

THE GUIDE TO
PREGNANCY &
POSTPARTUM STRESS,
ANXIETY &
DEPRESSION



A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



By Dr. Sarah Allen



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A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



Hello,

Thank you for downloading my free guide. 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.

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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.

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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. Read the specific sections about depression and anxiety below to find out more information on symptoms.

Postpartum 'Blues':

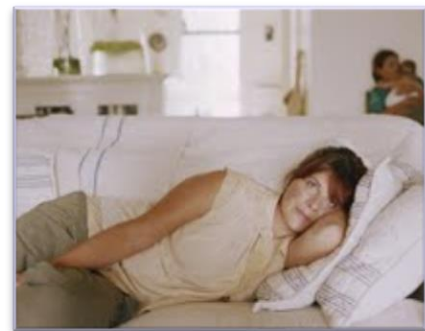
The “blues” affects 60-80% of all new mothers and often includes frequent and prolonged crying, anxiety, irritability, poor sleep, quick mood changes and a sense of vulnerability. It usually occurs within the first three days following birth, continues for a couple of weeks and goes away on its own.

Pregnancy & Postpartum Depression:

Pregnancy Depression (also called antenatal or prenatal depression) and Postpartum Depression (PPD) affects between 15-20% of all new mothers.

Symptoms are characterized by lack of despondency, tearfulness and intense feelings of inadequacy, guilt, anxiety and fatigue. There may also be physical symptoms such as headaches and rapid heart rate and moms may feel disconnected from the baby.

Symptoms differ for everyone but might include any of the following:



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- Crying and sadness
- Loss of interest, joy or pleasure in things you used to enjoy
- Feelings of anger or irritability
- Lack of interest in the baby
- Appetite and sleep disturbance
- Feelings of guilt, shame or hopelessness
- Possible thoughts of harming the baby or yourself

These feelings can appear any time during the first few months to one year after the birth.

For more information about Pregnancy Depression read [The Truth About Pregnancy During Depression](#) and for tips for coping read [10 Tips For New Moms About Pregnancy & Postpartum Mood Disorders](#).

Pregnancy & Postpartum Anxiety



Approximately 6% of pregnant and 10% of new moms experience anxiety.

Let's start with pregnancy. Pregnant women get a lot of advice about what they should do or not do from family, friends and social media. It can make everyone a little paranoid about what not to eat, do etc... The process of trying to get pregnant, fear of miscarriage, especially if there is a previous loss and what is going to happen to your life once this baby arrives can all cause anxiety or exacerbate pre-existing anxiety.

When the baby arrives every new parent worries that they don't really know what they are doing and somehow, inadvertently, they may do something, or not do something, that causes harm to their baby. These little humans are totally vulnerable and now you are responsible for it! This can be scary sometimes but these worries are totally normal and everyone gets them occasionally.

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But postpartum anxiety is more intense and persistent than typical new parent concerns. If you have any of the symptoms below for most of the day, you probably have postpartum anxiety.

- Racing thoughts
- Worrying
- Lack of concentration
- Restlessness
- Sleep disturbance
- Irritability
- Physical tension
- No appetite

Panic Attacks sometimes accompany anxiety but they're like anxiety multiplied by 10. They have a sudden onset and are accompanied by intense fear of something bad happening.

Physical symptoms include shortness of breath, chest pain, dizziness, heart palpitations (people often think they are going to have a heart attack), sweating and gastrointestinal upset.

Emotionally you may feel that you are going to somehow lose control, go crazy and may start to avoid situations where you have experienced panic attacks for fear of one happening again.

Panic attacks seem to go in waves, but it is important to know that they will pass and will not hurt you and there are techniques to calm your mind and body down.

(For a more detailed post about pregnancy & postpartum anxiety read [The Facts About Pregnancy & Postpartum Anxiety](#))

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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.

(For a detailed post about Postpartum PTSD read [When Your Childbirth Experience Wasn't What You Hoped For](#))

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 (called compulsions).

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The thoughts, images or visions can be really horrific and seem very real. Women tend to not tell anyone they have these thoughts for fear of what others may think of them. When we keep thoughts in our head though, they grow more severe and even more frequent.

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 **rare** disorder, with reactions such as extreme confusion, refusal to eat, delusions or strange beliefs, auditory hallucinations (seeing or hearing things that aren't there), feeling very irritated & hyper, decreased need for or inability to sleep, paranoia and suspiciousness and rapid mood swings. Most of these reactions occur within 3-14 days following the birth.

You can see that PPP is very different and much more severe than having the anxiety-provoking horrible thoughts that women with postpartum OCD have. In a psychotic state, a woman's delusions and beliefs make total sense to her (but would be irrational to others) and feel very meaningful. Risk factors for PPP are a family history or previous personal history of psychosis or bipolar. Treatment needs to be immediate and requires 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.

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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 affected 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.



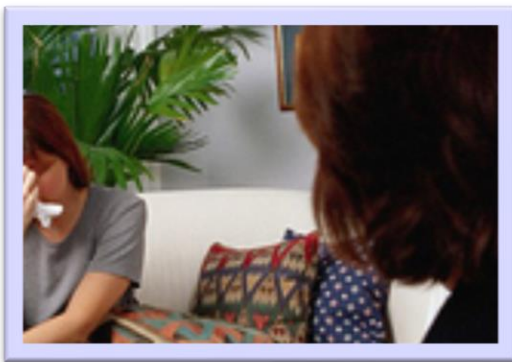
Antidepressants are among the most commonly prescribed drugs, but according to the researchers behind the new study up that was recently reported in *The Lancet* (a professional medical journal) up to two-thirds of those treated don't respond fully to antidepressants and still experience depression.

"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.**

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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



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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.



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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.**



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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.

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

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

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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.



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.

Help is available!

For more information about Dr. Sarah Allen's counseling services please visit her website at www.drSarahallen.com or contact her to discuss whether you could benefit from working with her on 847 791-7722 or email her on the contact form on this page www.drSarahallen.com/contact.

If you live in Illinois and can't find a specialist in your area, I am happy to work with you via phone sessions or video sessions using VSEE which is free to download and is similar to Skype but HIPAA compliant (see www.drSarahallen.com/telephone-online-sessions for details).

Please note: Dr. Allen's professional license only allows her to work with clients who travel to her Northbrook office or via remote sessions within IL.

If you live outside of IL please visit Postpartum Support International to find help in your state <https://www.postpartum.net/get-help/locations/united-states/>

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About The Author



Dr. Sarah Allen is originally from the UK but has been living and raising her family in Northbrook IL, a northern suburb of Chicago for over 20 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 and published research on birth trauma and written many articles about pregnancy and postpartum mood disorders. She is also the Director of the Postpartum Depression Alliance of IL., a non-profit organization she founded in 2002 which supports women with pregnancy/postpartum mood disorders and their families throughout IL. This has been a way for her to bring her passion for this work to a wider community.

Unfortunately, Dr. Allen's professional license doesn't allow her to offer personalized advice by email which is why she likes to write blog posts and booklets so she can share information with people who live too far to see her in person.

You can visit her blog on www.drSarahallen.com/blog or join her on Facebook <https://facebook.com/drsfcallen> to read more tips on how to cope mood disorders, motherhood and parenting.

