Understanding Perinatal Mood Disorders

*Mood Changes Before and After Childbirth*
Perinatal Mood Disorders

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Perinatal Mood Disorders

What is a perinatal mood disorder (PMD)?

Having a baby is one of life’s most exciting and stressful events. As a new mother, you will feel joy, exhaustion and love. You may also feel fear, confusion and worry. During pregnancy and up to one year after childbirth, women experience an increased risk of depression and anxiety, known as perinatal mood disorders.

“Perinatal” means the period of time “all around birth.” Pregnancy (prenatal) and your baby’s first year (postpartum) can be challenging and filled with emotional highs and lows. You are going through many physical and emotional changes. Time, patience and support from family and friends are helpful during this period of adjustment. But, even with help and support, you may find yourself saying, “This isn’t what I expected ...”

If you think something is wrong, it probably is. Trust your instincts and don’t wait to get help. With proper treatment, you can recover and begin to feel better again.

Why do these mood changes happen?

There is no single cause for perinatal mood and anxiety disorders. PMD is typically brought on by a chemical or hormonal imbalance causing psychological and emotional symptoms. You did not do anything to “get” this.

PMD can affect a woman regardless of age, race, education or income level. It can occur whether you breastfeed or bottle feed, are married or single, are a first-time mom or have other children, and if your baby is healthy or ill. Because PMD is a health problem, it is not your fault.
How common is this?

Feeling anxious or sad before or after childbirth is very common. It doesn’t mean anything terrible is happening. It may mean you’re overwhelmed, overloaded and in need of some time to get things back on track. Some women have a variety of reactions that are described below.

**Baby blues** is a frequent reaction that can occur in the first two weeks after delivery, usually within the first few days. As many as 8 out of 10 (80%) new mothers feel down after the emotionally charged experience of birth. Symptoms may include crying for no obvious reason, or feeling impatient, restless or anxious. These feelings should subside over time. If your symptoms last more than two weeks, it could be more than the baby blues.

**Postpartum depression** is a common complication of childbirth, occurring in as many as 20% of new mothers. Symptoms can start any time during the first year after childbirth and last two weeks or longer. If you notice that you are feeling worse as time goes on, it is important for you to let someone know how you are feeling.

Postpartum depression does not happen because you are weak, or thinking the wrong things, or because you are not a good mother. Do not let feelings of guilt, shame or embarrassment keep you from seeking the help you need to feel better. (More about postpartum depression on the following pages.)

**Prenatal depression or anxiety** affects about 10% of pregnant women. The joys of pregnancy are clouded by feelings of fear, sadness and confusion, which are often hidden in silence and denial. It is extremely important to let your care provider know how you are feeling so he or she can help you before your baby is born.

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The following conditions are usually postpartum but can also occur during pregnancy. They are temporary and treatable with professional help.

**Panic** occurs without warning (panic attack) and can include shortness of breath, rapid heartbeat, chest pain, dizziness, and excessive worry or fear for no reason. This affects about 10% of women following childbirth.

**Obsessive Compulsive Disorder (OCD)** is characterized by intrusive, repetitive and persistent thoughts related to the baby, and/or the need to do certain things over and over again to reduce fears. OCD affects an estimated 3-5% of moms. They know that their thoughts are troubling and they are very unlikely to ever act on them.

**Post-Traumatic Stress Disorder (PTSD)** is experienced by 1-6% of women following childbirth. Usually it is caused by real or perceived trauma during delivery or postpartum. Symptoms include flashbacks of the traumatic event, nightmares, anxiety, and panic attacks.

**Postpartum psychosis** is a rare and very serious illness, occurring in only 0.1% of mothers. The onset is usually sudden and within the first four weeks postpartum. Symptoms are very severe and may include inability to sleep, extreme confusion, delusional thinking or behavior, and hallucinating. If you or someone you know has these symptoms, it is essential that you seek medical help immediately.
Postpartum Depression

What are the risk factors?
The likelihood of developing postpartum depression increases if you have any of the following risk factors.
(Note: Women without risk factors can still experience prenatal and postpartum depression.)
• History of depression or anxiety before or during pregnancy
• History of postpartum depression
• Unexpected birth experience or outcome (losses, preterm delivery, medical complications, etc.)
• Continued lack of sleep
• Family mental health history
• Problems with your partner or poor support from those around you
• Stress due to personal challenges, job changes, finances, relationships, etc.
• History of substance abuse

What are the symptoms?
Mood disturbances that persist longer than two weeks can be symptoms of postpartum depression. These include:
• Feeling sad, irritable, angry, anxious and/or crying easily
• Difficulty concentrating or making decisions
• Fatigue, lack of energy or lack of motivation
• Difficulty sleeping, even when baby is sleeping
• Constant worrying about baby’s health
• Feeling guilty or like you are a bad mother
• Significant weight loss or gain
• Lack of sexual drive
• Feeling like you don’t want to leave the house
• Thoughts about hurting yourself or your baby

What does postpartum depression feel like?
• “It feels scary—out of control.”
• “I feel like no one understands.”
• “I can’t concentrate.”
• “Sometimes I have frightening thoughts and feelings.”
• “I am always tired. I have no energy to care for my baby.”
• “It feels like I’m never going to feel like myself again.”
• “I feel sad and cry a lot and have no interest in things I used to enjoy.”
• “I am often angry and impatient with my partner, and our relationship is stressed.”
• “My appetite has changed.”
• “I feel like I have not laughed in a long time.”
Will this go away?

Yes. These feelings and thoughts—which can make you feel like you are doing something wrong or simply not handling motherhood well—are symptoms that respond well to treatment.

Here are some suggestions that may help you feel better.

• Talk to someone you trust—a friend, family member, care provider, or someone from a faith community.
• Ask for help and accept help when it is offered.
• Give yourself permission to rest even if you can’t fall asleep. Getting four to five hours of continuous sleep is very important.
• Stay active to keep up your energy. Fresh air and daily activity are good for you and your baby. Go out for a walk, even if you don’t feel like it.
• Eat healthy foods, even if you are not hungry. Avoid caffeine, alcohol and high-sugar foods. A daily multivitamin, vitamin B complex, and omega-3 fish oil supplements are recommended.
• Join a support group of mothers who are feeling the same way.
• Find time for yourself and learn to relax with motherhood. Take a bath, call a friend, go shopping or out for lunch.
• Give yourself permission to let go of guilt and blame.
• Write your feelings down. Journaling can be therapeutic.
• Avoid people and things that make you feel bad.
• Spend time with those you love.
• Take one day at a time. Accept your feelings, good and bad. Accept that no one is perfect.
• Understand that the healing process can be a slow one, and believe that you will feel better again.
• Learn more about postpartum depression. Read a book or visit a website (see suggestions at end).

What if I still don’t feel better?

Sometimes, self-help measures are not enough. If symptoms last more than two weeks, call your health care provider to make an appointment to discuss how you are feeling. Holland Hospital’s Parent Advocate team is also available to listen and provide support and information; call 616.394.3703. Often, the combination of therapy and medication is the most effective treatment for postpartum depression.

You may be too embarrassed or afraid to tell someone what you are thinking or how much you are struggling. Remember that postpartum depression is a real medical illness. By sharing your feelings with a professional, you can access the special support you may need during this challenging time.

Resources to help you:

• Your personal health care provider can help you and tell you about other resources.
• Holland Hospital’s Parent Advocates are available to talk to you at 616.394.3703. Our Parent Advocates specialize in helping you through this time and will provide you with emotional support, information on baby care and your recovery, and additional resources. We can also help you find professionals who provide counseling and therapy.
• Attend a local support group. Call us at 616.394.3703 for more information.
• If you—or someone you know—is in a mental health crisis, please call Ottawa County Community Mental Health Helpline at 866.512.4357. For Allegan County Community Mental Health, call 888.354.0596.

Emergency assistance is available by calling 911.
How do I know if I need help?

The Edinburgh Postnatal Depression Scale

The Edinburgh Postnatal Depression Scale is a 10-question, self-administered screening tool used worldwide to help identify women at risk of perinatal or postpartum depression. Answer these questions during pregnancy or within your baby’s first year to find out if you need more help.

Please circle the answer that best describes how you have felt over the past seven days, not just how you feel today:

1. I have been able to laugh and see the funny side of things.
   0 = As much as I always could
   1 = Not quite so much now
   2 = Definitely not so much now
   3 = Not at all

2. I have looked forward with enjoyment to things.
   0 = As much as I ever did
   1 = Rather less than I used to
   2 = Definitely less than I used to
   3 = Hardly at all

3. I have blamed myself unnecessarily when things went wrong.
   3 = Yes, most of the time
   2 = Yes, some of the time
   1 = Not very often
   0 = No, never

4. I have been anxious or worried for no good reason.
   0 = No, not at all
   1 = Hardly ever
   2 = Yes, sometimes
   3 = Yes, very often

5. I have felt scared or panic for no very good reason.
   3 = Yes, quite a lot
   2 = Yes, sometimes
   1 = No, not much
   0 = No, not at all

6. Things have been getting on top of me.
   3 = Yes, most of the time I have not been able to cope at all
   2 = Yes, sometimes I haven’t been coping as usual
   1 = No, most of the time I have coped quite well
   0 = No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping.
   3 = Yes, most of the time
   2 = Yes, sometimes
   1 = Not very often
   0 = No, not at all

8. I have felt sad or miserable.
   3 = Yes, most of the time
   2 = Yes, quite often
   1 = Not very often
   0 = No, not at all

9. I have been so unhappy that I have been crying.
   3 = Yes, most of the time
   2 = Yes, quite often
   1 = Only occasionally
   0 = No, never

10. The thought of harming myself has occurred to me.
    3 = Yes, quite often
    2 = Sometimes
    1 = Hardly ever
    0 = Never

If your total score adds up to 12 or higher, contact your health care provider; it may be helpful to share the results of this quiz with him or her. If your score is 8-11, record your answers weekly to track whether your scores change.

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More Information

Learn more about postpartum depression and other perinatal mood disorders with these books and websites.

Books

“Beyond the Blues” (English and Spanish editions)  
Shoshana Bennett, PhD, and Pec Indman, EdD

“Postpartum Depression for Dummies”  
Shoshana Bennett, PhD

“Postpartum Husband: Practical Solutions for Living with Postpartum Depression”  
Karen Kleiman, MSW

“Postpartum Survival Guide”  
Ann Dunnewald, PhD, and Diane G. Sanford, PhD

“Pregnant on Prozac”  
Shoshana Bennett, PhD

“The Mother-to-Mother Postpartum Depression Support Book”  
Sandra Poulin

“This Isn’t What I Expected”  
Karen Kleiman, MSW, and Valeria Raskin, MD

Websites

Holland Hospital  
hollandhospital.org/postpartumdepression/overview.aspx

Postpartum Support International  
postpartum.net or 805.967.7636

Postpartum Depression Blog  
postpartumprogress.typepad.com

Interactive Support Group  
ppdsupportpage.com

Fathers Support  
postpartumdads.org

Moms Bloom  
momsbloom.org

The Postpartum Stress Center  
postpartumstress.com

National Institute of Mental Health: Med Ed PPD  
mededppd.org/mothers

Contact us

For support and/or additional resources, contact Holland Hospital Parent Advocates  
616.394.3703
How Others Can Help.

- Take her seriously and listen to her concerns.
- Encourage the new mother to rest as much as possible.
- Help with household chores like cooking, grocery shopping, cleaning, laundry, and taking care of other children.
- Encourage her to get out of the house to walk, exercise or go for a ride.
- Go with her to the care provider or therapist to get more information and support.
- Tell her she is loved and remind her that she will not always feel this way.

Myths and Facts about Postpartum Depression (PPD)

Myth: It will go away if I just “tough it out” or ignore it.
Fact: Acknowledging the way you feel and getting help will speed your recovery.

Myth: Having postpartum depression means that I am a weak person.
Fact: Strong and intelligent women have PPD. You did nothing wrong, and you did not cause it.

Myth: If I take medication for PPD, I cannot breastfeed.
Fact: There are medications used to treat PPD that are compatible with breastfeeding. Check with your health care provider.

Myth: PPD can happen to me only in the first few months after birth.
Fact: It can happen during pregnancy or any time during your baby’s first year.

Myth: Because I did not have PPD with my first baby, I probably will not ever have it.
Fact: Postpartum depression can happen with the birth of any baby.
Parking Map

ENTER MAIN HOSPITAL CAMPUS FROM:
- 27th St. using main entry drive
- 26th St. from Washington Ave.
- 24th St.

PATIENT, VISITOR AND EMERGENCY PARKING:
- Red Lot
- Yellow Lot
- Green Lot
- Orange Lot (Cardiac Rehab only)

BOVEN BIRTH CENTER
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