



POSTPARTUM ANXIETY

How much is 'normal' and when should you get help?

BY DR. ALYSSA WILLIAMS GEORGE, MD

Most new parents are anxious, and all new parents have expectations. When a baby is born, those expectations make a real experience feel like something is wrong. New parents are *tired*. They snap at each other over bottle-washing or diapering techniques. To be occasionally tearful, and sometimes fearful, is all normal. What is *not* considered “normal” is when feelings of anxiety, fear, depression or anger become predominant and disruptive. In these cases, a parent may have a diagnosable mental health condition.

Research suggests as many as one-third of postpartum women have an anxiety disorder. *Anxiety disorder* is a broad term, as anxiety has many “flavors.” It can consist of worry, panic, obsessing, phobias, social anxiety and more. A common manifestation of anxiety in the postpartum period is having intrusive thoughts. These unwanted and distressing thoughts can suddenly pop into a new mother’s head. An example is when a mother carrying her baby down the stairs suddenly has a vivid thought of traumatically falling.

Nearly every new parent I treat has had intrusive thoughts, and many of them fear it means they are “going crazy”

or are unfit to parent. Having intrusive thoughts means neither of those things. In postpartum anxiety, these thoughts represent their brains releasing a pop of anxiety. A parent who is having *constant* intrusive thoughts, however, should see a mental health provider.

Other signs that your anxiety may have reached a problematic level is if you are unable to sleep when your baby is sleeping, are experiencing appetite changes, or feel anxiety consistently enough that it is affecting your relationships with your family, friends or baby. Of course, if you have thoughts of suicide or of harming your baby or other people, you should seek emergency help right away.

What makes postpartum anxiety (and depression) unique is that it presents as a trifecta consisting of a major life change, sleep disruption and the most drastic hormonal shift of your life. Women who have a personal or family history of an anxiety disorder are at higher risk for postpartum anxiety. When a mom or baby has medical complications, the risk is higher still.

Treatment Options

There are various treatment options for anxiety. Many anxiety medications are compatible with breastfeeding. Talk therapy or counseling can feel rather challenging to make time for, but therapy is an evidence-based, gold standard treatment for anxiety disorders of all types. Research studies using brain imaging have shown that talk therapy actually changes your brain!

What about Dad? Parents who did not give birth are just as susceptible (minus the hormone crash) to anxiety and depression, and their mental health often gets less attention. All parents can benefit from extra support. One of my most important roles is reassuring my patients that their struggles are common and that mental health treatment works. Postpartum anxiety is extremely common and treatable.

Local Resources

Postpartum Support International:
postpartum.net

Anchor Perinatal Wellness (Raleigh):
anchorperinatal.com

UNC School of Medicine
Department of Psychiatry’s
Perinatal Psychiatry Inpatient Unit
(Chapel Hill):
med.unc.edu/psych/wmd/patient_care/perinatal-inpatient

Raleigh Psychiatric Associates:
raleighpsych.com

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