

Nancy: Hi, happy Wednesday. Thanks for joining us for Dr. Nancy Live. I have a very special guest today. Birdie Meyer helps people with postpartum issues and around the Indianapolis area, she's very famous, knows what she's talking about. So you're going to talk postpartum today. Baby Blues to a wider variety of information she has for us. So welcome, Birdie.

Birdie: Thank you.

Nancy: Do you want to go a head and introduce yourself to everybody?

Birdie: Sure. Hi, everybody. I am Birdie Gunyon Meyer, and I am a nurse, RN, and I have a master's in counseling, so I'm a nurse and a therapist, and I do specialize in what we call perinatal mood and anxiety disorders, mostly known by most people as postpartum depression, but we use the word perinatal to mean anytime during pregnancy and any time in the first year postpartum. So my background is 22 years ago, I opened, and started, and founded a perinatal mood disorder program at IU Health, and as you know, IU Health has like 15 hospitals statewide, started a screening program at IU North and IU West and downtown at Methodist, and back in the day even University used to deliver babies. We're all one big happy family now.

Birdie: So for 22 years, I directed a perinatal mood disorder program and saw thousands of women and started support groups and there's a Warm Line for that, and I retired in December, so someone else just took over that position, and is very well-qualified, so that program is still ongoing, and there are also programs in the city at most of the other hospitals, so I'll give you all that resource later. I also have been involved with Postpartum Support International since 2000, and that website is Postpartum.net, and they have a Help Line or a Warm Line number, 1-800-944-4PPD. It's easy to remember. 944-4PPD, which is 4773. People can call anywhere to that Help Line number. It's not a hotline. Or get on Postpartum.net and hit the tab 'Get Help', and you will find all kinds of resources there. You will find resources in every state in the United States and in over 40 countries worldwide.

Birdie: So for instance, if you would google 'Postpartum depression Indiana', my name is going to come up as the state coordinator, and I keep track of all the resources in the state. So for instance, if somebody called me from Evansville, I would tell you there are two support groups there and you can connect with those women down there and they would tell you where resources are. If you have a cousin in Idaho, you get on Idaho, you find out what's going on in Idaho. If you know someone in China, you can get on China and find out. Someone in every state and in over 40 countries keeps resources. So Indiana itself, we have a state chapter, so Postpartum Support International also has state chapters.

Birdie: So Indiana has a state chapter, and we have a chairperson, and we, again, the state chapter has lot of volunteers, we'd love you to join us, we'll be having a Climb Out of the Darkness and bringing awareness and trying to take away stigma about perinatal mood disorders. We're having a climb on August 17th where we all just get together and go for a less than a mile walk, and it's really to bring awareness to perinatal mood

disorders. So you can find all of that on our website. PS, I also have online support groups in both English and Spanish and for military families. We just want to really bring awareness to perinatal mood disorders, so let me ... Can I just start chattering about perinatal mood disorders?

Birdie: I think-

Nancy: Go for it.

Birdie: Yeah, is that okay?

Nancy: Yeah.

Birdie: Just ... Okay. So most of the time, if somebody says postpartum depression, I think most people, the first thing they'll think of is crying all the time. Or they think that means you want to harm your baby. So I can't tell you how many women would come to see me and say, "Birdie, I don't have the kind of postpartum depression where you want to harm your baby." Well, most people don't. So let's just go over the basics.

Birdie: The Baby Blues, 80% of women get the blues, and that's where you cry easily, you're adjusting to motherhood, your hormones are crashing because they went as high as they could go during pregnancy and then you deliver the baby, and those hormones crash down, and some other ones kind of increase to bring in your milk and to give you that mothering love hormone. So the Baby Blues, though, only last two weeks. You can't say at three months you still have the Baby Blues because that's not the Baby Blues. The Baby Blues are an adjustment to motherhood, which is a tough adjustment, right? Overnight, you lose all your freedom, all control of your schedule, and you don't have a clue what you're doing. And when we're pregnant the first time, honestly, we're just decorating the nursery, and going to prenatal classes, and really don't have a clue about how much our life's about to change.

Birdie: So let's just say that one in five to seven women will develop a perinatal mood or anxiety disorder, and we miss it because we don't know what we're looking for. So everybody's heard the term Baby Blues, and like I said, that's two weeks. After two weeks, if you still don't feel like yourself, there's something else going on. So it can be depression, just what we know depression is. Sadness, crying, overeating, oversleeping, just no joy in your usual activities, just don't care about anything you used to care about. Not doing good self-care, not taking care of yourself. Maybe not even able to care for the family because you're just so depressed.

Birdie: So we watch for that. Sometimes suicidal thoughts, and that's an emergency. If you're having suicidal thoughts, you want to reach out because you will get better. This does not last forever and there are ways to get better. So depression is one way it looks, but that's what everybody expects. And I'll tell you, nobody wakes up and says, "Hey, I think I've got postpartum depression." They wake up and they say, "I haven't been myself since the baby's been born. I don't know what's wrong, but something's not right." And that's what family will say. "Something's not right." So some people do get depression,

but many people get anxiety. That's where your mind's going all the time, you're worried, worried, worried. Worrying about the baby, "What if this happens? What if that happens? What if I can't get all this done? How am I going to do this? I made a mistake. I wish I could go back. I want my own life back. I didn't know I was going to be this overwhelmed." That's really the most common thing I'll hear is, "I'm so overwhelmed. I had no idea it was going to be this hard."

Birdie: So you know we have babies and then we start that, "What if?" "What if this happens? What if that happens?" So the anxiety, you can't sit still, your heart might be pounding, you can't eat, no appetite. The thought of food might even make you sick. You just ... Oh, these women lose weight rapidly. And then also, before I forget, one in 10 men also get postpartum depression and anxiety, so let's not forget the men.

Birdie: So not eating, not sleeping, can't fall asleep, can't stay asleep, can't go back to sleep. Brooke Shields wrote a book, *Down Came the Rain*, in 2000 or 2001, and she had postpartum anxiety. A lot of people read that book and said, "That's what I have." Because if you're just watching for crying, crying all the time and feeling sad. You may not have that, you may have anxiety. Jumping out of your skin, mind going all the time, just thinking about everything, all the worries. And then you could go into a full blown panic attack, anxiety attack, and that's really heart-pounding, and some people actually, their lips go numb, their face goes numb, their hands go numb, they might get chest pain, they might end up in the emergency room thinking something's wrong, they're having a heart attack, and they find out that it's just postpartum anxiety and panic.

Birdie: So you can have depression, anxiety, panic. You can also have OCD. So most of us are funny, we act like we don't have anything, and really we all have a major malfunction. Nobody comes from a clean background and didn't inherit something, right? You inherit what you inherited from your mom's side, from your dad's side, and not only high blood pressure do you inherit and heart disease, but you might also inherit anxiety. That could just be something that runs in your family and it's passed down in many ways.

Birdie: So depression, anxiety, panic, and then OCD is what we all like to use, that, "You're so OCD." What do we mean by that? You like things in order, you're always making sure everything's clean, so we think about the typical OCD as cleaning, maybe germophobe, everything has to be clean, and then you bring this new baby home, this is really heightened because now you're like, "Ah, I want my baby to be clean. I don't want her to get germs. I don't want people touching her." That's how it could look. So cleaning, checking and re-checking, is the house locked, is my baby breathing, is my baby okay, and then things in a certain order. Some of you can't let people help you do laundry because they don't fold the towels right. And how many of us have to redo the dishwasher after somebody else did it because they didn't do it right? So that's kind of that where we all have a little OCD in us, but sometimes if you already had maybe more than most, now with the baby, that's really ramped up.

Birdie: So pretty much whatever we had before really gets ramped up now in the pregnancy and postpartum period because whatever you had before, now this is including a tiny human being that you're responsible for. So already had kind of germophobe or

cleaning, checking, counting, ordering things with OCD, now it's really heightened. The other way OCD can look is the most misunderstood of all the diagnoses. You could be having intrusive thoughts. And intrusive thoughts are the "What if?" Thoughts gone wild. So imagine that place in your brain where you want to protect your baby and the thought has taken it and twisted it and says, "What's the worst that could happen?" And then you actually see images, pictures in your mind's eye. You see a movie playing, you have a story you're telling, and it's got a horrific ending.

Birdie: For instance, I might say, "Okay, I'm a little worried. What if I drop the baby? What if I'm coming down the stairs and I drop the baby?" If I have intrusive thoughts, when I get to the top of the stairs and get ready to come down, I might have images or pictures in my head of it actually happening or a movie playing or a story that you just keep telling over and over and over in your head. These images are very scary, and people usually have these images before, but they did not involve your baby, they didn't involve a little fragile human being. So now, "What if?" So many triggers are heights, sharp objects, water, water is triggering for images and pictures and scary thoughts.

Birdie: So you're not out of your mind, you are not having psychosis. This is not a psychotic moment. You're horrified by these thoughts, but you're afraid to tell someone because, really, some people don't understand intrusive thoughts and they might think that you have psychosis, but you don't. You're horrified by them. You're in touch with reality and you're like, "Why did I have that thought?" I always give an example. An intrusive thought every one of us has had so that I can explain to those of you who don't have intrusive thoughts, you're like, "What's she talking about?" And those that do say, "I have those."

Birdie: So think about this everyone. We're driving down the highway, and we're behind one of those trucks with the cars chained up on it, you see that image? You know what's going to happen. And not just one of those cars is coming off, they're all coming off. And I was just behind one yesterday, and it kind of makes me giggle now because I use that example. I wanted to get out of that lane, and the person in front of me was trying to get out of that lane, and I just had to laugh because we both didn't want to stay behind that truck. You just don't want to. And you don't want to stay behind the log truck where the logs are hanging way out behind. That's an intrusive thought.

Birdie: You start to tell a story about what's going to happen, you actually imagine what's going to happen. So some people really have this horrible, horrific thoughts, and they think, "Why am I having these thoughts?" Well, they're called intrusive thoughts, and they will go away, and you will learn to manage them. But that's just something you may always have your whole life, is intrusive thoughts. And they're worse when we're sleep deprived, when we're really, really tired, we're really stressed out.

Birdie: So the next thing that you could have would be PTSD with childbirth, and studies show that 34% of women will ... Sorry, the word left me. Will report something that felt very scary, beyond disappointing with childbirth. That 34% of women will actually report something traumatic happened. With baby, with themselves, with both. PTSD with childbirth is afraid for your own life, for your baby's life, so let's just say things did not go

as planned. 9% actually have what we call a diagnosis of PTSD with childbirth and really need to see a therapist to really work on it if you had a traumatic birth.

Birdie: For instance, a postpartum hemorrhage, baby goes to the NICU, you end up with an emergency C-Section, running down the hallways, very scary. Let me think of other things. Just things that didn't turn out the way you expected and it actually at the last minute is scary. Some women with postpartum hemorrhage, really scary, and like I said, with the emergency C-Section where baby ends up going to NICU, just whisked off. Maybe mom's whisked off with preeclampsia, can actually be a scary time, too. So those are examples of PTSD, and there's many other things that could happen at delivery. And it all happens very quickly, and many times, people have anxiety taxed with flashbacks and nightmares. So there is help. You want to get to a therapist, and again, we can recommend people that are trained in this all over the country, and your local volunteer coordinator is going to tell you who those people are.

Birdie: So depression, anxiety, OCD, intrusive thoughts, PTSD. Now let's look at the most rare, and that is postpartum psychosis. This really is out of touch with reality. So hallucinating, hearing voices, seeing things, being very, very, very speeded up. So psychosis is one to two women in a thousand. So more rare, but it does happen. 86% of women who develop postpartum psychosis are found to have bipolar disorder. So anyone with bipolar disorder really should be watched closely during pregnancy and postpartum for the high chance, that's just the higher risk area for psychosis. Psychosis usually starts within the first few days or even the first couple weeks, but it can happen up to six months I've seen psychosis start.

Birdie: Again, this woman is out of touch with reality, it is a medical emergency. She needs to be hospitalized. This is where we see the scary things on the news, and I think the most famous was ... that everybody remembers and has heard about was in 2001, Andrea Yates, in a state of psychosis, drowned her five children. It was in Houston, Texas, and many people still recognize and know that story. Many other things have happened since then, and I think the confusing part is that it gets put on television when something like that horrific happens, and it's put on the news and sensationalized and everyone keeps saying, the media, the news outlets keep saying, "We think this was postpartum depression. Postpartum depression. Postpartum depression." Therefore, again, nobody really knows what postpartum depression is because we call psychosis postpartum depression. Again, psychosis is rare, but like I said, it does happen.

Birdie: So that's the rundown of how it all looks. Let me take a drink. Any questions with that?

Nancy: Looks like we have some people that struggle with some of the depression and the intrusive thinking. How long does that usually last?

Birdie: So actually, untreated, it could last forever. It could last two or three years. I have women come to see me that say, "I've been depressed," or, "I've been anxious and I never got back to myself again, and now I'm pregnant again, and I'm starting to think that I can't do this all over again, and I've never been myself." So untreated, postpartum depression could go on and just go into chronic depression or chronic anxiety. So we

need to get help. Women need to get help. There should not be shame in this. We treat our blood pressure, we treat our diabetes, but for whatever reason, we act like our head is not attached to our body, and we act like it's shameful to treat an emotional illness like depression or anxiety or bipolar disorder, and they should be treated really just the same.

Birdie: So what we want to do for treatment, the motto for PSI is, "You're not alone." This affects one in five to seven women. You're not to blame. You didn't do something wrong. This happens to one in five women, and there are certain risk factors you didn't get a choice about, and you will get better. With treatment, you will get better. So seeing a therapist, possibly going on medications, getting to a support group. Asking for help. Good self-care. Eating, sleeping, taking good care of yourself. But you really want to see a therapist, you want to do support groups, and you really want to have possibly, you might need medication, and don't be ashamed of that. It's okay if you need medications, but we can really get help with all of that.

Birdie: Risk factors, we'll look at that. Who gets this? Someone who has a personal or family history of all those things I just talked about. Depression, anxiety, OCD, intrusive thoughts, psychosis, bipolar disorder. You can't help it. It runs in your family. My mother's side of the family, lots of bipolar disorder, lots of depression. On my husband's side of the family, they have OCD, they have depression, they have anxiety, alcoholism, drug addiction. My girls got to inherit all of that from both of us, and you just hardly can get out of this without a diagnosis, it's not as rare as we act. One in four women in their lifetime will develop depression or anxiety, so during the postpartum period, one in five, and pregnancy one in seven. But oh my gosh, you don't get a choice.

Birdie: Do you have bad PMS? Are you really sensitive to hormonal changes? Recent loss, recent move, I'm trying to think of all your risk factors that you really don't ... previous losses, previous miscarriages or any kind of loss can put you at higher risk. Just life things that might be happening. Temperament of baby, a baby that screams all the time, that's pretty hard to take, that high-needs baby. So risk factors are all listed also on the Postpartum website, so look and see, oh my gosh, I have a lot of risk factors, I didn't do this on purpose, and there's nothing I can do to change it. Again, get help. Don't be ashamed. I'm thinking that's ... there's more risk factors. I should have had a list in front of me because then when my mind, I could think of them, but having multiples, if you have multiples, you're even at higher risk.

Birdie: What else should I-

Nancy: Gosh, those are all-

Birdie: Yeah.

Nancy: Really good things to know because people are really ... I mean, it's a touchy subject. But you know it's okay-

Birdie: Yeah.

Nancy: For people to experience it. One in five? Yeah.

Birdie: One in five. That's pretty common. And a lot of people say, "I had no idea it was that common." And then when they see their risk factors, they say, "Oh my gosh, I didn't know I had to have any risk factors." And it's really just what you've inherited and what things that have happened to you that you really didn't get a choice about.

Nancy: Bri wants to know if pitocin is a risk factor with it.

Birdie: Is what?

Nancy: Pitocin.

Birdie: Pitocin? Like-

Nancy: Before birth.

Birdie: Getting pitocin at delivery?

Nancy: I think so, yeah.

Birdie: Yeah, I don't know. I've never seen any studies that pitocin causes that, I know pitocin, somebody just talked about, she described her labor and delivery experience as "pitocin induced hell", I just heard a woman describe it like that because if you've had pitocin, it's not like you gradually go up and have this contraction and then it comes back down like you learned in prenatal class. With pitocin, those contractions just, bam, they're right at the top, and they stay there, and then you get a few breaths in, and then, bam, it's back again. And honestly, without an epidural, feeling that pitocin is a pretty rough experience, but that ... I'd probably put that in with a struggling delivery and disappointing maybe might be the only way I'd think of it. There's no resource on the fact that it's really a risk factor, just kind of a tough delivery would be a risk factor.

Nancy: Would that be a PTSD situation?

Birdie: It could be. Honestly, some people could have PTSD. Women who we call hyperemesis gravidarum, who vomited 24/7, not just morning sickness, but vomited 24/7, they have PTSD and they stop vomiting as soon as they deliver, that all stops, so everybody's like, "Good, she's fine now. It's all over." And she's like, "No, my entire pregnancy was PTSD." That's very traumatic. And we have resources for all of that. There are Facebook pages, open and closed pages for Postpartum Support International, we have anxiety pages. That's monitored and moderated by some our members, but there are pages also, Facebook pages for gravidarum, hyperemesis gravidarum, the 24/7 vomiting. There's kind of a Facebook page for everything, but check on Postpartum Support International, and we'll show you all the different pages, or check with your local resource person.

Nancy: I'm going to pop your website up again here.

Birdie: Okay.

Nancy: Postpartum.net.

Birdie: Right. And you can call there, you can text, you can look up resources. Like I said, in Indiana, you'll get me, and I'll tell you where all the resources are in Indiana, where the support groups are. And again, there's online support groups through PSI.

Nancy: Do you have anything else you want to leave tips on? Anything for our audience before we sign off today?

Birdie: No, just make sure you get help. Don't be ashamed. Get help. You're not alone, you're not to blame, you will get better, this will go away. It does not last. You really do get better within a couple of months. Now, psychosis, after a psychotic episode takes a little longer, but there's no reason to put it off when you really can feel better, and I can tell you where the therapists are, where people who prescribe medicines are that know perinatal mood disorders. Don't go to someone that doesn't know anything about perinatal mood disorders. Lots of good books out there. There's lots of good resources, so be sure to check Postpartum.net, here in Indiana, contact me, if you're somewhere else, contact your local state chapter and your local volunteer coordinators.

Nancy: Great. Thank you, Birdie, so much for this information-

Birdie: Sure.

Nancy: It was really insightful for me, and I'm sure for our audience. And thank you for all you've done in the neighborhood-

Birdie: Thanks.

Nancy: To help.

Birdie: I'll keep doing it.

Nancy: Great.

Birdie: Okay. Thanks for having me.

Nancy: All right. Thank you, Birdie.

Birdie: Mm-hmm (affirmative). Bye-bye.

Nancy: Bye-bye.