



Mental Health

As postpartum doulas it is important we understand postpartum mood disorders while also understanding our scope of practice. We are not to diagnose, treat or prescribe anything. Understanding of these disorders helps us to educate families to look for red flags to report to their providers and helps us in supporting them as they seek professional treatment.

Scenario

Amanda is six weeks postpartum. She thought she was experiencing the baby blues but now that she is still feeling down she is a little concerned. Her partner, Mike, thinks she just needs to try harder to enjoy their baby.

Amanda has considered calling her midwife but is a little embarrassed. Mike does not think she has a postpartum mood disorder as she

seems too “put together” to act like the women from the news stories where they snap on their children or family.

Baby Blues

Almost all women experience “baby blues” to some degree due to rapidly adjusting hormonal levels (progesterone, estrogen, thyroid, oxytocin, and prolactin). Just as hormones were being secreted in greater amounts during pregnancy, now after birth they begin to return to their pre-pregnant state. These shifts in hormone production affect a woman’s moods and she may wonder why she feels elated one minute and depressed the next. For example, if a woman has had a physiologic birth with no interventions, her beta endorphins reached high levels during labor giving her a euphoric state after birth. Then as they come down the euphoria will also decrease. About three weeks postpartum it is known that beta endorphins increase somewhat again, and then return back to normal. A woman should expect to feel mood swings during this process and know that her body is doing exactly what it needs to do.

These blues can affect the mother’s sense of well-being, but are temporary, typically occurring within the first week postpartum and lasting no longer than a week. She may fleetingly feel overwhelmed, anxious, sad, or as though her life is out of her control; she may be tearful, experience mood swings or difficulty sleeping; and she be unsure of her mothering capabilities. Relief of physical discomforts,

help with practical matters, support and encouragement, optimum nutrition, and time to rest and regain her physical strength will help her to get through this time easily.

More than half of all postpartum women experience the baby blues. This occurs immediately postpartum through the first week or two. Signs include:

- Crying for what appears to be no reason
- Irritable and impatient
- Anxiety and restlessness
- Feeling very vulnerable or sensitive
- Feeling down or disappointed
- Feeling of anticlimactic experience after the excitement of pregnancy and birth

These symptoms often seem to come out of nowhere. They also seem to end just as suddenly. During this time be a good listener, encourage rest, and remind her that her feelings are normal and her body has drastic hormonal changes to go through.

Postpartum Depression (PPD), Anxiety, Obsessive Compulsive Disorder (OCD), and Psychosis: Prevention, Red Flags, Support, and Referrals

Approximately 10-15% of new mothers experience a postpartum mood disorder which includes postpartum depression, postpartum anxiety and postpartum obsessive compulsive disorder. Postpartum psychosis is very rare, occurring in less than 1 of 1000 postpartum women. Here are some ways to support all new mothers, but especially those with risk factors:

- Listen, allow them to express their feelings about delivery, their baby, and motherhood without fear of judgment.
- Encourage women with a history of depression and anxiety to be in contact with their provider.
- Provide practical support to allow the mother to rest and feel less responsible for things.
- Encourage breastfeeding and bonding with her baby. Encourage skin to skin contact as it causes the release of oxytocin.
- Encourage the mother to nap while you are present and sleep or at least rest when her baby rests if you are not there.
- Point out all of the positives you see such as, "Your baby is growing!" "You're doing so well!" "Look, your baby recognizes your voice." "You look great today!" "Your home is so lovely." Build her confidence.

- Remind her that PPD is common, she is not a bad mother, and she has nothing to feel guilty about. Point out her strengths. Remind her that PPD has no defining value of her ability to be a good mother or partner.
- Encourage the mother to speak with a counselor. Suggest that she inform her health care provider about her feelings and discuss the benefits vs risks of medication and other treatments.

Every mother needs support in different ways. As you build a relationship with each mother, you will be able to gauge what will best support her. If you are uncertain ask, “Do you need help with the laundry or dishes?” Ask to do them rather than waiting for her to ask. This might lessen her feelings of not being able to do enough. When you volunteer, she doesn’t need to ask.

PPD, OCD and anxiety may present differently in different women. We are not counselors so we do not make a diagnosis. We simply watch for red flags and encourage her to be in contact with her health care providers. Here are a few red flags for PPD and Anxiety:

- The mother is unable to sleep even though her baby is sleeping.
- Uncontrollable crying.
- Inability to concentrate and focus.
- Showing little interest or concern for her baby.
- Being overly concerned and fearful for her baby.
- Feelings of depression, hopelessness, worthlessness, and sadness.
- Repetitive anxious thoughts.
- Sense of doom, and much fear.
- Rapid breathing and increased heart rate.
- Fear of harming herself or her baby.
- Exaggerated highs alternating with deep lows.
- Changes in appetite beyond normal postpartum adjustment.
- Impatience and irritability.
- Easily angered.

Postpartum Psychosis Red Flags

- The mother experiences a break from reality.

- She may show signs of wanting to harm herself, her baby, or other children.
- She may experience hallucinations.
- Extreme insomnia, extreme agitation and unusual behaviors.
- She might have a history of PPD, depression, or anxiety and never received treatment.

All red flags should be addressed in a loving manner. Postpartum psychosis signs require immediate attention as postpartum psychosis is an emergency. We cannot diagnose; we can offer the mother a self- assessment known as the Edinburgh Postnatal Depression Scale (EPDS) and recommend that she discuss the results with her care providers.

Resources

<http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf> - Printable EPDS

<http://tools.farmacologiaclinica.info/index.php?sid=10007> – Self scoring EPDS

<http://www.postpartum.net/> - Postpartum Support International

Building a Village

Perhaps you have heard the saying, “It takes a village to raise a child.” Though most western families no longer live in a village, this saying is still very true. Western cultures have the highest rates of postpartum mood disorders and some speculate this is due to culture expectations and norms. Many new mothers have little support, short maternity leave, and are expected to get back to pre-baby life within a matter of weeks. One way we can support our clients is to encourage them to find or build their own village-style support. Here are a few ways we can help parents find or build their village:

- Remind parents that in previous generations, many female family members did not work outside of the home and many extended families lived in close proximity with each other. Therefore, new mothers had more support and assistance. While that set up is not as common these days, new mothers still need help and support. Remind them of this and remind them it is okay and good to ask for help, whether from family, friends, churches, or organizations they belong to. They can also hire professional help as in a postpartum doula.
- Encourage new mothers to join local moms' groups, support groups, breastfeeding groups, etc.
- Encourage them to reach out to friends or acquaintances with young children.
- “Mommy and Me” classes, parenting classes, parent studies at churches/synagogues/other organizations are great places to find support and friendship.

- Have a good resource list to refer parents to support services like lactation consultants, therapists, housekeepers or organizers, nanny or sitter services, meal services, grocery delivery, and parent educators.
- If a mother is anxious about getting out and about with her baby, offer to go an outing with her during one of your visits. Build her confidence so she can get out with baby and meet other mothers.
- Be aware of local online support groups as references for parents.

As postpartum doulas, our role is to be a part of a new family's village, but it is also our role to help them build support when we are no longer working with them. Having a good support system is important for mental wellness.

Resources

<https://www.mops.org/> - Moms of Preschoolers local groups

<http://www.momsclub.org/> - Moms Club local groups

<http://www.meetup.com/> - Find local meet ups for parents

Application and Understanding

1. How would you support the family in the above scenario? Write a paragraph of your dialogue with her.
2. List two ways you can support a mother experiencing a postpartum mood disorder.
3. If a mother asks you what is the best medication for treating postpartum depression how would you respond?
4. How would you support Amanda's family in the above scenario?
5. You are with a new mother who is distressed that she doesn't feel herself bonding with her new baby. She says, "Maybe it's because she was in the NICU for three days before I could hold her!" How would you respond?
6. What are three concerns a new mother might have in the first days at home with her preemie baby?
7. What do you believe is the cause of baby blues?