Pregnancy and Postpartum Mental Health Guide

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Pregnancy and Postpartum Mental Health Guide

- How can I take care of my mental health while pregnant and postpartum?
- What are signs and symptoms of distress that I should not ignore?
- What helpful resources and services should I be aware of as I navigate my transition to parenthood?

At Wildflower, these are just some of the many great questions our psychotherapy clients ask on their journey to parenthood. We believe that every family should have clear and accurate information about perinatal mental health. For this reason, we've created the Pregnancy and Postpartum Mental Health Guide. It is available at no charge.

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Note about language: When discussing pregnancy and the postpartum period, we affirm all gender identities, sexual orientations, and family constellations. It is important to be inclusive of all birthing people: cis-gender, transgender, and non-binary, and recognize that the term "mother" may not apply to all. This guide is designed for the gestational parent and may also be of benefit to the non-gestational parent. We will use the term "mother" interchangeably with "birthing person" throughout the guide.

Introduction

The perinatal period is a time of upheaval and transition. Any major change, even when it is desired, is difficult. A new baby transforms every aspect of your life—from your relationship with your family, friends, partner (if you have one), and body, to your routine, values, and ways of thinking about your present and future. The process of making room for a baby in your life is emotionally intense in a myriad ways. Pregnancy and postpartum periods are not always as joyous as our pop culture messages would have it.

As many as 1 in 5 birthing people are affected by a mood or anxiety disorder while pregnant and/or in the first postpartum year.

(Howard et al., 2014)

The arduous process of adjusting, growing, shedding layers of oneself, grieving and crying (sometimes with joy, sometimes with despair) is known to all new mothers regardless of whether they are having their first or fifth baby. Sadly, it also tends to be carefully censored in an attempt to escape dreaded judgment that might follow in case of perceived failure to conform to the societal narrative of motherhood bliss. In response to the pressure to be happy, we may disavow the negative feelings.

As Wildflower psychotherapists who specialize in perinatal mental health, we find that when people attempt to bury painful feelings, they tend to re-surface and cause further pain. Indeed, this kind of tug of war with parts of one's emotional reality almost always accompanies postpartum depression. A downward emotional spiral can easily ensue: we feel we shouldn't feel what we are nonetheless feeling, and judgments, guilt and withdrawal follow, pushing us deeper into distress which we then continue to judge, and so on.

Because the perinatal period is a time of big changes and big emotions, it can be difficult to know what is "normal." All too frequently, postpartum clients report to us in psychotherapy that their partners, friends or providers insisted that their depressive and/or anxiety symptoms were simply part of new motherhood.

Postpartum mental health issues are very real, and there is nothing worse than telling a birthing person who is experiencing unrelenting sadness or anxiety that what they are feeling is "normal." This invalidating feedback will make them feel more confused and lonely and potentially contribute to delay in seeking professional help.

This packet is intended to be your guide through this vulnerable, complicated, and confusing time. We know that for far too long, unrealistic expectations of how we "should" transition into motherhood have pushed mothers into isolation instead of community.

It takes a village to raise a mother. If you are considering becoming a client at Wildflower or are already receiving mental health services from one of our therapists, we are honored to be part of your village.

We hope this guide empowers you to seek support and remember that you are not alone.

Themes of change during the perinatal period

During pregnancy and postpartum, birthing people face what is likely the largest life transition they have ever experienced. Within this period, there are many shifts that might feel confusing and unfamiliar. Themes during this time include:

Identity changes

Quite often, new moms express not quite feeling like themselves or not knowing how to balance who they are outside of being a mom.

Changing relationships

It is common during the transition to parenthood to struggle with changes in your relationships, including with your partner, family, and friends.

Priority and value shifts

While this doesn't happen to everyone, many new parents notice a shift in what is most important to them.

Sexuality

Changes in this domain can be related to sexual interest, arousal, and an altered sense of who you are as a sexual being overall.

Emotions

Emotions are big and change quickly during the perinatal period. Hormones are only one part of these fluctuations. Sleep deprivation, uncertainty, sense of vulnerability, and the intense realities of becoming a parent all play a huge role.

Bodies

Birthing people will notice changes from the beginning of their pregnancy well past delivery. They aren't just external changes, either. Your sense of smell, sight, and taste might be affected in addition to the ways your physical body changes.

Relationship to work

Along with shifting priorities, many new parents express a different relationship with work, including different boundaries, felt sense of motivation, and ability to focus.

Perspective

New mothers instinctively search for how the world might impact their child. This means surveilling for danger, considering how an event might affect their baby's sleep, or having a lower threshold for tragedy in the news. The way you view things is forever altered through your parent lens.

All of this can feel overwhelming. It is important to recognize when this transition creates an experience that surpasses normative stress by becoming distressing and unmanageable. Later in this guide, we discuss symptoms of perinatal mood and anxiety disorders.

Pregnancy and emotional wellbeing

The changes, stressors, and overwhelm can start right away for expectant parents. During pregnancy, we are inundated with information about what we need to do, prepare, and buy. We tend to eagerly act on this advice out of desire to do what is best for that little human being we are going to welcome into the world. We are parenting long before the baby is born.

The need to prepare and the drive to bring order to chaos during this time is understandably bundled with some level of anxiety. It is inherently difficult to tolerate uncertainty. As a result, birthing people in particular are prone to engaging in what are called "control strategies"—attempts to get rid of the unpleasant sense of fear and anticipation via planning, information-gathering, and resource-seeking. Preparing the nursery, reading books, and attending classes are all means of reducing contact with these negative emotions. This is not inherently a "bad" thing—these preparations begin creating a bridge into the postpartum world and make the changes less drastic. This being said, too much of a good thing can become problematic.

At Wildflower, psychotherapy during pregnancy always entails efforts to increase psychological flexibility.

As mothers prepare their nurseries, we simultaneously encourage them to prepare their minds to respond flexibly and adaptively to changing demands placed upon them. Below are some skills and practices that we strive to add to the coping toolbox of every expectant and new parent.

Mindfulness

Mindfulness refers to the intentional practice of paying attention to the present moment in a nonjudgmental fashion. Rather than being swayed by whatever thoughts show up in our minds, we learn to observe the mind's processes in a slightly detached way, and then choose what we want to attend to. For example, a pregnant woman might be thinking about her baby's impending arrival and be plagued by self-

To thrive during this tumultuous time, we need to practice responding to stressors like a suspension bridge: by willingly flexing and swaying under various pressures.

doubt and fear: “I can’t do this! What if I won’t be able to handle the sleepless nights? What if I develop postpartum depression?” Being mindful, she practices acknowledging the presence of these thoughts and brings acceptance to the experience of fear without judgment or further rumination.

Holding expectations lightly

Our negative self-evaluations are like a fog that gets in the way of being able to see where we are going. The ability to observe our mind’s processes and not be derailed by the first emotionally-laden judgment or negative thought that shows up enables us to be more flexible in our choice of action in stressful situations. We get to deal with the situation directly, as it is. This is key during pregnancy when your physical symptoms are frequently shifting, you have multiple appointments that affect your schedule, and your previous threshold for stress might be changing and altering what you desire to engage with.

Willingness

We need to cultivate willingness to experience whatever the reality is—and let go of rumination about what it should be, what is fair, what we would prefer, what someone else may be experiencing, etc. Importantly, this stance of willingness has nothing to do with resignation or defeat; it is a choice, a conscious, mindful decision to deal with the reality in front of us so that we can remain in contact with what really matters.

Focus on values

When powerful emotions take over, everything may seem calamitous, black and white, and final. We temporarily lose our ability to ascertain relative importance of a given issue. Reflecting on our core values, particularly when we are not feeling distressed, goes a long way towards preserving the ability to ground ourselves when presented with an emotionally challenging situation.

Increasing our psychological flexibility during the perinatal period is an important component of emotional self-care. To thrive during this tumultuous time, we need to practice responding to stressors like a suspension bridge: by willingly flexing and swaying under various pressures. This ability is what makes us more resilient. We can grow this important coping skillset before and during pregnancy by practicing mindfulness, learning to be flexible in our expectations, being willing to wholeheartedly work with unexpected outcomes instead of reacting rigidly and with resistance, and identifying what is truly important and meaningful to us. These skills are particularly important as pregnancy is a period of heightened vulnerability to mental health problems.

Labor and delivery

Labor and delivery might last for a limited amount of time; however, as the culmination of pregnancy and a gateway to caring for this new human in your life, it is one of the most significant events in the perinatal journey. It is a psychologically, emotionally, and physically taxing experience, regardless of the method of delivery or level of medical intervention. We recommend creating a birth wellness plan and reviewing it with your therapist to help you prepare for labor and delivery.

Birth Wellness Plan

We recommend that you create an intentional, flexible plan to prepare for labor and delivery. This will help you feel more confident and cared for during what can be an unpredictable experience. Important dimensions to consider include:

Personal Preferences

- ◯ Bag to pack for the hospital including loose, comfortable attire
- ◯ Review pain relief preferences and options
- ◯ Review plan for delivery, consider preferences and alternative plans

Support System

- ◯ Identified people for hospital transport
- ◯ Identified person to check on your home while away
- ◯ Plan for pets while at the hospital (if applicable)
- ◯ Plan for other children while at the hospital (if applicable)
- ◯ Identified support people in hospital room while laboring and post-delivery

Coping Skills

- ◯ Breathing techniques
- ◯ Visualization exercises
- ◯ Self-compassionate self-talk
- ◯ Stretching, sitting on a yoga ball, walking while you are able during labor
- ◯ Mantras: “Just this one moment in time” or “Be here now”

Important Names and Numbers

- ◯ OBGYN: _____
- ◯ Psychiatrist: _____
- ◯ Therapist: _____
- ◯ Doula: _____
- ◯ Lactation consultant: _____
- ◯ Pediatrician: _____

Postpartum period

The postpartum period is filled with many physical, psychological, and emotional changes. Matrescence is a term that captures this experience well. It is defined as the physical, social, hormonal, and identity shifts associated with becoming a mother, and is a distinct stage of life (Sacks, 2017). In reflecting on matrescence, Ignacz (2018) states, “Life will never be as it was before — motherhood changes not just your body, but also your mind, your heart, your soul, your identity. We are involving ourselves, immersing ourselves in the processes of growth and development of other human beings. We are trying to respond appropriately and creatively to the needs of other human beings, while also taking care of ourselves.”

Motherhood quite literally changes everything, uprooting what was once our foundation in the most profound, beautiful, messy, complicated ways.

The transition to parenthood is a journey that begins well before a child arrives and continues through the first postpartum year and beyond.

During this period of transition, it is important to access available social supports and resources. Your partner and those closest to you are invaluable members of your support network. Accessing your support network might look like asking your partner to attend an OBGYN appointment or psychotherapy session with you. It might mean problem-solving ways for your partner, family, or close friends to support your physical needs such as sleeping (take shifts), eating (let people cook you meals or order you delivery), and hydrating (never turn down a glass of water).

At Wildflower, we typically recommend that the partner attend at least one psychotherapy session prior to the birth of the baby and at least one psychotherapy session following birth. This allows the couple to proactively address any areas of distress that may arise as well as reflect on how the transition is going for both birthing and non-birthing parents.

Karen Kleinman’s (2005) resource, “Postpartum Pact,” is a helpful tool to complete and review with all parties involved. Whether you use it or not, consider talking to your partner and loved ones about what specific support you are looking for both pre- and postnatally.

Postpartum self-care

There is no way to enter motherhood—for the first or subsequent time—without some struggle and difficulty. However, there are ways to ease this process, resulting in a more robust sense of wellbeing and resilience. Here are our ten tips for postpartum wellness. For more information on postpartum wellbeing, read our article "The ABC's of Postpartum Self-Care": https://wildflowerllc.com/the-abcs-of-postpartum-self-care/.

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10 Tips for Postpartum Wellness

1. **Be kind to yourself.** Moms are notorious for their harsh self-talk. Make a commitment to focus on your strengths and be compassionate during times of struggle.

2. **Lean into uncertainty.** Try to meet uncertainty with flexible expectations. This is a transitional period which means that things are in flux. It will not be like this always. Give yourself time and practice being in the here-and-now.

3. **Let go.** The sooner you learn that the bed does not always need to be made and that your kitchen can remain a mess a while longer, the better you will feel. Release the need for perfectionism. This is a remarkable opportunity to learn to be a little less driven and more present-focused.

4. **Make room for grief.** Having a child is a massive life transition and not all of the changes it brings are welcome. It is okay to feel sad and miss parts of your old life.

5. **Sleep/rest when the baby sleeps.** Being sleep-deprived puts you at an increased risk for postpartum mental health issues. Although it is hard to go to bed when you feel there are so many things that need attention, remember that this is a brief chapter. Over time, you will be able to accomplish more. For now, sleep needs to be the top priority.

6. **Learn to ask for help and be okay with it.** Don't make the mistake of equating self-sacrifice with doing a good job as a mom. There are seasons in life when we give generously and seasons when we must be open to receiving. Others can help only if they know what to do. Ask clearly for what you need.

7. **Do not forget to eat.** Your body needs nourishment in order to heal and re-balance after birth and manage the rollercoaster ride of the early postpartum months. Do not skip meals.

8. **Bond with your partner, not just the baby.** It may feel like there is no time for you as a couple, but you both need to feel loved and seen in order to meet the demands of this new chapter in your shared life. Make sure you talk, hug, and take a little bit of time every day to connect.

9. **Join a new moms group.** No flying solo, mama! It does not just take a village to raise a child, it takes a village to raise a mother. Find your tribe. Steer clear of moms who make you feel less-than and with whom you can't be real.

10. **If you are worried about your mental health, seek help.** Postpartum mental health issues are common, but this does not mean you should ever accept them as part of your experience as a new mother. Anxiety and depression are highly treatable. With the right support, you will get better. Do not wait to reach out. You deserve to live a full, happy life.

Helping individuals, couples, and families thrive in their journeys toward and through parenthood

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Perinatal Mood and Anxiety Disorders

The journey from conception through postpartum can vary greatly from person to person for many reasons. The presence of a perinatal mood and/or anxiety disorder (PMAD) is one of the main factors affecting the birthing person's overall experience.

Postpartum depression represents only one of a number of disorders experienced by women in pregnancy and postpartum, but it is the one that most people have heard about. Collectively, the mental health disorders women may experience during the perinatal (pre and postpartum) period are known as perinatal mood and anxiety disorders (PMADs). 15 to 20% of women experience symptoms of depression or anxiety during the perinatal period (Howard et al., 2014; Centers for Disease Control and Prevention, 2017).

When you are in the thick of it, it can be challenging to figure out whether the emotional rollercoaster of new motherhood represents typical adjustment or if something more serious is taking place. Severity and duration of negative emotional experience coupled with reported distress are three important factors we take into account as mental health professionals when making this determination. If a birthing person says, "I am not myself," and is distressed by this change, they need to be taken seriously. If negative emotions do not persist and the mother is able to experience a sense of calm and enjoyment after they pass, these are likely normative mood shifts that do not necessarily require professional attention.

Every new mother will at times (read: frequently!) feel overwhelmed by the various demands of new motherhood. There is a distinction between difficult emotions and thoughts that accompany this transition and symptoms that cause significant distress and impairment. Perinatal mood and anxiety disorders include depression during pregnancy and postpartum, anxiety during pregnancy and postpartum, pregnancy or postpartum obsessive compulsive disorder, postpartum post-traumatic stress disorder, bipolar mood disorders, and postpartum psychosis.

Postpartum Depression

It is important to know that postpartum depression rarely conforms to our classical notion of depression as characterized by a flat, persistently low mood. Depression during the postpartum period tends to be more agitated.

Many new mothers report experiencing low mood and anxiety at the same time.

There is a difference between postpartum "blues" and postpartum depression. If a birthing person had a baby a few days ago and feels persistently and severely sad or anxious, this likely is not the normative postpartum blues. New mothers with the blues have moments of irritability and tearfulness, and feel overall more reactive, but quickly return to a happy, contented baseline. Additionally, their ability to function is unimpaired.

Postpartum blues

- A common experience reported by the vast majority of mothers in the first two weeks following childbirth
- Thought to stem from rapid hormonal changes as well as the stress of birthing and the overall psychological and physical demands of the transition to parenthood
- Blues tends to peak at 3-5 days postpartum and lessen over time, going away within two weeks of delivery
- Marked by changes in mood, especially tearfulness and irritability
- Feelings of sadness come and go
- Overwhelm and tearfulness are short-lasting
- Does not impair functioning

Postpartum depression

- Can start soon after birth, but can also begin a few months later
- Feelings of sadness, anger, irritability or overwhelm are consistent and do not come and go
- Tearfulness, uncontrollable crying
- Unable to return to a happy, content baseline
- Overall functioning is impaired
- Appetite and sleep disturbance
- Guilt, shame or hopelessness
- Lack of interest in or difficulty connecting with the baby
- Symptoms are distressing
- Suicidal thoughts may be present

Postpartum Anxiety

Not knowing that mental health disturbances in postpartum can encompass symptoms such as agitation, anger, anxiety, obsessive thoughts and others, new moms who call our practice frequently report being confused about what they are experiencing. “I am not depressed,” we hear from them, “but something feels wrong.” While some worry is adaptive, if your negative thoughts become so intense that they are distressing and difficult to manage, you may be dealing with postpartum anxiety.

Postpartum anxiety symptoms include:

- Restlessness and feeling on edge
- Excessive worry, feelings of dread, and difficulty concentrating
- Irritability and/or intense anger
- Physiological symptoms such as racing heart, nausea, sweating, shortness of breath
- Difficulty sleeping when baby is sleeping
- Changes in eating and sleeping patterns (not due to baby)

Pregnancy or Postpartum Obsessive Compulsive Disorder (PPOCD)

A 2021 study has estimated that 17% of women met criteria for an OCD diagnosis in the 38 weeks after delivery and 8% of women did during pregnancy (Fairbrother et al., 2021), which underscores the importance of understanding and screening for these symptoms. The intrusive images and thoughts that accompany PPOCD can be very frightening to the parent.

PPOCD symptoms include:

- Obsessions: persistent, repetitive thoughts or mental images about the baby that are disturbing to the parent
- Compulsions: Behaviors done in excess with the goal of reducing fears and obsessions. Examples include compulsive cleaning, checking things many times, organizing and reorganizing
- A sense of dread or horror about the obsessions
- Fear of being left alone with the infant
- Hypervigilance in protecting the infant
- The parent does not want to act on these thoughts and finds them repulsive

Some scary thoughts about harm coming to the baby are a common occurrence for many, if not most, new parents. These thoughts typically originate from anxiety and can be negative, repetitive, unwanted, and intrusive, bombarding you at any time out of nowhere. Their presence is not synonymous with PPOCD. A trained mental health professional can help you determine whether what you are experiencing necessitates clinical attention. Scary thoughts can run from mild to unbearable, intermittent to constant, fleeting to seemingly never-ending. These thoughts can come in all forms, like “What if I drop my baby when I’m walking down the stairs?” or with images, such as “I can picture myself getting into a car accident with the baby.”

Scary thoughts might make you feel like you are not a good enough parent. They may make you feel guilty, less than, alone, and ashamed. Remind yourself these thoughts are not representative of who you are as a parent. If they cause you distress and/or limit your ability to function in a significant way, they could be symptoms of postpartum OCD. They are not your fault! If you have a history of OCD, tend to be a worrier, or notice yourself having ongoing, intrusive, and repetitive thoughts that make it difficult to live the life you want, please reach out to your healthcare provider. These symptoms respond well to mental health treatment (psychotherapy, and depending on severity, medication).

Postpartum Post-Traumatic Stress Disorder

Approximately 9% of new mothers experience postpartum post-traumatic stress disorder (PTSD) following childbirth (Postpartum Support International, 2021b). PTSD can occur following a traumatic pregnancy and/or birthing experience including illness, injury, or threats to the safety of the mother or baby. Birthing people who have a history of trauma or a previous diagnosis of PTSD are at a higher risk for experiencing PTSD.

Postpartum PTSD symptoms include:

- Intrusive re-experiencing of a past traumatic event
- Flashbacks or nightmares
- Avoidance of stimuli associated with the event
- Persistent hyperarousal (irritability, difficulty sleeping, hypervigilance, exaggerated startle response)
- Persistent hypoarousal (feeling numb, disconnected, detached, a sense of "unreality")
- Anxiety and panic attacks

When left untreated, postpartum PTSD can have lasting impacts to the psychological and emotional health of the birthing person and family unit. PTSD symptoms are all understandable reactions to extraordinarily difficult circumstances. Research-driven psychotherapies like those we utilize at Wildflower are available to help resolve these symptoms.

Bipolar Mood Disorders

For many mothers diagnosed with a postpartum bipolar mood disorder, it may be the first time they have experienced cycling moods. Bipolar depression can present like severe depression or anxiety and a thorough review of your history is crucial to determining if there is a history of persistent highs and lows with your mood.

Bipolar mood disorders are characterized by:

- Periods of "highs" or elevated mood, including decreased need for sleep, agitation, experiencing above average bursts in productivity
- Periods of "lows" or depressive episodes
- The symptoms last longer than 4 days and interfere with functioning and relationships
- In severe cases, it is accompanied by psychosis and these symptoms present a high risk and must be treated immediately as an emergency

There are two types of bipolar mood disorders and an individual can also experience a mixed episode. It is important to get assessed and begin treatment as early as possible. Mothers with a personal and/ or family history of a bipolar mood disorder are at higher risk for developing one in pregnancy and postpartum. Therapy and psychiatric care are important to stabilizing your mood and ensuring best outcomes.

Postpartum Psychosis

Approximately 0.1–0.2% of new mothers experience postpartum psychosis, or 1 to 2 out of every 1,000 deliveries (Pirec and Grabowski, 2017). The onset is usually sudden, occurring within the first one to two weeks postpartum. Risk factors include a personal or family history of a bipolar mood disorder or a previous psychotic episode.

Symptoms of postpartum psychosis include:

- Delusions or strange beliefs
- Hallucinations (seeing or hearing things that aren't there)
- Feeling very irritated
- Hyperactivity
- Decreased need for or inability to sleep
- Paranoia and suspiciousness
- Rapid mood swings
- Difficulty communicating at times

Postpartum psychosis is a serious medical emergency and needs to be treated as such. If a woman is experiencing the above symptoms, she must be urgently evaluated in an emergency room setting.

Important facts to remember about PMADs:

- Symptoms can start right after birth or at any time in the first year postpartum
- Mom feels persistently down and/or anxious
- Mom might feel irritable or rageful
- Symptoms last longer than two weeks
- Sleep might be impaired (can't sleep when baby sleeps)
- Mom can't access joy and pleasure
- Self-esteem is impacted
- Suicidal thoughts may be present
- Symptoms are distressing and make it difficult to function

Mental health treatment for PMADs works!

When untreated, PMADs can become chronic and have a negative impact on the psychological and physical health of the mother, child, and the family system as a whole. Psychotherapy can be sufficient when symptoms are mild to moderate. In some moderate and more severe cases, pharmacological treatment needs to be considered in addition to psychotherapy. Both pharmacological and psychotherapeutic treatment require that mothers be seen by specialists in reproductive mental health who stay abreast of the latest research and utilize evidence-based approaches that have the highest potential to help quickly. The bottom line is that treatment is the best gift a suffering mother can give herself and her family.

All therapists at Wildflower specialize in perinatal mental health and are either certified perinatal mental health providers (PMH-C) or working toward their certification.

A note about partners

Although non-gestational parents do not experience the same hormonal shifts that are thought to play a role in perinatal mood and anxiety disorders, they, too, are vulnerable to mental illness during the transition to parenthood. About 10% of partners have depression, mood, or anxiety problems (Postpartum Support International, 2017a). The risk is increased for those whose partners are suffering from PMADs.

At Wildflower, we are glad to see an increase in willingness to seek support during this challenging time. Fathers often report struggling with an internalized expectation that they be "strong" and not show emotion, which only exacerbates mood and anxiety symptoms. Often, the non-gestational parents say that the initial step of reaching out is the most challenging part of starting psychotherapy and find immense relief and benefit from seeking mental health treatment.

Emergent Signs and Situations

If you think you may be exhibiting the following:

- **Suicidal ideation, especially with plan and intent to act**
- **Delusions, strange beliefs, or hallucinations**
- **And/or if these symptoms are also accompanied by:**

– Increased irritability
– Hyperactivity
– Decreased need or ability to sleep
– Paranoia or suspiciousness
– Rapid mood swings
– Difficulty communicating

Please call 911 or go to your nearest emergency room.

For not imminently life-threatening situations, consider:

National Suicide Prevention Lifeline:
988

Crisis Text Line:
Text **NAMI** to **741741**

North Shore MOMS Line (in Illinois):
(866)-364-6667

Screening and assessment

You are so much more than a diagnosis. Your life as a pregnant person or new parent is characterized by ever-changing circumstances and fluctuations in your mood. You might be asking yourself, "Is this what it's like for everyone?" If you are wondering about when to seek further help, or what next steps to take, assessing how severe your symptoms are can be a good place to start. We recommend using a screening tool called the Edinburgh Postnatal Depression Scale (EPDS). You can find it easily online.

If you are currently working with a therapist, they will likely administer this assessment and review the results with you. If you are not, you might find taking this screener helpful to determine if working with a therapist, psychiatrist, or other professional could be a good idea during your transition to parenthood.

Please note that this scale is not a diagnostic tool and a formal diagnosis can only be given by a mental health professional.

What causes PMADs?

If you are experiencing a mood or anxiety disorder during the perinatal period, you're likely wondering why. You might even be questioning whether you have done something to cause your struggles. It is very important for you to know that you are not to blame. PMADs are legitimate medical conditions with complex etiology. The hopeful news is that these conditions are very treatable. Once you receive the help you need and deserve, you will start feeling better.

Researchers have identified biological, psychological, and social/environmental factors that place birthing people at an increased risk for developing a mood or anxiety disorder during pregnancy and postpartum. Notably, endorsing a certain risk factor, or even several of them, does not mean you will actually develop a mental health disorder. It simply means you are more vulnerable to it. PMADs are often caused by a perfect storm of circumstances having to do with your biology, identity shifts, relational challenges, sleep deprivation, and other dimensions of the transition to parenthood. Whatever your situation, attending to your mental health during the perinatal period is a wise decision given that it is a time of major change which makes stress — and distress — more likely.

What follows is not an exhaustive list of risk factors. We encourage you to talk with your therapist to make sure you have a full understanding of your particular circumstances, their ramifications, and next steps.

Biological risk factors

- Genetics
- Prior history of any mental health disorder
- Prior history of perinatal mood or anxiety disorder
- Sensitivity to dramatic hormonal changes occurring during pregnancy and following childbirth
- Pregnancy complications; NICU stay
- Endocrine disorders such as thyroid disorders or diabetes

Psychosocial and environmental risk factors

- Isolation and lack of support
- Other big life changes (new home, job, etc.)
- Sleep problems
- Being a teen mom
- Loss of a loved one
- Partner conflict
- Poor nutrition
- Discrepancy between expectations and reality
- Perfectionism
- Systemic racism
- Poverty

Mental health treatment

When it comes to the treatment and support you receive during pregnancy and postpartum, a comprehensive approach tends to work best. Depending on your current needs, there are a variety of care options that can help.

Outpatient psychotherapy

Psychotherapy entails meeting with your individual psychotherapist usually one time per week for 45-60 minute sessions. It is important to meet at least once per week in order to build a strong therapeutic relationship and gain momentum in your progress toward symptom relief and treatment goals you have set. Within outpatient therapy, many different styles and therapeutic methods are utilized by therapists. Consider visiting Wildflower's website to learn about various therapeutic modalities we use. Beyond specific modalities, it is essential to work with a therapist who is trained in perinatal mental health, as there are many nuances that are important to be aware of for effective care. Recognizing the importance of this, all of our therapists at Wildflower receive training in perinatal mental health.

Support groups

It can be helpful to make a distinction between support groups and treatment groups. Support groups may be run by a trained mental health professional or a lay person, and are not considered formal mental health treatment. They can be of great value, helping you connect with others who are going through similar experiences, offering resources, insights, and coping strategies. Treatment groups can be thought of as psychotherapy in a group format. The aim is to alleviate psychological distress using a variety of approaches depending on the group.

Regardless of type, group work is a powerful means of building community during the transition to parenthood. We highly recommend that you consider joining one at Wildflower or beyond.

Psychotropic medication and psychiatry

Psychiatrists differ from psychotherapists in that psychotropic medication prescription and management is a central part of their focus. Psychiatrists are trained physicians with a medical degree. With the exception of psychiatrists who explicitly provide psychotherapy, they likely will not be meeting with you weekly but rather on a less frequent basis which may vary depending on your needs and progress. It is important to find a psychiatrist who is attuned to and informed about your needs during the perinatal period. Such psychiatrists are called reproductive psychiatrists. Attuned psychiatrists are knowledgeable about which medications to use during pregnancy and while nursing, and understand the psychological, social, and biological landscape of the transition to parenthood. If you are in need of referrals, Wildflower would be happy to help connect you with a reproductive psychiatrist.

Higher levels of care

Higher levels of care include therapeutic programming that is more time and treatment intensive than outpatient therapy. Options for higher levels of care include intensive outpatient program (IOP), a partial hospitalization program (PHP), and residential treatment. If you are feeling distressed to the point that your safety is a concern and/or you feel your daily functioning is severely impaired, a higher level of care would likely be helpful to you. If you are experiencing an emergency, please call 911 or go to your nearest emergency room. PHPs and IOPs are higher level programs. You continue to live at home while attending therapy programming during the day. PHPs tend to be more intensive with programming occurring several days per week for several hours at a time, amounting to around 25 to 30 hours per week. IOPs will similarly involve programming occurring several days per week for several hours at a time, but you can expect to spend 15 to 20 hours per week in treatment. PHPs require a more significant time commitment, while IOPs offer more convenience for you to continue to tend to home and/or work responsibilities. Residential treatment offers 24/7 wrap-around care, and the participants live at the facility through their course of treatment.

It is important to consider what level of care is right for you. If you are in need of referrals for higher levels of care, Wildflower can help connect you with these resources. Postpartum Support International volunteers (https://www.postpartum.net/get-help/locations/) are also able to connect you with a variety of resources.

Therapeutic modalities

If outpatient therapy is the right fit for you, you still might be unsure where to begin. Wildflower's Demystifying Psychotherapy packet (https://wildflowerllc.com/demystifying-psychotherapy/) can help answer any questions about getting started in therapy. Research has demonstrated time and

again that psychotherapy is an effective first-line treatment for PMADs. That is hopeful news, but how can you know that you are in good hands and on the path to feeling better?

Information is power

Well-trained therapists will provide extensive education about PMADs; they will do so both early on and throughout treatment. They should be able to explain current biopsychosocial understandings of causes of perinatal illness, clarify risk factors, demystify symptoms, as well as offer a clear sense of what psychotherapy will entail.

Perinatal clients we work with at Wildflower consistently report to us that the information they have gained in their early sessions was a powerful engine of recovery; it legitimized their experience, reduced isolation, and gave them language to describe pain that so often feels bewildering and indescribable.

Evidence-based interventions

Experienced therapists base their clinical interventions in treatment approaches that have been demonstrated in research and clinical literature to be effective in alleviating symptoms of PMADs. Treatments that have received the most empirical attention and support to date are interpersonal psychotherapy for postpartum depression (IPT) and cognitive behavioral therapy (CBT) for depression and anxiety.

It is important to note that IPT and CBT are not the only approaches in the perinatal therapist's toolkit. Research has also demonstrated the value of mindfulness-based treatments for PMADs. Couples counseling may be an important adjunct to individual therapy. When bonding with the baby is adversely affected by depressive or anxiety symptoms, treatment needs to also focus on the relationship between the mom and the baby. The therapist should have the clinical skill set to continually assess whether psychotherapy alone is going to be sufficient in alleviating symptoms or if referral to a reproductive psychiatrist to consult about the need for psychotropic medication should be considered.

The bottom line is that the therapist should be able to flexibly select and apply a variety of empirically-driven treatment techniques and approaches that fit that particular client's problems, preferences and needs. There is nothing "cookie-cutter" about psychotherapy with perinatal clients!

The importance of the therapeutic relationship

None of the above can take place in the absence of a nurturing therapeutic relationship, the kind that makes the new mom feel heard, genuinely understood, and validated. Struggling moms often feel an overwhelming sense of guilt and shame that cause them to withdraw from relationships and become increasingly alone. An essential part of recovery from PMADs has to do with restoring a positive sense of self and belonging. This kind of healing cannot take place in isolation, outside of caring relationships with others. Feeling accepted and genuinely respected by the therapist thus enables the client to begin the process of recovery. Research has shown that the strength of the therapeutic alliance is most associated with positive psychotherapy outcomes.

Focus on social support and self-care

As already mentioned, the quality of a postpartum person's relationships and of their overall social support network has major implications for wellbeing. Interpersonal conflict and isolation are well-recognized risk factors for the development of PMADs. Effective psychotherapy seeks to resolve any interpersonal distress that may be present and to help skillfully navigate the challenges of changing roles and relational dynamics that accompany the arrival of a new baby. Psychotherapists can also be vital in connecting clients to larger support networks—mom and baby groups, educational workshops and classes, lactation and infant sleep experts, and others. The therapist's knowledge of these resources is a helpful sign that they are actively involved in the local professional community that provides support to new parents and are an expert in this area.

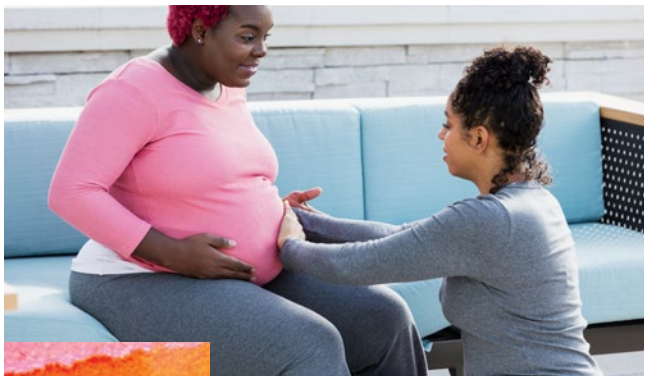
Additionally, experienced perinatal psychotherapists emphasize the importance of self-care practices, help people address barriers to self-care as well as develop creative methods of ensuring that both the mom and her baby are cared for.

Additional supports

Prenatal yoga

Beyond being a wonderful source of community, prenatal yoga has many other benefits. Studies have shown that prenatal yoga can decrease anxiety around childbirth and prevent increases in depressive symptomatology, help women experience a higher level of comfort during birth thanks to improved core strength, flexibility and endurance

of muscles needed for childbirth, and decrease stress levels, including in high-risk pregnancy. Additionally, many women report that prenatal yoga helps relieve discomfort associated with pregnancy. This includes back and leg pain, nausea, headaches, and shortness of breath. Some women even find that their sleep improves once they start practicing prenatal yoga (Kawanishi et al., 2015).



Birth and labor doula

This is a non-medical support person who provides emotional, mental, and physical non-clinical care to pregnant people and their partners/families during pregnancy, labor, and early parenthood. What exactly do they do and what is their impact?

Before birth

- Meet with parents in the second or third trimester to get acquainted/learn about any prior birth experiences, history of current pregnancy, and creating birth preferences document
- Teach relaxation, visualization, and breathing skills for labor
- Advise on childbirth education class
- Explore provider options if applicable

During birth

- Focus on comfort of birthing person and partner
- Empower parents by providing emotional, physical, and educational support
- Help determine pre-labor from progressive labor, and early labor from active labor
- Encourage adequate rest, nutrition, and fluids in early labor
- Work cooperatively with birth team, remaining calm and out of the way of staff
- Encourage breathing, position changes, and comfort measures
- If partner wants to participate, act as guide and provide relief when breaks are needed
- During pushing, may offer comfort measures, positioning help, and encouragement

After birth

- Help with first breastfeeding
- Preserve privacy of family in the first few hours following birth
- Might provide follow-up support in early days at home, generally within the first two weeks postpartum, including processing birth story, childbirth education, lending a helping hand, providing referrals, sibling support, etc.

Research shows that having a doula can increase satisfaction with the birthing experience, reduce time in labor, reduce use of undesired medication, and reduce use of spontaneous medical intervention. Research findings have also noted a correlation between the use of a doula and decreased presence of PMADs and increased attachment to the baby though more studies are needed (Bohren et al., 2017).

Postpartum doula

Similar to a labor doula, this is a non-medical support person who provides emotional, mental, and physical non-clinical care to new moms and their partners/families after pregnancy and labor. What exactly do they do?

- Provide emotional, physical, and informational support during the postpartum period
- Encourage informed decision-making and provide information on care options with trusted referrals that reflect the family's values and needs
- Educate about and discuss signs of PMADs
- Model and educate the family on effective communication and newborn care and characteristics, including infant feeding and how to maximize age appropriate infant sleep
- Assist with newborn care duties overnight while parents sleep
- May assist with household organization, including but not limited to running errands, meal preparation, light cleaning, laundry, and care for siblings and pets in the household
- Provide skilled support in complicated postpartum adjustments

Certified lactation consultant (CLC)

A CLC is able to help troubleshoot and assist with breastfeeding-related issues. If you do choose to breastfeed and find that you are struggling, please know you are not alone. It is unfortunately a very common experience, and often moms report feeling alone and pressured to figure out how to continue breastfeeding despite difficulties and distress. If you would like to continue on your breastfeeding journey, a CLC can partner with you in resolving any issues you are facing. It is important to find a CLC who will be attuned to your mental health needs in addition to breastfeeding goals.

Mental health matters

We hope you have found this guide helpful. We wrote it with you in mind and hoped to achieve several aims. First, we wanted you to have a source of accurate, no-nonsense information about mental health during pregnancy and in the postpartum period. Knowledge truly is power, and we hope that what you have learned here will support you in making informed decisions about your needs during this exciting but challenging time.

Second, we sought to make clear that mental health during the transition to parenthood is not something one should turn their attention to only upon becoming distressed or symptomatic. Consistently with the clinical philosophy that animates all of our efforts at Wildflower, we feel it is important to recognize that your mental health deserves attention and care at all times, during periods of wellbeing and struggle. As a society, we don't do the best job of attuning to the emotional, relational, and physical needs of birthing people. We hope you heard our core message to you as you read this guide: every birthing person needs nurturance and support during the highly vulnerable and intensely emotional experience of transitioning to parenthood.

Third, we wanted to help you feel less alone as you navigate your perinatal journey and recognize that you are not only building your family, but also your village. This village encompasses friends and family and extends beyond those networks to psychotherapists, doulas, yoga teachers, physicians, lactation consultants, psychiatrists, and others. The more caring, robust, and responsive your village, the better. As psychotherapists at Wildflower, we strongly believe in the importance of positive social support for your mental health. This is why connecting you with resources in the community is such a key part of what we do when working with our perinatal clients.

Finally, we wrote this guide because we believe in the power of the ripple effect. When you hold yourself with compassion, attune to your mental health, and advocate for yourself and your needs, you impact many others: your baby, your partner, your family system, and your community. Without necessarily realizing it, you may inspire your struggling coworker to seek the support of a psychotherapist or join a support group, or help an overwhelmed neighbor realize that there is no shame in seeking mental health services. You might even become involved in more formal advocacy efforts as a result of your experiences. We have more power to shape our collective culture than we realize. Together, we can build a more sane, supportive, and inclusive society. Here at Wildflower, we are honored and excited to be a part of your perinatal journey with you.

The Wildflower Team

Fall 2022

Resources

- Postpartum Support International
  https://www.postpartum.net/
- Postpartum Support International Help Line:
  1-800-944-4773
- Maternal Mental Health Leadership Alliance (MMHLA)
  http://www.mmhla.org/
- American Society for Reproductive Medicine (ASRM
  https://www.asrm.org/
- Black Mamas Matter Alliance
  https://blackmamasmatter.org/
- Illinois Association for Infant Mental Health
  https://www.ilaimh.org/
- NorthShore University Health System: Mom's Line
  https://www.northshore.org/perinatal-family-support-center/perinatal-depression-program/
  (866) 364-6667

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Notes

If you are looking to start psychotherapy at Wildflower, please reach out to our intake team by calling 312.809.0298 or completing the inquiry form on our website.

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