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National Alliance on Mental Illness

Mercer

Serving the New Jersey Capital Area

PERINATAL MOOD AND ANXIETY DISORDERS



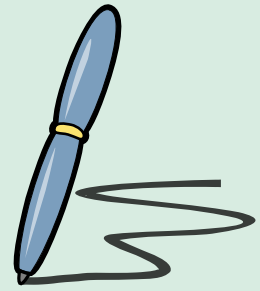
A toolkit for those experiencing perinatal or postpartum mood/anxiety disorders.

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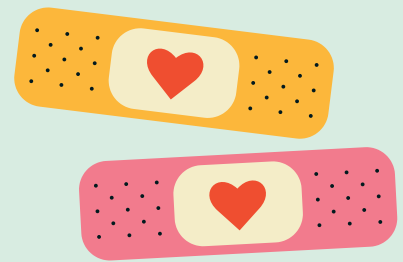
Introduction

...to the author



Hi! My name is Ainsley Evans. I am an undergraduate at Bucknell University majoring in Psychology. As a pre-mature twin sister weighing a measly 2 pounds at birth with parents who faced both pre- and post-birth mood disorders, it is very important to me to provide some guidance for those experiencing any perinatal mental health difficulties.

...to the toolkit



This toolkit is intended to provide some tips and tricks to help anyone affected by perinatal/postnatal mood disorders cope with their feelings and experiences.

The Basics

What is it?

- AKA perinatal/postpartum mood and anxiety disorder (PMAD)
- During pregnancy and throughout the 1st year
- Without treatment, symptoms can last for months, even years.

What causes it?

- Change in brain activity
 - Biological/hormonal systems shift significantly due to an increase in the production of hormones, directly impacting our brain and neurotransmitter production such as serotonin.
- A shift in schedules and lifestyle during/post-pregnancy
- Sleep deprivation

Who does it affect?

- Any new mother OR father. Yes, men too can experience these emotions.
- Women of color are more likely to experience these mood disorders as a result of certain life circumstances and disparity in screening and treatment.

The Baby Blues



Fast Facts



Normal adjustment period



Experienced by 50-80% of new mothers



Mood swings during the first one to three weeks after child birth

**DONT
FORGET**



Baby blues are **NOT** the same as perinatal/postpartum mood disorders

know the difference

Baby Blues

80% of new moms

Typically between birth and 4 weeks after

Drop in hormone levels, life shift

Generally goes away after a few weeks when hormones stabilize

OR

Mood Disorders

Up to 20% of new moms

Typically between birth and 1 year after

Continued feelings of depression/anxiety post-baby blues; physical changes

Need to consider seeking additional help

Some Things Moms Have Said

"We had a lot of family from Mexico and when they all left, the fact that I didn't have anyone to hold him for five minutes or anyone to talk to...the isolation was a big factor with my baby blues."

"Sometimes I would just cry. You've gone through something mentally, physically. It lasted about two weeks, and then I was just crazy (laughs)."

"It was about six weeks long for me and the doctor said it was depression. She said, 'I'm not concerned about your safety, but you're depressed.' And I think those words were what I had to hear. I just wasn't myself. It was all surrounding breastfeeding. It was the guilt of being a failure. Logically, my husband would say, 'You do what you can, but if you just need to quit, quit. It's OK.' I just couldn't get out of bed. I was crying. Also, my husband didn't have a job, so there was a lot of outside stress."



Signs and Symptoms of Something More PMAD

♡ you're
STRONGER
than you
THINK



it's
GONNA
BE OK

- Persistent sad or anxious mood
- Feelings of guilt, worthlessness, hopelessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Irritability, fatigue, restlessness or abnormal decrease in energy
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, staying asleep, or oversleeping (even when the baby is asleep)
- Abnormal appetite, weight changes
- Aches or pains, headaches, cramps, or unfounded digestive problems
- Trouble forming an emotional attachment with the new baby
- Persistent doubts about the ability to care for the new baby
- Lack of interest in the baby
- Thoughts about death, suicide, or harming oneself or the baby

Risk Factors



Personal or family history of PMAD, anxiety, depression,
bipolar or any other psychiatric illness

Perfectionist personality

High expectations of motherhood

Recent stressors: illness, move, job shift, death, financial
struggles

Traumatic labor and delivery

High-need baby

Reproductive losses: miscarriage, abortion, infertility

Unplanned/complicated pregnancy.

Substance use during pregnancy

Limited social support

Relationship conflict

Mother of multiples/single mother

Thyroid imbalance

Vitamin D deficiency

Infants in NICU

Under 20 years old

Types of PMADs

Perinatal/postpartum Depression

- Feeling very sad, overwhelmed, hopeless, isolated unable to complete everyday tasks
- Crying, disturbed sleep, isolation/withdraw, lack of interest in caring for newborn



Perinatal/postpartum Psychosis

- Severe, rare condition in around 1 out of 1,000 women
- Requires immediate attention and treatment
- Extreme symptoms: erratic behavior, agitation, insomnia, paranoia, confusion, and mania/deep depression possibly leading to obsessive thoughts/hallucinations (could harm mother/child)



Perinatal/postpartum Anxiety

- Fears with no basis, extreme worry
- Experienced by around 10-15% of new moms
- Long-term worry, fear of danger toward the child's health/safety, agitation, feeling on edge, insomnia, chest pain, increased heart rate, fast breaths



Perinatal/postpartum OCD

- Intrusive thoughts about child, repeated behaviors/compulsions
- Less common than other PMADs
- Intense worry about baby's safety, consistently checking on the baby/its schedule

Prevention Methods



- > Take your meds consistently
- > Ask for support sooner than later
- > Eat well and engage in regular movement
- > Learn to be okay with some messiness (like a messy kitchen and extra clutter): don't focus on being perfect
- > Practice calming and sleep inducing methods for babies and moms
- > Start an antidepressant during the postpartum period to prevent mood shifts
 - > Create a plan
- > Keep in touch with family and friends: don't self isolate

Treatment/Getting Help

First Steps

- Consider: your symptoms
- Recognize: getting help is important for you, your child's, as well as your loved ones' mental health
- Know: your healthcare provider will screen for perinatal/postpartum mood/anxiety disorders



It's okay to
ask for help

What's Next

- Speak to a mental health professional
- Seek therapy/CBT and support groups
- Consider taking antidepressant/anti-anxiety medications

A Quick Note

- Find someone to talk to even if it's only a friend or family member

The internet is your best resource. There are several options to look into

Handling the Shame

Coping Strategies

It's easy to feel alone when you're told having a baby is supposed to be a blessing

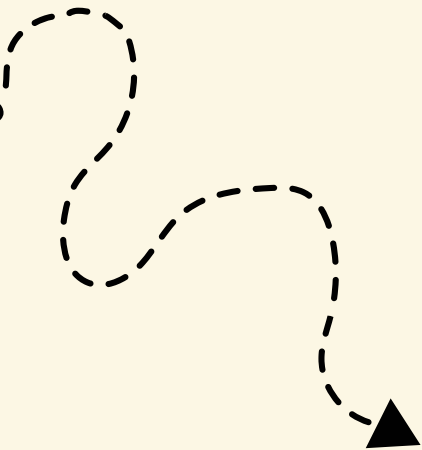


Women are more likely to develop depression and anxiety during the first year after child birth than any other time.

Reminder: Protecting your mental health and practicing self-care ARE part of being a good parent. You do NOT need to do it all

— . . . —

Ideas'



- Write/Journal
- Read/Create art
- Mediate
- Take care of your body
- Have a routine
- Set realistic expectations
- Make time for yourself
- Try not to make big life changes too soon after pregnancy



For the Fathers

YES

fathers can be affected by perinatal/postpartum mood/anxiety disorders too.

70% of fathers noted increased stress in the first 12 months of having a child

Up to 25% of fathers will experience postpartum depression on some level

Fathers' bodies change during the postpartum period: testosterone is estimated to drop by 1/3

Fathers at this time may feel a greater pressure to provide for their family

Men are statistically less likely to seek assistance with their mental health

KNOW
THE
FACTS



PMAD and POC

Did You Know?



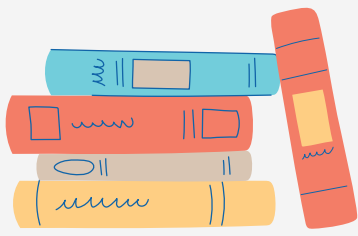
African American women are at a significantly higher risk of developing forms of PMAD and are less likely to receive treatment compared to white women



It is more difficult for women of color to reach out for help because of distrust toward various professionals who commonly invalidate or dismiss their experiences



“My ob-gyn gave me a prescription for Zoloft and told me to follow up with my primary care doctor, but my primary just thought I was tired because my baby had reflux and I wasn't sleeping. So I figured, 'OK, I guess I just need to bootstrap my way through this.' I felt like I wasn't being a good enough mom and that it was somehow my fault.”



Books to Read



"Beyond the Blues: Understanding and Treating Prenatal and Postpartum Depression and Anxiety" by Shoshana S. Bennett PhD and Pec Indman EdD

"Cognitive Behavioral Therapy for Perinatal Distress" by Amy Wenzel and Karen Kleiman

"A Breastfeeding-Friendly Approach to Postpartum Depression: A Resource Guide for Health Care Providers" by Kathleen Kendall-Tackett

"Community Support for New Families: Guide to Organizing a Postpartum Parent Support Network in Your Community" by Jane I. Honikman

"The Pregnancy and Postpartum Anxiety Workbook: Practical Skills to Help You Overcome Anxiety, Worry, Panic Attacks, Obsessions, and Compulsions" by Pamela Wiegartz and Kevin Gyoerkoe

"Dropping the Baby and Other Scary Thoughts: Breaking the Cycle of Unwanted Thoughts in Motherhood" by Amy Wenzel and Karen Kleiman

"Postpartum Mood Disorders: A Guide for Medical, Mental Health, and Other Support Providers" by Kimberley Zittel

"Understanding Postpartum Psychosis: A Temporary Madness" by Teresa Twomey



Seeking Support

Additional Resources

Postpartum Support International, 1-800-944-4773

Postpartum Education for Parents, 1-805-967-7636

National Women's Health Information Center,

1-800-994-9662

National Postpartum Depression Hotline,

1-800-PPD-MOMS

National Suicide Prevention Lifeline, 988

www.1800ppdmoms.org

1-800-PPD-MOMS

Office on Women's Health, 800-994-9662

National Library of Medicine, Medline Plus

Perinatal Psychiatric Consult Line,

1-800-944-4773 (Extension 4)

Parental Stress Hotline - Help for Parents,

1-800-632-8188

NAMI Mercer Helpline, 609-799-8994 (Extension 17)

 you do not need to
suffer silently. 