

How Anxiety and Your Mood May Change in Pregnancy and After Birth

This pamphlet gives information on:

- › Common issues, like **sleep troubles** and **intrusive thoughts** (strange thoughts or mental images that seem to pop into your head and cause stress)
- › **Anxiety and mood disorders**
- › **Postpartum psychosis** (rare)

How Anxiety and Your Mood May Change in Pregnancy and After Birth

- Being pregnant and having a new baby causes changes in your brain and hormones. These hormonal changes made sure you and your baby were safe. Once your baby is here, your body and brain are adjusting to your new life and learning a lot of new skills.
- These changes to your body and brain happen even if this is not your first child. This can also happen to adoptive parents, surrogates, and close support persons.
- These changes can include having different moods (feeling happy, sad, irritable) or having more anxiety (your body's response to stressful, dangerous events causing you to sweat and your heart to beat faster).
- Grief, trauma, stress, violence, or substance use can also affect the changes in your body and brain.

What is common?

- In pregnancy, your stress hormones are 5 times higher than when you are not pregnant. It is common to feel more irritable, on guard, and anxious. Your senses are very alert. This means you may be more sensitive to smells, tastes, sights, and sounds than when you were not pregnant. You may feel sad, especially if you are having a stressful pregnancy or a major life change.
- After pregnancy, you are likely to have a few weeks of what is called Baby Blues. **80% of people who were pregnant (even for a short time) have Baby Blues.**
- Many parents also experience intrusive thoughts that are not wanted. These are thoughts that just pop into your head when you do not want them to. This can be stressful.
- You are also likely to not be getting enough sleep because of your baby's new routine.
- If you are prepared, you may be able to cope well. It may be harder to cope if:
 - › You have a mental disorder (like anxiety, depression, bipolar disorder).
 - › You do not have enough support.

- › You have gone through a stressful pregnancy or delivery (like delivering more than one baby at a time, emergency surgery, or complications). An example of a complication is if your baby has to be in the NICU (neonatal intensive care unit).

What if I had a mental disorder before I became pregnant?

- If you had a mental disorder before you got pregnant, your symptoms may get worse during pregnancy or after your baby is born.
- If you are thinking of getting pregnant or might be pregnant, talk to your primary health care provider (family doctor or nurse practitioner). They can go over any medication(s) you are taking to make sure it is safe in pregnancy, or change it to one that is safe, if needed.

What are intrusive thoughts?

- New parents think about their baby all the time. You want to keep your baby safe, and you think about danger a lot. These thoughts can feel different for each person.

- Often, the thoughts are of danger coming to your baby **accidentally**, but you may have thoughts of danger coming to your baby **on purpose**.
- **Remember**, these are thoughts that are not wanted. You have no plan to act on them. Studies show these thoughts help you protect your baby from danger.
- **These thoughts can be very upsetting**, and leave you feeling like you are a bad person, or that the thoughts may come true. This worry may stop you from talking about what is happening. But there is **NO** evidence that a person will act on these thoughts, images, or impulses. It is important to know that:
 - › **Having these thoughts does not make you a bad person.**
 - › It is normal to be upset by these thoughts.
- For more information on intrusive thoughts, visit:
Infographic on Postpartum Harm Thoughts
The Perinatal Anxiety Research Lab (PARLab),
The University of British Columbia
 - › <https://parlab.med.ubc.ca/infographic-on-postpartum-harm-thoughts/>

What is Baby Blues?

- For the first 2 to 4 weeks after your baby is born, it is very common to feel like you are on an emotional rollercoaster. You may feel sad or like you are grieving, but you will also feel joy and happiness.
- You may:
 - › Cry often
 - › Have mood swings or get angry easily
 - › Not feel like eating as much or feel like eating more
 - › Have trouble sleeping
 - › Feel overwhelmed

What should I do to get ready for Baby Blues?

- **The most important thing you can do is take care of yourself.** This will help you to bond with your pregnancy or your new baby.
 - › Use the **NEST-S** steps on the next page to take care of yourself.

Nutrition

- Eat foods that will give you lots of energy throughout the day and night.
 - › Try eating snacks with protein (like peanut butter, nuts, cheese, eggs). They will help you to feel full longer.

Exercise

- Moving or walking outside each day can:
 - › help with feelings of sadness.
 - › help your body release hormones that make you feel good.
- Try walking around outside, feeling the rain or wind on your face, or dancing or swaying (moving side to side) with your baby.

Sleep and rest

- Sleep is very important for physical and mental health. Getting at least 3 to 4 hours of continuous sleep with no interruptions is best for your brain.
- Try this schedule:
 - › Nap from 8 to 10 p.m.
 - › Feed your baby.
 - › Sleep from 11 p.m. to 3 a.m.
 - › Feed your baby.
 - › Sleep from 4 to 8 a.m.
 - › Then nap throughout the day, as needed.

- If you are bottle feeding your baby, take turns with your partner or support person so you can get more sleep.

Time for yourself

- Taking time for yourself can be hard for new parents, but it is very important.
- Try taking 15 minutes a day for self-care. Take a shower or bath, read, go for a walk, watch your favourite TV show, or talk to a friend.

Support

- Social support is important in helping new parents adjust to the life changes of being a parent. Healthy relationships can help to prevent depression and other mental health disorders, and also help with recovery.
 - › Ask your loved one(s) for help. Try out baby groups at the library or at your local family resource centre.

- You may develop mild, moderate, or severe (very bad) mood, anxiety, or trauma-related disorders anytime in the first year after giving birth.
- Symptoms of postpartum depression and anxiety can also include:
 - › Feeling ashamed, guilty, worthless, or not good enough
 - › Feeling hopeless
 - › Feeling very irritable or angry
 - › Depressed mood
 - › Severe anxiety and panic attacks
 - › Severe mood swings
 - › Crying too much (more than usual)
 - › Feeling more or less hungry than usual
 - › Feeling too tired or like you have no energy
 - › Insomnia (not being able to sleep) or sleeping too much
 - › Having nightmares or repeated thoughts of a traumatic event
 - › Trouble bonding with your baby
 - › Withdrawing from loved ones
 - › Having ideas about harming yourself or your baby
 - › Repeated thoughts of death or suicide, or of a need to escape

- Early treatment can help you:
 - › get back to your usual self.
 - › bond with your baby.

To get help with your mood or anxiety

If you have any of the following:

- › No appetite
- › Trouble getting food
- › Pain that prevents you from getting around
- › You think you might have a mood, anxiety, or trauma-related disorder
- › You feel that not getting enough sleep is affecting you
- › You struggle while breast/chestfeeding your baby
- › You feel overwhelmed
- › You feel like you have no support

Talk to your primary health care provider, call 811 to talk to a registered nurse 24/7, or contact your local public health nurse as soon as possible.

If you have thoughts of self-harm or suicide:

- › Make sure your baby is safe.
- › Have someone stay with you.
- › Call **911** or the **Provincial Mental Health and Addictions Crisis Line (toll-free: 1-888-429-8167)** right away.

You can access more support here:

- Your local family resource centre
 - › <https://novascotia.ca/coms/families/prevention-and-early-intervention/family-resource-centres.html>
- A counsellor
 - › <https://mha.nshealth.ca/en/tools>

Tips to help you sleep better

- Try to adjust how you use or depend on substances to manage your sleep (like caffeine, energy drinks, vaping, cannabis, nicotine, alcohol) by lowering the amount taken, especially in the hours leading up to when you want to go to sleep. If you have questions about over-the-counter sleep aids, talk to your primary health care provider.
- Avoid alcohol at bedtime. It may seem to relax you, but will actually affect your sleep at night.

- Ask your support person(s) for help with feedings so you can get more sleep.
- Try to relax before bedtime. Take a warm bath, or take deep, relaxing breaths.
- Make to-do lists long before bedtime so that you are not thinking about things you have to do while trying to fall asleep.
- Avoid using a cell phone or computer right before you go to sleep. The light from the screen can make it hard to fall asleep.
- If you are still struggling, track your sleep so you can talk about it with your health care provider. Write down:
 - › When you go to bed
 - › When you fall asleep
 - › How many times you wake up (not related to your baby waking up)
 - › When you get up for the day
 - › How many naps you take during the day and for how long
 - › Who sleeps with you and what their sleep is like
 - › Your sleep routine before you became a parent
- Try mind and body activities (like meditation, deep breathing, yoga, Tai Chi, relaxation exercises).

You can also find free support online:

- **The Canadian Perinatal Wellness Collective**
 - › www.perinatalcollective.com
- **Postpartum Support International**
 - › www.postpartum.net
- **Pacific Post Partum Support Society**
 - › <https://postpartum.org>
- **Postpartum Dads**
 - › www.postpartumdads.org
- **Anxiety Canada**
 - › www.anxietycanada.com
- **Canadian Mental Health Association: Postpartum Depression**
 - › <https://cmha.ca/brochure/postpartum-depression/>
- **PANDA: Perinatal Anxiety & Depression Australia**
 - › <https://panda.org.au/>
- **Mothers' Mental Health Toolkit: A Resource for the Community**
 - › www.iwk.nshealth.ca/themes/iwkhc/downloads/mmh-toolkit.pdf

Apps

- **MindShift® CBT (cognitive behavioural therapy)**

Free anxiety relief

- › www.anxietycanada.com/resources/mindshift-cbt/

- **MoodPanda**

Track your mood

- › www.moodpanda.com

Counselling

- If you are already working with a psychiatrist, a social worker, or a counsellor, tell them about your struggles.
- Ask your primary health care provider, public health nurse, or midwife how to access treatment.
- You can access free counselling by calling the Provincial Mental Health and Addictions Crisis Line:
 - › Phone (toll-free): 1-855-922-1122
- If you have private insurance coverage, you can search for a counsellor at:
 - › www.psychologytoday.com/ca/therapists/nova-scotia

What is postpartum psychosis?

- Postpartum psychosis is a serious mental health disorder. It is a psychotic episode which happens after you have had a baby.
- Postpartum psychosis is treatable.
- 1 in 1000 people who give birth will have postpartum (after birth) psychosis. This is very rare. Only 4 % of these people will think about and plan to hurt themselves or their children.
- Postpartum psychosis can happen anytime after your baby is born, but it usually happens in the first few days to several weeks.

Important symptoms to be aware of are:

- › Delusions (false beliefs that do not change when you are shown that they are not true) or strange beliefs
 - › Hallucinations (seeing or hearing things that are not there)
 - › Not able to start or finish simple daily activities (like washing dishes or going outside)
- You may not realize that what you are saying or thinking is not true. But people around you will notice.
 - These symptoms can come and go.

It is important for your support person(s) to know about the symptoms of psychosis, especially if you have bipolar disorder.

If you have any symptoms of postpartum psychosis, you need treatment right away.

- People who have postpartum psychosis are rarely violent. But because psychosis includes delusional thinking and hallucinations, there is always a risk of danger. You must be:
 - › Assessed and treated right away
 - › Monitored by a health care provider or a mental health professional
- Your support person(s) can help you by:
 - › Staying with you
 - › Keeping you with your baby, if it is safe (separating you and your baby can increase your stress)
 - › Staying calm and supporting you by listening
 - › Calling 911 or the Provincial Mental Health and Addictions Crisis Line (toll-free) at: 1-888-429-8167
 - › Telling your primary health care provider about the episode, so they can follow up with you

If you think that you or someone you know has harmed, or may harm, themselves or someone else:

- Call 911.
- Go to the nearest Emergency Department right away.
- Call the **Provincial Mental Health and Addictions Crisis Line** right away:
 - › **Phone (toll-free): 1-888-429-8167**

Remember:

- You are not to blame.
- You are not alone.
- With help, you will get better.

Looking for more health information?

Find this pamphlet and all our patient resources here: <https://library.nshealth.ca/PatientEducation>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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www.nshealth.ca

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Adapted from: Bussey, L., & Williams, A. (2022). Primary care perinatal mental health toolkit.

Dalhousie Departments of Psychiatry & Family Medicine.

http://rcp.nshealth.ca/sites/default/files/Primary%20Care%20Perinatal%20Mental%20Health%20Toolkit_2022.pdf

and

Perinatal Services BC. (2014). Best practices guidelines for mental health disorders in the perinatal period

<http://www.perinataleservicesbc.ca/Documents/Guidelines-Standards/Maternal/MentalHealthDisordersGuideline.pdf>

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If you have any questions, please ask your health care provider.

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The information in this pamphlet is to be updated every 3 years or as needed.