

Perinatal Mental Health: A Guide for Expecting and New Parents

You are not alone

1 in 5 birthing people and **1 in 10 partners**
experience mental health symptoms during this time



Emotional challenges during pregnancy and after birth are very common

Common Feelings You Might Experience:

- Anxiety, stress, overwhelm, or panic
- Sad, teary, depressed, or hopeless
- Irritable or angry
- Guilty, ashamed, or inadequate
- Isolated or alone
- Excessive worry or restlessness
- Hypervigilant or having scary, intrusive thoughts
- Unable to settle down for sleep even when tired

Notice changes in your symptoms

- Symptoms can appear any time during pregnancy and up to two years postpartum.
- The "baby blues" (temporary mood dips from hormone shifts) typically resolve within 2 weeks after delivery.
- Talk with your healthcare provider if anxiety or depressive symptoms continue in pregnancy or 2 weeks postpartum, especially if you experience upsetting intrusive thoughts.

Seek immediate medical attention if you experience:

- suicidal thoughts
- severe depression
- signs of psychosis (especially if you have a history of bipolar or psychotic disorders).

Why Treatment for Mental Health Matters

Getting help is the best thing you can do for yourself and your baby. Untreated or under-treated mood disorders can lead to:

- Premature or underweight births
- Impaired parent-child bonding
- Developmental delays in children
- Long-term mental health consequences for birthing parents, babies, and partners

Treatment Options

Many effective support options are available. Treatment isn't one-size-fits-all. You and your provider will work together to find what works best for you.

Non-Medication Support

- Sleep: Aim for 4-6 hours of uninterrupted sleep
- Nutrition: Regular, healthy meals
- Movement: Gentle exercise when possible
- Sunshine: Time outdoors in natural light
- Therapy: Individual counseling with a trained pregnancy and postpartum therapist
- Community: Support groups connecting you with others who understand
- Social connections: Staying connected with supportive friends and family



Medication Treatment

Medication is one effective option among many. You can discuss the benefits and risks with your provider to support your unique needs.

Medication During Pregnancy

If You are Already Taking Medication

Continue your medication if it has been effective for you. Discontinuing medication that helps can significantly increase the risk of relapse. Untreated depression and anxiety can be harmful to both you and your baby.

What to Expect:

- Dosage may need adjustment in the third trimester due to changes in your body.
- Maintaining effective treatment throughout pregnancy is crucial.
- Many medications can be safely taken during pregnancy under medical supervision.
- There is no single "best" or "safest" medication—the right choice depends on your individual needs and history.

Understanding Baby Blues vs. Postpartum Depression/Anxiety

The Baby Blues are temporary mood dips due to hormonal changes that typically resolve within 2 weeks after delivery.

Perinatal Mood and Anxiety Disorders (PMADs) involve symptoms that persist beyond 2 weeks or feel severe. These are treatable conditions, and you will get better with proper support.

Medication During the Postpartum Period

Starting Medication

- It is generally advisable to start with one medication and gradually increase to a therapeutic level.
- It may take several weeks to notice the full benefit.
- Initial side effects (sedation, activation, weight changes, GI issues) typically diminish over time.
- If side effects are intolerable after 2 weeks, do not stop abruptly—contact your provider to discuss adjustments.

Medication While Breastfeeding

What You Should Know

- Antidepressants typically appear in low concentrations in breastmilk.
- They are generally undetectable in the baby's bloodstream.
- Breastfeeding, when it is going well, is often beneficial for both birth parent and baby.
- Early weaning may worsen mental health symptoms for some birth parents.
- If breastfeeding is contributing to mother's distress (eg: breastfeeding challenges or reaction to hormones while breastfeeding) it may be best to wean slowly after consulting with your provider.

When medication is indicated for maternal mental health and breastfeeding is going well, the benefits of continuing both typically outweigh the potential risks.

For those seeking more information, risk data related to pregnancy and breastfeeding can be researched through reputable medication safety resources. See links included.



Considerations for Severe Mental Health Symptoms

Postpartum Psychosis is rare but serious. If you have a history of bipolar disorder or psychotic illnesses, you are at higher risk and should be monitored by a reproductive psychiatric provider.

There are medications that treat severe postpartum depression:

- Zuranolone (Zurzuvae): Fast-acting, 14-day treatment; it is costly and must be filled at a specialty pharmacy. Pausing breastfeeding is recommended
- Brexanolone (Zulresso): Requires hospitalization for administration

Common Questions About Medication

How do antidepressants work?

When brain chemicals and hormones are out of balance, it can cause changes in mood or behavior resulting in depression and/or anxiety. Antidepressants help restore the balance of these chemicals.

Are antidepressants safe?

Antidepressants are typically safe during pregnancy and while breastfeeding. They appear in low levels in breastmilk and are usually undetectable in the baby's bloodstream. The benefits outweigh the risks. It is important to explore your treatment options with your medical provider.

When will I start feeling better?

It may take a few weeks to start feeling better. Keep taking your medicine as prescribed. When you start to feel better, don't skip or stop without talking to your provider.



How long will I need to take medication?

Typically, a year from the point of remission is advised. It takes 6-9 months for brain chemicals to normalize. Stopping medication before complete healing increases relapse risk. Some individuals may require ongoing treatment for chronic conditions.

Will medication change my personality?

No. Medication is not intended to alter your personality or make you feel "like a zombie." It aims to help you feel more like yourself.

Are they addictive?

Antidepressants (SSRIs and SNRIs) are not addictive; they support your natural ability to maintain wellness. However, you must taper off gradually to avoid rebound symptoms. Benzodiazepines, which are used for anxiety can be addictive if not used properly.

What are the side effects?

Common initial side effects include transient nausea, diarrhea, headache, and jitteriness, which typically resolve gradually. If side effects are intolerable after 2 weeks:

- Do not stop abruptly.
- Contact your prescribing provider.
- Options include adjusting timing, taking with food, splitting doses, or trying different medications.

Common Questions About Medication - continued

Will it be hard to stop medication?

Always taper off slowly over 1-2 months under medical supervision. Most medications have been used safely for years. Your provider will help you weigh benefits and risks, including risks of untreated mental illness during pregnancy (preterm birth, low birth weight, substance abuse, poor prenatal care).

How does medication affect my baby in utero and after birth?

While Selective serotonin reuptake inhibitors (SSRI) exposure is considered safer than exposure to untreated depression or anxiety, there are risks to be aware of:

Studies have shown that newborns exposed to SSRIs during late pregnancy are more likely to experience delays in adjusting to life outside the womb (delayed neonatal adaptation) compared to the general population.

Delayed neonatal adaptation is a term used to describe a number of different potential symptoms a newborn may experience, such as jitteriness, increased muscle tone and feeding difficulties.

Usually these symptoms resolve spontaneously without any medical intervention. Some babies have a more challenging time transitioning, with breathing difficulties after birth, which is why a pediatrician on site may be present at the delivery.

A recent large study at UCSF found that 89% of babies who are exposed to SSRIs in utero did not have significant difficulty with their transition after birth and it is extremely rare for there to be more serious medical outcomes, such as pulmonary hypertension or seizures.*

**Reference: Cornet M, Wu YW, Forquer H, et al Maternal treatment with selective serotonin reuptake inhibitors during pregnancy and delayed neonatal adaptation: a population based cohort study Archives of Disease in Childhood - Fetal and Neonatal Edition 2024;109:294-300.*

Remember:

- Treatment works and you will get better.
- You don't have to suffer in silence.
- Getting help is a sign of strength, not weakness.
- Your health matters- for you and your baby.

Medication Safety Information

MothertoBaby: (English & Spanish) 866-626-6847
www.mohtertobaby.org

Lactrx App
www.mohtertobaby.org/lactrx

InfantRisk: 806-352-2519
www.infantrisk.com

Mass General's Health
www.womensmentalhealth.org/



Support Resources for Patients

Marin Perinatal Therapy is available to connect patients with local therapists and offers patient navigation (415) 413-7130 support@marinperinataltherapy.com

Pathways : A Support Group for Postpartum Moms 6 week group support offered in person and virtually

New Parents & Babies Support Group free, drop in group for pregnancy and birth through 3 years

Postpartum Support Center
Peer support & peer counseling, ROSE program for support and postpartum depression prevention, diaper bank & classes. call/text: (415) 320-6707

Postpartum Support International: Helpline (phone or text) 800-944-4773
online support group meetings and weekly Chat With an Expert phone sessions

National Maternal Mental Health Hotline at 1-833-TLC-MAMA (1-833-852-6262)

988 Suicide & Crisis Lifeline by dialing 988 or using their live online chat



Marin Perinatal Resource Directory



This resource is provided by Marin Perinatal Therapy in collaboration with several community mental health providers.