

# PERINATAL MENTAL HEALTH

A Mom's Perspective



## **ABOUT SARAH ORNST BLOOMQUIST, CFLE, CLC**

MMHI's Co-Founder and Executive Director. She has been advocating for perinatal mental health since she experienced her own postpartum depression and anxiety after the birth of her first son. Sarah brings over 20 years of professional experience including her work as child advocacy program coordinator, life coach, family support specialist for perinatal couples and crisis pregnancy counselor. Sarah is a Certified Family Life Educator, advocate and speaker. She is committed to helping moms break down the obstacles to effective treatment and find hope in the process. Born and raised in the greater Milwaukee area, Sarah is a cheesehead at heart but spent many treasured years as a Hoosier. She currently lives in Ozaukee County and is a proud mom of two. She enjoys playing soccer, being active, hanging out with friends and neighbors, and taking her rescue dogs for hikes.

## **ABOUT MOMS MENTAL HEALTH INITIATIVE**

Moms Mental Health Initiative is a nonprofit organization dedicated to helping moms navigate perinatal mood and anxiety disorders by sharing information, connecting them to resources and providing peer-driven support.



## What She's Feeling

Life with a baby typically brings worry, but feeling anxious, sad, overwhelmed or even angry much of the time is **not typical**.

We want to talk with a mom about the frequency of symptoms and how it impacts her ability to function daily. Are her emotions interrupting daily life? Is she experiencing these emotions all day every day or at a frequency that makes her upset or concerned? These are reasons to ask more questions.

While postpartum depression (PPD) is more well known, perinatal mood and anxiety disorders (PMADs) better defines several different conditions that can impact a mom during pregnancy or within the first year postpartum.

## Testimonial

"I could have never imagined the isolation, despair and worthlessness I felt after birth. Moms Mental Health Initiative urgently connected me to treatment, other moms like me and they made me realize my baby would not be better off without me. They truly saved my life!"

**KATHRINE**



# What She's Feeling

## PERINATAL DEPRESSION

Postpartum depression often becomes the scapegoat for postpartum mental health issues, it's important to properly identify the illness using some hallmark symptoms. A mom may express feeling...

- Completely overwhelmed by being a mom and she just doesn't think she can do it
- Regret of becoming a mom in the first place or fear she made the WRONG decision to have a baby
- Confused as to why this is happening to her
- Anger or rage toward her baby or others around her
- Disconnected or numb to what's happening around her—she just doesn't feel like herself anymore
- Sad and guilty she's missing out on her baby's first days/weeks/months
- Like a mess, crying nonstop even for no apparent reason
- Fear that she will never be herself again and things will never get better
- Like she is a terrible mother unworthy of her child
- Unable to eat or eating way too much
- Restless at night and unable to sleep when her baby is sleeping
- Tired all the time and unable to stay awake
- Forgetful, unable to concentrate, or foggy-brained
- Like she wants to end it—she's had thoughts about hurting herself or the baby

Postpartum depression is NOT the “baby blues” which is typically a few days to two weeks of mild ups and downs and weepiness. May be Bipolar disorder when combined with mania.

## A MOM'S PERSPECTIVE

# What She's Feeling

## PERINATAL ANXIETY



Pregnancy or postpartum anxiety can exist on its own or along with perinatal depression. While most moms experience some anxiousness or worry during pregnancy or after giving birth, postpartum anxiety is more severe and impacts a mom's ability to function and/or bond with her baby.

You might hear...

- "I can't stop worrying (about)..."
- Extreme, distracting fear about something bad happening to her baby
- Fast talking or seemingly racing thoughts that are difficult to slow down
- "There's so much to do," "The list never ends!" "I just can't do anything right." "Everything I do is wrong."
- Suggestions that they may not be eating or sleeping as they normally would.
- "I just can't sit still!" "I have to keep moving."
- That she hasn't been feeling well- experiencing dizziness, nausea or diarrhea.

In addition to generalized anxiety, **a mom may also suffer from postpartum panic disorder with which she will likely experience extreme nervousness and recurring panic attacks.** These attacks may include dizziness, shortness of breath, chest pain, heart palpitations and numbness or tingling in the extremities. These symptoms are not life threatening and will subside after the attack passes.

## A MOM'S PERSPECTIVE

# What She's Feeling

## PERINATAL OBSESSIVE COMPULSIVE DISORDER



Anxiety may also present as pregnancy or postpartum obsessive-compulsive disorder or postpartum-OCD. This disorder is known for causing unwanted and terrifying intrusive thoughts in a mom who is experiencing it.

A mom going through POCD or her family members may share concerns about...

- "Do you think XYZ will hurt the baby?" "I think it will make the baby really sick."
- She may ask for reassurance, but not feel satisfied with answers.
- "I can't go down the stairs. The baby is going to fall out of my arms."
- "I can't give the baby a bath. I'll drown them."
- Other dark, unwanted thoughts – possibly about harm coming to her baby. These are thoughts mama may be hesitant to share. Let her know it's okay, that you believe she wouldn't act on them.
- Fear of being alone with her baby.
- Because of the above, mama may avoid potentially harmful things such as the stove, stairs, knives or bathtub.
- Excessively Googling or researching to ease anxiety. ("I was researching XYZ and read that...")
- "Checking" her baby's breathing, locked doors or other things to a level that is disruptive.
- Suggestions that they may not be eating or sleeping as they normally would.
- Fear that sharing her truth and experiences with loved ones or a doctor will result in her baby being taken.

**A professional who has not been properly trained in perinatal mood and anxiety disorders may confuse postpartum-OCD with postpartum psychosis.** The key differentiating factor is that a mom with postpartum-OCD experiences thoughts that are ego-dystonic or thoughts and/or impulses that are distressing and inconsistent with the person she identifies herself to be.





# What She's Feeling

## PERINATAL PTSD

Several events can contribute to a mom experiencing PTSD during pregnancy or postpartum. These may include lack of support, health issues while pregnant, pregnancy complications, prolapsed cord, unplanned c-section, alternative means to deliver the baby, feelings of powerlessness or a baby who needs to spend time in the NICU.

Symptoms may include, but are not limited to the following:

- "I keep seeing my baby being taken away from me."
- "There was so much blood"
- Nightmares of her experiences.
- "I can't..." go to the hospital, NICU, see medical equipment. She will avoid stimuli associated with the perceived traumatic event.
- Difficulty sleeping
- Anxiety and/or panic attacks

It's critical to remember that **trauma is subjective**. A birthing person's pregnancy, labor, delivery or postpartum period may not appear traumatic to you from a medical perspective. However, if she is experiencing symptoms of PTSD during pregnancy or postpartum, please take her seriously. She needs to feel she can trust you. Phrases like the below can help build trust:

- "I can understand how that would be upsetting"
- "I hear your distress and want to help"
- "We will work through this together"
- "You will be okay, I will help you"

# By The Numbers

Untreated perinatal mental health disorders impact cognitive, behavioral, and social development. They can lead to costly health setbacks for families and the community.

The cost of not treating PMADs is \$32,000 per mother/infant pair- More than \$3 million in Wisconsin.

Women of color experience PMADS 2-3 times more than white women. In Wisconsin that number increases to 5 times more.

Suicide and overdoses combined are the leading cause of death in the first year following pregnancy. Peak incidence of suicide death in this group is 6-9 months postpartum.

75% of individuals who screen at-risk for postpartum depression REMAIN UNTREATED.

It is believed that 50% of women who develop postpartum depression actually began experiencing symptoms during pregnancy. This proves the case for early symptom-recognition, awareness and access to treatment."

-PostpartumDepression.org

# Barriers to Effective Treatment

## **Lack of Experience/Training**

Inexperienced and/or untrained providers may suggest perinatal mood and anxiety disorders are "just" the baby blues or a need for sleep.

## **Lack of Screening**

About 1 in 5 women were not asked about depression during a prenatal visit (CDC)

## **Shortage of Psychiatric Care**

Mothers contacting Moms Mental Health Initiative often report months-long waits for care.

## **Risks of Not Taking Meds vs. Taking Meds**

When weighing the risks of not taking medication with the risks of taking medication, Many psychiatric medications are appropriate for perinatal women Providers should familiarize themselves with resources available for screening the safety of medications. In Wisconsin, this includes The Periscope Project. InfantRisk is also a great resource.



# Screening Best-Practices

## **Prenatally**

- Ideally once per trimester, at least once prenatally.
- When there is a concern about the patient's ability to function by the patient or the family.
- When there is a subsequent pregnancy before 12 months postnatal, screen at least once per trimester.

## **Postpartum**

- Between 2-4 weeks postpartum.
- Between 8-12 weeks postpartum.
- Between 9-12 months postpartum.
- Rescreen at any time there is a concern about the patient's ability to function by the patient or family.

# Moms Need...

**To know how common it is**

**To know they are not alone**

**To know they can choose what is best for them**

**To know this is a treatable disease**

**For their providers to be compassionate and well-versed on PMADs and the latest research**

**Others to be committed to their mental health**

**Evidence-Based Interventions, which may include:**

OBGYN or psychiatric prescriber

Peer Support (MMHI's Circle of Hope)

Prompt access to a therapist trained/educated in PMADs

**A MOM'S PERSPECTIVE**



moms mental health initiative

## **STAY IN TOUCH!**

For questions or referrals, please email [info@mmhimke.org](mailto:info@mmhimke.org)

[www.momsmentalhealthmke.org](http://www.momsmentalhealthmke.org)



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