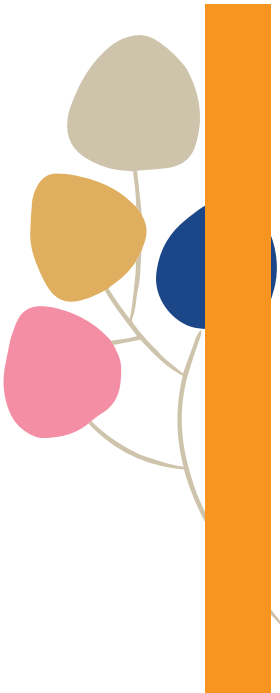




MENTAL HEALTH

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Supporting You

You may have found this page because you have noticed changes in your behaviour, thoughts or feelings since the birth of your baby. This resource contains general information on common symptoms and treatments for mental health conditions related to birth trauma. Please note, this information does not cover every possible mental health condition or symptom and does not take into consideration your individual experience or situation. We encourage you to discuss your questions or concerns with your health professional.

The shock of what happened during the birth process can bring about a number of mental health issues, including anxiety, depressive, and other disorders, such as post-traumatic stress disorder (PTSD). Some people experience severe emotional distress after a traumatic birth even though there was no physical trauma.

Speaking with your GP will enable you to build the care plan that best suits your needs. They may also assist you in referring you to other relevant specialists, including a counsellor, psychologist, or psychiatrist. We strongly suggest getting word of mouth referrals by speaking with other women either through your mothers' group or on forums. Ideally your specialist should be an expert in birth trauma.

Postnatal Depression (PND)

This broad term covers a range of difficulties which can include low mood, poor quality sleep, low energy, poor appetite, tearfulness, pessimism and anxiety symptoms (excessive and inappropriate worrying). Many people experience mood swings in the early days after the birth of a baby (commonly referred to as the 'baby blues') due to rapidly changing hormone levels, but these are short-lived.

PND describes more severe and prolonged symptoms lasting more than 1-2 weeks and interfering with the mother's ability to function on a daily basis with normal routines of caring for the baby, herself and the relationship with her partner.

PND Symptoms¹

- Pessimism
- Loss of enjoyment in most activities
- Loss of self-esteem and confidence
- Loss of (or increase in) appetite and weight
- Inability to sleep restfully (even when the baby is asleep)
- Sense of hopelessness, guilt and being a failure or a 'bad' mother
- Irritability
- Loss of libido
- Fears for the safety or wellbeing of the baby and/or the partner
- Suicidal thoughts or ideas.

Treatment Information

PND is a condition that will require treatment. This will include counselling, and possibly medication, from appropriate mental health professionals. Partners may also need assistance. There are many useful online treatment programs. Discuss the situation with your GP (remember to ask for a long consultation).

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Anxiety Disorders

Anxiety itself is not a disorder. If it were not for anxiety, we would not survive for long. Regular levels of fear or anxiety is essential throughout our lives for guiding us to recognise the anticipated problem and work out an appropriate way to cope. Problems arise when our assessment of the threat is mistaken, exaggerated, denied, and therefore our coping (survival) strategy is inappropriate, e.g. irrational, excessive or prolonged.

Common Anxiety Disorders

The main anxiety-related mental health concerns over the perinatal period include:

- Phobias, either specific (for example, fear of sharp objects) or social (social situations where you will be observed and possibly criticised by other people)
- Panic Disorder
- Agoraphobia (for example, fear of being out in public alone)
- Generalised Anxiety Disorder (excessive anxiety or worry about a number of events or activities, restless, easily tired, unable to concentrate, irritable, unable to sleep).

Treatment Information

As with PND, anxiety disorders often require specialised treatment in order to resolve. This may include medication and counselling from appropriate mental health professionals. There are many useful online treatment programs.

Remember, there is a range of treatments available for all of these conditions, so make an appointment as soon as possible to discuss the situation with your GP. If you can, it helps to tell your partner about your distress and, if possible take your partner along to see your health professional too. Partners can be a key aspect of the treatment plan.

Post Traumatic Stress Disorder (PTSD)

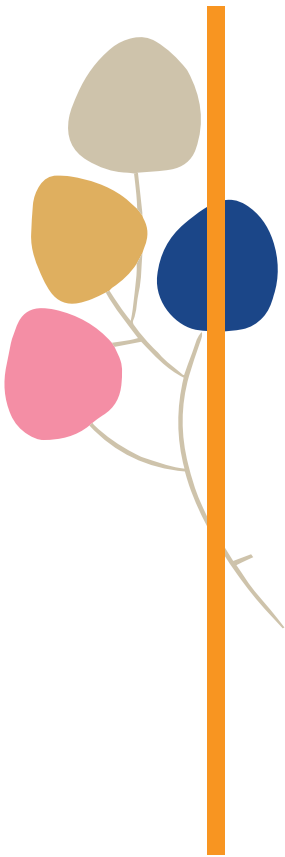
PTSD is one of a group of trauma and stressor-related disorders. People often associate these with war veterans, police officers, or paramedics, but trauma-related disorders are widespread in most communities and are more common in women than in men.

Not all trauma symptoms meet criteria for a formal diagnosis of PTSD, but that does not mean they involve less suffering. Although some women and partners may be relieved to hear there is a diagnostic label, such as PTSD, not everyone wants or requires a psychiatric diagnosis. In addition, sufferers may experience PTSD at the same time as other mental health challenges such as anxiety, depression and relationship problems. When the symptoms interfere with the person's life, professional help is likely to be needed.

Closely related to the above anxiety disorders is the category of Obsessive-Compulsive and Related Disorders. OCD refers to the presence of obsessions and/or compulsions. Obsessions are persistent and recurrent thoughts, urges or images that you consider intrusive and unwanted. Compulsions are repetitive behaviours that you feel you must do in response to an obsession and the activity has strict rules about how exactly you must carry it out. Postpartum OCD is very common and often relates to serious or even fatal harm befalling the baby (or partner), including harm by the mother herself. Naturally, having such thoughts and feelings is extremely distressing for the mother.

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PTSD Symptoms

The following is a summary of symptoms associated with birth-related PTSD².

- repetitive memories (or flashbacks) that are hard to control and intrude into everyday life
- nightmares
- extreme distress caused by reminders of the trauma (may be prompted by smells, sounds, words or other triggers)
- avoiding places, people or objects that may trigger memories of the traumatic event
- not wanting to talk about or think about the event
- feeling a sense of hopelessness about the future
- negative beliefs about yourself or the world
- blaming yourself or others unreasonably
- intense worry, depression, anger or guilt
- not being able to remember the traumatic event
- becoming emotionally detached from others
- constant, excessive alertness
- constantly alert for signs of danger
- being easily startled
- aggressive behaviour
- difficulty sleeping
- poor concentration.

PTSD Treatment Information

Before commencing specific treatment for PTSD or another trauma-related disorder you will require a comprehensive health assessment from your chosen health professional. Treatments include an array of psychological therapies, sometime in conjunction with medication/s.

Research indicates that exercise, attention to diet and self-help therapies can also be beneficial in the treatment of trauma. These activities can be safely used in conjunction with psychological therapies and medication.

Getting Better

Perhaps the most important thing to understand is that you can get better. Most women suffering from mental illness after childbirth recommence full and satisfying lives both at home and at work. A combination of physical, psychological and self-help strategies is usually required. This can include face-to-face, as well as online programs. In the end, it is a matter of finding the combination that works most successfully for you as an individual. Seek advice from your GP or mental health professional to ensure you receive the most appropriate treatment to address your symptoms. Sometimes a team approach may be chosen for your situation, and in this case it is vital that one health professional supervises all aspects of your care.

References: 1. This information has been compiled with the help of the resources of Royal Women's factsheet 'Baby blues' <https://www.thewomens.org.au/health-information/pregnancy-and-birth/mental-health-pregnancy/baby-blues> 06/05/2020. 2. This information has been compiled with the help of <https://www.healthdirect.gov.au/symptoms-of-ptsd> accessed 06/05/2020.

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