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Perinatal Mood and Anxiety Disorders

What Doulas Can Do to Help

You are on the front line of prevention

- The incidence of PMADs is 15-20% of new moms. The most common complication of childbirth.
- Moms with the support of a birth and/or postpartum doula are less likely to get a PMAD.
- Many moms who develop postpartum depression or anxiety experience symptoms before their baby is born.
- Screening moms* (or helping them screen themselves) during pregnancy can help them shore up resources to prevent worse symptoms after the baby is born.
- Validating new moms' normal emotions (both positive and negative) can help her to transition to motherhood without guilt and shame.
- Helping a new mom with information and practical support (breastfeeding and baby care) reduces the stress that contributes to PMADs.

What you can do to help prevent PMADs

- Talk to your client about risk factors.
- Encourage her to mobilize her support network to bring meals, help with housework, etc.
- Encourage her to think about self-care after the baby is born.
- Validate her negative feelings about pregnancy, birth, and becoming a parent.
 - Get comfortable hearing about fear, grief, anger, resentment, ambivalence, etc.
 - Reassure her that her feelings are normal, and that they don't mean she is/will be a bad mom
 - If her feelings trigger discomfort in you, talk to a peer for a reality check, but make sure the mom feels heard and supported.
- If she is experiencing depression or anxiety during pregnancy, provide information and a referral to someone knowledgeable about PMADs.

Knowing the risk factors

- **#1: Depression or anxiety during pregnancy**
- A tendency toward perfectionism and people-pleasing (difficulty letting go of control and/or the need to do things “right” and make everybody happy)
- A previous episode of major depression or anxiety, or a family history of mental illness
- A relatively recent major loss (death of a loved one, previous pregnancy loss or termination)
- Difficulty getting pregnant or an unplanned pregnancy
- Breastfeeding difficulties and/or a colicky baby
- A high-risk pregnancy (including bedrest), a traumatic birth or difficult recovery from childbirth
- Relationship problems with partner or family
- Financial difficulties

What are the “baby blues?”

- Normal. Up to 80% of new moms experience this
- Symptoms are transient (come and go) and are relatively mild. They peak 3-5 after delivery and include:
 - Crying for no apparent reason (unstable mood)
 - Anxiety/stress and emotional sensitivity
 - Feeling overwhelmed and exhausted
 - Difficulty sleeping
 - Ambivalence about motherhood
- Mother may be concerned about mood changes, but the “baby blues” are generally mild and last from two days to under two weeks.
- More severe and consistent symptoms or those lasting more than two weeks are a sign that it may be a PMAD.
- If the mother is consistently unable to get adequate sleep (even when the baby is sleeping), she will very likely get worse without help.

Reading the signs

- Symptoms of depression:
 - Sadness and crying or numbness and emotional disconnection (just “going through the motions”)
 - Anger and irritability
 - Overwhelmed and exhausted
 - Loss of interest, joy or pleasure
 - Anxiety, excessive worry
 - Changes in appetite
 - Sleep disturbances
 - Difficulty concentrating or making decisions
 - Guilt, shame or worthlessness
 - Hopelessness/helplessness
 - Suicidal thoughts
 - Unexplained physical complaints

Reading the signs, cont'd

- Symptoms of Anxiety/Panic:
 - Agitated (difficulty sitting still or resting)
 - Excessive worry about the baby's health or her own (or other things)
 - Easily startled
 - Loss of appetite and difficulty sleeping
 - Racing thoughts
 - Shortness of breath and/or heart palpitations, chest pain, dizziness or nausea
 - Sweating or trembling, numbness or tingling sensations
 - Sudden waking with an overwhelming feeling of dread
 - Fear of:
 - Dying
 - Going crazy
 - Losing control

Reading the signs, cont'd

- Symptoms of OCD:
 - Excessive cleaning, checking, counting, ordering
 - Obsession with germs, cleanliness
 - Hypervigilance
 - Intrusive, repetitive thoughts, usually of harm coming to the baby (and mother is disturbed and frightened by the thoughts)
 - Behaviors to avoid certain situations (hiding the knives, fear of bathing the baby or driving with the baby)
 - Guilt and shame about disturbing thoughts, so mother may not talk about them unless you ask
 - Ask the mom: “are you having any thoughts that are scaring you?”

Reading the signs, cont'd

- Symptoms of PTSD:
 - Intrusive re-experiencing of the trauma
 - Isolation from family and friends
 - “Emotional numbing”
 - Hyperarousal/hypervigilance (including inability to sleep)
 - Avoiding triggers that remind the mom of the trauma
- Symptoms of Postpartum Psychosis:
 - Confusion, paranoia, delusions
 - Hallucinations (visual and/or auditory)
 - Rapid mood swings, agitation and insomnia
 - Thoughts of harming the baby (different than in OCD, in that these thoughts may seem reasonable to the mom)

What to do if you believe your client is affected

- Give her a screening test (only screens for PPD, not anxiety or OCD, but these usually co-occur). Many moms are not screened by their doctors.
 - Many moms will tell you they're "OK," but will answer honestly to screening questions that can identify depression.
- If the screen turns out positive, encourage her to "talk to someone who can help":
 - Call the PSI Warmline at 1-800-944-4PPD (4773).
 - Refer her to a local therapist who specializes in PMADs.
 - Keep in mind that her doctor may or may not have any training or expertise in mood and anxiety disorders, and may not follow up or give her appropriate referrals.
- If she has suicidal thoughts, assess for intent, plan and means (see attachment). Call 911 if necessary. If it is not an emergency, give her the Contra Costa Crisis line number: 1-800-833-2900 and follow up with her and her support person.
- Do NOT:
 - Tell her she needs medication (many moms are resistant to meds and will avoid getting help if they believe they will be pushed to take medication).
 - Tell her what she's feeling is "normal." Depression and anxiety are not a normal part of motherhood.
- Tell her that she may be suffering from postpartum depression, which is the most common complication of childbirth, and it is treatable. She is not alone. It is not her fault. She will get better with help.

How are PMADs treated?

- Mild to moderate depression and anxiety can be treated with therapy, social support, medication, or a combination.
- Moderate to severe depression, PTSD and OCD are usually treated with both therapy and medication, in addition to social support.
- Psychosis may require hospitalization and intensive treatment.
- Therapy involves helping the mom (among other things):
 - Mobilize her resources (community, social and family support)
 - Learn positive self-talk and better coping skills (mindfulness, self-care)
 - Process grief and other contributing stressors
 - Validate her experience of becoming a mother
 - Help her learn to set reasonable expectations of herself and let go of unrealistic perfectionism and people-pleasing
- Support groups help moms fight feelings of isolation and guilt, as well as creating lasting social connections.

How to Help if She's Struggling

Validate Feelings

"I feel... sad, disconnected, miserable, guilty, angry, numb, exhausted, confused, hopeless, resentful, jealous, helpless, overwhelmed, empty, terrified..."

"It's OK to feel.... "

Talking to someone who knows how to help will make you feel better in time."

Challenge Thoughts

- "I am a bad mother"
- "I will never be able to do this"
- "My family would be better off without me"
- "My baby doesn't love me"
- "I should be able to manage things better"

"That is what the depression (anxiety) is telling you. You are doing the best you can, and with help you will get through this and feel like yourself again."

Resources in the community

- PSI Warmline: 1-800-944-4PPD (4773)
- Bay Area Crisis Nursery <http://www.bacn.info/>
- Free Muirmommies support groups and classes/groups at Bloom
- Local mother's clubs (Lamorinda, Mt. Diablo, Pleasant Hill/Walnut Creek, Iron Horse, etc.)
- My Postpartum Emotional Recovery Circle in Lafayette (fliers available)

Good reads

- Postpartum Depression for Dummies, by Shoshana Bennett and Mary Jo Cody
- The Mother to Mother Postpartum Depression Support Book, by Sandra Poulin
- The Postpartum Husband, by Karen Kleiman
- Beyond the Blues, by Shoshana Bennett and Pec Indman
- Dropping the Baby and Other Scary Thoughts, by Karen Kleiman
- Therapy and the Postpartum Woman, by Karen Kleiman