

Mental Health after Childbirth: *The Basics of Postpartum Depression and Anxiety*

The period following childbirth can be a time of wonder. Sleepless nights and exhaustion are part of the experience, certainly, but also the delight of welcoming another person to the world. The cultural standard for motherhood is one where the woman's life centers around her baby, for whom she has nothing but the deepest love and about whom she experiences nothing but the greatest joy in her status as mother. What happens, then, when she experiences the inevitable times of frustration, anger, and hurt in her relationship with the child and her newly re-negotiated relationships with friends and family? If all is well, she will be able to adjust to this new role as a first-time mother or a mother of an additional child, and learn to understand that the cultural standard is more a myth than a reality. If all is not well, the hormonal changes and dramatic shifts in role can lead to serious depression, anxiety, or more severe psychological problems during the postpartum period.

Emotional Symptoms in the Postpartum Period

Emotional swings during both the pregnancy and postpartum period are normal. The body undergoes significant hormonal changes during the pregnancy, and then there is another set of dramatic hormonal shifts in the days following delivery. These hormonal shifts have a direct impact on mood. The prenatal and postpartum periods are also times of transition in social roles and responsibilities. This is most apparent in a first pregnancy, but is also true with subsequent pregnancies. Parenthood is an enormous responsibility, and the presence of a child in a home dramatically changes how time and energy are used, how relationships are negotiated, and how a household's daily routines are accomplished (or not).

Fifty to eighty-five percent of women experience mild, brief mood disturbance postpartum -- what is commonly termed the "baby blues." These typically occur within the first two weeks following childbirth and often clear up within a few days. Up-and-down mood swings, irritability, and fears about motherhood or the baby's welfare are the most common symptoms. These are normal reactions and do not require any formal treatment.

Ten to fifteen percent of postpartum women experience an episode of major depression during the first few months following delivery. Symptoms of postpartum depression include feelings of sadness or lack of pleasure, difficulty sleeping (not just due to the baby crying or needing to be fed), change in appetite, difficulty concentrating, feelings of worthlessness or guilt, fatigue, or thoughts of death or suicide. Some of these symptoms can also occur as the normal consequence of having an infant in the home, most notably lack of sleep and fatigue. However, persistent sadness, inability to enjoy activities, overwhelming feelings of worthlessness or guilt, and particularly thoughts of suicide signal the need for clinical intervention.

Although postpartum depression has received a good deal of media attention, anxiety during the postpartum period is also common but not as frequently discussed. Common anxieties include worries about being able to care for the child and about the child's well-being. Again, some level of anxiety is normal, particularly in first-time mothers. However, if the anxiety is to the point where it impairs the woman's ability to function or limits her ability to care for the child (for example, if a woman is too fearful to be able to be alone with her child), then treatment is warranted.

The most significant risk factor for postpartum depression is a personal history of depression, especially a history of postpartum depression. Lack of social support, marital problems, and depression during pregnancy are also all risk factors. However, all women, regardless of age, marital status, ethnicity, and level of education, can develop postpartum depression or anxiety.

Treatment for Postpartum Depression/Anxiety/Insomnia

As with other forms of depression, postpartum depression is treatable, as is postpartum anxiety. Treatment of depression during the postpartum period is particularly important since the first months of the infant's life are a crucial time in the development of healthy attachment, and children of depressed mothers can develop less healthy attachment styles than the children of non-depressed mothers. Treatment options depend on the preference of the mother and the severity of the illness.



Psychotherapy has been shown to be a highly effective treatment for postpartum depression and anxiety. Interpersonal Psychotherapy, a type of therapy focusing on the mother's relationships and role transitions, especially with her partner and with

her child, has been shown to be particularly effective. Helping the new mother access the support and resources she needs is often key, as is helping her develop connections with other women who can be sources of advice and support. Providing information about what is normal during this time and providing strategies for managing anxiety and insomnia are also important.

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Therapy can be an especially good option for women who are nursing and prefer to avoid medication if possible. In more severe cases, or when it is the mother's preference, medication can be an important component of the treatment plan as well. Choosing a psychiatrist or other physician who is experienced in the use of psychotropic medication during the postpartum period is important.

Finally, helping women discover what is realistic and workable for them in this new role can be quite liberating for them. New mothers often expect themselves to be able to keep up with all their former obligations while adding in all the responsibilities of caring for a new child, and then feel inadequate when they find that they are unable to do that. Revising expectations to be more flexible and gentle, accessing appropriate support from family and friends, and working to find the possibilities as well as the challenges inherent in transition, can all help new moms be able to more fully enjoy the new person who has come into their lives.

Lisa Streyffeler, Ph.D.

Lisa Streyffeler is a licensed psychologist.

Lisa received her BA in psychology and comparative religion from Harvard and her Ph.D. in counseling psychology from the University of Iowa. She completed her internship and postdoctoral fellowship at Hennepin County Medical Center, MN. Lisa provides counseling to adults with depression, anxiety, relationship issues, trauma, and life transitions. She specializes in counseling pregnant and postpartum women. She is a member of the American Psychological Association. Lisa sees clients in both West Des Moines and Ankeny.

Resources:

www.womensmentalhealth.org

Segre, L.S., Stuart, S., & O'Hara, M.W. (2004). Interpersonal Psychotherapy for Antenatal and Postpartum Depression. *Primary Psychiatry* 11, p. 52-56.

Bennett, S., & Indman, P. (2006). *Beyond the blues: A guide to understanding and treating prenatal and postpartum depression*. San Jose, CA: Moodswings Press.

Kleiman, K., & Raskin, V. (1994). *This isn't what I expected: Overcoming postpartum depression*. New York: Bantam.

C.O.O.L. Corner

Children Overcoming the Obstacles of Life



sleep sleep sleep sleep sleep sleep

- ◇ Sleep is the primary activity of the brain during early development. Sleep directly impacts mental and physical development.
- ◇ It is crucial that children have a consistent sleep routine.
- ◇ On average, kids need ten hours of sleep each night, sometimes more, depending on their age.
- ◇ Any sounds at bedtime need to be soft and monotonous.
- ◇ The sleep environment needs to be dark and quiet.
- ◇ Massage your child's back, feet, and hands for 15 minutes or so.
- ◇ Include reading or telling a story before "lights out."
- ◇ Eliminate caffeine six hours before bedtime and decrease sugary snacks.

Suggested reading:

Canter, Lee and Marlene. "No More Bedtime Battles." Effective Parenting Books Series, 1996.

National Sleep Foundation. "Children's Sleep Habits." Available at www.sleepfoundation.org/hottopics/index.php?secid=11&id=39 (23 August 2006).

Leaving a Legacy

As we plan for the legacy we want to leave to our families and community, we have the opportunity to extend the meaning we have found in life. Through our planned gifts, we can send a message that reflects our values and continues our commitments to the people and organizations that we have cared for and supported during our lifetimes.

If you or someone you know has benefited from or been comforted by the services of the Center's fine staff, please consider making a planned gift to the Des Moines Pastoral Counseling Center Foundation. Gifts to the Foundation will help ensure that that same benefit and comfort are available to those who come after us.

Contact Kathleen Murrin at the Center for further information.

Object Relations Theory in Clinical Practice – A 10-week Course

Dates: October 6 – December 15, 2006
Time: Fridays, 8:15 – 9:45 a.m.
Location: Des Moines Pastoral Counseling Center
Cost: \$200
Registration Deadline: September 15, 2006
Instructor: J. Jeffrey Means, Ph.D.
CEUs: This course provides 15.00 hours towards the continuing education requirements of the Iowa Board of Social Work Examiners and the Iowa Board of Behavioral Science Examiners.



Object relations theory provides a bridge between individual-psychodynamic and systemic ways of understanding the problems people bring to psychotherapists. This makes it a valuable tool for adding depth and breadth to an understanding of personality development and the complexity of human interactions in couples, families, and larger organizations.

This seminar will explore personality development from an object relations perspective with emphasis given to utilizing this theory in clinical practice. Class presentations, reading assignments, and examples of case material provided by the instructor and class members will provide the material for discussion. For more information or to register, call (515) 274-4006.

THE INSTRUCTOR - J. Jeffrey Means, Ph.D.

J. Jeffrey Means, Ph.D., is Director of Professional Education at Des Moines Pastoral Counseling Center and Associate Professor and Chair of the Department of Behavioral Medicine at Des Moines University. He is a licensed clinical psychologist, pastoral counselor, and marriage and family therapist. In addition to his clinical practice at the Center, Dr. Means has interests in teaching, writing, supervision, professional formation, and clinical case consultation. He is the author of *Trauma & Evil: Healing the Wounded Soul* published by Fortress Press.



MANifest is a program for men, facilitated by male counselors, built around weekend retreats and Saturday workshops.
MANifest is for men of all ages and from every walk of life.
Lowell Houts, D.Min., and Mike Sears, Ed.D., facilitate all MANifest programs.

MANifest weekend

Friday – Sunday, October 6 – 8, 2006 Check-in Friday 5:00-7:00 p.m. Concludes Sunday noon

Fee: \$175 (\$150 if pre-registered before September 22, 2006), includes lodging and five meals
MANifest weekends are held at a retreat center southeast of Winterset.

The weekend gives men an extended opportunity to take a look inside themselves and to bridge the emotional disconnect that so often happens in the traditional rearing of most men in this society. The weekend is a time to get past the “no fear,” “no sadness,” “emphasize toughness,” “reinforce anger” messages and values so many men carry around with them. The emotional lives of men need to be explored, acknowledged, and celebrated by men, individually and collectively. Please call the Center to pre-register (515) 274-4006.

MANifest workshops

Men and Their Fathers

Saturday, November 11, 2006, 9:00 a.m. – 3:00 p.m.

Fee: \$50, includes lunch. MANifest workshops are held at Queen’s Point, 2793 St. Charles Road (stone house 6 miles west of St. Charles).

Whether a man did or did not have a relationship with his father is a powerful influence on the developing male personality. Men continue to deal with their dad’s physical and emotional presence or absence within their relationships throughout their adult lives. When sons grow up with little or no expression of a father’s affirmation and blessing, they often carry a sense of failure, or shame, or anger that seems unrelated to life events. “Men and Their Fathers” workshop will provide participants the opportunity to explore these issues within their particular growing-up situations. Call Lowell Houts or Mike Sears at the Center (515) 274-4006 to pre-register.

Registration is limited to 20 participants to allow for adequate discussion/interaction.

Men and Sex

Saturday, January 13, 2007, 9:00am – 3:00pm

Please check the Center’s website for more information, www.dmpcc.org/support/support.html.

Signs of Late Summer



- Board member, **Peter Olson**, competed at the Iowa Games, using his **Hurdling for Healing** event as a fundraiser for the Center, raising \$1,085!
- This is the time of year for the Center's annual fund drive. We are only able to offer our counseling on an ability-to-pay, sliding-scale basis to lower- and moderate-income individuals and families thanks to contributions from individuals, corporations, and congregations in the community. Please help us keep pace with the momentum in the number of new people seeking counseling by making a gift to the Center. Contact Kathleen Murrin at the Center for further information on how your gift can make a difference.
- Please let us know if you would like to receive this newsletter by e-mail notification rather than having a paper copy sent to you. Contact info@dmpcc.org and indicate you would like to receive *Connecting* by e-mail. Make sure to include your name and street address so we can remove you from the postal list.
- We are amazed and very pleased that the number of folks calling the Center to schedule an initial visit during the first six months this year is **47% greater** than during the same time period last year.
- If you would like to comment on the *Connecting* newsletter or have questions about the Center, please contact Kathleen Murrin at the Center, (515) 274-4006 or kmurrin@dmpcc.org.

CONNECTING

is a publication of the Des Moines Pastoral Counseling Center, an independent, interfaith, not-for-profit organization. For nearly 35 years, the Center has been providing counseling and educational services to adults, families, adolescents, and children for the purpose of enhancing emotional, spiritual, and relationship health. The Center has satellite offices in Ankeny, Lamoni, Lenox, Leon, Mt. Ayr and Osceola.
Editor: Kathleen Murrin

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