completely unrestrained by reason and judgement, unable to think in a clear or sensible way, incapable of being explained or accounted for, carried away by intense anger” (Merriam-Webster 2018). Using the word *mad* in association with any mental health disorder can be insulting. Pejorative terminology can increase mental illness stigma and deter individuals

from seeking the needed care for these conditions leading to potentially devastating outcomes for them and their families.

The term *maternal mental health disorders* captures the same concept as *PMAD* but avoids use of the offensive acronym. This terminology has been adapted by leading national organizations in the field of perinatal mental health, such as the 2020 Mom (2018). The language we use has critical implications for how we think and act toward our patients and one another. We have the obligation to use respectful language.

We are certified nurse-midwives and persons living with bipolar disorder. As health care professionals, patients, and advocates, we urge our colleagues to immediately discontinue using the *PMAD* acronym. We also ask authors and editors to refrain from using the *PMAD* acronym in professional and lay publications.

Compliance with ethical standards

Conflict of interest statement Ms. Hutchens is a board member for 2020 Mom, a U.S. national organization focused on closing the gap in care for women suffering from maternal mental health disorders. Dr. Likis is a Stability Leader in The Stability Network, a U.S. national organization seeking to change the culture of silence, shame, isolation, and discrimination surrounding mental health conditions. These are volunteer positions for which they receive no compensation, and the organizations have no involvement in this manuscript.

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