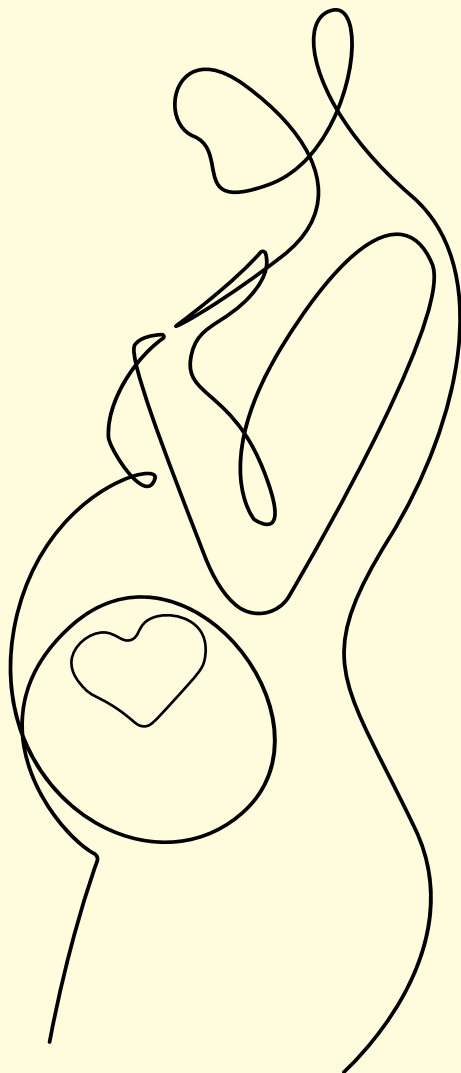


# YOU'RE NOT ALONE:

## MENTAL HEALTH IN PREGNANCY AND POSTPARTUM

**"I KNEW I'D BE AN AMAZING PARENT BECAUSE I'D BEEN A TEACHER, COACH, AND OLDER SISTER ALL MY LIFE. BUT WHEN I BECAME PREGNANT, I LOST MYSELF COMPLETELY. I FELT ALONE, INCOMPETENT, TRAPPED. WHERE WAS MY INSTRUCTION MANUAL? WHERE WAS MY BABY HOTLINE? I HAD NO IDEA WHAT TO DO BECAUSE I HAD NO IDEA HOW TO REACH OUT FOR HELP. IN FACT, I DIDN'T EVEN KNOW HOW TO ADMIT I NEEDED HELP."**

— GRACE (ETFO MEMBER)



### MENTAL HEALTH IN PREGNANCY AND POSTPARTUM

The perinatal period, which includes pregnancy and the first year after giving birth (referred to as postpartum), is a time of huge life changes that are exciting, joyful, and stressful in new ways, presenting both expected and unexpected challenges. Bodies change, sleep is disrupted, roles and responsibilities shift, relationships evolve – and are sometimes strained. All of these can affect the mental health of birthing parents, as well as partners and non-birthing parents.

In fact, almost **one in five people** struggle with their mental health in pregnancy and/or postpartum.

Healthcare providers use the term **Perinatal Mood, Anxiety, and Related Disorders (PMADs)** to describe common mental health issues that can occur for the first time or reoccur or worsen during the perinatal period. These can include depression, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar disorder, and postpartum psychosis. Other mental health issues may also need treatment during this time.

### RISK FACTORS FOR PMADS

Pregnancy and the postpartum period can be vulnerable times for anyone, and some people can develop PMADs without any previous risk factors.

The strongest risk factor for developing PMADs is having a history of mental health issues and symptoms leading up to pregnancy (especially if these symptoms are untreated or not fully treated).

Other strong risk factors are dealing with high stress and stressful life events (for example, infertility, pregnancy loss or complications, breastfeeding/chestfeeding challenges, illness in a child, financial strain, intimate partner violence among others) or having limited social supports. Systemic issues that raise stress and limit access to care, which disproportionately affect some groups of people (e.g., Black, Indigenous, racialized, 2SLGBTQ+, adolescents, people with disabilities, immigrants and refugees).

These are not the only risk factors for PMADs. It can be useful to discuss further with your healthcare provider if you are concerned that you are at risk for developing a PMAD.

**"I FOUND MYSELF SORT OF GRIEVING MY FREEDOM, IDENTITY - AND THEN WHEN I HAD THIS PRECIOUS CHILD, ALL THE ANXIETY I HAD MY ENTIRE LIFE CAME OUT IN A WAY I HAD NEVER EXPERIENCED BEFORE."**

— AMY (ETFO MEMBER)

## MYTHS

Of course you're tired, you're a new mom.

If they really need help, they'll ask.

It's just the baby blues. It will go away on its own.

Your doctor can only help if it's really bad.

A good parent wouldn't feel this way.

## THE TRUTH



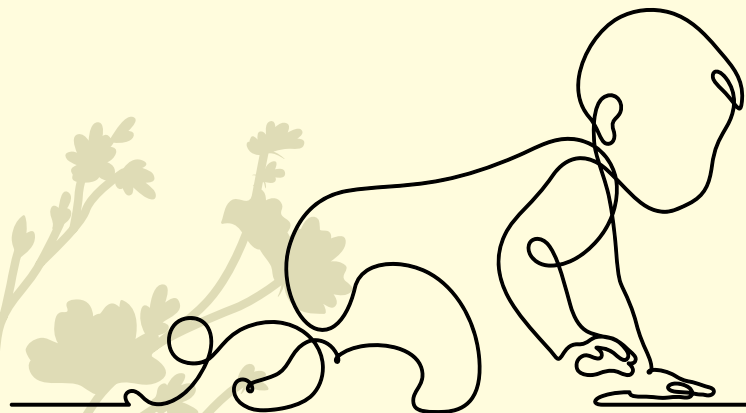
While the “baby blues” – which may include **mild** symptoms of mood swings, sadness, or anxiety – generally go away on their own within two to four weeks, longer lasting or more severe symptoms or symptoms that make it hard to care for your baby may be a PMAD and need professional treatment.

**PMADs are not your fault** and having one doesn't make you a “bad” parent.

Stigma, fear, and shame can be barriers to talking about mental health and reaching out for help, but **PMADs are treatable.**

**“POSTPARTUM DEPRESSION - OR ANY PMAD - IS HARD, BUT IT DOES NOT DEFINE YOU. MY KIDS ARE TEENAGERS NOW, BUT WHEN I LOOK BACK, IT WAS TERRIFYING IN THE MOMENT. HOWEVER, IT DOES GET BETTER.”**

— TONIA (ETFO MEMBER)



### HOW DO I GET HELP?

Your mental health is important. If you think you might be struggling with PMADs, talk to a health-care provider.

Any health-care provider you see during pregnancy or postpartum (family doctor, midwife, obstetrician, psychiatrist, pediatrician, doctor at a walk-in clinic) can recommend the proper treatment or connect you with a specialist.

**Any time is the right time to get help**, but addressing mental health concerns early is best for you, your child, and your family. Don't be afraid to reach out.

#### OTHER RESOURCES:

- The Canadian Network for Mood and Anxiety Treatments Patient and Family Guide: Seeds of Hope
- Life with a Baby
- Postpartum Support International
- Ontario Healthy Babies Healthy Children program
- Starling Minds
- Employee assistance programs
- Peer support groups

**If you are thinking about hurting yourself, your baby, or anyone else, call 911 or go to your nearest emergency department immediately.**

### RECOGNIZING THE SYMPTOMS OF PMADS

People are most aware of postpartum depression and know to watch out for low mood after a baby is born, but PMADs symptoms can occur in pregnancy as well.

Birthing parents can experience overlapping symptoms of PMADs, such as anxiety and depression at the same time.

Symptoms may be similar to mental health issues experienced at other times of life (for example, the physical feelings of fear that can be part of a panic attack).

Some symptoms can show up in ways that are more specific to either pregnancy or postpartum, while others might appear throughout the perinatal period. Keep an eye out for the following examples:

- Fear of childbirth (tokophobia)
- Not feeling joy about pregnancy or feeling detached
- Not feeling connected with the baby
- Worrying too much or being too critical about one's parenting
- Worrying too much about the health or safety of the baby
- Unwanted, disturbing thoughts about harm coming to the baby
- Feeling exhausted but unable to sleep even when the baby is sleeping
- Feeling very irritable with the baby for no reason or disproportionately
- Feeling unable or too worried to let anyone else look after the baby

**"I DIDN'T NOTICE ANYTHING WAS HAPPENING AND FORGOT TO PUT MYSELF FIRST. SIX WEEKS AFTER CHILDBIRTH, MY HUSBAND SAID I WASN'T MYSELF. I WAS CRYING, CURLING UP ON THE FLOOR. HOW COULD I NOT NOTICE THAT? BUT YOU DON'T TAKE THE TIME TO STOP AND THINK."**

— ERIKA (ETFO MEMBER)



**“YOU GO BACK TO WORK, AND EVERYONE ASSUMES THAT YOUR BABY AND YOUR LEAVE WERE WONDERFUL - WHEN YOU’VE HAD A HARD TIME IT’S SO DIFFICULT. SOCIETY EXPECTS YOU TO BE PERKY AND HAPPY. I FOUND I AVOIDED THE STAFF ROOM FOR MONTHS.”**

— JENNIFER (ETFO MEMBER)

## HOW TO SUPPORT A COLLEAGUE

### **Be welcoming:**

This can be an overwhelming time. Celebrate their return and affirm their value as part of the school community.

### **Be mindful of language:**

Don’t make comments about their post-baby body or their leave being a “vacation.”

### **Respect their privacy:**

Ask how they are doing generally, not just about the baby. Avoid asking too many personal questions, especially if they seem uncomfortable.

### **Offer to help:**

Let them know about any changes in the workplace, help them adjust, and be empathetic if they make mistakes.

### **Show kindness:**

If it feels appropriate, gently remind them to take breaks, eat, and drink water.

### **Support without judgment:**

Be a listening ear if they choose to share their struggles. If they are open to advice, suggest speaking to a health-care practitioner or ask if they would like some resources.

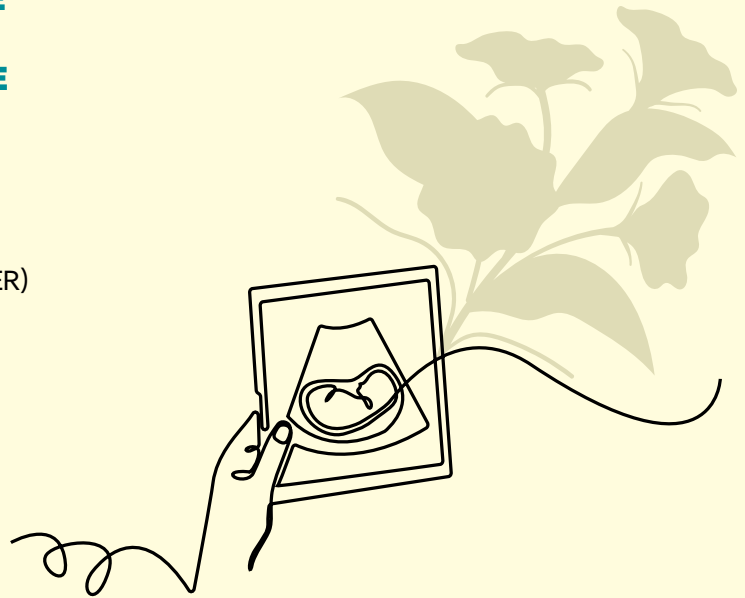
## YOUR UNION CAN HELP

Contact your local union office before you return to work following your pregnancy/parental leave for help with:

- Medical accommodations
- Gradual return-to-work planning
- Mandatory training
- Report cards
- Staffing issues
- Transition planning with occasional teacher
- Safety plans

With thanks to Dr. Jovana Martinovic, MD FRCPC, Psychiatrist

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**“AS A TEACHER, I WANTED TO BE PREPARED. I WENT TO ALL THE BIRTHING CLASSES, BUT PMADS WERE NEVER MENTIONED. I CAN REMEMBER BEING AT HOME CRYING UNCONTROLLABLY AND I DIDN’T KNOW WHAT WAS GOING ON. I WAS TOLD IT WAS JUST ‘BABY BLUES.’ I THOUGHT IT WAS GOING TO GET BETTER, BUT IT DIDN’T. FORTUNATELY, I WENT TO MY DOCTOR, AND SHE WAS VERY PROACTIVE. I DON’T KNOW WHAT I WOULD HAVE DONE WITHOUT HER. I WISH I KNEW WHAT PMADS WERE AND THE SIGNS; IT WOULD HAVE MADE A HUGE DIFFERENCE FOR ME.”**

— ROBIN (ETFO MEMBER)