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WHEN TO ASK FOR HELP AND GIVE YOURSELF GRACE

NAVIGATING THE TRANSITION TO PARENTHOOD

by Katherine Collison, Ph.D.

Becoming a parent is a momentous occasion that, as with many big changes in life, brings with it a kaleidoscope of ever-changing and layered emotions. Whether the road leading to parenthood was long or short, meticulously planned or a surprise detour: having a child is life changing. This transition in identity and day-to-day living can be (all at once) joyous and exhausting, beautiful and frustrating, meaningful and uncertain. It requires a new balance and dynamic, which is challenging and stressful for all new parents. For some, this transition can also lead to significant mental health challenges. This article provides an overview of the physical and emotional changes that take place during and after pregnancy, information about postpartum depression and anxiety, and recommendations for resources and strategies that can help parents navigate this transition.

Biological changes that occur during and after pregnancy

Experiencing pregnancy can be incredibly empowering. It is also a period of time when a parent first starts to form an emotional bond with their child, an emotional attachment that can provide a foundation for a loving relationship that lasts into early childhood (de Cock et al., 2016).

At the same time, a number of physiological changes occur during pregnancy that can lead to significant discomfort and impacts on daily functioning. In the first trimester, rapid changes in hormone levels (specifically the exponential increase of human chorionic gonadotropin, or HCG) in a relatively short time can often lead to nausea and vomiting (Schaffir, 2016), commonly referred to as "morning sickness." People who are pregnant also frequently experience fatigue early on in pregnancy, although the biological mechanism for this side effect is unclear (Schaffir, 2016). As pregnancy progresses into the second and third trimesters, progesterone continues to increase, which can sometimes lead to dizziness and the experience of acid reflux and/or heartburn (Schaffir, 2016). Later on in the pregnancy, individuals experience discomfort and pressure from the growing fetus, which may be experienced as back pain, frequent

urination, and subsequent difficulties with sleep. These physiological changes and side effects can significantly impact functioning and are also linked with increased depression symptoms and distress more generally (Kramer, Bowen, Stewart, & Muhajarine, 2013).

Individuals who undergo fertility treatment may experience even more significant hormone changes prior to and during the perinatal period. For example, during in vitro fertilization (IVF) treatment, estrogen levels may go from a baseline of 75 to as high as 2,000-4,000 (whereas in a normal menstrual cycle, estrogen peaks at about 250-350; Genetics & IVF Institute, 2023). This increase in estrogen is associated with increased depression symptoms (Toren et al., 1996), which may exacerbate stress an individual may already be experiencing about struggling to conceive.

The birthing process itself is also painful and recovery depends on a number of factors, such as the mode of delivery (i.e., vaginal or cesarean), the length of labor, pain control during labor, and the presence of any complications (Schaffir, 2016). For some, the birthing process can even be traumatic. Approximately 1-2% of women suffer from post-traumatic stress disorder (PTSD) postnatally, with infant complications, low support during labor and delivery, psychological difficulties during pregnancy, prior trauma history, and obstetrical emergencies as the strongest risk factors (Andersen et al., 2012). For these reasons, it is important to advocate for your needs and establish care with medical providers you trust.

Transition in role and identity

As the body's physiology is changing to facilitate the development and delivery of a baby, so too are the identities of the birthing parent and any other co-parents and caregivers. These identity changes are not limited to biological parents and indeed are transitions for anyone who becomes a parent, including those who have a child via adoption and/or surrogacy (Cao, Roger Mills-Koonce, Wood, & Fine, 2016). Identity theory suggests that certain aspects of our identity become more important to us during different times in life, and that various roles we occupy become more or less central to our identity depending on the circumstances we are in (Stryker & Burke, 2000). Prior to becoming a parent, perhaps the roles that feel most salient to someone's identity are as a professional, as a spouse, as a friend, as a sibling, as a member of a particular cultural group, etc. Having a child means shifting around other aspects of your identity to make space for a new role, a role that might require prominence for at least the immediate future given the amount of time and care (and energy!) newborns require.

It is also important to note how these issues of identity intersect with traditional gender norms and roles. For example, one study assessing parental role salience among men and women in 187 couples found that although both men and women expressed increased centrality of the parental role in their lives, women valued the role more than men, who deemed the worker role as more central to their identity after their child's birth (Kaźmierczak & Karasiewicz, 2019). The findings support the idea that despite shifts over time toward more egalitarian gender roles within different-sex couples, the parental role may take on more centrality for women.

The integration of something new can feel exciting and can also bring with it some fears. Will I ever get back to the person I was before? Can I balance parenthood with the things that used to fulfill me? These questions and fears are valid and normal reactions to a major change. It is also important to keep in mind that various aspects of our identity are constantly in flux

and that there are seasons in life during which different roles take up more space. Over time, we find balance and ways to incorporate other parts of ourselves – it may take time to figure out what that balance will look like and that's ok!

Is this "baby blues" or something more?

With all the transformations happening in body and mind, compounded with the lack of sleep and new workload of taking care of a newborn, it's no wonder the transition to parenthood puts individuals at risk for higher emotional distress. According to the Mayo Clinic, between 70-80% of new mothers experience some negative feelings or mood swings after the birth of their child. These mood swings are commonly referred to as "baby blues," which typically set in within four to five days after childbirth and include the following symptoms:

- Weepiness or crying for no apparent reason
- Impatience
- Irritability
- Restlessness
- Anxiety
- Fatigue
- Insomnia (even when the baby is sleeping)
- Sadness
- Mood changes
- Poor concentration

These symptoms can occur up to a few hours each day and typically resolve within two weeks.

If these symptoms do not resolve, or if they start during pregnancy or several weeks/months after giving birth, it is possible that someone may be experiencing postpartum depression. Approximately 15% of women experience significant depression following childbirth (Postpartum Support International, 2023). Possible symptoms of postpartum depression include:

- Depressed mood or severe mood swings
- Crying often
- Difficulty bonding with your baby
- Withdrawing from family and friends
- Appetite or sleep disturbance
- Loss of interest and pleasure in activities you used to enjoy
- Intense irritability and anger
- Feelings of hopeless, worthlessness, shame, guilt, or inadequacy
- Thoughts of harming yourself or your baby

Postpartum anxiety is also relatively common, occurring in approximately 10% of postpartum women (Postpartum Support International, 2023). Symptoms include:

- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Appetite or sleep disturbance
- Inability to sit still
- Physical symptoms like dizziness, hot flashes, and nausea

Risk factors and racial and ethnic disparities in postpartum depression and anxiety

According to Postpartum Support International, risk factors for postpartum depression include the following:

- A personal or family history of depression, anxiety, or postpartum depression
- Premenstrual dysphoric disorder (also known as PMDD)
- Inadequate support in caring for the baby
- Financial stress
- Marital stress
- Complications in pregnancy, birth or breastfeeding
- A major recent life event, such as a loss, move, or job loss
- Having other children to take care of
- Mothers whose infants are in Neonatal Intensive Care (NICU)

- Mothers who have undergone infertility treatments
- Women with a thyroid imbalance
- Women with any form of diabetes (type 1, type 2, or gestational

Risk factors for developing postpartum anxiety and/or panic include a personal or family history of anxiety, previous perinatal depression or anxiety, or thyroid imbalance.

It is important to note that women of color, particularly Black and Hispanic women, have been shown to have significantly higher rates of postpartum depression even after adjusting for factors such as history of depression, social support, and access to healthcare resources (Howell, Mora, Horowitz & Leventhal, 2005). There are many reasons this could be the case. First, research has demonstrated the connection between chronic stress (Latendresse, 2009), structural racism (Wallace et al., 2017), and adverse pregnancy outcomes for mother and infant, including mental health problems (Building U.S. Capacity to Review and Prevent Maternal Deaths, 2018). Second, a growing body of evidence has found that women of color are more likely to experience discrimination in healthcare settings (Sakala, Declercq, Turon, & Corry, 2018) and that there are persistent racial disparities in maternal health (Building U.S. Capacity to Review and Prevent Maternal Deaths, 2018). Most concerning of these statistics is the disparity in maternal mortality among women of color, and particularly for Black women, who experience rates of maternal mortality that are three to four times higher than non-Hispanic white women (Building U.S. Capacity to Review and Prevent Maternal Deaths, 2018). Notably, similar factors across race and ethnicity have been linked to postpartum depression (Howell, Mora, Horowitz & Leventhal, 2005).

Legislative efforts, such as the Black Maternal Health Momnibus Act of 2021 proposed by the Black Maternal Health Caucus, are attempting to address this significant public health problem. A full list of advocacy organizations for the reproductive health of Black women (as well as women more broadly) can be found in a previous blog post from The Family Institute at Northwestern University ("Supporting the Physical and Mental Health of New and Expectant Black Mothers," November 8, 2018).

Postpartum depression among men

Although much of our understanding of postpartum depression comes from diagnosing and treating it in new mothers, it is important to note that men can also experience postpartum depression. Research suggests that paternal postpartum depression occurs in approximately 8% of men (Cameron, Sedov, & Tomfohr-Madsen, 2016). Among men whose partners are experiencing postpartum depression, prevalence is even higher, with rates ranging between 24% and 50% (Goodman, 2004). There are no established criteria for postpartum depression in men, although symptoms tend to be similar to those experienced by women and may present more frequently as irritability and restricted emotional expression (Scarff, 2019). Additionally, a review of 43 studies found that up to 18% of postpartum men reported high levels of anxiety, spanning symptoms of generalized anxiety as well as posttraumatic stress disorder, panic disorder, and obsessive compulsive disorder (Leach et al., 2016). Risk factors for developing postpartum depression are similar for men as they are for women, including history of depression, marital discord, and unintended pregnancy (Scarff, 2019).

Treatment options and general resources/recommendations for new or expecting parents

Symptoms of postpartum depression and anxiety can

be distressing and sometimes even a source of shame for new parents who expect to feel overjoyed with having a baby. Fortunately, with growing awareness about the prevalence of postpartum depression, more resources and forms of support have become available to people who are struggling. The following are several recommendations for what to do when you notice you and/or your partner are struggling:

1. It is important to note that postpartum mental health issues are highly treatable through psychotherapy. If you are experiencing symptoms of postpartum depression, anxiety, or any other mental health issues during pregnancy or in the days and weeks after childbirth, seek out a counselor or therapist. This website offers a directory of mental health providers who specialize in perinatal and postpartum mental health: https://www.postpartum.net/get-help/help-for-moms/

2. You can also speak with your primary care provider about medication options for treating depression and anxiety symptoms, including options that are safe when breastfeeding if that is relevant to you.

3. Social support is key in managing postpartum mental health concerns. Reach out and ask for help from whoever makes up your village (i.e., family, friends, colleagues, neighbors, members of your spiritual community, healthcare providers, friends from online communities). Help can also just look like a text or a call to say hi and maintaining connections with people you care about.

4. Engage in self-care to whatever extent is doable and remember that self-care can mean many things! Some examples are drinking water or tea, eating regularly, resting when you can, taking time for a shower, lighting a scented candle you like, wearing soft and comfortable clothing, watching a show you enjoy, and stretching or exercising within bounds of what is approved by your healthcare providers.

5. For managing some of the physical discomforts that can follow childbirth, pelvic floor physical therapy can be a helpful way to strengthen and heal your body. Talk to your primary care provider if you are experiencing significant pain and discomfort following labor and delivery and, if physical therapy is indicated, your provider can place a referral for a pelvic floor physical therapy assessment.

6. Postpartum Support International offers many resources, including data on postpartum mental health conditions as well as online support groups that can allow you to connect with others who are going through something similar. More information about support groups is available here: https://www.postpartum.net/get-help/psi-online-support-meetings/

7. For men who are experiencing symptoms of postpartum depression and/or anxiety, Postpartum Support International also offers online support groups and resources for men: https://www.postpartum.net/get-help/help-for-dads/. Additionally, http://postpartumdads.org/ offers blog posts and additional resources for men who are dealing with postpartum depression.

8. For more information on postpartum depression, the American College of Obstetricians and Gynecologists (ACOG) has helpful posts about the diagnosis and treatment of postpartum depression, as well as overviews of different treatment options: https://www.acog.org/womens-health/faqs/postpartum-depression

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Dr. Kate Collison is the Madigan Family Clinical Research Postdoctoral Fellow at The Family Institute. She treats individuals and couples for a wide range of clinical problems and psychosocial stressors. Dr. Collison completed her clinical internship at Hines VA addressing common challenges such as posttraumatic stress, substance use, depression, anxiety and adjustment to major life changes and stressors. Prior to this, Dr. Collison worked in a university-affiliated therapy practice and women's health clinic, where she treated perinatal and postpartum depression and anxiety and stress associated with life transitions.

Dr. Collison is trained in a variety of evidence-based treatments and often uses principles of cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT) and acceptance and commitment therapy (ACT). These types of treatment are relatively time-limited and goals-focused, with the goal of helping individuals feel empowered and capable of using their strengths and skills to lead lives worth living. She emphasizes a collaborative approach that uses each individual's values and goals as the starting point for their work together.

Dr. Collison received her M.S. and Ph.D. at Purdue University, where she worked with Dr. Donald Lynam studying personality measurement and personality constructs that tend to be related to antisocial behavior. Her research is focused on disordered personality traits, personality assessment, general aggression, and intimate partner violence. Dr. Collison's most recent work has sought to bridge the gap between research on partner and non-partner aggression to understand the personality trait profiles of individuals who engage in these behaviors. She is excited to be working with Dr. Erika Lawrence at The Family Institute to evaluate the effectiveness of an ACT-based intervention targeting IPV.

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