

THE GUIDE TO
PREGNANCY &
POSTPARTUM STRESS,
ANXIETY &
DEPRESSION



A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



By Dr. Sarah Allen



TABLE OF CONTENTS

Introduction.....	4
Pregnancy & Postpartum Mood Disorder Symptoms....	6
Types Of Perinatal Mood Disorders	8
Am I At Risk	10
Treatment -Medication	11
Treatment – Psychotherapy.....	11
What Will Make Me Feel Better	13
Finding Balance Where You Can	14
Allowing Yourself To Ask For Support	14
Be Aware Of Your Needs: You Matter!	15
How To Choose A Mental Healthcare Professional	16
About The Author	18



A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



Hi There,

Thank you for downloading this free booklet. If you have got this far you are probably pregnant or a new mom and are struggling with your emotions in some way and want to change how you are feeling. Motherhood isn't always how we expect it to be. I am here to help you learn more about how to care for yourself while you make the emotional transition to motherhood.

So what do we think motherhood is going to be like? Some picture a smiling pregnant mom, hands resting on her “bump” and being radiant. Or perhaps our mental image of motherhood is a new mother looking lovingly at the infant she is cradling. Dad's arm draped over her shoulder smiling down at the baby.

Then we have the reality! Being pregnant or having a baby can be tough!



Motherhood will have a profound impact on your life!

This is true if this is your first baby or your second, third, etc...

All new babies lead to parents' experiencing a huge transition

and I don't think we can really get our heads around that until it happens.



Here are just a few things to contend with:

Oh, my goodness, there is a baby here and I'm responsible for it!

- A whole new role and identity without any formal training
 - The first few weeks are a 24/7 job – All I am is Mom!
 - The impact of sleep deprivation
- Relief as it gets easier to manage the practicalities with time
 - And baby's first smile (6-8 weeks), the joys, yes, the ups
 - and downs!

During pregnancy and after birth women there are many changes to a woman's body and life that can have a huge impact on how she feels emotionally. Firstly, there are the many fluctuations in hormones that can make your mood swing up and down and if that is not enough, starting a family can also led to huge life changes, i.e. financial stress from giving up work, moving from the city to the suburbs, etc. By the time they have a baby, many women have also moved away from where their parents live and have limited family support. They may also be in a position where they don't have much practical or emotional support either. If you have had a previous episode, or a family history, of mood disorders such as anxiety and depression you are also more at risk of experiencing them when you are pregnant or postpartum.

A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



Many women feel that they are dealing with all these changes alone and this isn't what they want or expected motherhood to be like.

We used to think that maternal depression only happens postpartum (after the baby is born) and we concentrated on treating postpartum depression (PPD). More recent research has showed us that many women experience these symptoms during pregnancy too. Contrary to popular belief, pregnancy does not protect women from getting depressed.

Approximately 15% of women experience significant emotional problems during pregnancy too. Once studies concentrated on this area we also realized that it is not just depression symptoms either, pregnant and postpartum women can also experience anxiety, obsessional compulsive disorder (OCD) which often focuses on some type of harm coming to the baby and post-traumatic stress (PTSD) if they have a difficult birth experience.

We now have a name that covers all the symptoms that women may experience during pregnancy and postpartum - **Perinatal Mood Disorders (or PPMDs)** and we know between 10 – 20 % of women can experience them. And that is only the percentage of women who are reporting it! Many women feel unnecessary guilt and shame and do not want to tell anybody how they feel, so it is probably a much higher percentage.

No two women experience exactly the same feelings but symptoms of perinatal mood disorders might include a combination of:

- ❖ Feelings of anger or irritability
- ❖ Lack of interest in the baby
- ❖ Appetite and sleep disturbance
- ❖ Crying and sadness
- ❖ Feelings of guilt, shame or hopelessness
- ❖ Loss of interest, joy or pleasure in things you used to enjoy
- ❖ Possible thoughts of harming the baby or yourself
- ❖ Feel constantly tired
- ❖ Cry often for no apparent reason
- ❖ Feel panicky
- ❖ Worry excessively about her own or the baby's health
- ❖ Have a lack of feeling for the baby



Depression or anxiety is not just a temporary feeling. If your symptoms are disturbing, get in the way of your daily life or last over two weeks, you need to reach out for help.

When a woman first comes in to my office she often says:

"Is it normal to feel sad and nervous after the birth of a baby?"

Yes, many new moms feel weepy and anxious.

This is normal and is called the "Baby Blues" and it goes away with rest, food, support and time.



Up to 20% of all pregnant and new mothers have more lasting depression or anxiety though, but you are not alone. Help is Available.

A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



Types of Perinatal Mood Disorders

During Pregnancy:



Women are just as likely to experience significant anxiety and/or depression in during pregnancy as they are after having a baby (approx. 15%). Common symptoms include overwhelming sadness, feelings of hopelessness, excessive worry and rumination, feelings of being overwhelmed, extreme changes in appetite, sleep and concentration.

Postpartum 'Blues':

The “blues” affects 60-80% of all new mothers and often includes frequent and prolonged crying, anxiety, irritability, poor sleep, quick mood changes and a sense of vulnerability. It usually occurs within the first three days following birth, continues for a couple of weeks and goes away on its own.

Postpartum Depression & Anxiety:

If these feelings last longer than 2 weeks it is usually postpartum depression (PPD) and/or anxiety. As I said before, it affects between 15-20% of all new mothers, is more debilitating and longer lasting than the “blues”. Symptoms are characterized by despondency, tearfulness and more intense feelings of inadequacy, guilt, anxiety and fatigue. There may also be physical symptoms such as headaches and rapid heart rate. A lack of feeling for the baby is of special concern. These feelings can appear any time during the first few months to one year after the birth. Of women experiencing this form of depression, almost all respond well to treatment.



A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



Postpartum post-traumatic stress disorder (PTSD) following childbirth:

When childbirth or the time frame just before or after labor is seen as traumatic, women can develop PTSD like symptoms. Affecting up to 6% of mothers, the traumas can include women feeling that either their life or the life of their baby is at risk during the labor or shortly thereafter. Symptoms of postpartum PTSD might include intrusive re-experiencing of a past traumatic event (which in this case may have been the childbirth itself), flashbacks or nightmares, avoidance of stimuli associated with the event, persistent increased arousal (irritability, difficulty sleeping, hyper-vigilance, exaggerated startle response), anxiety and panic attacks, and feeling a sense detachment. Women who have



experienced a previous trauma, such as rape or sexual abuse, are also at a higher risk for experiencing postpartum PTSD. I have done research on PTSD and childbirth and worked with many women who have experienced it. It is important to recognize that this is different than PPD so treatment can be tailored effectively.

Postpartum OCD:

Postpartum Obsessive-Compulsive Disorder (OCD) is one of the scariest and under-diagnosed of the perinatal mood disorders. It is estimated that as many as 3-5% of new mothers will experience symptoms such as obsessions (also called intrusive thoughts) which are persistent thoughts or images often relating to harm coming to the baby and compulsions to do certain things again and again to reduce her fears. The moms with OCD know that their thoughts are bizarre and are very unlikely to ever act on them but are still fearful of being alone with the baby.

Postpartum psychosis:

Postpartum Psychosis or PPP (found in 0.1% of new mothers) is a serious, but relatively rare disorder, with reactions such as extreme confusion, refusal to eat, delusions, auditory hallucinations, hyperactivity and rapid or irrational speech. Most of these reactions occur within 3-14 days following

A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



the birth. Psychosis is serious and requires immediate medical attention and at times medication and hospitalization.

Am I At Risk?

Check the statements that are true for you:

- ❖ It's hard for me to ask for help. I usually take care of myself.
- ❖ Before my periods, I usually get sad, angry, or very cranky.
- ❖ I've been depressed or anxious in the past.
- ❖ I am been depressed or anxious when I'm pregnant.
- ❖ My mother, sister or aunt was depressed or very nervous after her baby was born.
- ❖ Sometimes I don't need sleep, have lots of ideas and it's hard to slow down.
- ❖ My family is far away and I feel lonely.
- ❖ I don't have many friends nearby that I can rely on.
- ❖ I am pregnant right now and I don't feel happy about it.
- ❖ I don't have the money, food, or housing that I need.
- ❖ I have a lot of stress and other major changes going on at the moment.

Checking more than two items in the above list **suggests that you have risk factors for depression or anxiety during pregnancy or postpartum.** With help, all of these symptoms are temporary and treatable.

A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



Another question I am often asked is
*"Isn't depression a chemical imbalance?
Should I just take an antidepressant?"*

There are fluctuations in brain chemistry due to hormones and mood disorders can be effected by decreased levels of serotonin and other neurochemicals but brain chemistry can be changed by psychotherapy and counseling, not just medication. What's more, only a third of patients respond fully to antidepressant medications.



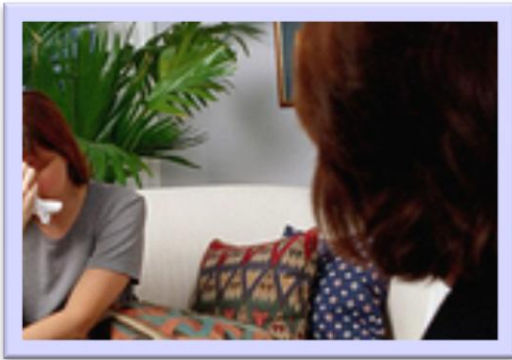
Antidepressants are among the most commonly prescribed drugs, but according to the researchers behind the new study up that was recently reported in The Lancet (a professional medical journal) up to two-thirds of those treated don't respond fully to antidepressants and still experience depression.

"Antidepressants are often the first-line treatment for depression " study author Dr. Nicola Wiles said. *"These findings emphasize the importance of increasing the availability of psychological therapy."* **Those 2/3rds need a different, effective treatment.**

A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



The study went on to compare the effects of antidepressants versus Cognitive Behavior Therapy (CBT) which is a type of talk treatment that focuses on examining the relationships between a person's thoughts, feelings and behaviors to find patterns that cause negative thoughts, feelings and unhelpful behaviors. Those in the CBT group experienced less anxiety, were more likely to not be clinically anxious or depressed and experienced fewer and milder symptoms than those in the group using antidepressants alone.



I am a member of the American Psychological Association (APA) and it actively encouraging those with symptoms of depression or anxiety to ask their primary-care practitioners about psychotherapy as a first course of treatment. The APA goes continues to stress that *"Psychotherapy provides a safe and effective treatment with enduring effects that can result in improved mood, increased energy, better job performance, more satisfying relationships, and enhanced functioning in other areas of life that are negatively impacted by depression."*

If you are experiencing severe anxiety or depression there is absolutely nothing wrong in seeking treatment that uses both antidepressants and talk therapy. When I work with a woman who can see that the coping strategies we are talking about in therapy are a great idea, but she is either too depressed to be motivated to do them or her anxiety level is so high she is too worried to do them, I often suggest having a consultation with a psychiatrist who specializes in perinatal mood disorders and used together, therapy and medication can really work well in lifting the woman to a place where she can utilize the strategies we are discussing.



What will help me feel better?

- ❖ Support and reliable information about getting through depression and anxiety
- ❖ Good nutrition and eating every three hours to keep your blood sugar in balance
- ❖ Rest and breaks from childcare
- ❖ Therapy and/or medicine from a trusted healthcare provider
- ❖ Fresh air and movement – getting out of the house
- ❖ Talking to other women and families who have been through it and recovered
- ❖ Practical help with chores



A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



Here are some more ideas to have a smoother transition to motherhood, but remember, if you are feeling alone, overwhelmed and not having the experience of motherhood you expected, please reach out for support. Asking for help is not a weakness. The most important thing to change is the idea that you should be able to do everything yourself.

Finding Balance

This is never easy so think of it as a very important work in progress.

- ❖ Find time for self.
- ❖ Find time for you and partner.
- ❖ Find time for you all to be together as a family.
- ❖ Spend focused time with your child – focus on one thing at a time to connect & be fully present rather than do two or more things at once.



Allowing Yourself to Ask & Accept Support from Partner/Family/Friends

- ❖ Have weekly/daily meetings so you can all work as a team.
- ❖ Schedule it – write it down on the calendar!
- ❖ Develop a support network, preferably ahead of time to bring meals, help with housework, run errands, pick up older children, babysit so you can have a break.



A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



Become Aware of What You Need

- ❖ Listen to thoughts: what are you telling yourself right now, is it unrealistic or negative, what could be a realistic or positive way of looking at it.
- ❖ Listen to emotions: acknowledge feeling, don't fight it, accept it, e.g. "I feel irritable right now." "I am in a bad mood." "I feel resentful."
- ❖ Listen to your body: eat when hungry, rest when tired - **HALT**- Are you Hungry, Angry, Lonely, Tired?



Allow Yourself to Receive What You Need: You Matter!

- ❖ Look after yourself and you have the reserves to look after others.
- ❖ Ask yourself - What is keeping you from asking for what you need?
- ❖ What is keeping you from giving to yourself?
- ❖ Think back on your day. What would you have done differently if you had been taking care of your needs? What can you do differently tomorrow?
- ❖ Take breaks throughout the day - breathe
- ❖ Acknowledge how much you do – you deserve a break
- ❖ Be direct with your requests for help
- ❖ **Look after yourself then you will have the emotional & physical energy you need**
- ❖ **Don't feel guilty, it wastes energy.**



A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



How to Choose A Therapist

Sometimes trying to make things better is too hard to do on your own and women need extra help and support from a healthcare provider who understands how hard it is to experience pregnancy or postpartum stress, anxiety or depression. In my role as the Director of the Postpartum Depression Alliance of Illinois, a non-profit organization which provides support and resources within Illinois, I am asked by women who do not live in driving distance of my office how should they go about choosing a therapist.

There are many mental health providers that are very experienced in treating general depression and anxiety, but when dealing with perinatal mood disorders you need to choose someone who has specific training and experience in treating pregnant and postpartum women and it is good to ask the following questions.

A good therapist will not mind talking to you before you come in for the assessment to answer your concerns and questions.



1. What specific training do you have in diagnosing and treating perinatal mood disorders?

Anyone can set themselves up to be an expert. Ask what conferences, training, workshops, etc. they have recently attended or presented at and how many women with pregnancy or postpartum mood disorders have they treated. Treatment takes less time when the therapist is highly experienced.

A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



2. Do you belong to any organization that educates its members about PPD?

The main organization in the US is [Postpartum Support International](#). Within Illinois, it is also good to be a part of the Postpartum Depression Alliance of Illinois.

3. What type of psychotherapy are you trained in?

Studies have shown that cognitive-behavioral therapy (CBT) and interpersonal therapy (IP) work best in treating PPD. CBT can help you identify and change inaccurate perceptions of yourself and the world around you, while IP focuses on how you behave and interact with family, friends, and other people in your life. Long-term psychoanalysis, which may continue over many months or even years, is usually not the best approach for PPD.



If you can't find a specialist in your area, I am happy to work with you via telephone sessions (see www.drSarahallen.com for more details).

Help is available!

Whether you just need a few sessions to help navigate the transition to motherhood or whether you are experiencing the depth of depression or waves of panic.

Don't feel you need to go through this alone.

A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



Thank you for taking the time to read my booklet. I hope it has been helpful and will go on to be a source of useful information for you. More information and articles about pregnancy and postpartum mood disorders can be found on my website www.drSarahallen.com. There is also a screening questionnaire there that you can take to see if you have PPD. If you are experiencing symptoms that get in the way of enjoying motherhood, please remember you are not alone and support is available and will help.

About The Author



Dr. Sarah Allen is originally from the UK but has been living and bringing up her family in Northbrook, IL for the past 16 years.

She received her doctorate in Clinical Psychology at Southampton University, England, where she trained in a psychotherapy treatment called cognitive behavior therapy (CBT). CBT is short-term "here and now" therapy that is a proven effective treatment for a wide range of problems including pregnancy & postpartum depression, anxiety and stress, and the relationship problems parenthood can bring.

In addition to her private practice work with clients, Dr. Allen has conducted research on birth trauma and PPD and is the Founder/Director of the PPD IL Alliance and the IL coordinator for Postpartum Support International. Volunteering for these local and national non-profit organizations, which bring support to women with pregnancy/postpartum mood disorders and their families, has been a way for her to bring her passion for this work to a wider community.

Her skills and 20 years of experience allow her to get to the root of problems quickly and show you practical ways to feel more in control of your life.

For more information about Dr. Allen's services please visit her website at www.drSarahallen.com or contact her for a free 15 minute consultation to discuss whether you could benefit from working with her on 847 791-7722 or email drsfcallen@gmail.com.

You can also sign up for her blog on www.drSarahallen.com to read more tips on how to cope mood disorders, motherhood and parenting.