

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
Types Of Perinatal Mood Disorders	8
Am I At Risk	13
Treatment -Medication	14
Treatment – Psychotherapy.....	15
What Will Make Me Feel Better	16
Finding Balance Where You Can	17
Allowing Yourself To Ask For Support	17
Be Aware Of Your Needs: You Matter!	18
How To Choose A Mental Healthcare Professional	19
About The Author	21

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 you 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 and your emotional health during this time.

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, 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 lead 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.



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 believe that maternal depression only occurred postpartum, leading us to focus on treating postpartum depression (PPD). However, recent research has revealed that many women experience these symptoms during pregnancy as well. Contrary to popular belief, pregnancy does not shield women from depression. Approximately 15% of women also face significant emotional challenges during pregnancy. As studies delved into this area, it became evident that it's not just depression; pregnant and postpartum women can also grapple with anxiety, obsessional compulsive disorder (OCD) often centered on potential harm to the baby, and post-traumatic stress disorder (PTSD) following a difficult birth.

We now have a term that encompasses all these symptoms—Perinatal Mood Disorders (or PPMDs). Research shows that between 10-20% of women may experience them, and that's only reflects the percentage from those who report it. Many women experience unnecessary guilt and shame and choose not to confide in anyone about their feelings, so the actual percentage is likely much higher.

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, impact the way you want to live your
daily life or last over two weeks, please reach out for help.**

*"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 within 2-3 weeks with rest, food, support
and time.



**However, up to 20% of all pregnant and new mothers have more lasting
depression or anxiety symptoms. Please know that you are not alone.
Help is Available!**



Types of Perinatal Mood Disorders

During Pregnancy:



Women are just as likely to experience significant anxiety and/or depression 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.

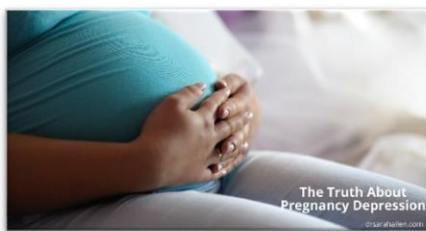
Postpartum 'Blues':

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 and continues for a couple of weeks, then goes away on its own.



Read [What Are The Baby Blues?](#)

Pregnancy & Postpartum Depression:



Read [The Truth About Pregnancy Depression](#)

Pregnancy Depression (also called antenatal or prenatal depression) and Postpartum Depression (PPD) can affect between 15-20% of all new mothers. Symptoms are characterized by lack of motivation, 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.

A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



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

- 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 and for tips for coping read [The Prevention & Treatment of 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 worry about 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 all new parents worry to some extent that they don't really know what they are doing and somehow, inadvertently, they may do something wrong, or not do something right, 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.

A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



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](#)



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 typically relating to harm coming to the baby and compulsions to do certain things again and again to reduce her fears.

The thoughts, images or visions can be 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 they are very unlikely to ever act on them, but they 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 & hyperactive, decreased need for or inability to sleep, paranoia and suspiciousness and rapid mood swings. Most of these reactions occur within 3-14 days following 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 have 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 lives 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 life changes going on at the moment.

Checking more than two items in the above list **suggests that you may have risk factors for depression or anxiety during pregnancy or postpartum.** With help thought, maternal mood disorders can be temporary and treatable.



For a detailed post about Risk Factors read [Risk Factors for Postpartum Depression & How To Get Support](#)



Mom Rage

Mom rage, also known as maternal anger, is a relatively new term that has been coined to describe the intense outbursts of anger, frustration, and stress that mothers can experience when they are overwhelmed with their responsibilities. While it is not a diagnosable clinical condition like anxiety, depression, OCD or PTSD, it can happen when you are extremely overwhelmed and experiencing any of the maternal mood disorders. Being a mother is one of the most rewarding experiences in life, it can also be extremely demanding and exhausting. The pressure to be the perfect caregiver, homemaker, and career woman can often become too much to handle, leading to a buildup of negative emotions that eventually explode in the form of mom rage.

But what causes mom rage? There are several factors that can contribute to a mother's anger and frustration. There is constant pressure for mothers to be perfect, which is simply not attainable. Another major factor is the lack of support for mothers. In many cultures, there is an expectation for mothers to solely handle all aspects of caregiving without any help or assistance. This can be overwhelming and isolating for mothers, leading to feelings of resentment and leaves little time for self-care and personal fulfillment.



For a detailed post about Mom Rage and ways to cope read [Understanding Mom Rage](#).

For a detailed post about how deep breathing can calm you down in moments of stress & overwhelm read [Need A Simple Way to Keep Calm?](#)

Take A Deep Breath

Learning how to calm down when feeling very anxious, frustrated, tearful or angry allows you to feel calmer and more in control of your feelings. It is not a cure, but if you calm the adrenaline that is running through your system, you can regroup and start to problem solve.





The Benefits of Therapy For Maternal Mental Health

Experiencing pregnancy and/or postpartum mood disorders can interfere with the ability to care for both yourself and/or your baby, which makes understanding and addressing maternal mental health issues all the more crucial. Seeking professional help is a powerful step toward recovery.

Therapy provides a safe space to explore feelings, identify triggers, and develop coping strategies. It not only addresses symptoms but also helps in promoting a healthier transition into motherhood.

Types of Therapy for Postpartum Mood Disorders

Cognitive-Behavioral Therapy (CBT)

Cognitive behavioral therapy (CBT) is a proven and effective treatment for postpartum mood disorders. It focuses on the link between thoughts, feelings, and behaviors, giving new mothers strategies to change negative thinking and adopt positive behaviors. CBT provides a comprehensive approach to supporting maternal mental health after childbirth.



Interpersonal Therapy (IPT)



IPT is another therapy form that centers on the personal relationships of the new mother, recognizing that postpartum mood disorders often affect and are affected by the social and interpersonal context of a woman's life. It addresses issues related to the role transition of being a mother, encourages useful communication patterns, and fosters stronger connections with significant others.



Support Groups

Joining a support group can also be incredibly helpful in navigating postpartum mood disorders. Sharing experiences, fears, and triumphs with other mothers who understand what you're going through can provide comfort and validation. Support groups offer a strong sense of community and reduce feelings of isolation, which can be crucial for new mothers with limited support.

Medication For Postpartum Mood Disorders

I am often asked *“Isn’t depression a chemical imbalance? Should I just take an antidepressant?”*

While therapy is an essential component of treatment for postpartum mood disorders, some women may also benefit from medication. Antidepressants and anti-anxiety medications have been found to be helpful in managing symptoms, particularly when used in combination with therapy. There is a medication available as an IV and in an oral form in the USA for severe depression called ZULRESSO® (brexanolone) which for some women can provide quick relief. Your OB/GYN will be able to put you in contact with a psychiatrist, a medical doctor who treats mental health. It is crucial to work with a psychiatrist who has extra specialist training to work with pregnant and postpartum women.





What Strategies Can Help?

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

Allow 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.
- ❖ **Looking after yourself allows you to have the emotional & physical energy you need to look after your baby and do the many tasks you are trying to juggle.**
- ❖ **Don't feel guilty, it wastes energy.**





How to Choose A Good Therapist

Sometimes trying to make things better is too hard to do on your own and you might 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 often asked by women, especially those who live outside of Illinois, how they should 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 maternal 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 your first appointment and should take the time to answer your concerns and questions.



Questions To Ask A Potential Therapist

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

Anyone can set themselves up on a website 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? How many years ago did they obtain their professional license? It is best to work with a fully licensed therapist i.e PsyD, L.C.P.C., L.C.S.W. In Illinois, if someone only has 3 letters after their name i.e. L.P.C. or L.S.W, it means they are still under supervision and no matter what they claim on their website, they are not specialists. Treatment takes less time when the therapist is highly experienced.

A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression

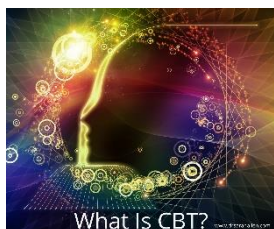


2. Do you belong to any organization that educates its members about PPD?

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



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.

Please don't feel that you need to go through this alone.

Help is available!



A Guide To Pregnancy & Postpartum Stress, Anxiety & Depression



About The Author



Dr. Sarah Allen is originally from England, but she has been living and raising her family in the Chicago, IL area for over two decades.

She completed her postgraduate psychology doctorate 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, chronic pain, depression, eating /weight issues, PTSD and the relationship problems parenthood can bring.

Her skills and many 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.

In addition to her private practice work with clients, Dr. Allen has conducted and published research on birth trauma and postpartum depression and has written many articles about pregnancy and postpartum mood disorders.

She is also the Director of the [Postpartum Depression Alliance of IL.](https://www.postpartumdepressionalliance.org/), 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.

For more information about Dr. Allen's services please visit her website at <https://www.drSarahallen.com>

or contact her to discuss working together on 847 791-7722 or email drsarahallen@drsarahallen.com.

Please note that Dr. Allen's professional license only allows her to work with people who live in Illinois & Florida USA & the UK. If you live outside of these areas [Postpartum Support International](https://www.postpartumsupportinternational.org/) can help you find a therapist who specializes in maternal mood disorders in your area.



I really hope that the information I have shared in this booklet has been of help! You can visit my blog on www.drSarahallen.com/blog or join me on social media to read more tips on how to cope with maternal mood disorders, motherhood and parenting.

Sarah

