

## Postpartum Mental Health Support

### Postpartum Mental Health Starts in Pregnancy

-Women of every culture, age, income level and race can develop perinatal mood and anxiety disorders. Symptoms can appear any time during pregnancy and the first 12 months after childbirth.

#### Things that make it more likely include:

- Past depression or postpartum depression
- A family history of depression or mental illness
- A traumatic life event during pregnancy
- Alcohol or drug abuse
- Trouble during childbirth or issues with the baby's health
- Mixed feelings about the pregnancy
- No strong support system

#### Prevention Methods

##### - While you're pregnant:

- Your doctor might have you answer questions on a form to learn if you have signs of depression
- If you have symptoms, you and your doctor can talk about the best way to treat them.
  - Counseling
  - Group therapy, or
  - Medicines

##### - After your baby is born:

- Supportive friends and family
- Nap often to stay rested
- Eat a healthy diet
- Get regular exercise.
- Create time to take care of yourself
- Avoid alcohol and recreational drugs, which can make mood swings worse

## Baby Blues:

-Up to 75 per cent of new mothers experience the “baby blues.”  
Part of the adjustment to childbirth

### What are they?

-Feelings that usually begin a few days after birth and often go away on their own by two weeks:

- Weepy
- Overwhelmed
- Irritable
- Anxious
- Fatigued
- Trouble sleeping

### Baby Blues vs. Postpartum Depression:

-If these feelings don't go away or get worse, it may be because you are experiencing postpartum depression or anxiety.

-Only a qualified healthcare provider can make a diagnosis for Postpartum Depression

## What's the difference between Postpartum Depression, Anxiety and Psychosis:

-While many women experience some mild mood changes during or after the birth of a child, 15 to 20% of women experience more significant symptoms of depression or anxiety.

### Postpartum Depression (PPD)

-Postpartum depression is a severe form of clinical depression related to pregnancy and childbirth.

-Certain women are more likely than others to get it after their babies are born.

-10% of women experience depression in pregnancy

### Symptoms

-Can start anytime during pregnancy or the first year postpartum, and might include the following:

- Feelings of anger or irritability
- Lack of interest in the baby or resentful towards baby
- Appetite and sleep disturbance
- Crying and sadness
- Feelings of guilt, shame or hopelessness
- Loss of interest, joy or pleasure in things you used to enjoy
- Possible thoughts of harming the baby or yourself
- Feel very anxious, trapped, overwhelmed or out of control
- Constant worry about your baby's health or safety
- Racing or repetitive thoughts that cause you anxiety
- Afraid to be alone with your baby
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### Postpartum Anxiety (PPA)

-Approximately 6% of pregnant women develop anxiety, alone or sometimes in addition to depression

### Symptoms

-Might include:

- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and appetite
- Inability to sit still

- Physical symptoms like dizziness, hot flashes, and nausea

## Postpartum Psychosis (PPP)

- Postpartum Psychosis is a rare illness, compared to the rates of postpartum depression or anxiety.
- It occurs in approximately 1 to 2 out of every 1,000 deliveries, or approximately .1 -.2% of births
- Onset is usually sudden, most often within the first 2 weeks postpartum
- Experiencing a break from reality (delusions and beliefs make sense to her; they feel very real to her and are often religious.

## Symptoms

-Can include:

- Delusions or strange beliefs
- Hallucinations (seeing or hearing things that aren't there)
- Feeling very irritated
- Hyperactivity
- Decreased need for or inability to sleep
- Paranoia and suspiciousness
- Rapid mood swings
- Difficulty communicating at times
- Significant risk factors for postpartum psychosis:
  - Personal or family history of bipolar disorder, or a previous psychotic episode
  - Approximately a 5% suicide rate and a 4% infanticide rate associated with the illness.
- Immediate treatment for a woman going through psychosis is imperative

## Where can I get help for Postpartum Depression and or Postpartum Psychosis?

### Friends and Family

-What you can do as a family member or friend when seeing these signs or feel that something isn't quite right:

- Talk to the new mother about how she's feeling
- Give her a break from the baby
- Help out with chores
- Give her reassurance that she will feel better
- Encourage her to talk to a health care provider as soon as possible

### Treatment and Professional Support Postpartum depression (PPD)

- **Counselling or Therapy:**
  - Can find better ways to cope with your feelings, solve problems, set realistic goals and respond to situations in a positive way \*(Sometimes family or relationship therapy also helps)
  - With a psychiatrist, psychologist or other mental health professional
- **Medication:**
  - Antidepressant
  - Can be used during breast-feeding with little risk of side effects for the baby
  - Work with a doctor to weigh the potential risks and benefits

### Postpartum psychosis (PPP)

-Postpartum psychosis requires immediate treatment, usually in the hospital. Treatment may include:

- **Medication:**
  - Treatment may require a combination of medications to control signs and symptoms.
- **Electroconvulsive therapy (ECT):**
  - May be recommended if symptoms do not respond to medication
  - Can reduce the symptoms of psychosis and depression, especially when other treatments have been unsuccessful.

### Contact Information: Support and Treatment

- Talk to your Public Health Nurse

- Phone: 204-926-7000 to find your Public Health Nurse
- Talk to your doctor, midwife or other healthcare provider
  - If you do not have a doctor (call the Family Doctor Connection Program at 204-786-7111)
- For information about resources and supports:
  - Call the Women's Health Clinic Mothers Program at 204-947-2422 ext. 113 or visit [womenshealthclinic.org](http://womenshealthclinic.org)

### Having thoughts of harming yourself or your baby, or are in crisis?

- Go to the WRHA Crisis Response Centre at 817 Bannatyne Avenue OR call WRHA Mobile Crisis Service (24 hours/7 days a week)
  - Phone: 204-940-1781
- Call the Klinik Community Health Centre Crisis Line (24 hours/7 days a week)
  - Phone: 204-786-8686
- Call the Manitoba Suicide Line (24 hours/7 days a week)
  - Phone: 1-877-435-7170

### Need Help Finding Resources?

- Call Health Links-Info Santé: 204-788-8200 or
- Visit the Postpartum Depression Association of Manitoba website: [www.ppdmanitoba.ca](http://www.ppdmanitoba.ca)

For more information, visit:

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

[www.postpartum.net](http://www.postpartum.net)

## References

### Postpartum Support International

Website: [Learn More | Postpartum Support International \(PSI\)](#)

Phone (Helpline): 1-800-944-4773

### Winnipeg Regional Health Authority

Website: <https://wrha.mb.ca/mental-health/postpartum-depression/>

Phone: 204-926-7000

### WebMD

Website: <https://www.webmd.com/depression/postpartum-depression/understanding-postpartum-depression-prevention>

### Mayo Clinic

Website: <https://www.mayoclinic.org/diseases-conditions/postpartum-depression/diagnosis-treatment/drc-20376623>