



Mental Health During the Perinatal Period.

- by -

Happy Minds Psychology



Acknowledgement.

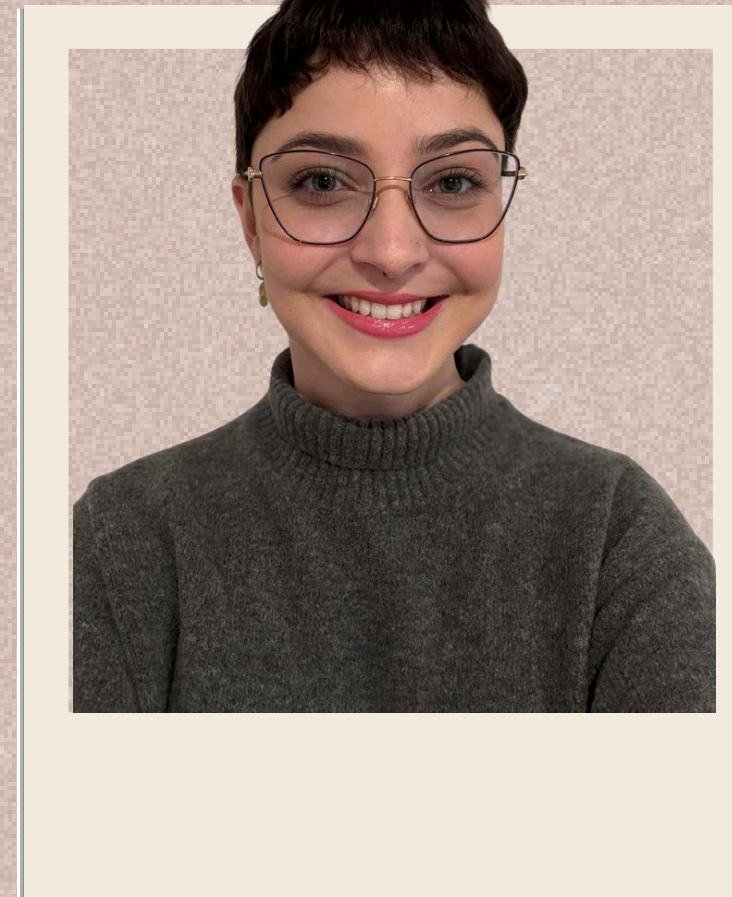
We Acknowledge the Wadawurrung People as the Traditional Owners of the Lands, Waterways and Skies of Wadawurrung Country.



YOUR PRESENTERS



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What we'll be covering:

- Perinatal Mental Health: An Introduction
- Antenatal Mental Health
- What Causes Perinatal Mental Health Problems
- Risk Factors for Perinatal Mental Health Problems
- Post-Partum Mental Health
- Adjusting to parenthood
- Sleep Deprivation During the Perinatal Period
- Supporting Partner Involvement
- Coping Skills in the Perinatal Period
- For the Non-Birth Parent
- Resources



Perinatal Mental Health *an introduction*



What does Perinatal mean?

Perinatal is an umbrella term used to define the period from conception to 1-year post-partum/post-birth.



Perinatal Statistics

- Perinatal mental health affects around 100,000 families across Australia each year.
- 1 in 5 birthing parents experience perinatal depression and/or anxiety.
- 1 in 10 non-birthing parents experience perinatal depression and/or anxiety.
- 90 percent of parents report scary thoughts.



A broad look at perinatal mental health disorders

- Perinatal Depression
- Perinatal Anxiety
- Perinatal OCD



Perinatal Depression (PND)

- Between 10 to 20 percent of birthing parents develop PND.
- 1 in 10 non-birthing parents develop PND.



Continued:

Some common PND symptoms include:

- Feeling of sadness & hopelessness
- Difficulty with focus, concentration or memory
- Feeling of disconnect (pregnancy, baby, partner etc.)
- Abrupt mood swings
- Feeling of anger, frustration, irritation
- Lacking energy, motivation, and fatigue
- Urges to self-harm
- Thoughts of death or suicide



Perinatal Anxiety (PNA)

- 1 in 5 birthing parents experience anxiety during the perinatal period.
- Approximately 40 percent of parents with a major depressive episode have a co-occurring anxiety disorder.



Continued:

Some common PNA symptoms include:

- Persistent generalised worry, often focused on the health or wellbeing of your baby
- Feeling nervous, on edge, stressed and overwhelmed
- Racing thoughts, thinking about all the “what if’s”
- Panic (racing heart, chest pain, breathless, muscle tension, shaking, faint or dizzy)
- Avoiding people or places that might trigger anxiety or a panic attack



Perinatal OCD (POCD)

- Approximately 2-3 percent of parents experience POCD
- Similarly to OCD, POCD consists of a cycle of obsessions, compulsions, and anxiety.



Continued:

Symptoms of POCD include:

- **Obsessions:** Unwanted thoughts, images, or impulses that occur over and over again.
- **Compulsions:** Repetitive behaviours or thoughts that a person uses to get rid of or counteract their obsessions.



Antenatal Mental Health *an introduction*



What does antenatal mean?

Antenatal refers to the pregnancy period, from conception to birth.



Antenatal Depression (AND)

- 1 in 10 birthing parents develop AND during pregnancy.
- Depression during pregnancy is a risk factor for post-partum depression and anxiety.



Antenatal Anxiety (ANA)

- Prevalence of ANA is the same as PNA (affecting 1 in 5 birthing parents).
- Anxiety during pregnancy is a risk factor for post-partum depression and anxiety.



What Causes Perinatal *Mental Health?*



The possible causes

- **Biological:** Hormones – research suggests that hormonal changes during pregnancy and post-birth contribute to changes in mood.
- **Social:** Lack of support – becoming a parent is a major life event and can be stressful, exhausting and overwhelming, contributing to feelings of stress, anxiety and depression.



Risk Factors for *Perinatal Mental Health*



Risk Factors

- Family or personal history of anxiety or depression
- Stressful life events
- Traumatic birth
- Birth disappointment
- Pregnancy complications
- Fertility issues or previous pregnancy loss
- Relationship difficulties
- Family violence and controlling behaviour
- History of abuse and trauma
- Financial difficulties
- Difficult childhood experiences
- Limited social support
- LGBTQIA+ families
- CALD families
- Aboriginal and Torres Strait Islander families



Post-Partum *Mental Health*



What does Post-Partum mean?

Post-partum refers to the period from birth to 1-year post-birth or post-partum.



Post-Partum Depression (PPD)

- 1 in 7 birthing parents develop Post-Partum Depression within the first-year post-birth.
- Prevalence is higher during post-partum compared to antenatal period.



Post-Partum Anxiety

- 1 in 5 birthing parents develop Post-Partum Anxiety within the first-year post-birth.
- Prevalence is stable throughout the post-partum, ante-natal period, and entire perinatal period.



Post-Partum Psychosis

- Occurs in approximately: 1 in 100 people after childbirth.
- Symptoms of Post-Partum Psychosis develop within hours or up to 2-weeks following birth
- Severe symptoms typically last between 2 to 12 weeks but it can take up to 6 to 12 months to recover completely.



Continued:

Some common symptoms include:

- Difficulties differentiating between reality and the illness.
- Strange beliefs that could not be true, defined as delusions.
- Hearing, seeing, feeling, or smelling things that are not there, defined as hallucinations.
- Confusion and disorientation about the day, time, or people
- Brain fog
- Insomnia
- Anxiety or agitation
- Variable mood, ranging from high mood and loss of touch with reality, defined as mania, or extremely low mood, defined as depression.
- Thoughts of, and/or plans to harm themselves, others, or the baby



Birth Trauma

The prevalence of traumatic births vary, ranging from 10 to approximately 50 percent of the population; with up to 4 percent meeting the full diagnostic criteria for PTSD.



Continued:

Factors that contribute towards the development of Birth Trauma:

- **Objective factors:** obstetric complications
- **Subjective factors:** perceived loss of control, intense fear or anxiety, pain, or lack of social support.
- **Pre-birth risk factors:** previous history of psychopathology specifically PTSD, anxiety disorders, or depressive disorders; complications during pregnancy; and fear of childbirth.



Continued:

Some common symptoms include:

- Re-experiencing of the traumatic event
- Avoidance
- Changes in mood and cognition
- Hyperarousal
- Feelings of anger, anxiety, and isolation



Baby Blues (BB)

- BB is a term used to describe the short-lasting and mild mood changes that may occur during the first 2-weeks post-partum.
- Mood changes and feeling of anxiety or unhappiness that lasts longer than 2-weeks post-partum might be a sign of PND or PNA.
- Prevalence: Up to 85 percent of birthing-parents experience the BB.



Adjusting to *Parenthood*



**All these
changes can
feel
overwhelming
and at times
uncertain.**





Addressing Post-Partum Expectations

- It can take longer to recover from birth than you may realise...physically and emotionally.
- Breastfeeding can be difficult! It is a learning process for both the parent and baby as well as the pain associated with latching-on, cracked nipples and mastitis.
- Settling a baby can be really, really stressful .
- The postpartum period is a time warp.
- Breaks are important for balance and wellbeing, not for getting back to life before baby! Priorities need to shift.



Challenges faced by couples

- Early conflict is inevitable for most couples - birth experience, sleep deprivation, unanticipated stress.
- Changes to your personal identity - loss of your work role and status; loss of social life; loss of sense of freedom.
- Changes in your relationship with your partner - negotiating differing ideas of how to care for your baby; changes in attitude and needs towards physical intimacy.
- Changes in family dynamics with the addition of another baby.



Points of contention for couples

- Decisions about parenting
- The In-Laws
- Sex & intimacy
- Communication
- Time together AND for yourself



What can help with the adjustment to parenthood?

- Keep realistic expectations – resist media representations.
- Try not to be swamped by parenting information – trust that you are learning how to best look after your baby, it takes time.
- Allow yourself time to learn through experience – don't judge yourself harshly against others' expectations.
- Have 1 or 2 trusted sources of independent information – GP, child health nurse, supportive and non-judgmental friend or family member.
- Take care of your own emotional and physical health – it's just as important as your baby's.
- Spend time pre-birth talking about how you can BOTH get your needs met (with the priority first on the birthing parent, and sleep)



Myths of Motherhood

- 1.Children can only be properly cared for by their biological mother.
- 2.This mothering must be provided 24/7.
- 3.The mother must always put her children's needs before her own.
- 4.Mothers must turn to the experts for instructions.
- 5.The mother must be fully satisfied, fulfilled, completed, and composed in motherhood.
- 6.The mother must lavish excessive amounts of time, energy, and money in the rearing of their children.
- 7.The mother has full responsibility but no power from which to mother.
- 8.Motherhood and childrearing are regarded as personal and private undertakings with no political import.



Sleep during *the Perinatal Period*



Sleep Deprivation

- **Definition:** Sleep deprivation is defined as not getting enough or sufficient sleep.
- Exhaustion can greatly contribute to symptoms of depression and anxiety.
- Sleep prioritization can minimize the risk of mood symptoms, and allow for a smoother, quicker, and more fulfilling post-partum recovery.



Affects of Sleep Deprivation

Inadequate sleep during the post-partum period can result in:

- Irritability
- Anxiety and depression
- Accidents and injuries



Sleep Hygiene

Tips for good sleep hygiene during the perinatal period:

- Nap when the baby naps – if you can, but you may not be able to.
- Be comfortable saying no to friends, family members, and loved one who want to meet the baby – this is where partners can hold the boundary.
- Establish an early routine about who will be doing night-feeds, even if breastfeeding.



Nest building during *the Perinatal Period*



The Importance of “The Village”

- Most people are unaware of (or severely underestimate) the physical, emotional and relationship changes that occur during the postpartum period.
- 74 percent of mothers don't reach out for help until they are not coping.
- Most try to rush back to the idea of normal, thinking “normal” = “coping” – this is not true!



Addressing Post-Partum Moods

Amongst the joys of the perinatal period, don't be surprised if you are also feeling:

- Bored
- Frustrated
- Anxious
- Anger
- Sadness



Supporting *Partner Involvement*



Why is partner involvement important?

Partner involvement during the post-partum period is important, especially if they only have a few weeks off work, reason being:

- Involvement is important in their bonding and own independent relationship with the baby.
- It increases their confidence and self-esteem as a parent.
- Birthing person gets more rest and will be less exhausted.
- They can gate-keep visitors.
- They get to see how hard caring for a baby can be and have more empathy and provide useful insight regarding challenges.
- Birthing parent will feel less alone and isolated - 2 factors that increase the risk of PNDA.



Coping skills during *the Perinatal Period*



Coping Skills - Our Advice

- Seeking help does not mean “not coping,” seeking help means “more likely to cope.”
- It’s impossible to make more time and do it all “perfectly” - we have research that clearly shows its harder than ever to parent - so prepare!
- Importance of conversations and expectations with co-parents.
- Make good use of supports (cope etc).
- Get clarity on what REALLY puts energy in the tank for you and what depletes energy (i.e. REAL self care).



Coping Skills Strategies

- **Don't push thoughts away:** Sitting with uncomfortable thoughts can gradually make them feel less intense and scary.
- **Learn to sit with feelings:** “drop an anchor” and allow yourself to sit with and feel your emotions (even the unpleasant ones). Feeling our emotions, allows us to identify and begin to understand why we feel this way.
- **Self-soothing skills:** being able to self-soothe and regulate your emotions allow you to gain perspective and improve your overall mental wellbeing.



For the *Non-Birthing Parent*



What to listen for

Statements like these indicate someone might need extra support:

- “This isn’t what I expected at all.”
- “I don’t feel a connection to my unborn baby – is that normal?”
- “I feel so tired and teary all the time.”
- “I can’t seem to switch off – there’s this feeling that something is horribly wrong.”
- “After the birth experience we had, I don’t want anyone else to care for my baby.”
- “I’ve lost my appetite/I’m craving junk food, that usually happens when I’m stressed.”



What to look for

Symptoms/behaviours like these indicate someone might need extra support:

- Nausea, headache, pain or other physical symptoms.
- Difficulty concentrating or making decisions, increased forgetfulness or distractedness.
- Changes to body language, being hesitant to speak, or teary.
- Overwhelming exhaustion or low energy.
- Restlessness and agitation.
- Altered speech patterns- speaking more slowly or quickly.



Helpful Perinatal *Resources*



Resources

We have created exclusive resources for you to access as a part of this presentation:

- Perinatal Reading Guide
- Using Your Senses For Self Soothing
- Nest Building Plan
- Mental Health During The Perinatal Period PowerPoint
- Mindfulness Tracks



Source of Support

- Helplines: PANDA 1300 726 306
- Pregnancy, birth & baby helpline 1800 882 436
- Miracle Babies Foundation (NICU/SCN) 1300 622 243
- Perinatal psychologists



About Us

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HOW TO SEE US:

Ask your GP for a Mental Health Care Plan if you'd like to access a Medicare rebate, or

Call our friendly receptionist to book an appointment, a referral isn't a requirement.



Q&A
Any questions?