

Self-Help *Guide*

Understanding Perinatal Mood & Anxiety Disorders

Identify symptoms of mood and anxiety disorders and access help



Prepared by:

Asma Rahman

Educator, Certified Birth
and Postpartum Doula



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Disclaimer:

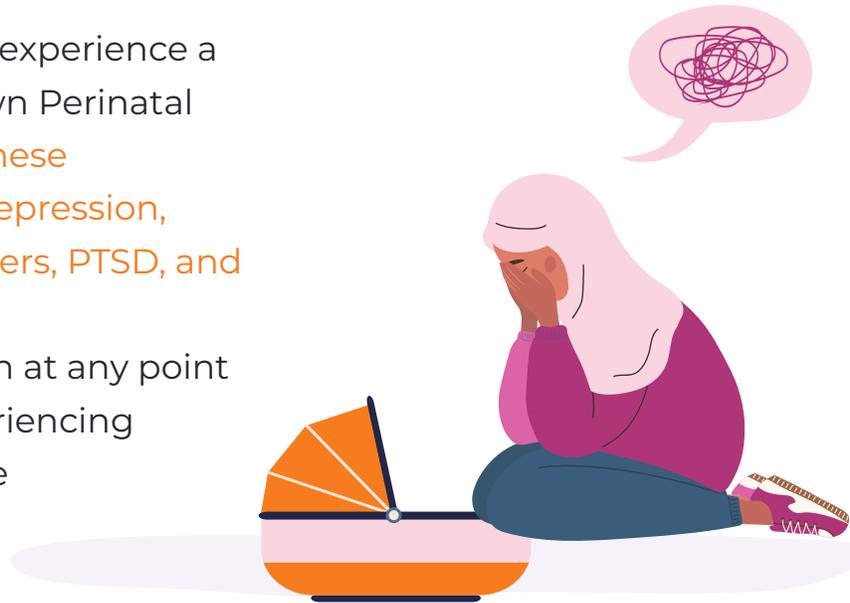
This guide is not meant to be a substitute for medical advice, diagnosis or treatment. Please treat this guide as an information resource and seek the advice of your qualified health care provider if you are concerned about symptoms and are looking to get diagnosed.

Call emergency services (911), if you're experiencing a medical emergency.

What exactly is PERINATAL MOOD & ANXIETY DISORDERS (PMAD)?

Pregnant and Postpartum women can experience a range of emotional complications known Perinatal Mood and Anxiety Disorders (PMAD). **These complications include conditions like depression, anxiety or panic disorder, bipolar disorders, PTSD, and psychosis.**

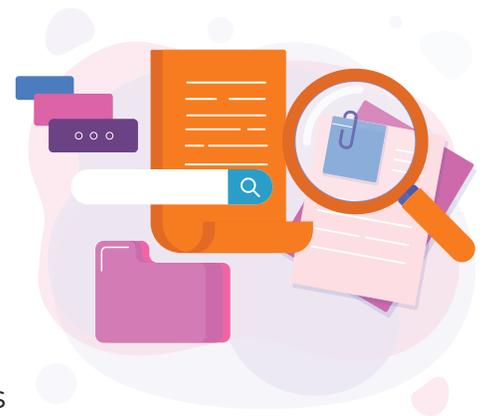
While these disorders can affect women at any point in their life, the likelihood of them experiencing PMAD is considerably higher during the pregnancy and postpartum period.



Current statistics suggest that **1 in 5 women are affected by PMAD**¹. It is the most common complication of childbearing and the second reason for maternal mortality in both Canada and the United States. It is likely that these numbers are under-reported, so the true instance of PMAD is expected to be much higher in pregnant and postpartum populations.

There are a lot of screening tools out there, available to both health care professionals and individuals. However, **PMAD remains underdiagnosed for several reasons, including:**

- Lack of knowledge/initiative by primary care providers
- Stigma around mental health issues
- Racism
- Barriers to finding the right providers
- Cultural or religious beliefs



Understanding the different types of PMAD, and having tools handy to recognize and advocate for yourself/your loved ones, and **can make all the difference in early detection and treatment.**

¹ Ayala NK, Lewkowitz AK, Whelan AR, Miller ES. Perinatal Mental Health Disorders: A Review of Lessons Learned from Obstetric Care Settings. Neuropsychiatr Dis Treat. 2023 Feb 23;19:427-432. doi: 10.2147/NDT.S292734. PMID: 36865680; PMCID: PMC9971615.

IS IT JUST BABY BLUES, OR SOMETHING MORE?

'Baby Blues' is a term that is often used to describe the mood swings and feelings of sadness that come up about a week after the baby's birth. **Baby Blues are often characterized by the new mother feeling overwhelmed, uncertain, emotional, and reactive.** She may experience bouts of crying spells during this time. This is a very common occurrence, experienced by 60-80% of postpartum mothers².

Baby Blues are a result of drastic hormonal changes in the early postpartum stage and are not related to stressors or prior mental health history. Baby Blues typically set in 3-5 days after giving birth and should not last for more than 2 weeks. While there may be mood swings and feelings of sadness, the primary feeling is still happiness during this time.

If you're experiencing extreme mood swings, sadness, anxiety, rage and/or feelings of being overwhelmed after those first few weeks postpartum, and if these symptoms seem to be lasting all day, for longer than two weeks, it is likely that you may have a **Perinatal Mood or Anxiety Disorder.**



It is important to recognize **when you're not feeling like yourself and reach out for help**, then to know names of all the disorders.

² Kleiman, K. R., MSW, LCSW, & Raskin, V. D., MD (2020). This Isn't What I Expected (2nd ed., p. 13). Hachette Co.



□ **Postpartum Depression (PPD):**

PPD is the most well-known and common PMAD. It involves persistent feelings of sadness, low mood, and a loss of interest or pleasure in daily activities. Other symptoms may include changes in appetite, sleep disturbances, fatigue, difficulty concentrating, feelings of guilt or worthlessness, and thoughts of self-harm or harming the baby.

□ **Postpartum Anxiety:**

Postpartum anxiety can manifest as excessive worry, racing thoughts, irritability, restlessness, and feelings of unease or fear. Physical symptoms like rapid heartbeat, dizziness, and shortness of breath may also occur. Postpartum anxiety is different from general anxiety in that it specifically occurs during the postpartum period.

□ **Postpartum Panic Disorder:**

This disorder is characterized by sudden and recurrent panic attacks. Panic attacks involve intense fear or discomfort, along with physical symptoms like chest pain, shortness of breath, trembling, sweating, and a sense of impending doom. Postpartum panic disorder can significantly disrupt daily functioning and may cause fear of leaving the house or being alone with the baby.

□ **Postpartum Obsessive-Compulsive Disorder (OCD):**

Postpartum OCD involves intrusive and distressing thoughts or images (obsessions) that cause anxiety and lead to repetitive behaviours or mental acts (compulsions) to alleviate that anxiety. These obsessions and compulsions often revolve around the baby's well-being and safety.

TYPES OF PMAD CONTINUED

□ **Postpartum Post-Traumatic Stress Disorder (PTSD):**

Some women may develop PTSD following a traumatic childbirth experience. Symptoms can include intrusive memories or nightmares related to the trauma, avoidance of reminders of the event, hypervigilance, irritability, and difficulty sleeping.

□ **Bipolar Mood Disorders (Postpartum Bipolar Disorder):**

Women with a history of bipolar disorder may experience mood swings, including episodes of mania or hypomania, during the perinatal period. This can be a severe condition requiring immediate medical attention.

□ **Postpartum Psychosis:**

Postpartum psychosis is a rare but severe condition characterized by the onset of hallucinations, delusions, extreme confusion, disorientation, and erratic behavior. It is considered a psychiatric emergency and requires urgent medical intervention.



It's important to note that these are general categories, and individuals may experience a combination of symptoms from different PMADs. Additionally, not all women who experience mood or anxiety difficulties during pregnancy or the postpartum period will meet the criteria for a diagnosed PMAD. If you or someone you know is struggling with mental health during this time, **it is crucial to seek professional help for an accurate diagnosis and appropriate support.**

Remember, symptoms and treatments of various PMADs can be similar. It is more important to identify if you're not feeling like yourself and seek help than it is to figure out which PMAD you might have.

You may be at a higher risk of experiencing a PMAD if you/your:

- Previously had PMAD
- Have a family or personal history of mental illnesses like depression, Anxiety, Bipolar disorders, OCD etc.
- Experience symptoms during pregnancy (perinatal mood disorders)
- Hormones have been disrupted from environmental or lifestyle factors
- Have Type 1 Diabetes
- Have a history of Thyroid imbalance
- Faced any fertility challenges
- Lack social and personal support
- Are a teen parent
- Are a single parent
- Are already experiencing grief
- Baby is in the NICU
- Are facing financial issues or are living in poverty
- Had a traumatic pregnancy or birth experience

Some factors that can make PMADs worse:

- Pain
- Lack of Sleep
- Stopping breastfeeding abruptly
- Relationship or childcare stressors
- Losses and grief (including neonatal death, miscarriage, selective termination, abortion)
- Chronic health challenges
- Health issues in baby
- Complications in pregnancy, birth or breastfeeding
- Trauma from birth History of childhood sexual abuse
- Baby's temperament (high needs, "colicky", etc.)
- Return to work
- Perfectionism or high expectations
- Lack of personal/social support
- Barriers to resources



HOW DO YOU IDENTIFY IF YOU HAVE A PMAD?



Perinatal Mental Health Checklist

Use the following checklist during pregnancy and postpartum to keep track of any symptoms you might be experiencing. Discuss the symptoms in the checklist with your partner or trusted support person so they can weigh in on any symptoms that you may have missed:

- Sadness / Crying
- Mood swings
- Agitation
- Irritability
- Rage
- Inability to sit still
- Constant worry
- Racing thoughts
- Confusion
- Excessive concern about baby or own health
- Scary thoughts or images
- Obsessions
- On high alert
- Appetite changes
- Difficulty falling or staying asleep
- Persistent gloomy mood
- Low self-esteem
- Feelings of guilt or shame
- Loss of interest, joy, or pleasure
- Poor concentration
- Feelings of helplessness
- Feelings of hopelessness
- Feeling overwhelmed
- Isolation or feelings of loneliness
- Lack of feelings toward the baby
- Thoughts of self-harm
- Thoughts of harming the baby
- Fears that baby is possessed or in danger



If you check any of the above boxes, you may be experiencing a PMAD.

Consider reaching out for support to help you feel like yourself again.



THE EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS):

The EPDS is a widely used screening tool designed to assess symptoms of postpartum depression in new mothers. The tool consists of ten questions that focus on various aspects of a newly postpartum mother's emotional well-being.

To interpret the EPDS scale³, each question is assigned a score ranging from 0 to 3, depending on the response provided. The total score is then calculated by adding up the scores for each question. Generally, a higher score indicates a higher likelihood of experiencing postpartum depression.

If a mother scores high on the EPDS, it suggests that she may be experiencing symptoms associated with postpartum depression. This could include feelings of sadness, anxiety, or difficulty coping after giving birth. **It is essential for the mother to discuss her scores with a healthcare provider who can provide a comprehensive assessment and appropriate**



Note: This is a screening tool and does not replace a diagnosis by a healthcare provider. Not everyone who has a high EPDS score may be depressed, and vice versa. It is crucial to bring up concerns to a qualified health care professional, attain proper diagnosis and receive appropriate care.

³ Here is a screening guide and a scoring guide found on the Perinatal Services British Columbia website:

<http://www.perinataleservicesbc.ca/Documents/Resources/HealthPromotion/EPDS/EPDSQuestionnaireApril2013.pdf>

http://www.perinataleservicesbc.ca/Documents/Resources/HealthPromotion/EPDS/EPDSScoringGuide_March2015.pdf

You can access more information about the screening tool here:

[http://www.perinataleservicesbc.ca/health-professionals/professional-resources/public-health/edinburgh-postnatal-depression-scale-\(epds\)](http://www.perinataleservicesbc.ca/health-professionals/professional-resources/public-health/edinburgh-postnatal-depression-scale-(epds))

Please read each statement carefully and select the response that best reflects how you have been feeling during the past seven days.

Circle the number that corresponds to your chosen response.



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:

- [0] Yes, most of the time
- [1] Yes, sometimes
- [2] Not very often
- [3] 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 panicky for no very good reason:

- [0] Yes, quite a lot
- [1] Yes, sometimes
- [2] No, not much
- [3] No, not at all

6. Things have been getting on top of me:

- [0] Yes, most of the time, I haven't been able to cope at all
- [1] Yes, sometimes I haven't been coping as well as usual
- [2] No, most of the time, I have coped quite well
- [3] No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:

- [0] Yes, most of the time
- [1] Yes, sometimes
- [2] Not very often
- [3] No, not at all

8. I have felt sad or miserable:

- [0] Yes, most of the time
- [1] Yes, sometimes
- [2] Not very often
- [3] No, not at all

9. I have been so unhappy that I have been crying:

- [0] Yes, most of the time
- [1] Yes, quite often
- [2] Only occasionally
- [3] No, never

Please note that the EPDS is a screening tool and not a definitive diagnostic tool. It provides an indication of the possible presence and severity of postnatal depression symptoms. If you have concerns about your mental health, it is important to consult a healthcare professional for a thorough evaluation and appropriate support or treatment.

Remember, you are not alone, and seeking help is an important step towards recovery and well-being.

HOW CAN YOU DECREASE YOUR PMADS RISK?

PREVENTION IS BETTER THAN CURE

Proactive and practical emotional, social and educational support can help reduce the risk of a new mother experiencing PMAD. Some of these proactive supports can include:

- Quality childbirth education and preparation
- Prenatal breastfeeding preparation classes
- Comprehensive postpartum preparation: Prepare for the mental, emotional, physical and practical life changes that postpartum comes with, and having tools and resources ready to address physical and emotional healing.
- Therapy (including psychotherapy)
- Set realistic expectations
- Hiring Midwifery or Doula services for birth and postpartum
- Setting social supports in place (scheduled visits and calls from friends and loved ones)
- Medication, if biological or hormonal risk factors are in play (consult your medical provider for proper medication management, especially during pregnancy and while breastfeeding)

It is important to highlight that expectant and new mothers innately require adequate rest, sleep, movement and nutrition. Identifying resources and strategies that can facilitate these needs prior to the arrival of the baby can substantially reduce the risk of the mother experiencing a PMAD.

HOW TO SEEK HELP

1. Acknowledge that you would like to seek help

Asking for help is usually a challenge for most new mothers. Social expectations on what a 'good mother' looks like, fear of judgement and sense of sense of self-worth, and unrealistic standards can all contribute to a reluctance to ask for help.

Know that asking for help is not a sign of weakness. In fact, it is a big deal to be vulnerable enough and acknowledge that you need support.



2. Talk with your partner/ support person

Part of a strong relationship is being able to share and listen. While feelings of shame and inadequacy creep up, a safe partner or support person can still hold space for your feelings and validate your experience. Sharing your experience will help them better understand where you are in this postpartum journey.

Here are some examples of how you can start a conversation about your postpartum experience with your support person:

“Hey, I would love to have a conversation with you about how I’ve been feeling lately. Can we take some time now to check in?” (If right now is not a good time, set a time for later).

“I’ve been thinking about how this postpartum time has been, and I’d like to share how it’s been going with me. – Share how it’s going for you – Because of this, I am considering reaching out for some professional help.”

In this exchange, your partner may also want to share how it is going for them. Remember, this is a new experience and a new phase of life for them too (even if you’ve had kids together before!). Try and listen to validate their experience. Avoid falling into a competition of who has it worse.

3. Find a Care Provider

Your doula, midwife or OBGYN may have some community connections in their network that they can recommend you to. You can research these recommendations to determine if the provider is a good fit for you. Fit is crucial to getting the right type of help! Think about what is important to you in a provider (e.g., cultural competency, religious knowledge, credentials, etc.) and consider whether their personality and techniques match your needs.

You can simply use this sentence to begin the conversation with your doula or primary care provider:

“Hello _____. I have been thinking about reaching out to a mental health provider but am not sure where to start. Do you have providers that you recommend to new mothers?”



4. Connect With Care Providers

Care providers would include people like your primary physician, midwife, therapist, community counsellors or social support workers.



TIPS FOR SUPPORT PERSONS

1. Educate yourself:

Learn about PMADs and their symptoms to better understand what the mother is going through. This knowledge will help you provide appropriate support and reduce misconceptions or stigmatization.



2. Encourage open communication:

Create a safe and non-judgmental space for the mother to express her feelings, fears, and concerns. Encourage her to talk about her experiences and actively listen without interrupting or trying to provide immediate solutions.



3. Offer practical support:

Assist with daily tasks such as household chores, cooking, and caring for the baby. Offer to take on responsibilities so the mother can have time for self-care and rest.



4. Be present and validate her emotions:

Acknowledge the mother's feelings and reassure her that it's okay to experience a range of emotions. Let her know that you are there for her and that her feelings are valid. Avoid dismissing or minimizing her experiences.



5. Encourage self-care:

Remind the mother of the importance of self-care and encourage her to engage in activities she enjoys. Offer to take care of the baby so she can have some uninterrupted time for herself.



6. Support her treatment:

Encourage the mother to seek professional help from healthcare providers experienced in PMADs. Accompany her to appointments if she desires and help her follow through with treatment recommendations.



7. Foster social support:

Help the mother connect with support groups, other new mothers, or online communities where she can share her experiences and gain support from individuals who have gone through similar challenges.



8. Be patient and understanding:

Understand that recovery from a PMAD takes time, and there may be ups and downs along the way. Be patient with her progress and provide ongoing support without judgment.



9. Take care of yourself:

Supporting someone with a PMAD can be emotionally challenging. Remember to prioritize your own well-being and seek support for yourself if needed. Taking care of yourself allows you to better support the mother.



10. Involve healthcare professionals as needed:

If the mother's symptoms worsen or if there are concerns about her safety or the safety of the baby, involve healthcare professionals immediately. They can provide appropriate guidance and interventions.



Remember, each person's experience with PMADs is unique, so it's important to tailor your support to the individual's needs. Professional guidance and intervention are crucial in managing PMADs effectively, so encourage the mother to seek help from healthcare providers specializing in perinatal mental health.

It is okay to feel like you don't know what to say or do to support the new mother. You may be struggling or may be hesitant about saying the wrong thing. Know that most of the time, the mother may just need a listening ear and some validation to feel heard and seen.

RESOURCES

Postpartum mental health books

Ordinary Insanity by Sarah Menkedick

This Isn't What I Expected by Karen R. Kleiman, MSW LCSW, and Valerie Davis Raskin, MD

The Postpartum Depression Workbook by Abigail Burd LCSW PMH-C

Dropping the Baby and Other Scary Thoughts by Karen R. Kleiman, MSW LCSW

It Wasn't Supposed to Be Like This by Laurie Varga

Good Moms Have Scary Thoughts Too by Karen R. Kleiman, MSW LCSW

Understanding Postpartum Psychosis: A Temporary Madness by Teresa M. Twomey

Mental Health Support (Canada):

Nisa Helpline: We offer free, confidential mental health support and peer counselling to Muslim women across North America, from 10 AM to 10 PM EST every day. Please call 1-888-315-6472 and you can also book a free appointment with our team of licensed therapists who understand your unique needs by visiting nisahelpline.com/counselling.

Canadian Mental Health Association (CMHA) - Perinatal Mental Health: The CMHA provides information and resources on perinatal mental health for mothers and families. They offer educational materials, online resources, and links to local CMHA branches that may offer specific support programs. Website: <https://cmha.ca/find-your-cmha>

Best Start Resource Centre: The Best Start Resource Centre is a program of Health Nexus, funded by the Ontario Ministry of Health and Long-Term Care. They provide evidence-based resources, webinars, and toolkits on a range of topics related to perinatal mental health and parenting. Although based in Ontario, their resources are applicable to mothers across Canada. Website: <https://www.beststart.org/>

The Motherhood Project: The Motherhood Project is an online platform that provides mental health support and resources specifically tailored to mothers. They offer a variety of articles, videos, and tools addressing various aspects of maternal mental health, including perinatal mood and anxiety disorders. Website: <https://www.themotherhoodproject.ca/>

Crisis Services Canada: Crisis Services Canada is a national network of crisis hotlines and resources. While not specific to mothers, they provide crisis support 24/7, including via phone, text, and online chat. They can help connect individuals to local crisis resources and mental health services. Website: <https://www.crisisservicescanada.ca/>

POSTPARTUM PLAN

HEALING

What is important to me when determining how I expect to physically recover from the birth?

My plan for healing from my birth includes:

- (extended rest, 5 days in bed, 5 days around bed, avoiding stairs and lifting heavy things)

- Ensuring my meals are taken care of, so I don't have to worry about them

- _____

- Body work: massage therapists, _____, _____

-If I have a C-Section, my healing plan would also include:

- _____
- _____

REST & SLEEP

My biggest roadblock when it comes to resting is _____

I anticipate that _____ would be my biggest roadblock to resting postpartum

How can we (myself and my support person) ensure I am able to rest even when visitors are around?

How many hours of sleep did I require pre-pregnancy? (This is your daily sleep goal).

What strategies can I employ to ensure I get enough sleep? How can I incorporate naps during the day?

Where will baby sleep at night? (Co-sleeping in my bed? In the same room but in a crib/cradle/co-sleeper? In his/her own room?)

NOURISHMENT

Here's what I would like to eat in the first week postpartum

Ensure these meals are mostly soft/almost liquid, so they're gentle on the digestive system and allow for your bowels to be regular.

Meals for the rest of the family for the first week postpartum would include:

These meals are being

----pre-made and frozen by _____

---made by _____

---ordered in from _____

---other _____

Here's what I would like to eat in the second week postpartum

Ensure these meals are mostly soft/almost liquid, so they're gentle on the digestive system and allow for your bowels to be regular

Meals for the rest of the family for the second week postpartum would include:

These meals are being

----pre-made and frozen by _____

---made by _____

---ordered in from _____

---other _____

Here's what I would like to eat in the third week postpartum

Ensure these meals are mostly soft/almost liquid, so they're gentle on the digestive system and allow for your bowels to be regular

Meals for the rest of the family for the third week postpartum would include:

These meals are being

----pre-made and frozen by _____

---made by _____

---ordered in from _____

---other _____

Who can organize a meal train for me? _____

Which restaurants can we order hearty, healthy meals from, in a pinch?

MOVEMENT

I will make a conscious effort to do the following stretches in the first two weeks of postpartum

_____ at these times _____

I will make a conscious effort to do the following stretches in the following weeks of postpartum

_____ at these times _____

These are the bodyworkers that can help me stay mobile and pain free, and facilitate my recovery:

- Massage therapist
- Chiropractor
- Pelvic floor physiotherapist
- Osteopath
- Craniosacral therapist

FEEDING THE BABY

Breastfeeding

I will be taking a breastfeeding preparation course by _____ to prepare myself for a successful breastfeeding journey

Alternate forms of feeding

Using SNS devices or cups to feed baby my own breast milk _____

Bottle feeding my own breastmilk _____

Wet nursing _____

Donated breast milk _____

Formula _____

This is where I can access help for breastfeeding, should I need any:

- Lactation consultants:
- Lactation counselors:
- Support groups:

These are the body workers that I can see to help me and the baby with breastfeeding:

- Pediatric chiropractor
- Craniosacral therapist
- Osteopath
- Occupational therapist



+1 888 711 6472

info@nisafoundation.ca

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