

MATERNAL MENTAL HEALTH

A Mental Heath Guide



TABLE OF CONTENTS



01

Overview

03

Supports & Treatment

05

Resources

02

Signs & Symptoms

04

Support Tips





OVERVIEW

Maternal mental health refers to a woman's mental health during pregnancy and the postpartum period. In many countries, as many as 1 in 5 new mothers experience Maternal Mental Health (MMH) disorders. They are the most common complication of pregnancy and childbirth. MMH disorders include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness (including psychotic symptoms), and substance use disorders. Unfortunately, these conditions frequently go unnoticed and untreated, often with long-term consequences to both mother and child. For example, the children's growth and development may be negatively affected as well. Some factors that put women at a greater risk of developing MMH conditions include personal or family history of mental illness, lack of social support, past trauma, a traumatic birth, or have a baby in the neonatal intensive care unit. Unfortunately, suicide and overdose are the leading causes of death for women in the first year following pregnancy. Thus, MMH disorders impact the whole family, not just women. 1 in 10 dads develop depression during this time. Nevertheless, they are treatable—effective interventions can be delivered even by welltrained non-specialist health providers.

The Baby Blues

The "baby blues" is a term used to describe mild mood changes and feelings of worry, sadness, and exhaustion that many women and men sometimes experience in the first 2 weeks after having a baby. The "blues" are not considered a disorder as the symptoms often resolve within a few days. However, when symptoms continue to persist, it is important to seek additional support.

SIGNS & SYMPTOMS

Maternal Mental Health (MMH) disorders include a range of disorders and symptoms, including but not limited to depression, anxiety, and psychosis. These disorders and symptoms can occur during pregnancy and the postpartum period (together often referred to as the perinatal period). However, only a health care provider should determine whether the symptoms are due to MMH disorder. Therefore, it is important for women who experience these symptoms to discuss with a health care provider.

PREGNANCY AND POSTPARTUM DEPRESSION

- Feeling hopeless, helpless, or worthless
- Lacking motivation, concentration, or energy
- Loss of interest or pleasure in activities
- Feelings of anger, guilt, irritability, or regret

PREGNANCY AND POSTPARTUM ANXIETY

- Feeling easily stressed, worried, or overwhelmed
- Being hypervigilant with baby
- Having scary, intrusive, or racing thoughts
- Feeling on edge, restless, or panicked

POSTPARTUM PSYCHOSIS

- Delusions or strange beliefs, hallucinations (seeing or hearing things that aren't there)
- Feeling very irritated, rapid mood swings
- Hyperactivity, inability to sleep
- Paranoia and suspiciousness
- · Difficulty communicating at times

MANIA/BIPOLAR DISORDER

- Impulsiveness, poor judgment, distractability
- Inflated sense of self-importance
- Little need for sleep, continuous high energy, rapid speech
- · Racing thoughts, trouble concentrating

PREGNANCY AND POSTPARTUM OBSESSIVE-COMPULSIVE DISORDER

- Obsessions (fears, urges, and unwanted thoughts or feelings)
- Compulsions (behaviors or rituals to relieve obsessions)
- Intrusive or unwanted thoughts about intentionally harming their infant

BIRTH-RELATED POST TRAUMATIC STRESS DISORDER (PTSD)

- Intrusive re-experiencing of the traumatic event, flashbacks, or nightmares
- Avoidance of stimuli associated with the event, i.e., people, or details of the event
- Irritability, difficulty sleeping, exaggerated startle response



SUPPORTS & TREATMENT





When left untreated, MMH disorders can have serious health effects on the family. However, with proper treatment, most women feel better, and their symptoms improve. Treatment for maternal mental health conditions often includes therapy and medications, or a combination of both. In addition to treatment, there are self-help strategies that support better mental health.

TREATMENT TYPES	DESCRIPTION	WHERE TO FIND
Talk Therapy	Teaches new ways of thinking and behaviors. Helps with changing habits that contribute to depression	Licensed professionalSee SAMHSA's treatment locator
Medication	Antidepressants can be prescribed to help improve problems with sleep, appetite, or concentration.	 See a psychiatrist Talk to your healthcare provider In combination with therapy
Self-Help	Physical activity, regular sleep/eating schedule, connecting with others	Do what you canGo easy on yourselfIn combination with therapy or medication

RETURNING TO WORK



Transitioning back to work after parental leave may be challenging. Find ways to ease into the transition with the additional responsibilities as a parent.

PREPARE FOR YOUR RETURN

- Set or reflect on your career and parental goals
- Identify or reset expectations to fulfill responsibilities
- Explore resources at work for parents, i.e., child care, lactation rooms

CONSIDER YOUR SCHEDULE

- Return with adjusted schedule, i.e., part-time or work from home
- Return midweek, i.e., start on Thursday, to lessen the time to adjust back to routine
- Practice runs to daycare to prepare for traffic issues
- Learn to adjust to schedule demand; hanging out after work may not be an option

SET AND MAINTAIN EXPECTATIONS

- Acknowledge the changes needed to routine with additional responsibilities
- Meet with supervisor and team members to discuss changes in routine
- Practice saying no to reduce burnout or high stress
- Give yourself patience and understanding. Take care of mental health.



RESOURCES

01

Crisis Text Line

Text SILENCE to 707070 to be connected to a trained Crisis Counselor. The Crisis Text Line provides free, text-based support 24/7.

03

Substance Abuse Mental Health Services Administrator (SAMHSA)

Call 1-800-662-4357 to access national information about local mental health services and treatment in your community. The federal agency that leads efforts to advance the behavioral health of the nation.

05

Postpartum Support International

Call 1-800-944-4PPD (4773) for access to the non-emergency helpline for resources for women experiencing emotional challenges during pregnancy and postpartum.

07

<u>Managing Postpartum</u> <u>Depression during a Pandemic</u>

Check out this Community Conversation with **Shanti Das** and special guests to discuss postpartum challenges and strategies to support wellness. (Click the linked title)

02

National Suicide Prevention Lifeline

Call 1-800-273-8255 to access a national network of local crisis centers providing free and confidential emotional support to people in suicidal crisis or emotional distress 24/7.

04

The Trevor Project

Call 1-866-488-7386 to access crisis intervention and suicide prevention for lesbian, gay, bisexual, transgender, queer & questioning youth. TrevorText START to 678-678.

06

STS Podcast Episode 26 Battling Postpartum Depression

Check out Silence the Shame Podcast-Shanti Das and co-host Free The Vision speak with special guests about postpartum depression, motherhood, and the stigma faced in the Latino community regarding the challenges of overall mental health. (Click the linked title to listen to podcast episode)



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If you need to connect with someone, text "SILENCE" to 741741