

The doctor that  
Gets you,  
Sees you and  
is going to help YOU.

## Punk Rock Psych Doc

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**PunkRockPsychDoc.rocks**

3800 N. Shepherd Dr. #3910

Houston TX 77018

**drb@rockwith.me**



I'm THE funky house call therapist.

I've been offering therapy via the web since 2011 to people that couldn't get support in person.

I also offer In Office Therapy as well as Virtual Therapy (Texas & Colorado).

I'm passionate about helping you with your pregnancy, birth, miscarriage, loss, infertility and even when the kiddos are grown. I'm also trained in birth story medicine.

**Dr. Blythe TwoSisters, PsyD,**

Virtual House Call Therapist

Trained Perinatal Mood and Anxiety Disorder Specialist  
Mental Health At Every Size Advocate  
Trans Affirming Care for Transitioning Families  
Maternal Child Health Specialist – The JJ Way®  
Service Dog Handler



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# THE POSTPARTUM STRESS CENTER

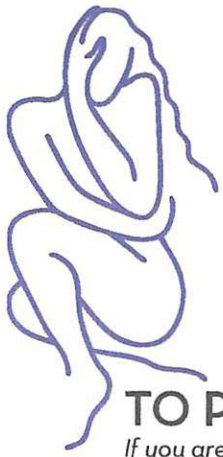
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**All primary care providers, obstetricians, pediatricians and midwives should feel obliged to attend to the emotional well-being of their perinatal patients.**

*All healthcare providers: Ask yourself these questions*

- Do you screen every patient for prenatal or postpartum mood and anxiety disorders?
- Do you have a reputable resource(s) for mental health referrals?
- Do you feel you have a reasonable amount of knowledge when it comes to state-of-the-art treatment for perinatal mood and anxiety disorders?
- Are you prepared to experience the consequence of failing to screen for maternal mental health concerns?
- Do you feel comfortable probing further if you are concerned or suspicious about any response, lack of response, or behavior you may observe?
- Do you feel capable of providing supportive intervention if needed?
- Do you feel adequately informed about the nature and high rate of occurrence of negative, intrusive thoughts that are anxiety driven?
- Do you feel able to differentiate between anxiety related intrusive unwanted scary thoughts and those that are the result of psychotic and delusional thinking?
- Do you appreciate the serious risk of not addressing the mental health of each and every perinatal patient?
- Have you sufficiently trained your staff to respond appropriately when they suspect symptoms of severe depression, anxiety or psychosis?
- Do you feel prepared to get accurate information and/or psychological support, if necessary, for yourself and/or your staff in order to insure proper care of your patients?





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## TO PHYSICIANS AND OTHER HEALTHCARE PRACTITIONERS:

*If you are not asking these questions of each postpartum patient, you do not know how she is feeling.*

Have you had PPD before?

Do you have a history of depression?

Are you sleeping okay when your baby sleeps?

Any changes in your appetite?

Are you experiencing anxiety or panic?

Are you afraid to be alone with your baby?

Do you feel more irritable or angry than usual?

Are you worried about the way you feel right now?

What worries you the most about the way you feel?

Are you afraid you might lose control?

Are you afraid of the thoughts you are having?

Do you wonder if you're a bad mother?

If you are breastfeeding, how important is that to you?

Do you ever have thoughts about hurting yourself?

Do you find it hard to make decisions?

Does your husband know how you are feeling?

How do you feel about taking medication if it helps you feel better?

Are there other stressful events that are impacting the way you feel?

Is there anything you are afraid to tell me, but think I should know?

## TIPS FOR PROFESSIONAL AND FAMILY SUPPORT:

Do not assume that if she looks good, she is fine.

Do not tell her it's normal to feel this way after having a baby.

Do not assume this will get better on its own.

Do encourage her to get a comprehensive evaluation.

Do take her concerns seriously.

Do let her know you are there if she needs you.



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- During the past year, I have experienced an unusual amount of stress (ex: Move, job loss, divorce, loss of loved one)
- I have little interest in things that I used to find pleasurable.
- I am having anxiety attacks.
- Sometimes I worry about things so much that I can't get the thoughts out of my head.
- I am bothered and frightened by thoughts that I can't get out of my mind, especially about my baby's well-being.
- I have thoughts of hurting myself.
- I have thoughts of hurting my baby.
- I am more irritable and/or angry than usual.
- I just don't feel like myself.
- Sometimes, I feel like I can't shake off these bad feelings no matter what I do.
- I'm afraid if I tell someone how I really feel, they will not understand or they will think something is really wrong with me.



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## PPD Risk Assessment During Pregnancy

### *Important Note:*

This assessment is not diagnostic. Risk factors do not cause postpartum depression. Our intention is to help you become aware of the factors that can potentially make you vulnerable to depression, so you can mobilize your support network and make use of the resources available to you. The list below are factors that can increase your susceptibility to depression. Check all that apply and discuss the results with your doctor. In fact, we would encourage you to print it out and take the list so your treating physician can see it and keep it in your patient file.

- I was not happy to learn I was pregnant.
- My partner was not happy to learn I was pregnant.
- I have had a previous episode of postpartum depression and/or anxiety that was successfully treated with therapy and/or medication.
- I might have experienced symptoms of postpartum depression following previous births, but I never sought professional help.
- I have had one or more pregnancy losses.
- I have a history of depression/anxiety that was not related to childbirth.
- I have lost a child.
- I have been a victim of the following:
  - Childhood sexual abuse
  - Childhood physical abuse
  - Physical assault by someone you know
  - Physical assault by stranger
  - Physical assault during this pregnancy
  - Sexual assault by someone you know
  - Sexual assault by stranger
- There is a family history of depression/anxiety, treated or untreated.
- I have a history of severe PMS.
- I have experienced suicidal thoughts or have considered doing something to hurt myself in my past.
- I do not have a strong support system to help me if I need it.
- I have a history of drug or alcohol abuse.
- People have told me I'm a perfectionist.
- During this pregnancy, I have experienced some emotions about which I am very concerned.
- I feel sad.
- My relationship with my partner is not as strong as I'd like it to be.
- My partner and I have been thinking about separating or divorcing.
- I am not likely to admit it when I need help.



## PERINATAL SCARY THOUGHTS ACTION ALGORITHM

### Patient presents with scary intrusive thoughts

Determine the nature of  
her scary thoughts to rule  
out suicidal ideation.

Proceed with  
suicide protocol

Assess to determine degree to which  
distress interferes with functioning.  
Consider patient's desire for treatment  
and/or her ability to tolerate the symptom.  
Is she anxious about these thoughts? Does  
she express guilt? Shame? Panic?

Does not appear  
distressed with these  
thoughts. Rule out  
psychosis and refer  
for immediate  
medical intervention

Provide psychoeducation regarding the nature of scary  
thoughts and the presence of unwanted intrusive images,  
impulses and thoughts during the perinatal period. Explain  
clinical implications and her worry vs our worry; how her  
distress is clinically relevant and reassures us that these  
thoughts are anxiety-driven (not psychotic). Provide  
reassurance and information to validate distress and  
educate her on the sustaining and hard-to-treat nature of  
scary thoughts.

Provide options for treatment and make appropriate  
referral. Consider more than one option.

1. Supportive Psychotherapy
2. Cognitive Behavioral Therapy
3. Self-help interventions for acute anxiety
4. Antidepressant medication
5. Anti-anxiety medication

Refer for  
medication  
evaluation and  
management if  
appropriate



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Name \_\_\_\_\_

Today's Date \_\_\_\_\_

☐ Pregnancy    ☐ Pregnancy loss    ☐ Postpartum \_\_\_\_\_ days / wks / months

Please circle the answer which comes closest to how you have felt in the past 7 days

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 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 Somewhat less than I used to  
2 A lot less than I used to  
3 Hardly at all
3. I have blamed myself unnecessarily when things went wrong.  
0 No, not at all  
1 Hardly ever  
2 Yes, sometimes  
3 Yes, very often
4. I have been anxious or worried for no good reason.  
3 Yes, often  
2 Yes, sometimes  
1 No, not much  
0 No, not at all
5. I have felt scared or panicky for no good reason.  
3 Yes, often  
2 Yes, sometimes  
1 No, not much  
0 No, not at all
6. Things have been too much for me.  
3 Yes, most of the time I haven't been able to cope at all  
2 Yes, sometimes I haven't been coping as well as usual  
1 No, most of the time I have coped well  
0 No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping.  
3 Yes, most of the time  
2 Yes, sometimes  
1 Not very often  
0 No, not at all
8. I have felt sad or miserable  
3 Yes, most of the time  
2 Yes, quite often  
1 Not very often  
0 No, not at all
9. I have been so unhappy that I have been crying.  
3 Yes, most of the time  
2 Yes, quite often  
1 Only occasionally  
0 No, never
10. The thought of harming myself has occurred to me.  
3 Yes, quite often  
2 Sometimes  
1 Hardly ever  
0 Never

TOTAL SCORE \_\_\_\_\_

Edinburgh Postnatal Depression Scale (EPDS)  
(J.L. Cox, J.M. Holden, R. Segovsky, Department of Psychiatry, University of Edinburgh)



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## Suicide Assessment for a Positive EPDS Screen (#10)

*Note: All clinicians administering the Edinburgh Screen should ask the following questions to every patient who answers #10 with a 1, 2 or 3. ("The thought of harming myself has occurred to me")*

These questions are in no particular order and have not been validated in any way. It is recommended that these or similar questions be part of the initial clinical interview when triaging a woman with postpartum depression.

- \_\_\_\_\_ How often are you having thoughts of hurting yourself?
- \_\_\_\_\_ Are you able to describe them to me?
- \_\_\_\_\_ Have you ever had thoughts like this before?
- \_\_\_\_\_ What happened the last time you had these thoughts?
- \_\_\_\_\_ Does your partner know how bad you are feeling? If not, why not?
- \_\_\_\_\_ Who do you consider your most primary connection for emotional support?
- \_\_\_\_\_ Does this person know how you are feeling? If not, why not?
- \_\_\_\_\_ Does anyone in your family know how you are feeling?
- \_\_\_\_\_ Have you ever acted on suicidal thoughts before?
- \_\_\_\_\_ How do you feel about these thoughts you are having?
- \_\_\_\_\_ Do you have specific thoughts about what you would do to harm yourself?
- \_\_\_\_\_ If you do have a plan, do you know what is keeping you from acting on it?
- \_\_\_\_\_ Are there weapons in your home?
- \_\_\_\_\_ Do you have access to medications that could be harmful to you?
- \_\_\_\_\_ Anything else you can think of that I can do right now to help you protect yourself from these thoughts?
- \_\_\_\_\_ Have you thought about what the implication would be for your baby?
- \_\_\_\_\_ Do you feel able to contact me if you feel you cannot stop yourself from acting on these thoughts?

### *Important Points to Keep in Mind:*

- Be clear about your ability to help her
- Determine whether hospitalization is required
- Contact family members, if indicated, in her presence
- Initiate psychiatric contact
- Follow up with any and all requests (ex: weapons out of the house)
- Determine level of follow up (ex: "report in" phone calls to/from patient to assure safety)
- Do not avoid questions that make you uncomfortable



# Assessment of Depression Severity and Treatment Options<sup>1</sup>

## EPDS SCORE or clinical assessment

## SIGNS AND SYMPTOMS OF DEPRESSION

*\*Signs and symptoms in each column may overlap*

EPDS 0-8	EPDS 9-13	EPDS 14-18	EPDS ≥19
LIMITED TO NO SYMPTOMS	MILD SYMPTOMS	MODERATE SYMPTOMS	SEVERE SYMPTOMS
<ul style="list-style-type: none"> <li>Reports occasional sadness</li> </ul>	<ul style="list-style-type: none"> <li>Mild apparent sadness but brightens up easily</li> </ul>	<ul style="list-style-type: none"> <li>Reports pervasive feelings of sadness or gloominess</li> </ul>	<ul style="list-style-type: none"> <li>Reports continuous sadness and misery</li> </ul>
<ul style="list-style-type: none"> <li>Placid - only reflecting inner tension</li> </ul>	<ul style="list-style-type: none"> <li>Occasional feelings of edginess and inner tension</li> </ul>	<ul style="list-style-type: none"> <li>Continuous feelings of inner tension/ intermittent panic</li> </ul>	<ul style="list-style-type: none"> <li>Unrelenting dread or anguish, overwhelming panic</li> </ul>
<ul style="list-style-type: none"> <li>Sleeps as usual</li> </ul>	<ul style="list-style-type: none"> <li>Slight difficulty dropping off to sleep</li> </ul>	<ul style="list-style-type: none"> <li>Sleep reduced or broken by at least two hours</li> </ul>	<ul style="list-style-type: none"> <li>Less than two or three hours sleep</li> </ul>
<ul style="list-style-type: none"> <li>Normal or increased appetite</li> </ul>	<ul style="list-style-type: none"> <li>Slightly reduced appetite</li> </ul>	<ul style="list-style-type: none"> <li>No appetite - food is tasteless</li> </ul>	<ul style="list-style-type: none"> <li>Needs persuasion to eat</li> </ul>
<ul style="list-style-type: none"> <li>No difficulties in concentrating</li> </ul>	<ul style="list-style-type: none"> <li>Occasional difficulty in concentrating</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty concentrating and sustaining thoughts</li> </ul>	<ul style="list-style-type: none"> <li>Unable to read or converse without great initiative</li> </ul>
<ul style="list-style-type: none"> <li>No difficulty starting everyday activities</li> </ul>	<ul style="list-style-type: none"> <li>Mild difficulties starting everyday activities</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty starting simple, everyday activities</li> </ul>	<ul style="list-style-type: none"> <li>Unable to do anything without help</li> </ul>
<ul style="list-style-type: none"> <li>Normal interest in surroundings &amp; friends</li> </ul>	<ul style="list-style-type: none"> <li>Reduced interest in surroundings &amp; friends</li> </ul>	<ul style="list-style-type: none"> <li>Loss of interest in surroundings and friends</li> </ul>	<ul style="list-style-type: none"> <li>Emotionally paralyzed, inability to feel anger, grief or pleasure</li> </ul>
<ul style="list-style-type: none"> <li>No thoughts of self-reproach, inferiority</li> </ul>	<ul style="list-style-type: none"> <li>Mild thoughts of self-reproach, inferiority</li> </ul>	<ul style="list-style-type: none"> <li>Persistent self-accusations, self-reproach</li> </ul>	<ul style="list-style-type: none"> <li>Delusions of ruin, remorse or unredeemable sin</li> </ul>
<ul style="list-style-type: none"> <li>No suicidal ideation</li> </ul>	<ul style="list-style-type: none"> <li>Fleeting suicidal thoughts</li> </ul>	<ul style="list-style-type: none"> <li>Suicidal thoughts are common</li> </ul>	<ul style="list-style-type: none"> <li>History of severe depression and/or active preparations for suicide</li> </ul>

## TREATMENT OPTIONS

*\*Treatment options in each column may overlap*

LIMITED TO NO SYMPTOMS	MILD SYMPTOMS	MODERATE SYMPTOMS	SEVERE SYMPTOMS
		<ul style="list-style-type: none"> <li>Consider inpatient hospitalization when safety or ability to care for self is a concern</li> </ul>	<ul style="list-style-type: none"> <li>Consider inpatient hospitalization when safety or ability to care for self is a concern</li> </ul>
	<ul style="list-style-type: none"> <li>Consider medication</li> </ul>	<ul style="list-style-type: none"> <li>Strongly consider medication</li> </ul>	<ul style="list-style-type: none"> <li>Strongly consider medication</li> </ul>
<ul style="list-style-type: none"> <li>Therapy for mother</li> <li>Dyadic therapy for mother/baby</li> </ul>	<ul style="list-style-type: none"> <li>Therapy for mother</li> <li>Dyadic therapy for mother/baby</li> </ul>	<ul style="list-style-type: none"> <li>Therapy for mother</li> <li>Dyadic therapy for mother/baby</li> </ul>	<ul style="list-style-type: none"> <li>Therapy for mother</li> <li>Dyadic therapy for mother/baby</li> </ul>
<ul style="list-style-type: none"> <li>Community/social support (including support groups)</li> </ul>	<ul style="list-style-type: none"> <li>Community/social support (including support groups)</li> </ul>	<ul style="list-style-type: none"> <li>Community/social support (including support groups)</li> </ul>	<ul style="list-style-type: none"> <li>Community/social support (including support groups)</li> </ul>
<ul style="list-style-type: none"> <li>Consider as augmentation: Complementary/ Alternative therapies (bright light therapy, Omega-3 fatty acids, acupuncture, folate, massage)</li> </ul>	<ul style="list-style-type: none"> <li>Consider as augmentation: Complementary/ Alternative therapies (bright light therapy, Omega-3 fatty acids, acupuncture, folate, massage)</li> </ul>	<ul style="list-style-type: none"> <li>Consider as augmentation: Complementary/ Alternative therapies (bright light therapy, Omega-3 fatty acids, acupuncture, folate, massage)</li> </ul>	<ul style="list-style-type: none"> <li>Consider as augmentation: Complementary/ Alternative therapies (bright light therapy, Omega-3 fatty acids, acupuncture, folate, massage)</li> </ul>
<ul style="list-style-type: none"> <li>Support with dysregulated baby; crying, sleep, feeding problems</li> <li>Physical activity</li> </ul>	<ul style="list-style-type: none"> <li>Support with dysregulated baby; crying, sleep, feeding problems</li> <li>Physical activity</li> </ul>	<ul style="list-style-type: none"> <li>Support with dysregulated baby; crying, sleep, feeding problems</li> <li>Physical activity</li> </ul>	<ul style="list-style-type: none"> <li>Support with dysregulated baby; crying, sleep, feeding problems</li> <li>Physical activity</li> </ul>
<ul style="list-style-type: none"> <li>Self-care (sleep, hygiene, healthy diet)</li> </ul>	<ul style="list-style-type: none"> <li>Self-care (sleep, hygiene, healthy diet)</li> </ul>	<ul style="list-style-type: none"> <li>Self-care (sleep, hygiene, healthy diet)</li> </ul>	<ul style="list-style-type: none"> <li>Self-care (sleep, hygiene, healthy diet)</li> </ul>

<sup>1</sup>Information adapted from: Montgomery SA, Asberg M: A new depression scale designed to be sensitive to change. *British Journal of Psychiatry* 134:382-389, 1979

**Limited or no symptoms of depression**

**Severe symptoms of depression**



## What if I still don't feel better?

Sometimes, self-help measures are not enough. If symptoms persist for more than two weeks, you should consider seeking professional support. Ask your healthcare provider for the name of a good therapist who specializes in the treatment of women and depression. Often, the combination of therapy and antidepressant medication is the most efficient, effective treatment for PPD.

## What can my partner do to help?

- ◆ He can encourage you to rest as much as possible.
- ◆ He can go to the healthcare provider or therapist with you to get more information and support for himself.
- ◆ He can help you set limits.
- ◆ He can sit with you when you're feeling bad.
- ◆ He can tell you he loves you and remind you that you won't always feel this way.
- ◆ He can reassure you that he's not going anywhere and he can wait this out as long as it takes.
- ◆ He can give you permission to do what you need to do to take care of yourself during this vulnerable time.
- ◆ He can continue to take care of himself so he remains strong and supportive.

## Is there anything else I can do to help myself feel better?

- ◆ You can stop blaming yourself.
- ◆ You can stop feeling guilty.
- ◆ You can begin to accept that you have an illness that is treatable and take the steps necessary for recovery.
- ◆ You can put yourself on top of your list of things to take care of.
- ◆ You can ask for help and accept it when it is offered.
- ◆ You can try to make time for yourself and do your best not to overload yourself.
- ◆ You can give yourself permission to rest, to exercise, to surround yourself with things that feel good.
- ◆ You can avoid people and things that make you feel bad.
- ◆ You can stay close to those who love you unconditionally.
- ◆ You can thank them for their continued support.
- ◆ You can accept your feelings, good and bad.
- ◆ You can take one day at a time, allow yourself the freedom to make mistakes and you can remind yourself that you will not always feel this way.
- ◆ You can understand that the healing process is a slow one and may not move as quickly as you would like.
- ◆ You can believe that you will feel better again.

*Please inform your healthcare provider if you do not like the way you are feeling.*



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# Postpartum Depression:

## *Patient Information Sheet*

### What does postpartum depression feel like?

- ◆ "It feels scary."
- ◆ "It feels out of control."
- ◆ "It feels like I'm never going to feel like myself again."
- ◆ "It feels like each day is a hundred hours long."
- ◆ "It feels like no one understands."
- ◆ "It feels like my marriage cannot survive this."
- ◆ "It feels like I'm a bad mother."
- ◆ "It feels like I should never have had this baby."
- ◆ "It feels like if I could only get a good night's sleep, everything would be better."
- ◆ "It feels like I have no patience for anything anymore."
- ◆ "It feels like I'm going crazy."
- ◆ "It feels like I will always feel like this."

### Why did this happen to me?

There is no single cause or reason. PPD is a condition that results from a combination of biologic, hormonal, environmental and psychological factors. It is most often influenced by a number of risk factors, some of which may include: dramatic hormonal changes, unexpected childbirth experience, chronic sleep deprivation, your family's medical history, your previous experience with depression, (particularly PPD), recent losses, lack of social support, environmental stressors, high-needs infant, perceived loss of control, unsupportive partner, history of abuse. It's important to note that PPD can strike women with no risk factors, too. It is not fully understood why it happens to some women and not to others, but we do know exactly what to do to treat it. For each woman with PPD, the combination of factors that cause it are unique.

### Will this ever go away?

Yes. Postpartum illness is more common than you might think. It is a real medical condition that affects 20% of new mothers. It is not your fault. It did not happen because you are weak, or thinking the wrong things, or because you are not a good mother. PPD is a mood disorder characterized by a cluster of symptoms (which are present most of the time during a period

of at least two weeks) which can include: weepiness, irritability, anxiety, sleeplessness, loss of appetite, excessive guilt, difficulty concentrating, obsessive thoughts, panic, feelings of sadness, hopelessness, thoughts about death, general fatigue. These feelings and thoughts — which can make you feel like you are doing something wrong or simply not handling motherhood very well — are symptoms which respond well to treatment.

### How do I know if I have postpartum depression or if what I'm feeling is normal?

Trust your instincts. If you think something is wrong, it probably is. That doesn't mean anything terrible is happening. It may mean you are overwhelmed and overloaded and need some down time so you can get things back on track. It is possible for you to be experiencing what we call Postpartum Stress Syndrome, which is not a clinical depression, but rather an adjustment disorder that is self-limited and responds well to supportive intervention. Baby blues, which is marked by feelings of sadness, fatigue, anxiety, occurs shortly after birth and lasts for a few days to a couple of weeks. Postpartum Stress Syndrome and Postpartum Depression can emerge any time during the first postpartum year. If you notice that you are feeling worse as time goes on, it's important for you to let someone know how you are feeling. Do not let feelings of guilt or shame or embarrassment get in the way of you doing what you need to do to feel better.

### What can I do about it?

First, focus on self-help measures, such as eating nutritiously, even if you're not hungry; resting as much as you can, even if you can't sleep; getting out of the house for a walk, even if you don't feel like moving. Avoid caffeine, alcohol, high fat and sugar foods. Talk to someone you trust about the way you are feeling. Let your healthcare provider know. Let your partner know. Find supportive people who can help you and accept their help. Do not delay getting proper treatment. The longer you wait, the harder it is to treat.



# During Pregnancy and After Birth: Learn the Signs of Depression and Anxiety

You may be the first to see signs of depression and anxiety in your loved one while she is pregnant and after she has had the baby. Learn to recognize the signs and, if you do see them, urge her to talk with her health care provider.

## DOES SHE:

Seem to get extremely anxious, sad, or angry without warning?

Seem foggy and have trouble completing tasks?

Show little interest in things she used to enjoy?

Seem "robotic," like she is just going through the motions?

## DO YOU:

Notice she has trouble sleeping?

Notice she checks things and performs tasks repeatedly?

Get concerned she cannot care for herself or the baby?

Think she might hurt herself or the baby?

## Depression and Anxiety Happen. Getting Help Matters.

To learn more, visit [nichd.nih.gov/MaternalMentalHealth](http://nichd.nih.gov/MaternalMentalHealth).  
To find a mental health provider in your area, call 1-800-662-HELP (4357).



Eunice Kennedy Shriver National Institute  
of Child Health and Human Development





# Talk About Depression and Anxiety During Pregnancy and After Birth

## Ways You Can Help

Pregnancy and a new baby can bring a mix of emotions—excitement and joy, but also sadness and feeling overwhelmed. When these feelings get in the way of your loved one taking care of herself or the baby—that could be a sign that she's dealing with deeper feelings of depression or anxiety, feelings that many pregnant women and new moms experience.



### LISTEN.....

**Open the line of communication.**

- ♦ "I know everyone is focused on the baby, but I want to hear about you."
- ♦ "I notice you are having trouble sleeping, even when the baby sleeps. What's on your mind?"
- ♦ "I know a new baby is stressful, but I'm worried about you. You don't seem like yourself. Tell me how you are feeling."
- ♦ "I really want to know how you're feeling, and I will listen to you."



### OFFER SUPPORT.....

**Let her know that she's not alone and you are here to help.**

- ♦ "Can I watch the baby while you get some rest or go see your friends?"
- ♦ "How can I help? I can take on more around the house like making meals, cleaning, or going grocery shopping."
- ♦ "I am here for you no matter what. Let's schedule some alone time together, just you and me."



### OFFER TO HELP.....

**Ask her to let you help her reach out for assistance.**

- ♦ "Let's go online and see what kind of information we can find out about this." Visit [nichd.nih.gov/MaternalMentalHealth](http://nichd.nih.gov/MaternalMentalHealth) to learn more.
- ♦ "Would you like me to make an appointment so you can talk with someone?" Call her health care provider or the Substance Abuse and Mental Health Services Administration's National Helpline at **1-800-662-HELP (4357)** for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.
- ♦ "I'm very concerned about you." Call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** for free and confidential emotional support—they talk about more than suicide.