Coping With Perinatal Depression

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What is Perinatal Depression?

Pregnancy is an exciting time in a woman's life. Being pregnant allows you to share the love you have with someone else. It is a time filled with hope, anticipation and high expectations, as a new life is about to enter the world.

Unfortunately, the opportunity for positives is equaled by the opportunity for negatives, as pregnancy brings a wide array of physical, psychological, social and financial stressors.

Most woman will balance these negatives without much stress or change in functioning. The remainder, about 10 to 20 percent of women, will experience clinically relevant symptoms of depression and anxiety during the course of their pregnancy. Professionals call this prenatal depression.

Additionally, about 15 to 20 percent of women will experience symptoms of depression following the birth of their child. The onset of symptoms can occur immediately following birth or can be delayed for a number of months. The symptoms range from mild mood issues to more severe symptoms. Professionals refer to this as postpartum depression.

Perinatal depression is a more encompassing term that refers to any pregnancy-related depression. Any prenatal or postpartum depression is included in perinatal depression. As with other mental health concerns, the range of symptoms is wide. Because of this, working to gain information to prevent, predict and prepare for the influence perinatal depression will leave you more resilient.

Baby Blues and Perinatal Depression

Mental health issues are always challenging to diagnose. There is no fool-proof blood test, MRI or self-report questionnaire to identify symptoms in someone with certainty.

A major issue with this is the notion that most woman will experience some level of change triggered by pregnancy and delivery. Studies report that up to 80 percent of woman will experience "the baby blues." Differentiating between this and perinatal depression is necessary.

Symptoms of baby blues include:

- **Moodiness –** Happy one minute and crying the next, irritability and frustration with self and others
- **Feeling overwhelmed –** Thinking that pregnancy was a mistake or too much to handle
- **Anxiety –** Nervousness, worry and racing thoughts
- **Sleep issues –** Trouble falling asleep, staying asleep or wanting to sleep too much
- **Sadness –** Different than moodiness, this is an occasional feeling that results in crying and being weepy

These symptoms are surely problematic for the woman experiencing them, but they may not meet criteria for a depressive disorder.

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Baby Blues and Perinatal Depression

Symptoms of perinatal depression include many listed with baby blues, with the difference being the frequency, intensity and duration of the symptoms. Additional symptoms include:

- **Poor attachment –** The feeling that you are not connected with the baby or that you feel resentful towards the child.
- **Lack of interest –** This includes lack of interest in interacting with the child and lack of interest in engaging in pleasurable activities for yourself.
- **Poor self-care –** This includes not eating well, not exercising and not practicing good hygiene.
- **Thoughts of harm –** This is an extreme form of a common feeling. If you ever feel like you cannot care for your child or that you may actively hurt your child, seek treatment and assistance immediately. This does not mean you are a "bad person." It only means that perinatal depression is influencing your thoughts, feelings and behaviors.

In rare instances, some mothers may experience the feeling that they are losing touch with reality. This is called postpartum psychosis. It usually occurs within the first two months following delivery. The mother may have hallucinations, delusional thinking and paranoia while engaging in odd, unexplainable behaviors. If your symptoms begin to resemble postpartum psychosis, seek treatment immediately.

Perinatal Depression Triggers

At this point, you have a clearer idea of what perinatal depression is. Now, it is time to learn what triggers these changing symptoms.

- **Changing medications –** Perhaps, depression has been part of your life for years. You went to counseling and took your medications as prescribed with good success. When you began thinking about pregnancy, you stopped your medications based on your prescriber's recommendations. Many women and new mothers choose to discontinue and stay off medication when pregnant or breastfeeding. This will impact the current symptoms you experience.

- **Changing physiology –** Your body must work overtime to nurture your growing baby, and following delivery, it works to readjust back to its typical state. These transitions influence hormones, neurotransmitters and almost every aspect of your physiology. Your mental health struggles to keep up with the physical health changes.
- **Changing self-perceptions –** Pregnancy and motherhood force you to take a new inventory of yourself. Even if you perceive the pregnancy and child as positives, there are still changes that were unexpected or undesirable. Working to gain comfort with the new image of you will take time to achieve.
- **Changing perceptions of others –** As you see yourself differently, others will, too. Maybe your mother-in-law will expect you to quit your job and stay home, or your partner will expect you to work, care for the child and still have dinner on the table each night. These perceptions create short-term turmoil that can lead to long-term problems if left unresolved.
- **Changing pressures –** Pregnancy and a child add demands to already limited resources including time, money and energy. Many women feel overwhelmed by the need to do everything for everyone but not having the time.

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Perinatal Depression Coping Skills

The problems associated with perinatal depression may seem scary, overwhelming and insurmountable, but with the best use of your coping skills, you can manage your symptoms to find a place of happiness. Here's how:

- **Be prepared and preventative –** Though you are never able to plan for every situation, be sure to prepare as much as possible prior to the pregnancy and birth. Have honest, open and assertive conversations with your partner, family and friends about pregnancy and children. Should you work or stay at home? What level of assistance will others offer you? Will your partner be willing to give up his Friday night poker games? Work to understand their points-of-view while attempting to express yours. Remember, the best communication is short, direct and clear. If uncertainty continues, check and recheck with your sources. Doing this amount of communication ahead of time will provide assistance with the changing pressures and perceptions of others.
- **Revisit medications –** Some women will continue with low symptoms of depression throughout pregnancy and early motherhood. Others may want to revisit the efficacy of medications. Consult with your OB/GYN and mental health prescriber to find appropriate, safe medications. If your symptoms are too high, you will be putting your child at risk higher than the medication could. Be sure to sign a release of information so that your doctors can speak freely with each other.

- **Be flexible –** Too many woman become too rigid on issues surrounding pregnancy and motherhood. On the one hand, it is fantastic to have clearly established goals. On the other, being unwilling to deviate from that plan is too risky. You can never predict your situation. Maybe you can breastfeed for only three months because your symptoms are too high and you need to restart medication. Maybe you need to reduce your work hours because the stress of working while pregnant is too great. Be willing to revise your plans.

- **Use therapy –** Therapy is one of the most valuable tools for perinatal depression since medications are not as available at all times. If you are already in therapy, have a discussion with your therapist about changing focus to perinatal depression while you look for ways to modify sessions as needed. If you are not currently in therapy, consider scheduling an evaluation. The best successes occur when treatment is started before symptoms become too severe. Request a therapist that understands the changes associated with pregnancy, but do not rule out a male therapist based only on his gender. At times, a male perspective can add new insight that was ignored previously.

Conclusion

Perinatal depression affects many women on a daily basis. Work to reduce your risk by understanding the differences between "baby blues" and depression. If symptoms begin to resemble postpartum psychosis or your thoughts turn towards harming yourself or your child, seek out the best treatment while keeping yourself and your loved ones safe. Boosting your perinatal coping skills will offset the unwanted symptoms triggered by pregnancy and childbirth. The a little effort and the right treatment, the family of your dreams is only nine months away.