# TRANSITIONING TO PARENTHOOD:

UNDERSTANDING THE MENTAL HEALTH CHALLENGES & HEALTHY WAYS TO COPE

By: Hannah Feliciano, LMFT
and Kate Springer, MMFT

# Learning Objectives

You will be able to:

01

understand and explain the most common mental health challenges and diagnoses in the perinatal and postpartum stages for both mothers and fathers.

02

understand innovative perspectives on the transition to parenthood, fostering a less pathologizing approach; in addition, be able to explore the intricacies of infertility and infant loss within this transition to gain insight on how to best support individuals and couples navigating this significant life stage.

03

identify how to help clients create the internal and external supports and coping strategies needed to manage the transition to parenthood in a healthier way.

# Mothers:

## The Differential Diagnoses



**Baby Blues**: Most commonly occurs around 2 days to 2 weeks after delivery and resolves around 10 to 14 days.

**Postpartum Depression**: Impacts 6.5–12.9% of U.S. women. Around one in seven women can develop postpartum depression (PPD).

**Postpartum Anxiety/ PMAD**:About 1 in 5 women experience this. May experience panic attacks, obsessive thoughts and physical symptoms.

**Postpartum Psychosis**: Postpartum psychosis is a psychiatric emergency with a potential suicide and infanticidal risk.

**Hyperthyroidism or Hypothyroidism**: These conditions can also lead to mood disorders. They can be assessed by testing TSH and free T4 levels.

(Wilkinson et al., 2017) (Mughal et al., 2022)

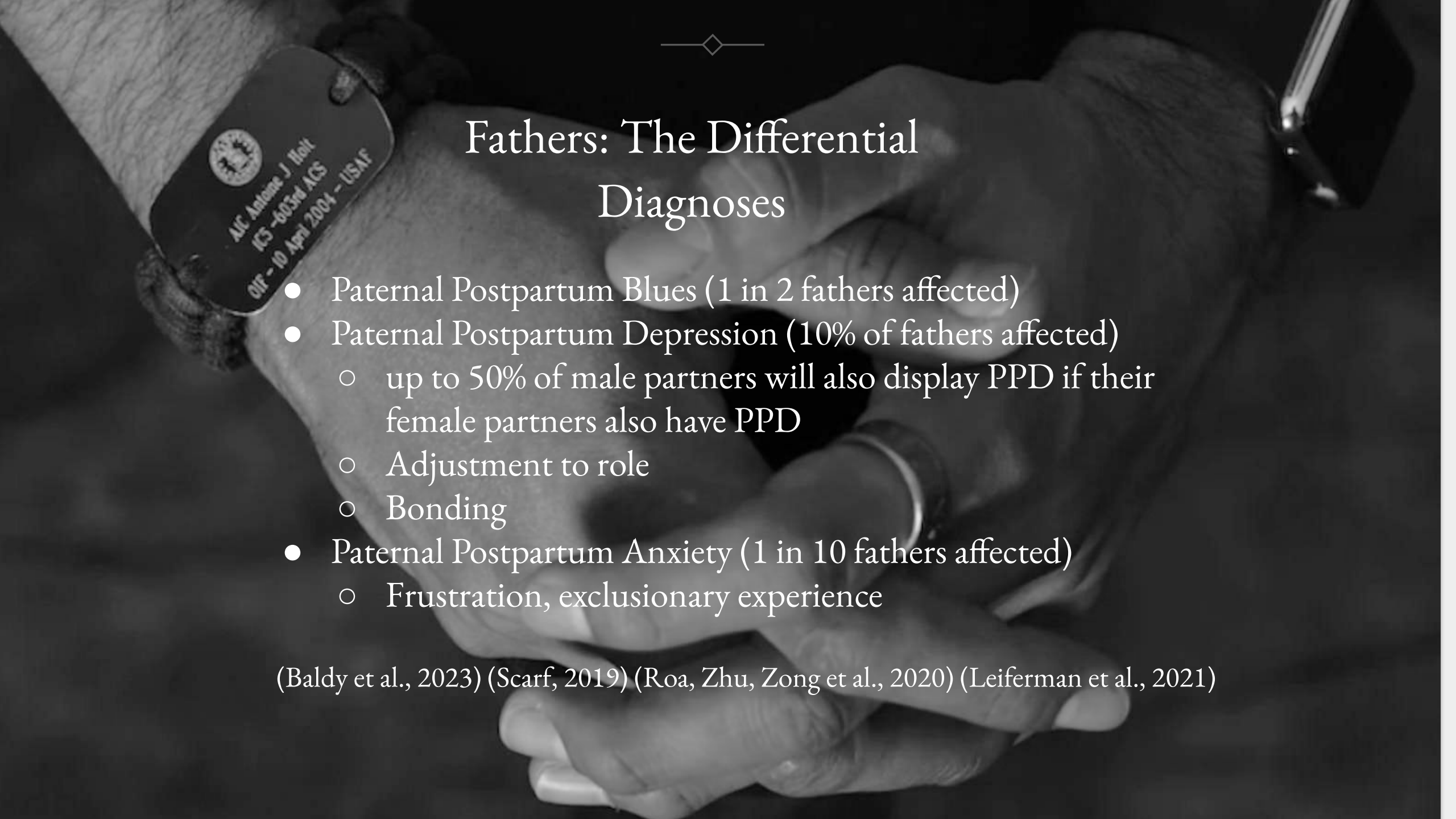
# Risk Factors for Mothers (females)

PPD can occur in females presenting as depression and anxiety
*in any trimester of pregnancy or postpartum or LATER*

*Risk factors may include:*

- Psychological
- Obstetric risk factors
- Social support (partner support)
- Lifestyle
- Education and employment/income level
- Grief

(Mughal et al., 2022) (Lewis et al., 2017)




# Fathers: The Differential Diagnoses

- Paternal Postpartum Blues (1 in 2 fathers affected)
- Paternal Postpartum Depression (10% of fathers affected)
  - up to 50% of male partners will also display PPD if their female partners also have PPD
  - Adjustment to role
  - Bonding
- Paternal Postpartum Anxiety (1 in 10 fathers affected)
  - Frustration, exclusionary experience

(Baldy et al., 2023) (Scarf, 2019) (Roa, Zhu, Zong et al., 2020) (Leiferman et al., 2021)

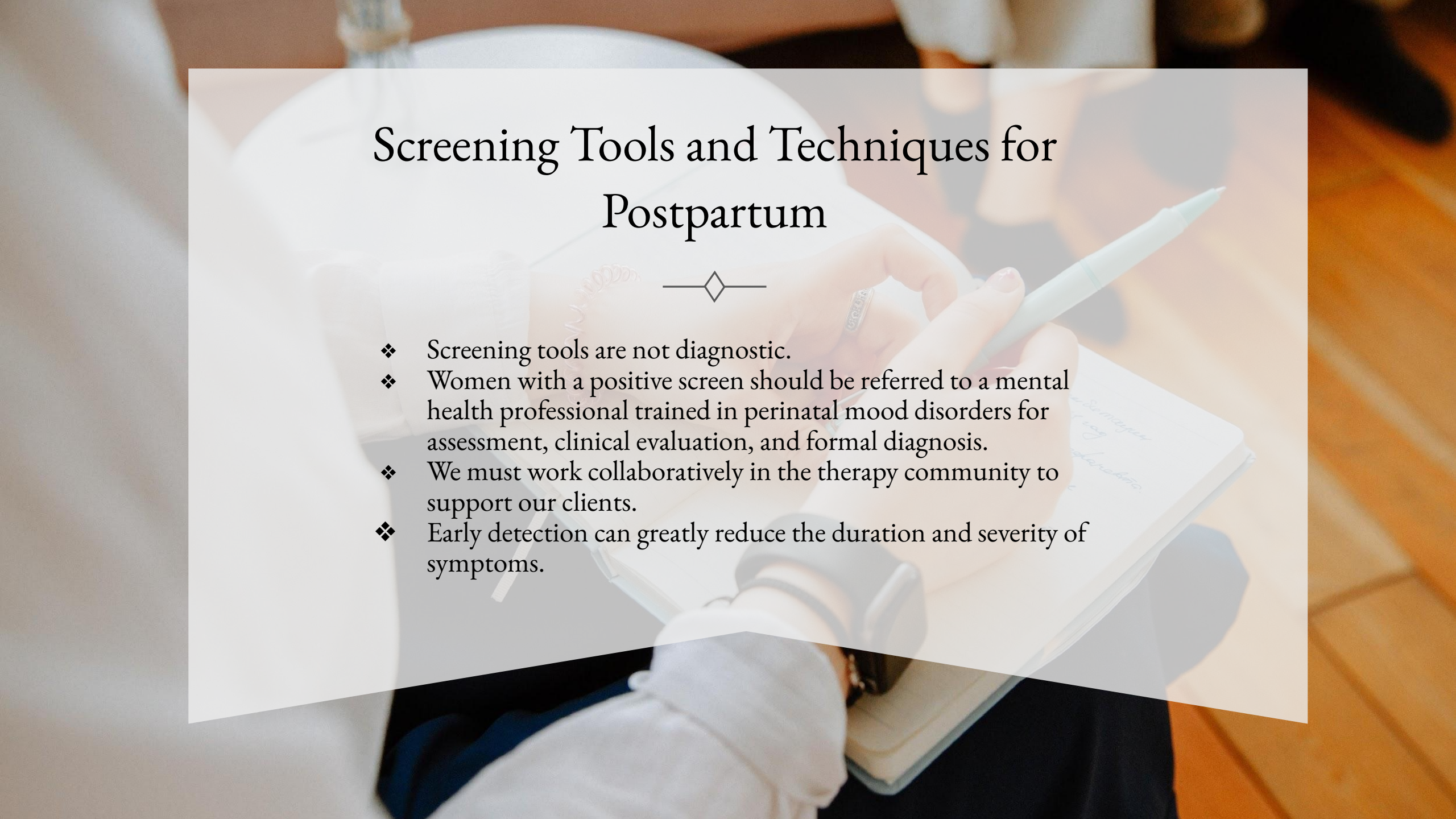
# Risk Factors for  in Fathers (males)

**PPD can present in fathers, as well with the highest prevalence within the 3 to 6 months postpartum, but may develop over the postpartum year:**

**Risk factors may include:**

- **Hormonal changes**
- **Maternal depression**
- **Feelings of disconnection**
- **History of depression**
- **Marital discord**
- **Poverty**
- **Unintended pregnancy**
- **Sleep changes**

**(Scarff, 2019) (Horsager-Boehrer, 2021)**



# Screening Tools and Techniques for Postpartum

- Screening tools are not diagnostic.
- Women with a positive screen should be referred to a mental health professional trained in perinatal mood disorders for assessment, clinical evaluation, and formal diagnosis.
- We must work collaboratively in the therapy community to support our clients.
- Early detection can greatly reduce the duration and severity of symptoms.

# Screening for Postpartum

- Early recognition prevents crisis
  - A study of 11,202 women who recently delivered baby found that only 49 % of these women who felt seriously depressed had sought help for their depression. (MacLennon A, Wilson D, Taylor A. Aust NZ Obstet Gynoecol. 1996;36:313)
  - Another study of 176 postpartum women confirmed that despite an average of 14 contacts with health care providers, nearly half of these women who were suffering from PPD had not been identified as such by their clinicians. (Hearn G et al. Br J Gen Pract. 1998; 48:1064-1066)

# WHEN YOU DON'T FIT THE DIAGNOSIS

# The Transformation: Matrescence

"In my expanded definition, the process of becoming a mother or *matrescence*, coined by Dana Raphael, Ph.D. (1973), is a developmental passage where a woman transitions through pre-conception, pregnancy and birth, surrogacy or adoption, to the postnatal period and beyond. The exact length of matrescence is individual, recurs with each child, and may arguably last a lifetime! The scope of the changes encompass multiple domains --bio-psycho-social-political-spiritual-- and can be likened to the developmental push of adolescence. Increased attention to mothers has spurred new findings, from neuroscience to economics, and supports the rationale for a new field of study known as matrescence. Such an arena would allow the roundtable of specialists to come together and advance our understanding of this life passage."

- Aurélie Athan, Ph.D.

(Athan, 2020).

**Key figure**

## Reframing matrescence as a neurocognitive developmental stage in humans

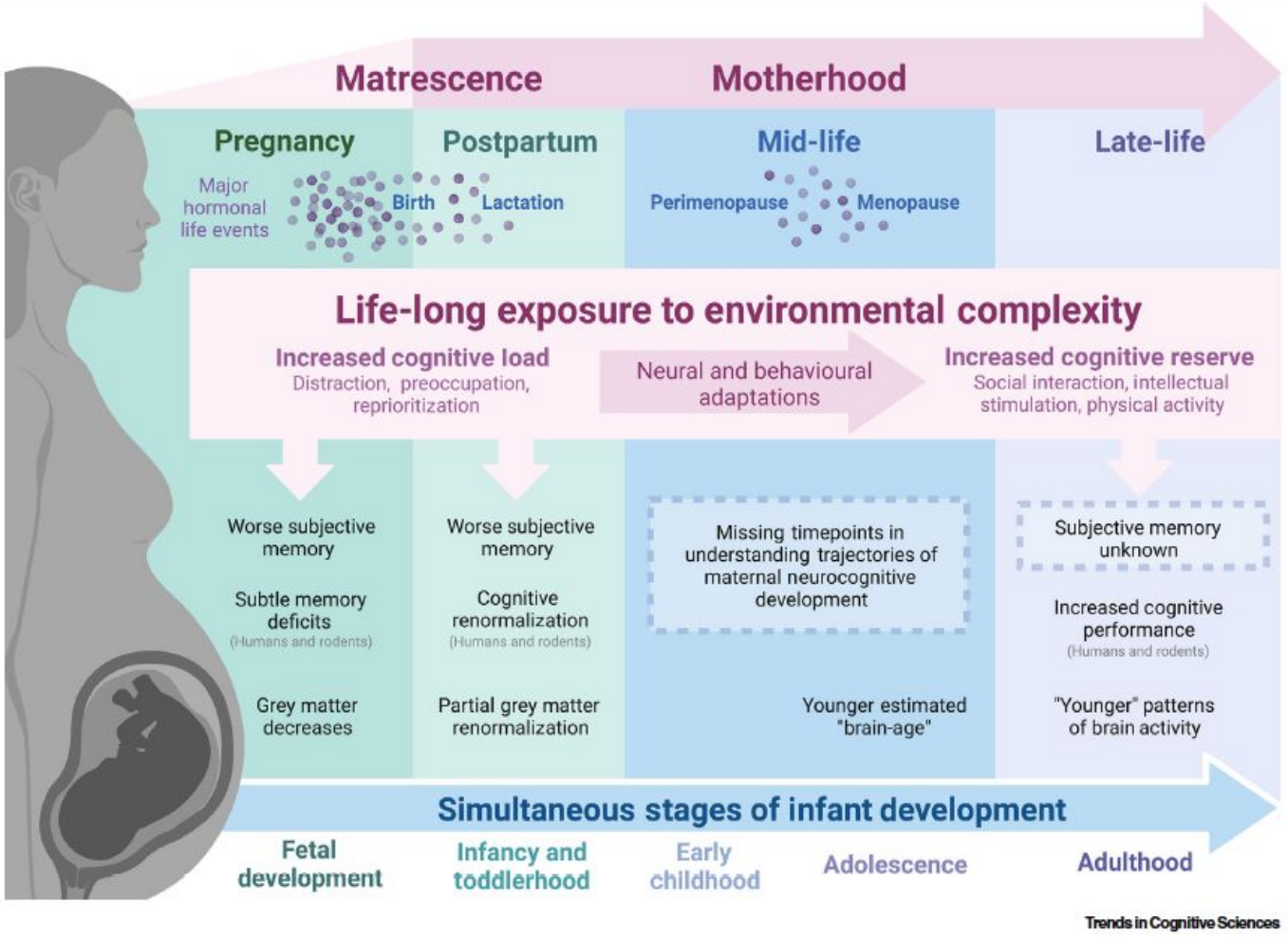



Figure 1. The transition to motherhood is associated with hormonal, neural, and cognitive changes both in the short-term (pregnancy and the postpartum period) and in the long-term (mid and late life). Motherhood is also marked by dynamic and stage-specific exposure to increased environmental complexity. This increased environmental complexity may explain both cognitive challenges in the peripartum period and cognitive improvements with increased parity in middle and late life. Neural and cognitive changes across the maternal lifespan also likely interact with the major hormonal events of pregnancy, birth, lactation, perimenopause, and menopause, as well as the simultaneous stages of infant development. The influence of these interacting factors requires further investigation.

(Orchard et al.,2023)

# Patrescense: The Male Transformation

The spiritual, emotional and psychological changes that occur in fatherhood.

- Changes in identity
- Emotional Changes
- Changes in Relationship
- The importance of involvement

(Patel, 2023)

# Reproductive Story

**Personal Narratives**: The unique experiences and perceptions individuals have about their reproductive journey.

**Cultural and Social Context**: The influence of societal norms, cultural beliefs, and family expectations on reproductive experiences.

**Emotional Responses**: The wide range of emotions associated with reproduction, including joy, grief, anxiety, and hope.

**Identity and Self-Perception**: How reproductive experiences shape individuals' sense of self and identity.

**Relationship Dynamics**: The impact of reproductive issues on relationships with partners, family members, and social circles.

# Pregnancy Loss and Infertility

**Types of Pregnancy Loss:**

- Miscarriage: loss before 20 weeks.
- Stillbirth: loss after 20 weeks.
- Ectopic pregnancy: implantation outside the uterus.
- Molar pregnancy: abnormal fertilized egg development.
- TFMR: termination for medical reasons.

**Types of infertility:**

- Primary infertility: never conceived.
- Secondary infertility: difficulty after previous pregnancies.

# Emotional Impact of Pregnancy Loss

**Emotional Responses:**

- Grief and mourning.
- Anxiety and depression.
- Feelings of guilt and shame.

**Coping Mechanisms:**

- Counseling and support groups.
- Open communication with partner and family.
- Professional mental health support.

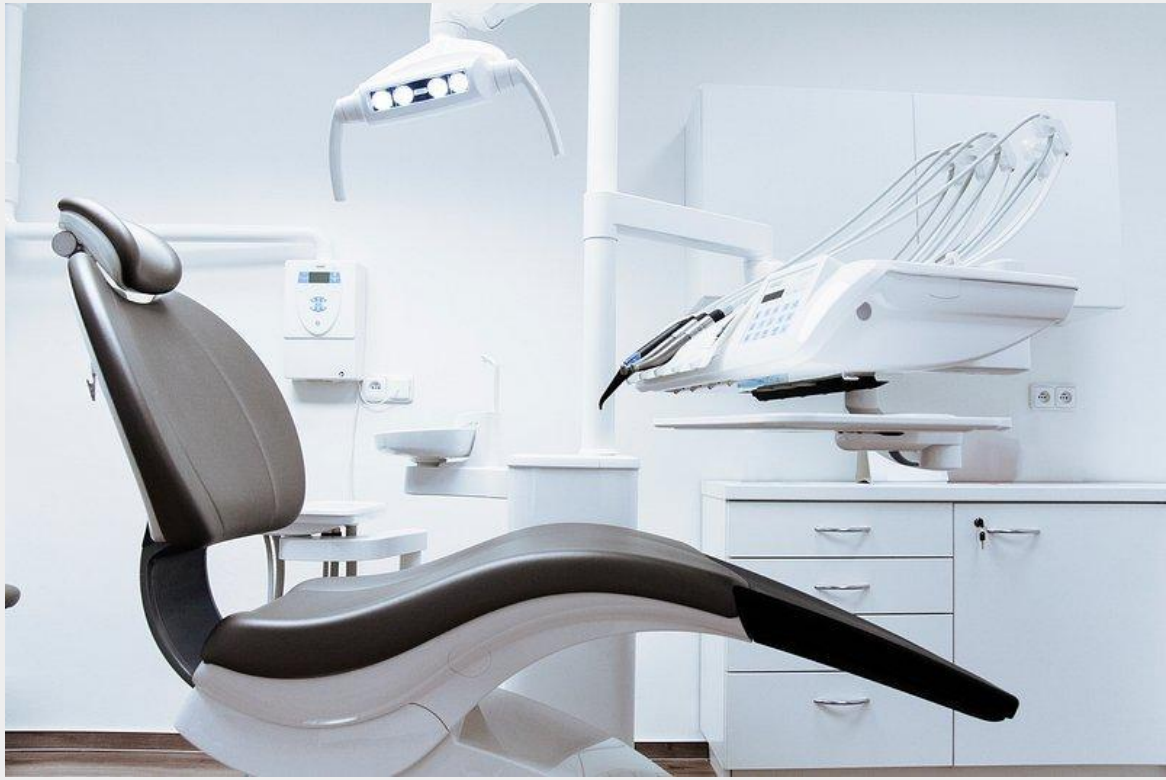
# Medical Aspects of Infertility

**Causes:**

- Female factors: ovulation disorders, tubal damage, endometriosis.
- Male factors: sperm production issues, genetic conditions.
- Unexplained infertility.

**Treatments:**

- Medication: ovulation induction.
- Assisted reproductive technologies: IVF, IUI.
- Surgical interventions.



# Social implications of infertility and loss

**Challenges:**

- Social stigma and isolation (i.e. Disenfranchised grief)
- Impact on relationships and intimacy.
- Pressure from societal and familial expectations.

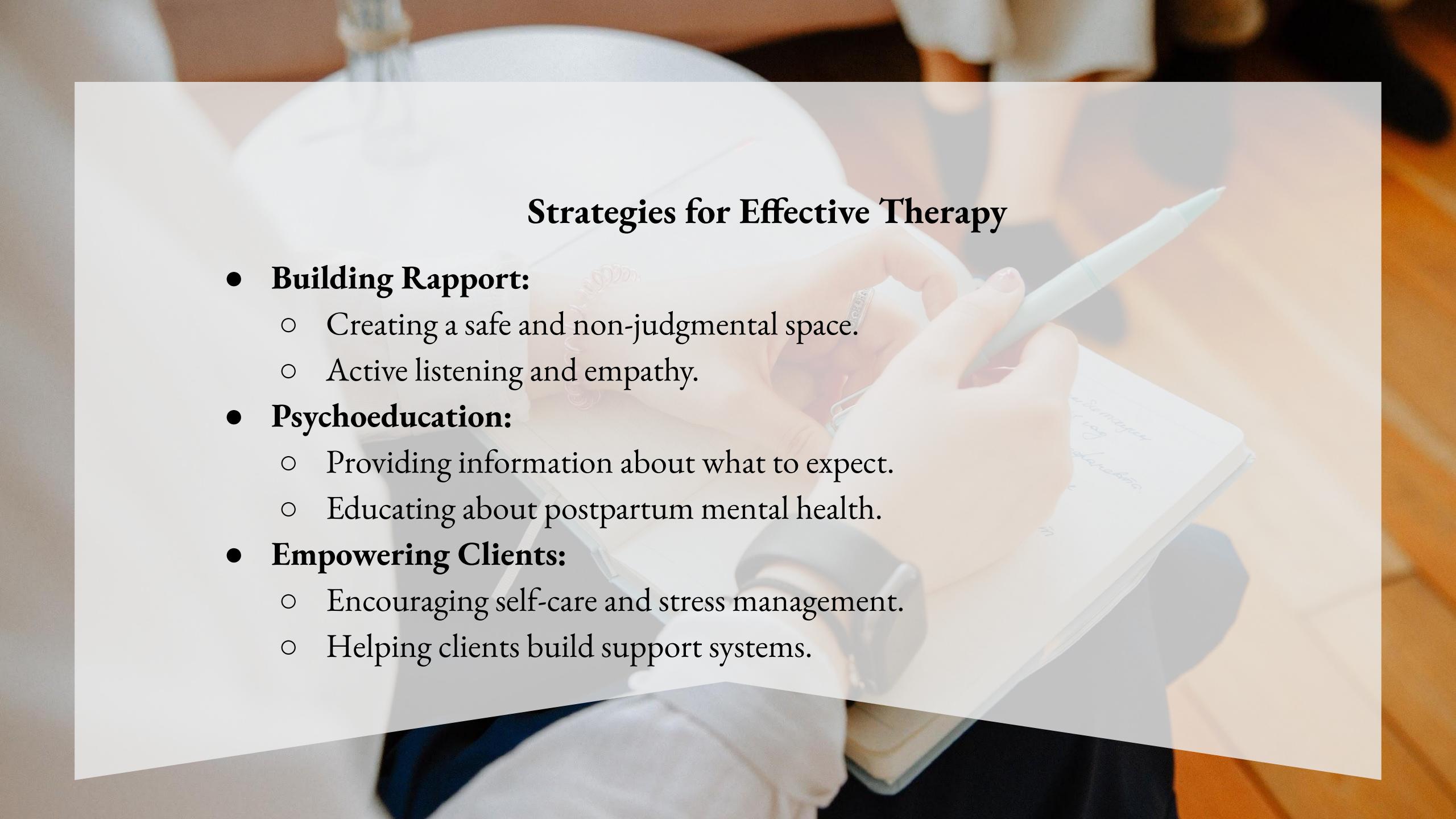
**Support Systems:**

- Community support groups.
- Online forums and resources.
- Family and friend networks.

# Importance of loss and infertility in the transition to parenthood

- Transition to parenthood involves joy and potential challenges.
- Pregnancy loss and infertility are complex issues.
- Importance of comprehensive support and understanding.
- Supporting those with infertility and loss

    - **Best Practices:**
        - Providing empathetic support and active listening.
        - Avoiding insensitive comments or unsolicited advice.
        - Encouraging professional help and support groups.



## Strategies for Effective Therapy

- **Building Rapport:**
  - Creating a safe and non-judgmental space.
  - Active listening and empathy.
- **Psychoeducation:**
  - Providing information about what to expect.
  - Educating about postpartum mental health.
- **Empowering Clients:**
  - Encouraging self-care and stress management.
  - Helping clients build support systems.

# Protective Factors

- Serene pregnancy (psycho-socially)
- Employment (after childbirth) *may* be protective factor
- Exercise and Nutrition
- Spiritual and Religious Support
- Internal resilience and self-care
- Social support/Community
- Humor!

(Elisei et al., 2013) (Lewis et al., 2017) (Lewis et al., 2021) (Akbari et al., 2020)

# Postpartum Self-Care

**Emotional Self-Care**: what helps you process your emotions? Ex: journal

**Practical Self-Care**: what tasks help prevent stress? Ex: meal prep, cleaning

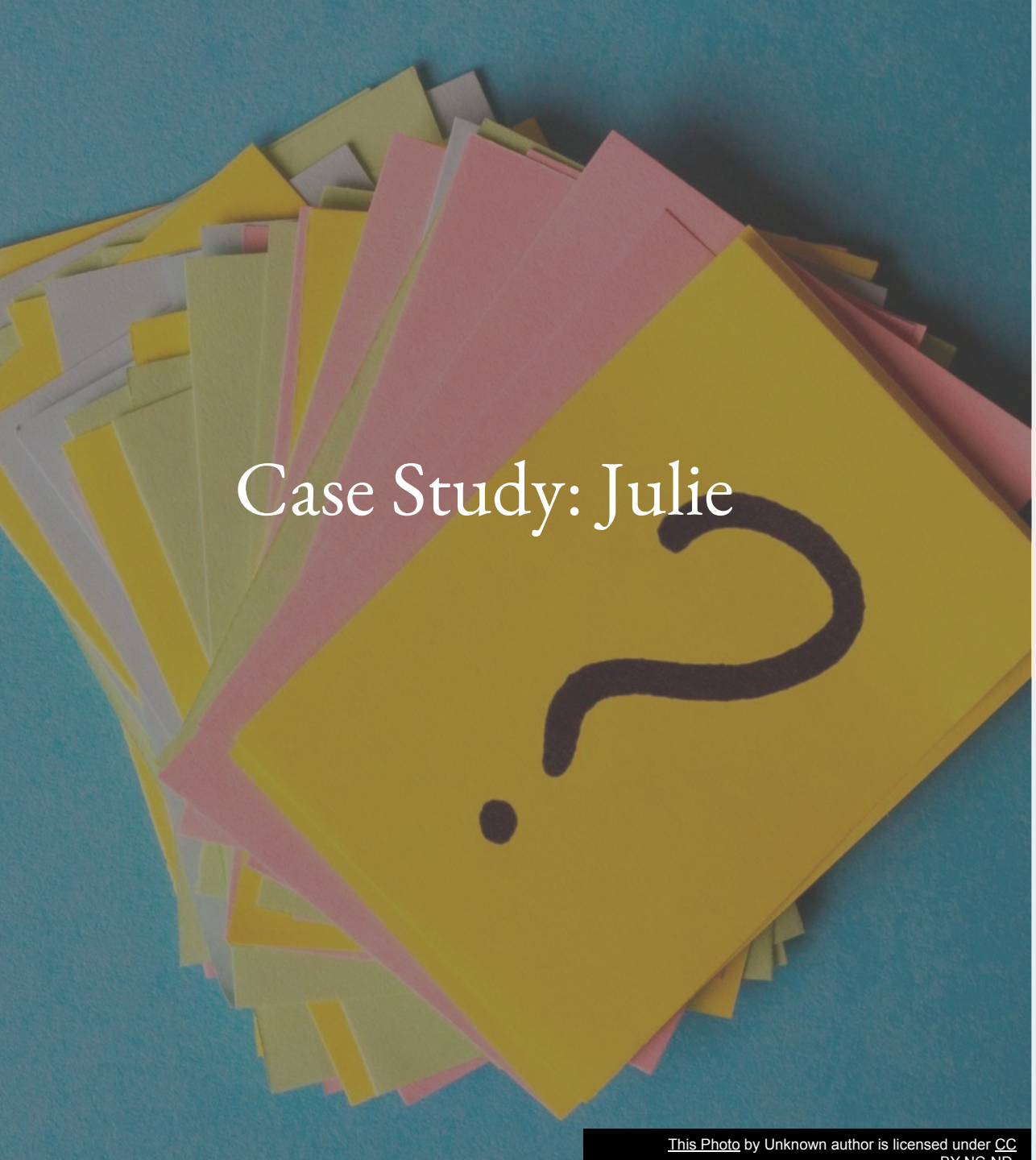
**Physical Self-Care:** what helps you care for your body? Ex: adequate sleep, movement

**Mental Self-Care:** what helps cultivate and stimulate your mind? Ex: reading

**Social Self-Care:** what helps nurture deep and meaningful relationships? Ex: reach out to friends,

**Spiritual Self-Care:** what nourishes your spirit and connects you to something greater than yourself? Ex: nature, church, prayer, yoga, serving

Adapted from Ashiya Swan "Areas of Self Care"





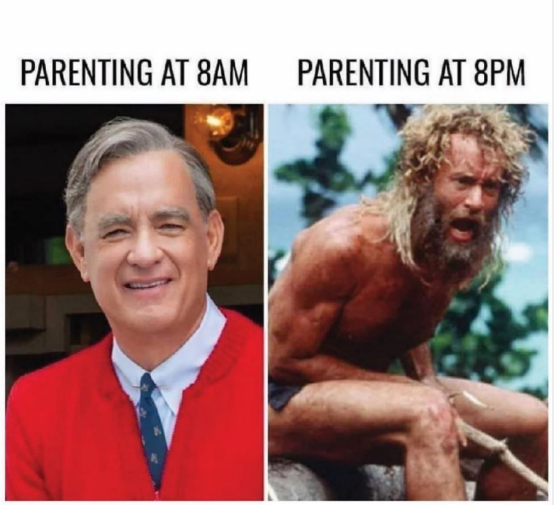
**Presenting Problem**

Julie, a 33 year-old marketing manager, presented to her primary care physician with complaints of excessive worry, intrusive thoughts, and compulsive behaviors that began shortly after the birth of her first child, Emily, three months ago. Julie described feeling overwhelmed by constant fears about her baby's safety and health. She reported difficulty sleeping, even when Emily was asleep, due to persistent anxiety.

**Symptoms and Behavior**

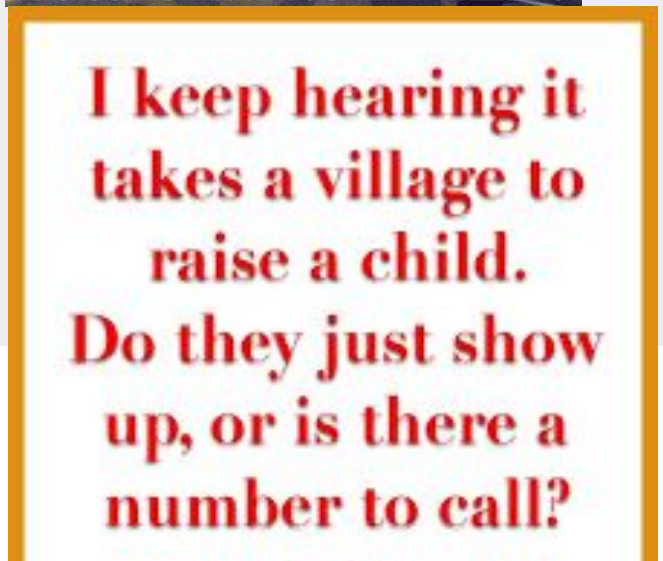
1. **Intrusive Thoughts:** Julie experienced recurring and distressing thoughts about accidental harm coming to her baby, such as fears of dropping Emily, suffocation, or sudden infant death syndrome (SIDS). These thoughts were vivid and persistent.
2. **Compulsions:** To mitigate these fears, Julie engaged in several compulsive behaviors:
    - Repeatedly checking on Emily to ensure she was breathing, often every 10-15 minutes throughout the night.
    - Excessive cleaning and sterilizing of bottles, pacifiers, and toys, fearing contamination.
    - Creating detailed schedules and routines, fearing that deviation might harm Emily.
3. **Anxiety:** Julie's anxiety levels were high, and she frequently felt on edge and irritable. The anxiety was interfering with her ability to enjoy time with her baby and her husband.
4. **Avoidance:** Julie avoided leaving the house with Emily due to fears of exposure to germs and potential accidents. She also avoided allowing others to hold or care for Emily, fearing they might not be as careful as she was.

# HUMOR!


PARENTING AT 8AM
PARENTING AT 8PM


When a new mom asks me if motherhood will get easier
@momlikethatpodcast
Oh god, honey. No.


THAT MOMENT WHEN
www.storyofthislife.com
IT'S SO NORMAL YOU KEEP TALKING


I keep hearing it takes a village to raise a child.
Do they just show up, or is there a number to call?


Waking up after the baby slept through the night for the first time
What year is it?


The quickest way for a mother to get her children's attention is to sit down and look comfortable.
ecards

# Remember to Teach Self-compassion

“Being new parents is hard. Some days you will feel like you can do it all, and some days, you will struggle to even get out of bed. But what matters is that you still show up and that you love them with all that is within you. That is what being parents is all about.” – Anonymous

"What we *are* teaches the child more than what we say, so we must *be* what we want our children to become." - Joseph Chilton Pearce

"If we want our children to love and accept who they are, our job is to love and accept who we are. We can't use fear, shame, blame and judgement in our own lives if we want to raise courageous children. Compassion and connection –the very things that give purpose and meaning to our lives—can only be learned if they are experienced. And our families are our first opportunities to experience these things."

-Brene Brown

“To the new parents, don’t forget to be kind to yourselves and to each other. You are both new to this. You will both have moments of insecurity and overwhelm. So talk to each other, be supportive, be proud of your partner, and encourage them. There is no one way to parent, so learn and guide each other so you can both be the very best parents you can be.” – Anonymous

# Resources for Postpartum Support

**National Maternal Mental Health Hotline**

Call or Text

1-833-943-5746 (English and Spanish) – *24/7 Free*

- https://www.matrescence.com/
- https://www.npr.org/2021/08/08/1024674033/theres-a-name-for-the-ups-and-downs-of-new-motherhood-its-called-matrescence
- www.peps.org
- www.mops.org
- https://www.postpartum.net/
- https://psichapters.com/tn/
- https://www.postpartumsc.org/
- https://www.postpartum.net/get-help/help-for-dads/

# Resources for Pregnancy loss and infertility

**Organizations:**

- RESOLVE: The National Infertility Association.
- March of Dimes: support for pregnancy loss.
- Local support groups and mental health professionals.- Sharing of Middle Tennessee, Ready Nest Counseling, Tennessee Reproductive Mental Health

**Books and Articles:**

- https://www.postpartum.net/store/
- https://thetherapistsbookshelf.com/2020/05/09/maternal-mental-health-books/
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9989510/


QUESTIONS?
COMMENTS?

# Contact us:

READY NEST
COUNSELING

**Ready Nest Counseling**
**Kate Springer, MMFT**
**kate@readynestcounseling.com**
**www.readynestcounseling.com**
**(615) 768-9828**

**Hannah Feliciano, LMFT**
**hannahfelicianomft@gmail.com**
**www.hannahfelicianomft.com**
**(615)601-1387**


# Other Therapy Centers:

**TN Reproductive Therapy**
**(615) 861-9706**

https://www.tennesseereproductivetherapy.com/

**Nashville Collaborative Counseling Center**
**(615) 988-4763**

https://www.nashvillecollaborativecounselingcenter.com/

# Find this presentation here:

# References:


Akbari, V., Rahmatinejad, P., Shater, M. M., Vahedian, M., & Khalajinia, Z. (2020). Investigation of the relationship of perceived social support and spiritual well-being with postpartum depression. *Journal of Education and Health Promotion*, *9*.

Athan, A. M. (2020). Reproductive identity: An emerging concept. *American Psychologist*, *75*(4), 445.

Baldy, C., Piffault, E., Chopin, M. C., & Wendland, J. (2023). Postpartum Blues in Fathers: Prevalence, Associated Factors, and Impact on Father-to-Infant Bond. *International journal of environmental research and public health*, *20*(10), 5899. https://doi.org/10.3390/ijerph20105899

Delicate, A., Ayers, S., & McMullen, S. (2018). A systematic review and meta-synthesis of the impact of becoming parents on the couple relationship. *Midwifery*, *61*, 88-96.

Divine, A., Blanchard, C., Benoit, C., Downs, D. S., & Rhodes, R. E. (2022). The influence of sleep and movement on mental health and life satisfaction during the transition to parenthood. *Sleep health*, *8*(5), 475-483. doi: https://doi.org/10.1016/j.sleh.2022.06.013 2352-7218

Elisei, S., Lucarini, E., Murgia, N., Ferranti, L., & Attademo, L. (2013). Perinatal depression: a study of prevalence and of risk and protective factors. *Psychiatria Danubina*, *25*(suppl 2), 258-262.

Guttmacher Institute. (2022, August 24). *Unintended pregnancy in the United States*. Guttmacher Institute. Retrieved March 9, 2023, from https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states

Hain, S., Oddo-Sommerfeld, S., Bahlmann, F., Louwen, F., & Schermelleh-Engel, K. (2016). Risk and protective factors for antepartum and postpartum depression: a prospective study. *Journal of Psychosomatic Obstetrics & Gynecology*, *37*(4), 119-129.

Horsager-Boehrer, R. (2021, August 17). *1 in 10 dads experience postpartum depression, anxiety: How to spot the signs | Your Pregnancy Matters | UT Southwestern Medical Center*. Retrieved June 14, 2024, from https://utswmed.org/medblog/paternal-postpartum-depression/

Lewis, B. A., Schuver, K., Dunsiger, S., Samson, L., Frayeh, A. L., Terrell, C. A., ... & Avery, M. D. (2021). Randomized trial examining the effect of exercise and wellness interventions on preventing postpartum depression and perceived stress. *BMC Pregnancy and Childbirth*, *21*, 1-11.

# References cont.


Mughal, S., Azhar, Y., & Siddiqui, W. (2022). *Postpartum depression - statpearls - NCBI bookshelf*. National Library of Medicine. Retrieved March 9, 2023, from https://www.ncbi.nlm.nih.gov/books/NBK519070/

Orchard, E. R. (2021). *The Cognitive Neuroscience of Parenthood* (Doctoral dissertation, Monash University).

Orchard, E. R., Rutherford, H. J., Holmes, A. J., & Jamadar, S. D. (2023). Matrescence: lifetime impact of motherhood on cognition and the brain. *Trends in Cognitive Sciences*.

Patel, S. (2023). Do fathers go through patrescence? Retrieved from https://nayacare.org/blog/do-fathers-go-through-patrescence/

Pearson, R. M., Culpin, I., Loret de Mola, C., Quevedo, L., Murray, J., Matijasevich, A., ... & Horta, B. L. (2019). Transition to parenthood and mental health at 30 years: a prospective comparison of mothers and fathers in a large Brazilian birth cohort. *Archives of Women's Mental Health*, *22*, 621-629.

Rao, W. W., Zhu, X. M., Zong, Q. Q., Zhang, Q., Hall, B. J., Ungvari, G. S., & Xiang, Y. T. (2020). Prevalence of prenatal and postpartum depression in fathers: A comprehensive meta-analysis of observational surveys. *Journal of affective disorders*, *263*, 491-499..

Scarff J. R. (2019). Postpartum Depression in Men. *Innovations in clinical neuroscience*, *16*(5-6), 11–14.

Wilkinson, A., Anderson, S., & Wheeler, S. B. (2017). Screening for and Treating Postpartum Depression and Psychosis: A Cost-Effectiveness Analysis. *Maternal and child health journal*, *21*(4), 903–914. https://doi.org/10.1007/s10995-016-2192-9

Xu, F., Sullivan, E., Binns, C., & Homer, C. S. (2016). Mental disorders in new parents before and after birth: a population-based cohort study. *BJPsych open*, *2*(3), 233-243.