

What Can You Do

SUPPORT SYSTEM

Make lists of the people who can help you emotionally, physically, and informationally. This could be friends, family, doula, therapist, etc.

PERSPECTIVE

Think of phrases you'd like to hear from someone and create your own affirmations.

Some examples are:

"Hour by hour."

"I can ask for help, it does not mean I'm failing."

COPING IN TOUGH MOMENTS

Find what helps reduce your stress. It could be box breathing, 5-4-3-2-1 sensory scan, splashing your face with cold water, taking a bath or walk. Generate a list of things that help you feel grounded.

WHEN TO REACH OUT FOR HELP

If your symptoms last longer than 2 weeks and/or you feel you cannot cope then it can be helpful to tell someone close to you or seek out professional support.

Looking for Help?

TOGETHER WATERLOO

info@togetherwaterloo.ca
Website: www.togetherwaterloo.ca
Socials: @TogetherWaterloo

PERINATAL WELLBEING ONTARIO

info@perinatalwellbeing.ca
Website: www.perinatalwellbeing.ca
FB: @perinatalwellbeingontario

POSTPARTUM SUPPORT INTERNATIONAL - WARMLINE

1-800-994-4773
postpartum.net

DISTRESS AND CRISIS ONTARIO

www.dcontario.org
Online chat available 2pm - 2am
Text SUPPORT to 258258

CRISIS SERVICES CANADA

htwww.crisisservicescanada.ca
1-833-456-4566
Text 45645

HERE 24/7

www.here247.ca
In Crisis or Need Support?
Call 1-844-HERE247 (1-844-437-3247) anytime.

Perinatal Mental Health



FOR PERINATAL MENTAL HEALTH

www.togetherwaterloo.ca

@TogetherWaterloo

Perinatal Mood and Anxiety Disorders

Perinatal Mood and Anxiety Disorders (PMAD's) incorporate prenatal, pregnancy or postpartum mood changes that can include Anxiety, Depression, Obsessive Compulsive Disorder, PTSD, Bipolar Disorder and Psychosis in both birthing people and partners as well as families that adopt or welcome a child via surrogacy.

Risk Factors

- Existing mental or physical health conditions
- Health concerns during pregnancy
- Previous pregnancy loss, birth trauma or baby in NICU
- A history of PMS or PMDD, as well as thyroid imbalances
- Relationship, financial, or other life stress
- Big life events, such as losing your job, moving, or a death in the family
- Having multiples
- Lack of support system

You Might Experience

- Constant worry or racing thoughts
- Crying and sadness
- Disturbances to sleep and appetite
- Thoughts of harming yourself or baby
- Feelings of irritability, anger and rage
- Lack of interest in the baby or older children
- Loss of interest in things that previously brought you joy
- Feelings of excessive guilt or shame
- Physical symptoms such as dizziness, nausea or hot flashes
- Panic or anxiety attacks.

Types of PMAD

DEPRESSION

Clinical depression developing in pregnancy or after becoming a parent. Affects between 18% of new parents.

ANXIETY

Clinical anxiety developing in pregnancy or after becoming a parent. Affects between 14% of new parents.

POST-TRAUMATIC STRESS DISORDER

Trauma response to difficult birth or early postpartum experience. May include flashbacks, nightmares, panic attacks, dissociation, etc.

OBSESSIVE COMPULSIVE DISORDER

May experience obsessive thoughts that are difficult to control and engage in compulsive behaviors to help relieve the anxiety caused by the obsessions. Affects between 17-20% of new parents.

BIPOLAR DISORDER

Bi-polar disorder developing in pregnancy or after becoming a parent. Usually tracked overtime. Gestational parents with a current bi-polar diagnosis are at risk or increased symptoms post birth. Requires medical intervention

PSYCHOSIS

Psychosis developing after giving birth. Linked to extreme sleep deprivation. Affects less than 1% of gestational parents. May include hallucinations, manic episodes, disconnection between actual and perceived events. Requires medical intervention.