



FAQ on Mental Health During Pregnancy and Postpartum

1. What is mental health and why is it so important during pregnancy and the postpartum period?

Mental health encompasses your emotional, psychological, and social well-being; it affects how you think, feel, and act. Good mental health enables you to cope with stress, form relationships, and make informed decisions. It's vital for a fulfilling life. During pregnancy and postpartum, significant life

changes, hormonal shifts, sleep deprivation, and new responsibilities can significantly impact mental health, making its support crucial for both the parent's well-being and the healthy development of the baby and family dynamics.

2. What are Perinatal Mood and Anxiety Disorders (PMADs) and who is at risk?

PMADs are mental health conditions that can arise or worsen during pregnancy and within the first year after childbirth. They are influenced by hormonal changes, sleep deprivation, shifts in identity, and the pressures of caregiving. While PMADs can affect anyone, certain groups are at higher risk, including those with a

history of mental health issues, Black, Indigenous, and People of Colour, immigrants and refugees, disabled individuals, gender-diverse individuals, those facing financial challenges or domestic violence, and those with limited support networks. Statistics indicate that PMADs affect 1 in 4 women and 1 in 10 men in Canada.

3. What are the different types of Perinatal Mood and Anxiety Disorders (PMADs), and what are their symptoms?

The most common types of PMADs include:

Perinatal Anxiety Characterized by excessive worry, trouble sleeping, decreased appetite, muscle tension, and irritability.

Perinatal Depression Marked by low mood, changes in sleep and appetite, lack of interest, feelings of guilt, and low energy.

Perinatal Obsessive-Compulsive Disorder (OCD)

Involves intrusive thoughts, excessive checking or cleaning behaviors, over-attachment to the infant, or avoidance of the infant and poor sleep.

Postpartum Post-Traumatic Stress Disorder (PTSD)

Includes flashbacks of a traumatic event (often related to childbirth), avoidance of people, feelings, or places associated with the trauma, and high anxiety.

Postpartum Psychosis

A rare but serious condition characterized by extreme mood swings, delusions, and confusion.

4. How are “baby blues” and “baby pinks” different from PMADs, and when should I be concerned?

The “baby blues” refer to feelings of sadness, fatigue, or irritability that are common in the first two weeks after childbirth, while “baby pinks” are feelings of extreme happiness and high energy. Both are typically mild and resolve on their own within this timeframe.

However, if these feelings persist or intensify beyond two weeks, or if they interfere with your ability to care for yourself, your baby, or your daily life, they may be signs of a PMAD and warrant further evaluation.

5. How can mental health issues during pregnancy and postpartum affect my family and baby?

Mental health challenges can affect not only the individual experiencing them but also their relationships, family dynamics, and even the baby’s development. Partners, family members, and friends

play a critical role in providing support. Being open and honest about your feelings is crucial for getting the necessary help and support.

6. What are some practical self-care tips for managing my mental health during this period?

Prioritizing rest (sleep when the baby sleeps), staying connected with friends, family, or support groups, practicing mindfulness (deep breathing, meditation, gentle yoga), eating well, setting realistic expectations,

and sharing your feelings and experiences with trusted individuals are all effective strategies for managing your mental health.

7. What steps should I take if I am concerned about my mental health during pregnancy or postpartum?

First, keep track of your feelings, symptoms, and experiences to identify patterns. Then, talk to someone you trust—a partner, friend, or family member—about how you’re feeling. Most importantly, reach out to a healthcare provider as soon as possible to discuss your concerns. Be prepared to share your symptoms, medical history, and any medications you are taking. If you are having thoughts of harming yourself or your infant, or are experiencing symptoms of psychosis, seek immediate help by calling 988 (Suicide Crisis Line) or 911, or go to the nearest emergency department.

8. What resources are available for perinatal and postpartum mental health support in Canada?

There are numerous resources available, including the Suicide Crisis Line (9-8-8), the Canadian Perinatal Mental Health Collaborative Directory, the Canadian Mental Health Association, and Postpartum Support International. Additionally, there are specialized clinics like MinoCare for Black and racialized birthing persons and virtual mental healthcare clinics like BRIA. Provincial and territorial resources are also available. Please visit this [SITE](#) for links to a variety of apps, books, and videos aimed at supporting this period in life.