



Advancing Care and Treatment to Enhance Outcomes for Women

***Did you know?* Mental Health IS health around the time of pregnancy**

What does depression actually mean?

Most people know what it means to feel down or depressed, especially when something bad happens in life. It is true that the word “depressed” is used to describe a person’s mood, which normally changes quite a bit over just a few days. But the word “depression” is also used to describe a major medical condition, known as Clinical Depression, or Major Depressive Disorder (MDD). MDD is an illness (like Diabetes or Heart Disease) that can have a negative effect on all aspects of a person’s life. When depression happens around the time of having a baby, it is called “**Perinatal Depression**”.

What are the signs and symptoms of Perinatal Depression?

To make a diagnosis of Perinatal Depression (MDD), a doctor or other clinician will look for at least 5 of the 9 symptoms below. Symptoms must last for at least two weeks and have a major effect on the person’s ability to function in school, work, relationships, or other important areas.

Symptoms:

- Depressed, down, or irritable mood
- Not able to get pleasure from things in life that usually give pleasure
- Major changes in appetite, including excessive weight gain or weight loss
- Major changes in sleep, like sleeping too much or too little
- Significant change in activity level (restless or slowed down)
- Feeling very low energy and fatigue
- Not able to concentrate or make decisions
- Feeling very worthless as a person or excessively guilty
- Abnormal thoughts of death or of harming or killing oneself

Women at risk of perinatal depression or who have perinatal depression may also notice:

- Feeling very anxious, especially about the pregnancy, or baby’s health or safety
- Having confusing thoughts about something harming the baby or doing something to harm the baby
- Not allowing anyone else to care for the baby
- Difficulty with breastfeeding

How common is Perinatal Depression?

Up to 1 in 4 women will experience MDD in their lifetime, and up to 1 in 5 may have MDD around the time of pregnancy, making it one of the most common complications of pregnancy. On the other hand, almost 80% of women will have the postpartum “blues”. The blues is not considered to be abnormal and is probably related to the huge change in hormones after delivering a baby. Women with the blues will notice tearfulness and difficulty controlling their mood, but this usually only lasts for a few days. If mood changes after having a baby do not go away after 2 weeks, it is time to talk with someone about it.

Can Perinatal Depression affect the pregnancy and the baby?

Un-treated depression poses a major risk to the pregnancy. Women who experience depression and anxiety during pregnancy may be more likely to have a premature delivery, restricted fetal growth and low birth weight infants. After having a baby, women with depression have been shown to have lower rates of breastfeeding initiation, poorer response to infant cues, and problematic attachment with infants. Studies have also linked perinatal depression to poorer use of prenatal care, poorer nutrition and other health behaviors such as substance use, and less likelihood to use pediatric services for the child.

How can women get help?

If you notice that you are not feeling like yourself during the pregnancy and after having the baby, tell someone. If you notice any of the symptoms listed above, especially anxiety, insomnia or thoughts of death or confusing thoughts about safety of the baby, talk to a health care professional immediately. It is important not to let these symptoms go for more than two weeks. Although weight gain, problems sleeping, lower energy and mild mood changes may be normal, it is not normal to have many of these at the same time, last for more than two weeks, and to make you unable to be yourself and do the things you want to do.

It is best to talk to several people, including family members, your obstetrician or other health care professional. If the people in your life or your health care provider do not listen or do not give you the help you need, it is very important that you keep asking or talk to someone else! The resources and phone numbers listed below can be used to connect you with help.

What kinds of help and treatment are out there?

One of the most important things to know about treatment for depression and anxiety around the time of pregnancy is that it works! Many women suffer in silence, which takes a major toll on the brain and body. Just like high blood sugar or blood pressure can damage the body, so can depression. Also like diabetes and high blood pressure, depression can be effectively treated by medications and/or life changes. The kinds of treatments can include:

- *Antidepressant medications* work well and can be safe and effective during pregnancy and breastfeeding
- *Talk therapy* is focused on learning how to get the support you need and how to change the way you think and act so that you feel much better. Talk therapy can also help you get back to doing things in life that you enjoy most
- *Exercise and activity* can have an anti-depressant effect that is the same as medications

You and your baby are worth it!

Unfortunately, most women with depression and anxiety never get the help they need. Sometimes women put their own self care last. Other times, women are afraid of how they will be seen if they admit to feeling depressed or anxious. Depression and mental health is no different from any other physical health condition. Just like taking folic acid and eating well are important during pregnancy, taking care of your mental health is extremely important for you to be healthy, feel good, and for the health and well being of your baby. You can think about it just like the oxygen mask on the plane – you must take care of yourself first before you and take care of others. The contact information below has much more information.

Resources and for Additional Information

- Postpartum Support International Florida State Coordinators (Tallahassee Area):
 - Amy Kimmel, (850) 491-5807 amy@inbloombirth.us
 - Susan Shelton, (850) 583-6814 susanlshelton@gmail.com
 - Catherine Munroe, (850) 284-9544
- Big Bend 211: Dial 211 <http://211bigbend.net/>
- Leon / Gadsden County Mental Health Resource list: www.med.fsu.edu/mentalhealth
- Whole Child Leon: (850) 487-7316 www.wholechildleon.org



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