Mental illnesses around childbirth

Guide for those affected and their families

Schatten & Licht e.V.
Initiative peripartale psychische Erkrankungen

Contents

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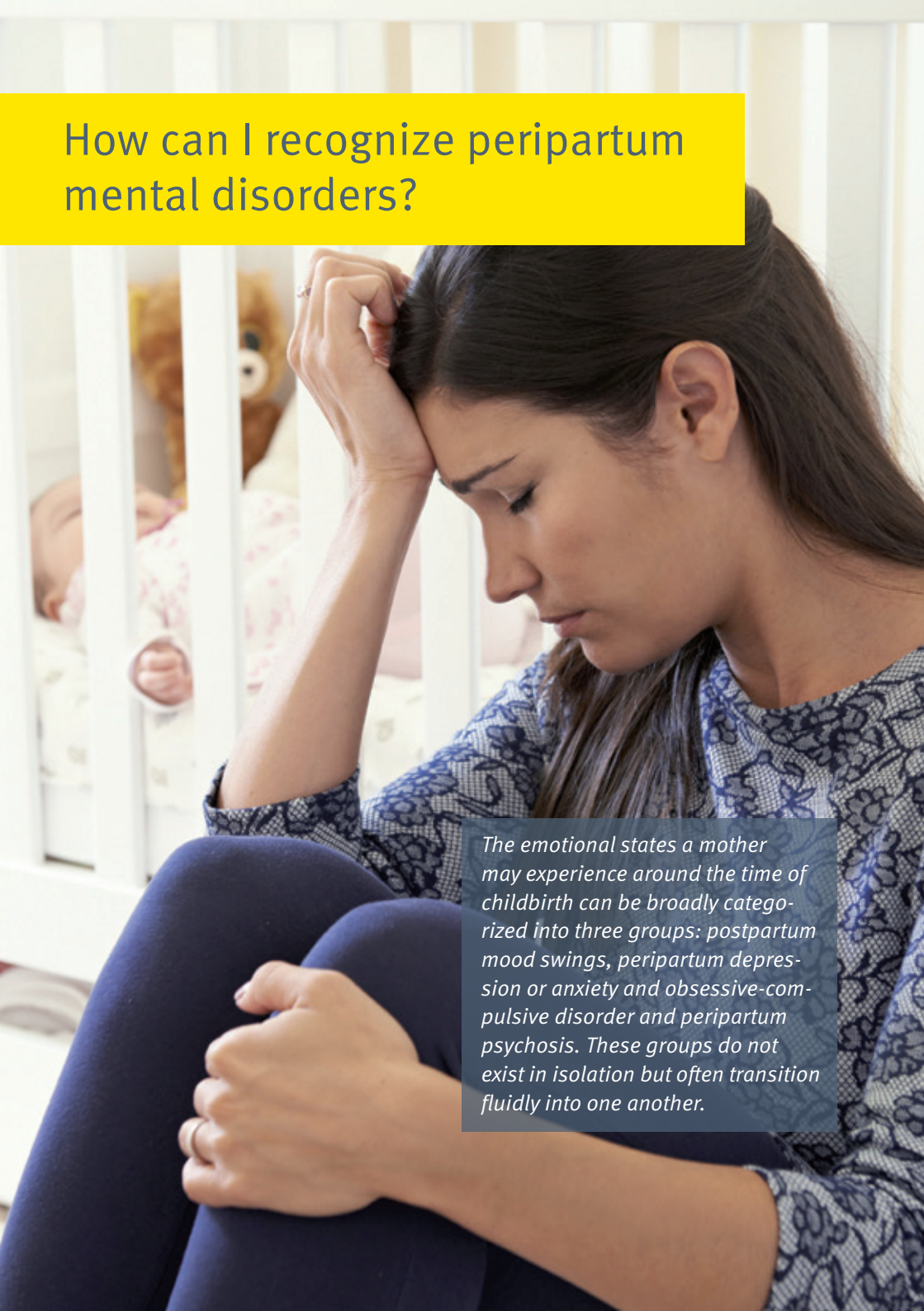
In 1992, following a traumatic delivery of my first child, I experienced postpartum depression. However, none of the professionals I consulted during my subsequent odyssey could diagnose it. Two years later, I happened to see a TV program in which experts from other European countries and formerly affected mothers described exactly what I had experienced. This marked the inception of the self-help organization "Schatten & Licht – Initiative for Peripartum Mental Disorders," established in 1996 as a nationwide non-profit association by affected women. It includes a scientific advisory board and is member of the "Marcé Society" and the global network "Postpartum Support International."

Over the years, the association has built a nationwide network of counseling services, support groups and professionals. It facilitates access to specialized mother-child facilities for inpatient care and operates an extensive multilingual website with an open forum and a wealth of information on various support and therapy options. This brochure aims to help affected mothers and their families recognize the symptoms of postpartum depression or anxiety disorder early and encourage them to seek help. Our association stands ready to support them.

The testimonials in this brochure demonstrate that diagnostic and therapeutic options in Germany remain limited. Doctors and therapists must receive better training on these conditions to diagnose and treat them effectively. More funding is needed for mother-child facilities to ensure mothers and their children have a strong start in their pivotal relationships.

Mothers should be more thoroughly informed in prenatal classes. A simple addition to maternity records and the widespread, consistent use of the EPDS test included in this brochure could help identify affected mothers sooner and connect them to appropriate support and therapy. It is important to apply these options in Germany to all postpartum women in order to spare the affected mothers and their families much suffering!

How can I recognize peripartum mental disorders?



The emotional states a mother may experience around the time of childbirth can be broadly categorized into three groups: postpartum mood swings, peripartum depression or anxiety and obsessive-compulsive disorder and peripartum psychosis. These groups do not exist in isolation but often transition fluidly into one another.

POSTPARTUM MOOD SWINGS

Postpartum mood swings, also known as the „baby blues“ (an American term), refer to a short-lived emotional low occurring within the first 14 days after birth, affecting approximately 50% to 80% of mothers. Symptoms typically emerge between the third and fifth day and last from a few hours to a maximum of several days.

Typical characteristics of these mood swings include:

- *Fatigue, exhaustion and lack of energy*
- *Sensitivity and mood swings*
- *Sadness and frequent crying*
- *Insomnia and restlessness*
- *Concentration, appetite and sleep disturbances*
- *Anxiety and irritability*

Since the baby blues is a time-limited and common occurrence, it is considered as a non-pathological consequence of the physical, hormonal and psychological adjustments following childbirth.

However, classifying the baby blues as a normal state should not lead to disregarding them entirely. If the low mood persists unusually long (beyond two weeks), it could be the first sign of depression.

PERIPARTUM DEPRESSION, ANXIETY, PANIC AND OBSESSIVE-COMPULSIVE DISORDER

These conditions can develop at any time during pregnancy (antepartum) and within the first two years postpartum, most commonly in the early weeks after delivery (postpartum). They can range in severity from mild adjustment disorders to severe, suicidal forms. Gradual onset is common, affecting approximately 10% to 20% of mothers.

Typical symptoms may include:

- *Fatigue, exhaustion, lack of energy*
- *Sadness, frequent crying*
- *Feelings of guilt, fear of failure*
- *A sense of inner emptiness*
- *General disinterest, lack of sexual desire*

- *Conflicted feelings toward the (unborn) child*
- *Difficulties with concentration, appetite and sleep*
- *Headaches, dizziness, heart complaints and other psychosomatic symptoms*
- *Anxiety, extreme irritability, panic attacks, obsessive thoughts (recurring destructive ideas and thoughts that are not acted upon)*
- *Suicidal or infanticidal thoughts*

In peripartum depression, women experience typical symptoms of depression and have low self-esteem, particularly concerning their role as a mother. They often feel like bad mothers who are failing and doing everything wrong.

In peripartum anxiety and obsessive-compulsive disorder, depressive symptoms are less prominent, with anxiety, panic feelings, obsessive thoughts and compulsive behaviors taking center stage.

Anxieties may be vague and relate to life and the world in general or arise in specific situations. Typical concerns involve the baby's well-being.

Unconscious triggers can cause mothers to experience feelings of panic or even full-blown panic attacks.

Compulsive behaviors (e.g. frequent handwashing or disinfecting) and obsessive thoughts (persistent, intrusive thoughts with distressing imagery) are further manifestations of peripartum anxiety and obsessive-compulsive disorder. Many mothers try to conform to the image of the „happy mother," concealing their feelings, which is why this condition is sometimes referred to in English as „smiling depression."

PERIPARTUM PSYCHOSIS

Peripartum psychosis can occasionally occur during pregnancy (antepartum) but primarily develops within the first two weeks after childbirth (postpartum). It can also emerge from an existing depression. It is considered the most severe form of peripartum crisis, affecting one to three out of every 1000 mothers.

Possible symptoms include:

- *Intense overactivity, motor restlessness (manic phase)*
- *Lack of drive, movement and participation (depressive phase)*
- *Severe anxiety, racing thoughts*
- *Confusion, delusions, hallucinations, personality changes*

A heightened drive, which may manifest in exaggerated activities, does not indicate that the mother is in a healthy, elevated mood. The affected individual may have significant cognitive disturbances. In cases of hallucinations and delusions, the woman may hear voices, see people, animals or objects that do not exist or develop delusional beliefs, such as those of a religious nature. For the affected individual, these experiences are perceived as real.

Good to know

The emotional states a mother may experience around childbirth often transition fluidly from one to another.

If low mood persists unusually long (over two weeks), it may be an early indication of a peripartum mental health disorder.

„Peripartum“ is an umbrella term that encompasses „antepartum“ (before delivery, during pregnancy) and „postpartum“ (after delivery, during the postpartum period).

The EPDS self-assessment test on page 12 can help determine if a peripartum depression is present.

TRAUMATIC BIRTH/ BIRTH TRAUMA

One of the most common triggers of postpartum psychological stress reactions is a traumatic birth. Whether a birth is perceived as traumatic depends solely on the mother's subjective experience. If she felt the actions of midwives, doctors or others were intrusive or violent, it may lead to post-traumatic stress disorder.

Possible symptoms include:

- *Flashbacks*
- *Crying fits*
- *Startling easily*
- *Restlessness, difficulty concentrating*
- *Compulsive, circular rumination*
- *Sleep disturbances*
- *Panic attacks*
- *Fear of physical and emotional closeness*
- *Lack of emotions*
- *Irritability*

To determine whether a post-traumatic stress disorder has resulted from a traumatic birth, the self-assessment test on page 14 can be helpful.

Triggers of a traumatic birth can include psychological violence ("Stop being so dramatic"), perceived physical violence (e.g. Kristeller maneuver, vacuum extraction, forced positioning), unwanted, unconsented and unexplained actions (e.g. unwanted medication, unconsented episiotomy) or a difficult, physically and emotionally exhausting birth experience.

The feeling of helplessness or being at the mercy of others, along with not having one's needs and questions taken seriously, can contribute to a traumatic reaction. Additionally, childbirth can reawaken previous experiences of abuse or violence, potentially triggering a birth-related trauma.

PERIPARTUM MENTAL HEALTH DISORDERS IN FATHERS

The time around the birth of a child is an emotionally challenging situation for fathers as well, which can be highly stressful. Sometimes, there are clear causes, such as a miscarriage, experiencing violence or a life-threatening situation for the mother or child during delivery.

Strong emotions or emotional numbness can also occur without any obvious reason. In fact, hormonal changes also occur in fathers and many other triggering factors for peripartum mental health disorders are identical between mothers and fathers.

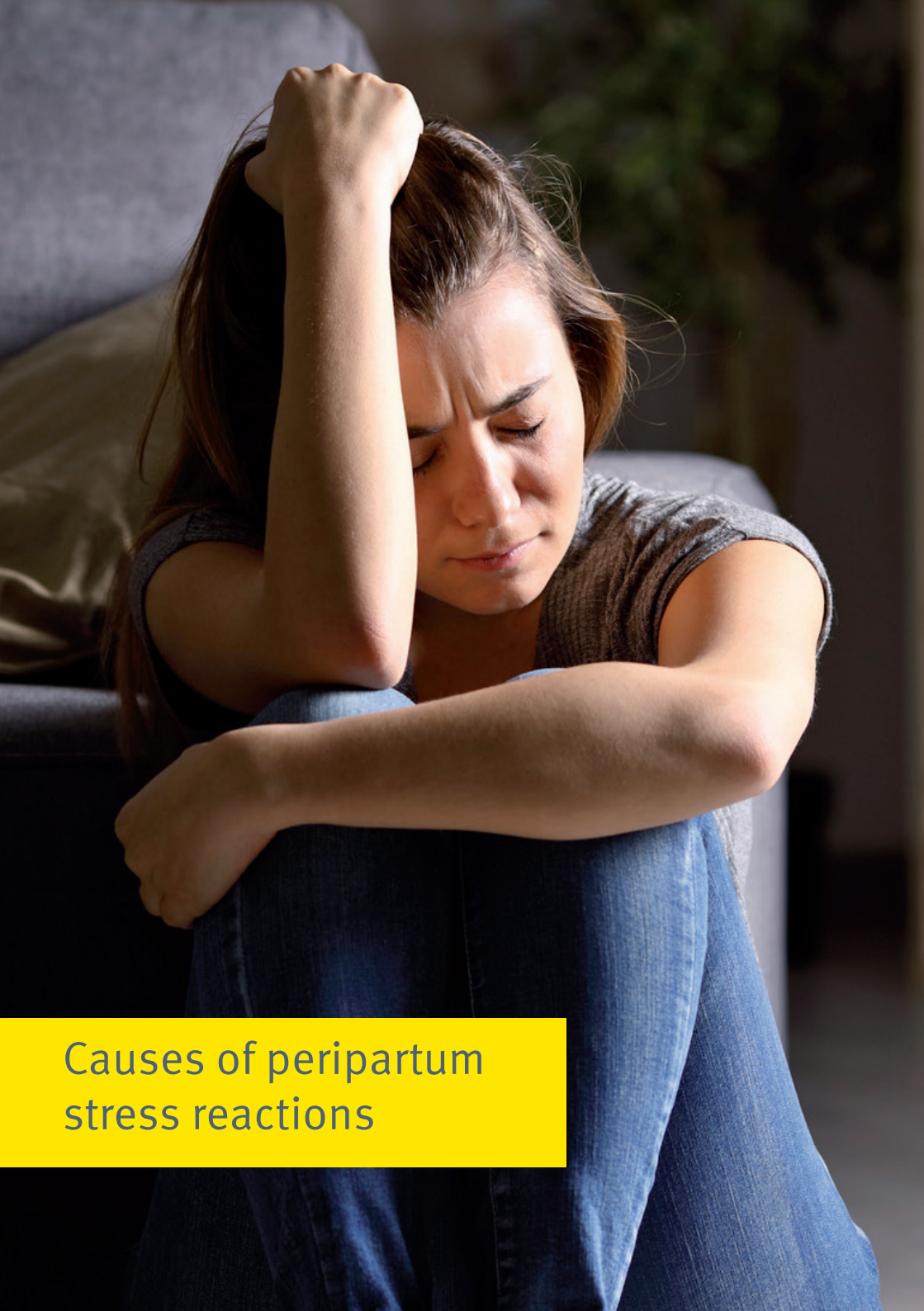
How can paternal depression manifest?

Typical symptoms include sadness, low mood and feeling significantly less joy than expected. Other significant factors are helplessness, overwhelm, anger, guilt, isolation/loneliness, issues with self-esteem and anxiety.

Many men believe they are not allowed to have these feelings or that they must overcome them on their own, making it difficult for them to talk about this topic or seek help. However, trying to „pull oneself together" does not lead to improvement; instead, it may worsen their mental health and additionally burden not only themselves but also their partner and child.

An important message for affected fathers: They are not alone with their feelings and experiences! It can also be very helpful and relieving for them to address their thoughts, emotions and experiences, connect with other fathers who have gone through similar experiences or seek professional help.

Schatten & Licht offers counseling for family members and an online group for fathers.



Causes of peripartum stress reactions

Peripartum stress reactions are typically caused by a combination of various risk factors rather than a single trigger.

Contributing factors on a physical level may include lack of sleep, hormonal changes, thyroid dysfunction, vitamin and nutrient deficiencies, the metabolic disorder HPU and possibly even genetic predisposition. Food intolerances can also play a role. Therefore, it is important to consult appropriate specialists to rule out these factors.

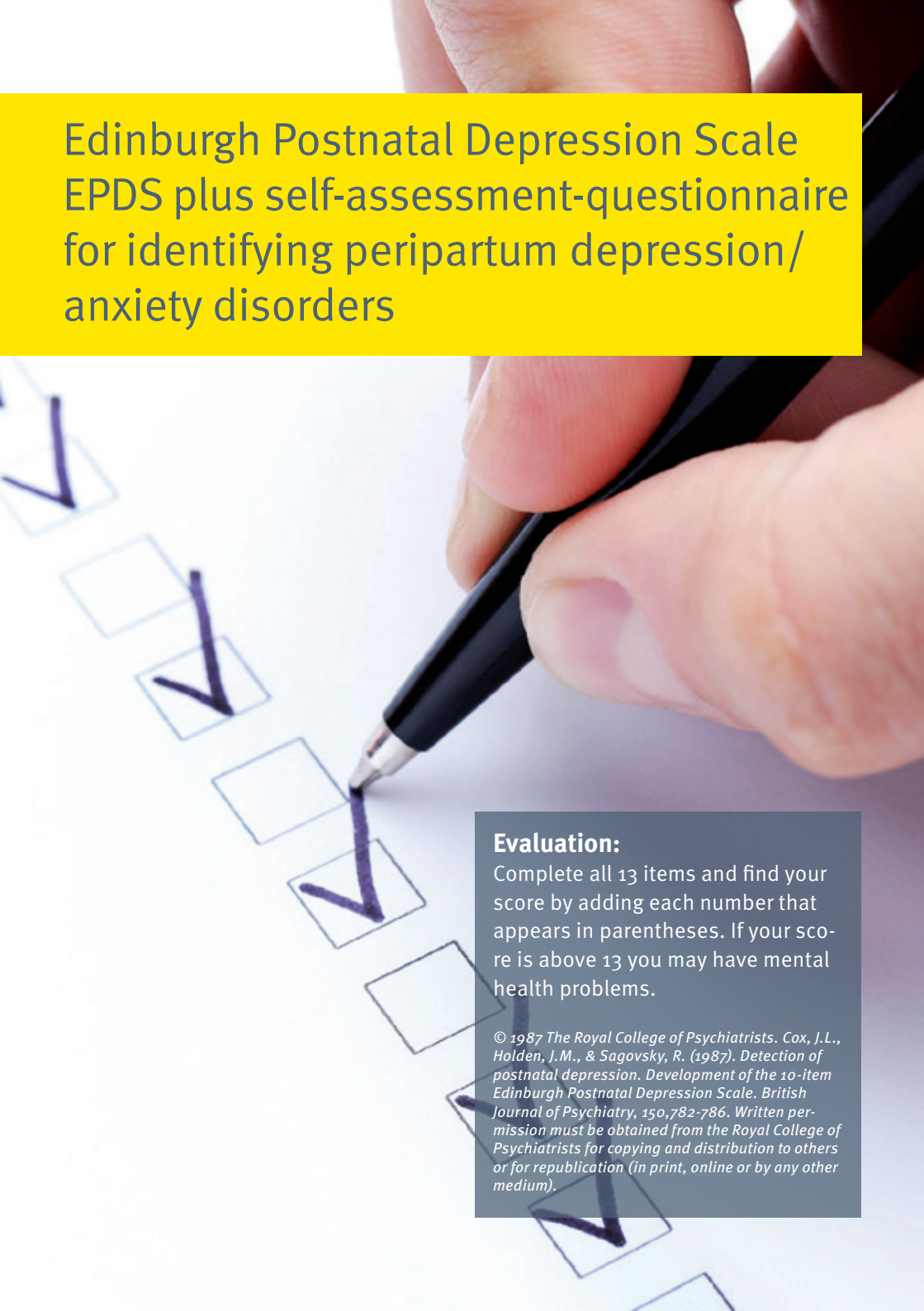
The progression of pregnancy, childbirth and postpartum recovery is particularly decisive. Common risk factors include previous miscarriages, long waits for a desired child, complications during pregnancy, premature birth, unwanted cesarean sections, experiences of violence during delivery or otherwise traumatic births. The condition of the baby also has an impact. Preterm births, stillbirths, colicky babies, breastfeeding difficulties or unwanted weaning can be especially challenging for mothers.

The birth of a child signifies a profound life adjustment for parents, requiring both physical and emotional adaptation. This includes saying goodbye to pregnancy and the associated care, letting go of one's own childhood, losing freedom and autonomy and leaving behind an independent and structured work life. Other stressors may include bereavement, separation from a loved one, relocation, financial or family problems or relationship issues.

Relationships often shift: with one's partner, with one's own mother or with friends. Support from an extended family is increasingly rare. Additionally, traumatic experiences from childhood – such as the early loss of parents, exposure to violence or abuse or one's own difficult birth experience – can be reactivated during pregnancy and childbirth.

Given these factors, the postpartum period is a highly sensitive time requiring a safe and nurturing environment. Mothers should avoid overexertion, allow themselves to be cared for and recognize that the idealized image of motherhood portrayed in literature and advertising does not reflect reality and should not be a goal.

Edinburgh Postnatal Depression Scale EPDS plus self-assessment-questionnaire for identifying peripartum depression/ anxiety disorders



Evaluation:
Complete all 13 items and find your score by adding each number that appears in parentheses. If your score is above 13 you may have mental health problems.

Please place a check-mark by the answer that comes closest to how you felt in the past seven days, not just how you feel today.

1. I have been able to laugh and see the funny side of things.
- ☐ [0] As much as I always could.
- ☐ [1] Not quite so much now.
- ☐ [2] Definitely not so much now.
- ☐ [3] Not at all.

2. I have looked forward with enjoyment to things.
- ☐ [0] As much as I ever did.
- ☐ [1] Rather less than I used to.
- ☐ [2] Definitely less than I used to.
- ☐ [3] Hardly at all.

3. I have blamed myself unnecessarily when things went wrong.
- ☐ [3] Yes, most of the time.
- ☐ [2] Yes, some of the time.
- ☐ [1] Not very often.
- ☐ [0] No, never.

4. I have been anxious and worried for no good reason.
- ☐ [0] No, not at all.
- ☐ [1] Hardly ever.
- ☐ [2] Yes, sometimes.
- ☐ [3] Yes, very often.

5. I have felt scared and panicky for no good reason.
- ☐ [3] Yes, quite a lot.
- ☐ [2] Yes, sometimes.
- ☐ [1] No, not much.
- ☐ [0] No, not at all.

6. Things have been getting on top of me.
- ☐ [3] Yes, most of the time I haven't been able to cope.
- ☐ [2] Yes, sometimes I haven't been coping as well as usual.
- ☐ [1] No, most of the time I have coped quite well.
- ☐ [0] No, I have been coping as well as ever.

7. I have been so unhappy that I have difficulty sleeping.
- ☐ [3] Yes, most of the time.
- ☐ [2] Yes, sometimes.
- ☐ [1] Not very often.
- ☐ [0] No, not at all.

8. I have felt very sad or miserable.
- ☐ [3] Yes, most of the time.
- ☐ [2] Yes, quite often.
- ☐ [1] Not very often.
- ☐ [0] No, not at all.

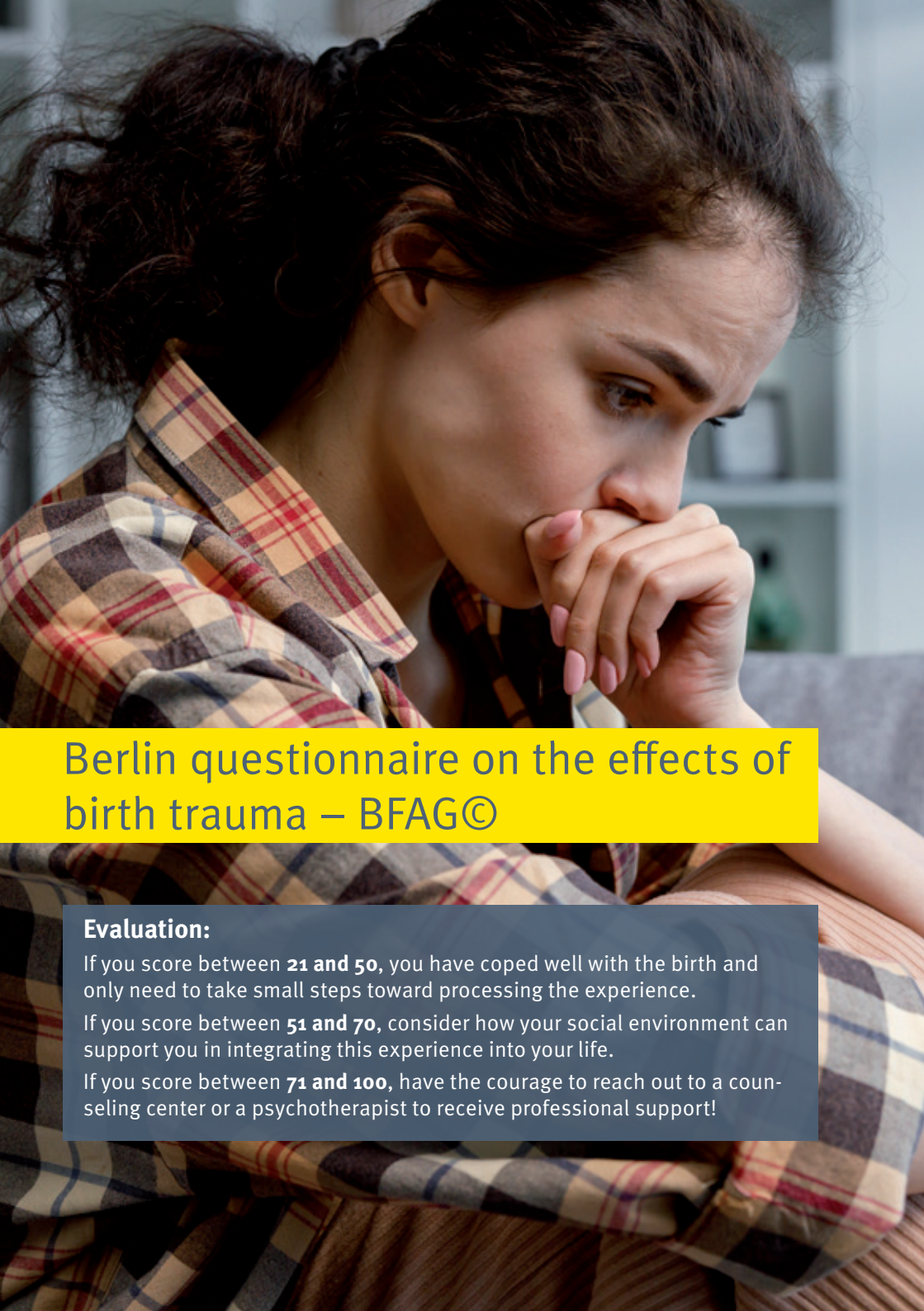
9. I have been so unhappy that I have been crying.
- ☐ [3] Yes, most of the time.
- ☐ [2] Yes, quite often.
- ☐ [1] Only occasionally.
- ☐ [0] No, never.

10. The thought of harming myself has occured to me.
- ☐ [3] Yes, quite often.
- ☐ [2] Sometimes.
- ☐ [1] Hardly ever.
- ☐ [0] Never.

11. Have you ever experienced violence or sexual assault?
- ☐ [3] Yes, quite often.
- ☐ [2] Yes, sometimes.
- ☐ [1] Rarely.
- ☐ [0] Never.

12. I experienced my childbirth ...
- ☐ [0] as fulfilling.
- ☐ [1] as okay.
- ☐ [2] unexpectedly difficult/ with complications.
- ☐ [3] traumatizing.

13. I have experienced my pregnancy (so far) as ...
- ☐ [3] very stressful.
- ☐ [2] stressful.
- ☐ [1] largely positive.
- ☐ [0] positive.



Berlin questionnaire on the effects of birth trauma – BFAG©

Evaluation:

If you score between **21 and 50**, you have coped well with the birth and only need to take small steps toward processing the experience.

If you score between **51 and 70**, consider how your social environment can support you in integrating this experience into your life.

If you score between **71 and 100**, have the courage to reach out to a counseling center or a psychotherapist to receive professional support!

Please think about the birth of your child. Much in your life has changed since then. In the following questionnaire, indicate how you have felt or behaved in the past few days. Please choose only one answer per question!	never	rarely	sometimes	often	very often
1. How often have you ruminated about the birth of your child?	1	2	3	4	5
2. Do intrusive, vivid images related to that situation back then occur to you?	1	2	3	4	5
3. Does it feel like you are reliving the birth in certain moments?	1	2	3	4	5
4. Do you avoid places or people that could remind you of it?	1	2	3	4	5
5. How often do you suddenly think about the birthing process without intending to?	1	2	3	4	5
6. Do you feel that you can‘t remember many things or that certain memories lack context?	1	2	3	4	5
7. How strong is your fear that something similar could happen to you again?	1	2	3	4	5
8. Do you still feel uncomfortable in your body after the birth and do you attribute this to your experience during childbirth?	1	2	3	4	5
9. Are you more afraid than other mothers you know that something could happen to your child?	1	2	3	4	5
10. How often do you have distressing dreams related to your experience?	1	2	3	4	5
11. Are you physically tense and agitated when you think about the birth?	1	2	3	4	5
12. Are you afraid that you might hurt your child?	1	2	3	4	5
13. Are you very startled by loud noises?	1	2	3	4	5
14. How often do you withdraw from other people and become significantly less active than before?	1	2	3	4	5
15. How often do you avoid being close to your child?	1	2	3	4	5
16. How often do you have fits of anger that you didn’t experience before?	1	2	3	4	5
17. Do you feel that some things no longer bring you joy, even though they used to be fulfilling?	1	2	3	4	5
18. Do you often have headaches or back pain and find it difficult to breathe deeply?	1	2	3	4	5
19. Are you angry or ashamed because you feel that your body has failed?	1	2	3	4	5
20. Does it happen that you cannot find the words to describe what you have experienced?	1	2	3	4	5
Now add up all the points! **Total:**					

What does this mean for my baby?

Many mothers worry greatly about how their illness might affect their baby. A prolonged, untreated peripartum depression (PPD) can impact the mother-child relationship and the child's development. However, not every case of PPD leads to attachment difficulties.

Mothers often do far more right than they realize and are not the only attachment figure in their baby's life. Fathers, grandparents and others also play important roles and can provide support and balance during the mother's period of illness. A prompt and effective treatment for the mother is simultaneously the best thing she can do for her child. There are also numerous therapeutic options for mother-child treatment, such as outpatient or inpatient care, interaction therapy, video-based methods, baby massage, infant-toddler-parent psychotherapy (SKEPT), Emotional First Aid (EEH), etc.

Extensive experience shows that peripartum depression or anxiety disorder can be treated and healed, allowing you to build a strong bond with your baby and enjoy life together!

Where can I find help?

FREE COUNSELING AND SUPPORT GROUPS

The organization „Schatten & Licht“ has established a nationwide network of volunteer counselors who have themselves experienced similar challenges, allowing for easy and low-threshold contact as well as quick mutual understanding. These counselors receive training and supervision from the organization and often facilitate self-help groups focused on peripartum issues. Additionally, there are online self-help groups available, addressing general peripartum conditions, pregnancy depression, traumatic birth, psychosis and more.

The great value of these self-help groups lies in the fact that women with similar experiences come together, enabling open and trusting conversations. These groups foster solidarity and understanding among participants, helping to strengthen self-confidence and explore individual solutions to overcome their crises. In addition to sharing experiences, self-help groups and counseling sessions provide valuable information on literature, professionals and therapies. The unspoken understanding of a similarly challenging illness and life situation makes counseling and self-help groups a cornerstone of the healing journey.

OUTPATIENT TREATMENT

Fortunately, not every woman experiencing peripartum mental health issues requires inpatient psychiatric treatment or long-term psychotherapy. Many affected mothers can be effectively helped through targeted outpatient counseling sessions.

For example, few expectant or new parents – and even some professionals – are aware that most pregnancy counseling centers provide services up until the child’s third birthday, covering the exact period relevant to peripartum mental health issues. When the focus is on strengthening the bond between mother/father and baby, parenting counseling centers and early intervention centers also offer professional support. Additionally, psychosocial counseling centers, which are widely available and can be contacted through local municipal offices, provide timely psychological counseling services.

PSYCHOTHERAPIES

The development of a peripartum mental health disorder is often significantly influenced by challenging experiences from the affected woman's life history and/or her current life circumstances, including her pregnancy and birth experience.

To process these experiences and transform them into new, constructive ways of thinking, feeling and behaving, it is highly beneficial to seek psychotherapeutic treatment. Newer therapeutic approaches, such as body psychotherapy, trauma therapy, EMDR (Eye Movement Desensitization and Reprocessing) or EFA (Emotional First Aid), should also be considered. For assistance in finding a therapist, the KV Appointment Service or the list of specialized professionals on the association's website can be helpful resources.

BODY THERAPIES

Since peripartum mental disorders are often accompanied by significant physical tension, complementary body-focused therapies such as yoga, meditative dance, shiatsu or craniosacral therapy can also be beneficial.

Good to know

Film an Book Recommendations

Films:

- *„When the Bough Breaks" (Documentary): Explores postpartum depression and anxiety, featuring real stories from affected mothers.*
- *„Dark Side of the Full Moon" (Documentary): Focuses on the struggles of women with perinatal mental health disorders.*
- *„Tully" (Drama): A raw and insightful look at motherhood, postpartum struggles and the complexity of emotions mothers experience.*

Books:

- *„This Isn't What I Expected" by Karen Kleiman and Valerie Raskin: A compassionate guide for understanding and recovering from postpartum depression.*
- *„The Mother-to-Mother Postpartum Depression Support Book" by Sandra Poulin: Offers advice and personal accounts to support mothers in their recovery.*
- *„Dropping the Baby and Other Scary Thoughts" by Karen Kleiman and Amy Wenzel: Addresses intrusive thoughts and how to cope with them.*
- *„Good Moms Have Scary Thoughts" by Karen Kleiman: A visual and accessible-book tackling common concerns with humor and understanding.*

PSYCHOPHARMACOTHERAPIES

Sometimes medication is necessary to restore balance to the body and mind. Various types of psychotropic medications can be used to treat mental health disorders, depending on whether depressive symptoms or symptoms of anxiety and obsessive-compulsive disorders are more prevalent.

The choice of an appropriate medication should always be made in consultation with a specialist (psychiatrist). However, pharmacological treatment should not lead to ignoring the personal issues contributing to the condition. Alongside medication, psychotherapy should always be used to address the underlying causes of the disorder.

In cases of severe depression and psychosis, medication is essential. Fortunately, there are now many medications compatible with breastfeeding. If a mother wishes to breastfeed, it is recommended to use these options, as forced weaning can exacerbate depression due to feelings of failure and the hormonal changes it triggers.

MEDICATIONS DURING PREGNANCY AND BREASTFEEDING

Of course, medications should only be taken during pregnancy and breastfeeding if medically necessary. Fortunately, there are now medications for most conditions that neither endanger pregnancy nor require discontinuing breastfeeding. In any case, the medication must be carefully selected by a specialist in psychiatry. The treating psychiatrist can also get information and advice at www.embryotox.de or www.reprotox.de.

INPATIENT TREATMENT

In cases of severe depression, suicidal thoughts, psychosis or when the mother is in a stressful home environment, hospitalization is unavoidable.

If a woman requires inpatient treatment, it should ideally not lead to the separation of mother and child. Separating the mother from her baby is often counterproductive for both her recovery and her bonding with the child.

Even if, in severe cases, the baby cannot initially stay with the mother, the facility should allow for the baby to join later. Unfortunately, mother-child facilities are not yet widely available across Germany and their therapeutic, staffing and spatial offerings vary significantly. It is recommended to review detailed information about the various facilities (available at www.schatten-und-licht.de) or consult the association's office for advice.

Choosing a specialized mother-child facility is advisable, as it often leads to quicker therapeutic success, even if this requires greater physical distance from the family.

NATURAL AND ALTERNATIVE MEDICAL THERAPIES

More and more women are exploring natural or alternative medical approaches to manage mild depression or, in more severe cases, as a supplement to other medical treatments and/or psychotherapy. These approaches include acupuncture, homeopathy and phytotherapy, as well as body-centered methods such as yoga, craniosacral therapy and Shiatsu (see resources: www.schatten-und-licht.de).

SUPPORT IN DAILY LIFE

For those affected, it is possible to access a home helper, family caregiver or maternity nurse prescribed by a doctor.

Every woman is also entitled to midwifery support. Up to the 10th day after giving birth, two visits per day are covered and up to 12 weeks postpartum, an additional 16 visits are possible. If further support is needed, additional visits can be arranged with a doctor's prescription.

The „Early Support" programs ("Frühe Hilfen") provided by cities and municipalities offer continued free care after midwifery services conclude. This care is delivered by family midwives until the end of the child's first year and by family health and pediatric nurses (FGKiKP) until the end of the child's third year. Another valuable resource is outpatient psychiatric nursing, which requires a doctor's referral.

SUPPORT FROM PARTNERS, FAMILY AND FRIENDS

The affected mother primarily needs care and attention: people who are present, who listen, who try to understand her and who nurture her. All negative statements and feelings should be taken seriously and not dismissed or regarded as exaggerations. A depressed mother is deeply suffering. Her lack of energy and hopelessness are symptoms of the illness.

Appeals to her sense of responsibility or admonitions to „pull herself together" only worsen her suffering, as they create additional feelings of guilt and further undermine her already fragile self-esteem. Instead, praise and encouragement are crucial.

Arguments should be avoided, as any irritability or accusatory behavior from the mother are also symptoms of the illness. She should be relieved of as many daily tasks as possible. Above all, she needs rest, recovery and plenty of sleep. However, it is important to gently motivate her to take on small tasks now and then.

The goal is to give the day some structure, creating milestones she can „hold onto“ to strengthen her sense of self-efficacy. Every day with depression feels unbearably long. The affected mother should be pampered: a warm bath, her favorite music, a massage, a good book, walks or dining out.

It should be repeatedly emphasized that improvement and most importantly, recovery are possible. The care and support for the depressed mother should be shared among as many people as possible: family, friends and neighbors.

Even small contributions – such as doing the laundry or taking the child or children for a walk – can be very helpful. Even if the affected individual suffers from a lack of appetite, ensuring a healthy, balanced diet and offering

frequent snacks and beverages is important. At times, it may be necessary to take over important decisions for the woman and provide calm and confident guidance: for example, finding doctors and therapists, organizing doctor or support group visits and accompanying her if she feels incapable of going alone.

If necessary, monitoring medication intake is crucial. Medications must be taken regularly and according to the doctor's instructions, even if improvement has already occurred. In any case, the medication should be continued until full recovery or preferably even longer, to avoid potential relapses.

Statements or hints about suicide should always be taken very seriously. A suicide threat is always a cry for help. Most individuals who have taken their own lives had indicated this in some way beforehand.

Even if suicidal thoughts are not directly expressed, smaller or larger signs may point to such intentions. Furthermore, there is the risk that the child, for whom the mother feels responsible, may also be harmed. In such cases, medical and psychotherapeutic assistance is absolutely necessary.

Good to know

The main symptoms of perinatal depression, anxiety or obsessive-compulsive disorder are:

- *Exhaustion*
- *Sadness*
- *Feelings of failure*
- *Inner emptiness, disinterest*
- *Sleep and concentration problems*
- *Appetite disturbances*
- *Anxiety*
- *Compulsions*
- *Obsessive thoughts*
- *Panic attacks*

Often only individual symptoms occur.

What partners, relatives and friends can do for the mother

Partners, family members and friends can greatly contribute to a mother's recovery. Here are 11 tips:

1. *Accept the illness and the mother's feelings. Take them seriously, do not downplay them and regularly offer her opportunities to talk.*

2. *Relieve the mother as much as possible. Give her plenty of time to rest and shield her from stressful or harmful interactions.*

3. *Arrange visits to doctors, therapists, body therapy sessions or (online) support groups and either drive her to there or arrange transportation.*

4. *Pamper her without expecting anything in return. Offer flowers, small gifts, a massage, a soothing scented bath, read to her or suggest a walk. Provide her with healthy meals and drinks. Don't take it personally if your efforts aren't acknowledged – this is not rejection but a symptom of the illness.*

5. *Praise the mother. Point out every small progress she makes and everything she does well in caring for the baby.*

6. *Avoid blame or criticism. Do not appeal to her willpower. Depression is not a matter of weak willpower. Lack of motivation, hopelessness and inability are symptoms of the illness.*

7. *Have someone regularly take care of the baby to give the mother time to rest. However, make sure she can be with the baby as often as she wishes when her condition allows it. This is crucial for both.*

8. *Support and encourage her to do something only for herself. (Visit www.schatten-und-licht.de for self-help measures.)*

9. *Nurture the mother. Simply be there – even without words – and hold her to provide her with a sense of security.*

10. *Think positively. Remind her and yourself repeatedly that this is a very challenging but temporary condition and that you will eventually be able to enjoy life with your child again.*

11. *Share caregiving responsibilities. Distribute tasks among as many people as possible: relatives, friends, neighbors, a substitute grandmother, babysitter, household help, (family) midwife, maternal support worker, self-help groups, counseling services, therapists and doctors. Accept your own limits, take good care of yourself and confide in others. (Visit www.schatten-und-licht.de for online fathers' group or family member counseling.)*

***Trigger warning:** The following texts contain descriptions of mental illnesses and their symptoms, which may be triggering.*

Affected women report

Depression during pregnancy

„Pregnant and sleepless!"

Ute S. from Landsberg

MY DOCTOR UNSETTLED ME

When I became pregnant for the first time at the age of 29, I initially felt an incredible amount of joy. I noticed the first signs as early as the 5th week and immediately scheduled an appointment with my gynecologist. The doctor confirmed the early pregnancy but said, „I won't congratulate you just yet. The current risk of miscarriage is still 70 percent."

I was afraid

Crying, I left his office. I knew that a lot can happen in the first trimester and that some embryos don't make it, but his approach deeply affected me. For my next check-up, I sought out a different gynecologist, yet that sentence stayed with me. When I began experiencing light bleeding, my fear of a miscarriage resurfaced and only started to ease slightly after the 12th week of pregnancy. However, I could only feel limited joy during the first trimester; the fear of losing the baby was too overwhelming.

After feeling physically and mentally better during the second trimester, the first issues began around the 6th month. I developed severe water retention and sciatica problems, making it nearly

impossible for me to walk. At night, I experienced Restless Legs Syndrome, which eventually left me unable to sleep at all.

Doubts overcame me

Due to the sleeplessness, I became increasingly restless and tearful. During the nights I lay awake, terrible thoughts crossed my mind, such as: „If you can't handle this, maybe you're unfit to be a mother," or „You should be excited about your baby, no matter how bad you're feeling right now." These thoughts made my mental state deteriorate further.

When I started seriously considering that my baby might be better off without me, as I clearly wasn't cut out for motherhood, I began having suicidal thoughts. I constantly compared myself to the radiant pregnant women at the gynecologist's office and thought, „Something must be wrong with me." As my thoughts of ending my life immediately after giving birth became more concrete, I confided in my husband, who took me to a psychiatric emergency department. Due to the prolonged lack of sleep, I was physically and mentally completely drained and was admitted to the hospital immediately.

Finally, I found some peace

Overall, I spent 10 weeks in an open therapy ward, where I was finally able to find some peace. During my stay, a severe iron deficiency, which was causing my restless legs and water retention, as well as a major depressive episode, was diagnosed – something my gynecologist had unfortunately overlooked. I was also prescribed psychotropic medication, including a treatment for my restless legs. I was discharged just in time for my due date.

Help from the pediatrician

My journey did not end with the birth of my son. The delivery was traumatic, involving an emergency C-section and during infancy, my son exhibited severe regulatory issues, crying incessantly for days at a time. Unfortunately, due to my medication for Restless Legs Syndrome, I was unable to produce breast milk, which saddened me deeply as I couldn't breastfeed my son, even though I had been informed about this possibility beforehand. Since my depression was still not fully resolved, I began to feel that I might indeed be a bad mother who couldn't soothe or nourish her child. Thankfully, my son's pediatrician was highly competent. He reassured me, telling me I was a good mother and that breastfeeding is not necessary to build a strong bond with your child. He recommended KoKi, where I was connected with a skilled midwife who specialized in supporting mothers with crying babies. Within a few weeks, the crying subsided and I was finally able to experience the joys of motherhood.

My doubts were not confirmed

My fears that the bond with my son might be affected by everything we had gone through were, of course, unfounded. Not being able to breastfeed had no impact on the love we shared. Today, we still have a very close relationship and the memories of the difficult pregnancy and challenging postpartum period are gradually fading.

However, I'm not sure if I could have willingly chosen to go through another pregnancy after those experiences. In hindsight, I'm very grateful that my second son unexpectedly found his way to us not long after. When I discovered I was pregnant again, it was initially a huge shock for me. I mentally prepared for the worst, immediately contacted my psychiatrist and ensured I received close monitoring throughout the second pregnancy. Given the circumstances of having to care for a first child, I took as many breaks as possible. This was made easier by my new gynecologist, who also prescribed household help to support me. And I knew what to do in case of an emergency.

As a result, my second pregnancy was completely different. Until my delivery, I was physically and mentally stable. I no longer pressured myself and continued taking my medication. Surprisingly, despite staying on the same medication, I produced breast milk after delivery and was able to breastfeed my second child for 10 months. Nothing is impossible and sometimes, it all comes down to a stroke of luck. Looking back, I realize that if I had known more about the available support and resources during my first pregnancy, things likely wouldn't have escalated as they did. That's why I can only encourage others in similar situations to seek help and if in doubt, get a second or third opinion from doctors.

Traumatic birth

„I just felt miserable."

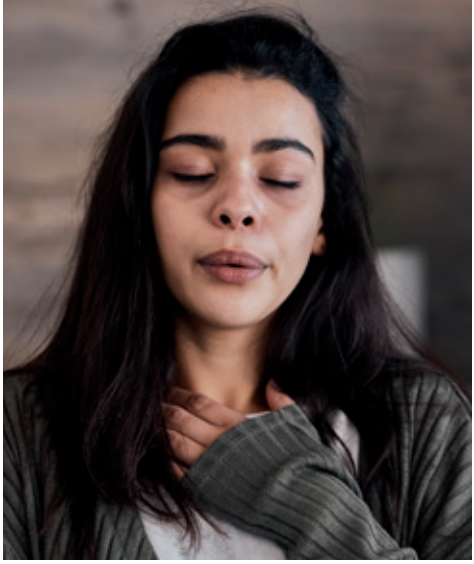
Aylin S. from Karlsruhe

EVERYTHING WENT WRONG DURING THE BIRTH OF MY FIRST CHILD

I have two wonderful, lively children, a husband I couldn't imagine living without and a stable social environment. For me, this fortune is not something I take for granted. After the birth of my first child, I developed postpartum depression (PPD).

I had experienced a miscarriage and during my second pregnancy, I also had severe bleeding in the early stages. More than once, I feared I had lost my baby. Each time I was relieved when the gynecologist told me that everything was okay. However, I felt completely dependent on those reassurances.

A friend told me that prenatal care could also be provided by a midwife, so I contacted a midwifery practice. How wonderful that first visit was! You didn't feel like a patient; instead, you chatted with the midwife over a cup of tea. The examinations happened almost incidentally. After that, I knew I was in the right place. My fear subsided and I began to trust my instincts again.



Everything started as planned

My midwife went through the risk factors with me and asked if I had experienced depression before. I had actually been through two episodes. Years had passed in between and I had learned to recognize the signs and take countermeasures. In my opinion, depression is ultimately a signal from the body that urgently needs rest and that something needs to change. Since my last depression was seven years ago and I felt stable, I believed I was safe.

Suddenly, everything changed

The day of the birth was a very hot summer day. I felt comfortable in the maternity clinic. We were cared for by a kind young midwife and a student. However, in the evening the shift changed and from that point on everything went „wrong." The brusque manner of the new midwife left little room for self-de-

termination. My water broke and I passed green amniotic fluid. From that moment, the midwife became hectic, which affected me as well. I was hooked up to monitors and given an IV. When I said I didn't want an IV, the midwife simply responded that staying hydrated was important on such hot days.

I didn't feel understood

There were more situations when I didn't feel taken seriously. For instance, the midwife talked me into taking pain medication I didn't want. To make matters worse, I felt the medication had no effect, which frustrated me even more.

At some point, labor came to a halt. I was relieved to have a break, especially because I started feeling like I didn't want to give birth to my child in this atmosphere. They administered labor-inducing medication without consulting me, injecting it directly through the IV.

When contractions still didn't return, the doctor began physically manipulating me. They tied a sheet tightly around my abdomen and pulled it tight, trying to create downward pressure. I found it brutal and uncomfortable and it didn't help. At some point I said, „Everything is going wrong." But no one asked me what I thought was „wrong" – they just dismissed my comment.

The next consideration was a C-section, but they wanted to try a vacuum extraction first. Hearing the word „C-section" triggered something in me and the contractions started again because I absolutely wanted to avoid surgery. My child was finally born with the help of the vacuum, which caused excruciating pain during insertion. He was immediately suctioned.

I felt utterly miserable – torn, having lost a lot of blood – despite just having delivered my much-wanted child. We were barely given any time to bond. My son had to be examined right away and the midwife left the room with him. I sent his father along so our baby wouldn't be left alone with a „stranger." The doctor also had to leave and look after my baby – to fix something that wasn't working.

And there I was; bleeding, alone and feeling completely abandoned. So, this was my „self-determined natural birth." „But look at it this way – your child is healthy and that's what matters most!"

The stitching was yet another ordeal. The local anesthesia didn't work and I felt sharp pain exactly where everything already hurt the most.

Sleep deprivation tormented me

We were only allowed to go home two days later, even though we had planned an outpatient birth. At home, the experience was still so fresh in my mind. The

pain from the birth injuries, the heat and the hormones made it impossible for me to calm down.

Even though breastfeeding was going great and my son was thriving, I couldn't find peace. To make matters worse, two of my close friends were on vacation and I would have loved to share my experiences with them. Instead, my thoughts kept spiraling, I couldn't sleep at night and eating became unbearable for me.

We had to take action

Suddenly, thoughts like these crossed my mind: „I can't take this anymore. But if I leave, what will happen to my son? And to my husband?" It was clear that I couldn't get through this on my own anymore. Ten days after giving birth, I admitted myself to a clinic. The moment I was admitted felt like the peak of my struggle and as if a switch had flipped, I started feeling better day by day. My son couldn't stay with me in the clinic, but he was wonderfully cared for by my husband and his parents.

In just a short time, I was able to fully connect with my child. While he had been a restless and fussy little bundle before, he suddenly became a calm and balanced baby. After three weeks, I was discharged and six months later, I was able to discontinue my medication entirely.

With the right support, I made it through

Thanks to my partner and my social environment I was able to recover so quickly. With this foundation, we were able to consider having a second child. However, I knew I didn't want to experience another birth like the first one.

A private midwife, a doula and my psychiatrist helped me process a lot and gave me the confidence to embark on the journey a second time. With their support, I was able to experience a self-determined, natural birth. I am so grateful for this fortune.

Smiling depression

„I was merely functioning."

Sofia M. from Stuttgart

MY OWN PARENTS WERE MY SALVATION

My son is now twelve years old, but the memory of my postpartum depression is still very vivid. A few days after his birth, I was overwhelmed by both sadness and fear.

Sadness, because I increasingly realized that I didn't love and care for my much-wanted child the way other mothers did. Fear, because I was terrified that my child might be taken away from me – or even kidnapped – for instance, when I went to take a shower.

Sunday face

The doctors at the maternity clinic didn't notice my changed behavior at all; no one asked me how I was doing. I went through the final check-up and was discharged.

Admittedly, I made it harder for them because I didn't reveal my increasingly horrifying thoughts. Instead, I put on my „Sunday face." I convinced myself that I was only experiencing the so-called baby blues, which would surely pass once I got home. I didn't even know the term „postpartum depression," let alone understand what it meant or how it manifested. Instead of the improvement I had hoped for, my condition got worse and worse.

I was merely functioning and the high expectations I had of myself as a mother led to ever-increasing disappointment. My fears turned into panic attacks and the constant, growing sadness numbed my feelings and drove me into an indescribable emptiness. I lost my sense of time and just three weeks after giving birth, began having suicidal thoughts.

Unfortunately, I didn't find any support from my midwife. She visited me at home only once. When I told her I was sleeping just three hours a night, she brushed it off as normal. Of course, I didn't tell her of my dark thoughts either. I tried to push through and pull myself together.

My husband, who was self-employed, had little time to care for the baby or me. He didn't offer any help; instead, he didn't know how to handle my condition and expected me to support him.

Selfless support

My distress escalated and in desperation, I called out to my parents, who were on vacation. Over the phone, I confessed to them that I couldn't find any

joy in my child. My mother immediately recognized that I needed medical help. She urged me to see a doctor as soon as possible and offered her support.

When they arrived, my mother sent me straight to my general practitioner. My father accompanied me while my mother stayed with the baby. I had great trust in my GP, a true countryside doctor in the best sense of the word. He was familiar with my medical history – though not to this extent. He promptly referred me to my gynecologist, who then referred me to a psychiatrist. I didn't tell any of the doctors about my suicidal thoughts.

The medication prescribed by the psychiatrist required me to stop breastfeeding immediately. The package insert for the antidepressant stated that it could take up to three weeks before it would take effect. This disappointment, coupled with the requirement to have to stop breastfeeding using medication, worsened my condition even further.

Trouble with my husband

My parents didn't leave me alone for a moment. They accompanied me to every doctor's appointment, which was necessary since I was unfit to drive due to the medication. My parents supported me selflessly. I could leave my child with my mother, knowing he was in the best hands. They took care of me around the

clock. Despite this, my condition continued to decline. On top of that, there was tension with my husband, who didn't approve of my parents' frequent „visits."

When my child was ten weeks old, I temporarily moved in with my parents – a decision supported by my GP, especially towards my husband.

My parents discovered Schatten & Licht and reached out to them. Unfortunately, I couldn't attend the group meetings because I felt too bad and the locations seemed far too distant at the time.

We happened to read in the newspaper about the newly established mother-and-child unit at a psychiatric hospital. After prolonged efforts and many disappointing visits to local doctors, my father finally contacted them. There, we finally found excellent conditions and practical help for me.

At that time, I (unreasonably, but due to my illness) didn't want my child with me. However, the clinic offered the unique option of bringing my son later. Thanks to the excellent medical and nursing care, I was able to have my child with me in my room after just three weeks.

My stay at the clinic, along with my child, lasted a total of five months. I was discharged in a stable condition and returned home to my husband. My health continued to improve and I was able to stop taking medication entirely after 18 months. However, our marriage could not be saved.

Looking back, I believe that my severe illness had multiple causes. One of them was likely the suboptimal relationship with my husband, as I realized later.

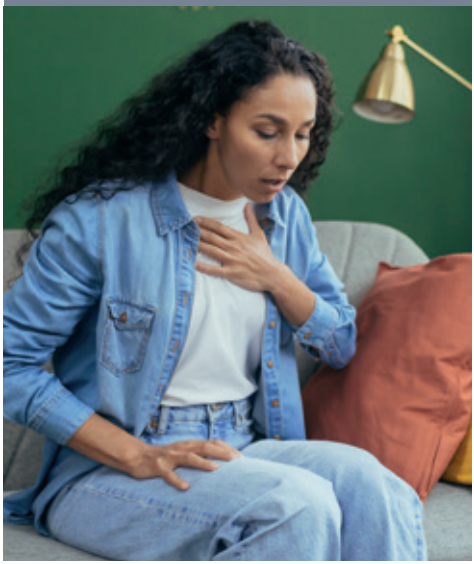
Additionally, the absence of a true birth experience may have played a role, as I delivered via C-section under general anesthesia. As a result, a fully dressed baby was handed to me and I couldn't be sure it was truly mine.

To mothers facing this situation, I want to emphasize that postpartum depression is absolutely curable. However, it must be endured, in the truest sense of the word. Family members must know that mothers require an extraordinary amount of patience – sometimes seemingly endless patience. But with that support, the journey from an initial sense of detachment to a happy mother-and-child relationship is absolutely achievable.

Panic attacks

„It was impossible to be alone."

Esha W. from Münster



PANIC ATTACKS AND SUICIDAL THOUGHTS

The symptoms of postpartum depression started for me about three months after giving birth. They initially manifested as extreme insomnia and a profound sense of exhaustion. I felt so unwell that I lived with my parents for four weeks. It was impossible for me to be alone with my child. My husband was heavily occupied with work.

While staying with my parents, I visited a neurologist to address my insomnia. He prescribed a sleeping pill but didn't recognize my depression. A session with a therapist didn't help me either. After a month, I returned home because I felt slightly better and didn't want to be separated from my husband for too long.

Household help

Being alone worsened the situation and I began experiencing severe panic attacks and suicidal thoughts. I reached out to Schatten & Licht, where I received kind advice and was sent helpful information. That's when I learned I was suffering from postpartum depression and needed to seek help urgently.

A week later, I was admitted to a psychiatric hospital with my baby. I stayed there for two months, receiving psychological therapy and medication. After being discharged, I was provided with household help, as I was still overwhelmed by caring for my child on my own.

It took about a year for me to fully recover. During this time, the household help supported me so well that I was able to develop a deep bond with my child. I also underwent outpatient psychotherapy and continued taking antidepressants.

Today, we are a happy family. A few years later, we had another child, who is now one year old and this time, I didn't experience any issues.

Obsessive thoughts

„The birth was a torment."

Natascha T. from Bonn

A BABY AFTER TEN YEARS OF UNFULFILLED DESIRE TO HAVE CHILDREN

The depression started for me during pregnancy. To understand this, you need to know that I had been a fertility patient for ten years. Technically, I was told I couldn't get pregnant due to bilateral fallopian tube obstruction.

After hearing repeatedly from consultations at university hospitals and fertility centers about the challenges of becoming a mother, I stopped believing it could ever happen.

My husband and I decided to live without children and I chose to start my own business in the health sector. Then, suddenly, I became pregnant. I went into a state of total shock and wasn't even sure if I wanted the baby anymore. The panic attacks became increasingly severe. Instead of discussing my feelings with my husband, I kept everything to myself, attributing it all to hormonal changes caused by the pregnancy.

At night, I had terrible dreams – for example, that my legs might be torn off during childbirth. After a severe hemorrhage, which was brought under control but frightened me even more, I canceled the planned home birth.

Terrible pain

The birth of my daughter in the hospital was a torment. After 20 hours of unbearable pain, I collapsed and felt like a complete failure in the delivery room, unable to even endure labor pains.

At some point, I decided on a C-section, which turned out to be the right choice since my daughter was entangled in the umbilical cord. However, in my state of mind, I couldn't see it as the right decision and instead felt like a terrible mother. Even though we stayed in a family room and I was able to breastfeed and cuddle with my daughter right away, I suddenly started having disturbing, intrusive thoughts. For example, I imagined taking my child by the hand and slamming her against the wall.

I immediately snapped out of it and consulted a nurse, who suggested it might be due to the hormonal decline from giving birth and advised me to wait it out.

Nervous breakdown

It got much worse until, after four weeks, I had a nervous breakdown and begged my husband not to leave me alone anymore. When I reached out to my

midwife for help, she simply said there was no reason to go back to the hospital since I was physically healthy. So, I kept fighting.

A few weeks later, I found myself in the boiler room, shouting at my husband to take the baby away. That's when we consulted a psychotherapist, who was the first to suggest that I might suffer from postpartum depression. She referred me to a psychiatrist who wanted to prescribe medication. However, I refused because my mother had struggled with drug addiction. Instead, I tried to keep going through sheer willpower and my own self-healing efforts.

Twelve weeks without sleep

Then I received a household help who was also a qualified childminder. By this point, I had gone twelve weeks without sleep, was in a constant panic that something might be wrong with my child and experienced fits of rage, even hitting the wall.

My self-hatred ate me up entirely. I was no longer able to stop or control myself. For 17 years, I had practiced meditation, but suddenly, I couldn't even sit still anymore.

Finally, help

Then, I finally found help. At a center for alternative childbirth, an employee at the breastfeeding clinic said to me, „You are very ill and I know where you can get help.“ I was admitted to an open psychosomatic ward and initially stayed at the clinic without my daughter.

For the first time, my illness was explained to me – a severe panic disorder with intrusive thoughts. I weaned my baby gradually and naturally and decided to start taking medication. After a few days, the medication began to take effect. Suddenly, I felt like my mind was opening up and my personality was reemerging. I was able to bring my daughter to stay with me.

After eight weeks in the clinic, I returned home. For a year, I attended outpatient psychotherapy. During this time, I was able to gradually stop taking the medication.

Looking back, I believe that my postpartum depression was likely influenced by a family predisposition and the shock of an unplanned pregnancy. Added to that was the challenging financial situation at the start of my self-employment. Had I known more about the illness and available support, I wouldn't have had to suffer for so long.

Postpartum psychosis

„I wanted to start a new life."

Anja G. from Köln

WHEN THE WORLD FALLS APART

During the birth of my son, there were complications and I delivered via C-section. After the delivery, I felt an overwhelming sadness. My son felt alien to me. Then it seemed like my world began to fall apart. I couldn't find my way anymore, lost a significant portion of my vocabulary and was completely confused. In the middle of a sentence, I couldn't remember how I had started it.

For instance, breastfeeding didn't work, but I was unable to communicate this to the nurses. Naturally, my son was hungry and cried. To me, this meant that my child was unhappy with me and that I was a bad mother. My confusion went unnoticed in the daily routines of the clinic. Later, during a consultation with a lactation specialist, I learned my child couldn't eat because he had developed nipple confusion.

Paranoia

The worst part was my paranoia. I believed that the people around me could manipulate my child into turning away from me and no longer loving me. Over time, I fixated on my mother-in-law, suspecting that she wished for my death so she could take my son from me. At night, I would lie crying next to my son's bed, convinced that I wouldn't have him with me for long. Unfortunately, I was unlucky to have a midwife who didn't provide proper care or recognize my postpartum psychosis. Over the months, my extreme confusion improved slightly, possibly due to the decrease in hormones.

Constant tension

Another delusion I had was the belief that I was connected to my son through a kind of mental umbilical cord and that he could die if I didn't keep my thoughts constantly focused on him. This left no room for rest and I eventually became completely overwhelmed.

As a result, I was constantly tense and couldn't sleep anymore. I was always terrified that my son would start crying again, so I carried him in my arms day and night. This led to three slipped discs in my neck, causing severe pain. I was told not to lift my son anymore, but I did it anyway because I had never accepted help from others.

It was only after a breakdown that I finally accepted household help, who supported me throughout the day. But instead of resting, I freaked out and feared that the helper might take my child away from me. Then the suicidal thoughts began. I felt an overwhelming urge to cut my wrists. It took all my strength to stop myself. If it hadn't been for my son, I would have admitted myself into a clinic. But going without my son wasn't an option for me.

Compliments

I had no idea what was happening to me and neither did the professionals I consulted. One therapist said, „You have some strange thoughts!" while a doctor told me, „Stress is just part of being a mother." The problem was that on the outside I appeared to be a good mother with a strong bond with my child.

But because of the postpartum psychosis and depression, my mind fixated entirely on negative thoughts and impressions. I was also very good at pulling myself together, so no one could see how bad my condition really was. In fact, I even received compliments for how good I looked.

The first few days alone with my son after the household help was gone were beautiful. But then came the crash and I fell into a deep hole. I had depressive episodes where I couldn't move. When my son cried, I couldn't go to him. I was like paralyzed. Because I was so mentally and emotionally exhausted, I became increasingly irritable. My partner bore the brunt of it. Eventually, though, my irritation turned toward my son as well. I sometimes yelled at him out of nowhere and once, I only snapped out of it when I realized I was shaking his stroller.

This was the moment when I knew I needed help. That's when I started researching to understand what was happening to me. I eventually found the organization Schatten & Licht online and read their information about postpartum depression and psychosis.

At the end of my strength

Finally, I was able to identify and understand my feelings and behavior and I tried to get into one of the mother-child clinics recommended by Schatten & Licht as quickly as possible. Unfortunately, due to staff changes, I couldn't be admitted right away. I was at the end of my strength. At this point, I wanted

to jump out of the window. I could no longer bear the feeling of being a bad mother.

Sometimes, I even had the urge to leave my child in the stroller and walk away to start a new life somewhere else.

Psychotic episodes

Eventually, I was admitted to one of the recommended clinics. I was given medication and learned in therapy sessions that my son trusted me – I just wasn't able to perceive it. I also learned about the things I was doing well as a mother and saw how positively my child responded to me.

Meeting other affected mothers helped me immensely as well. We supported each other. It wasn't until a year after my son's birth, when I was admitted to the clinic, that I was finally diagnosed with severe depression with psychotic episodes. I was treated for six weeks. My partner supported me wonderfully during this challenging time and continues to help me today. I am still in psychiatric and therapeutic treatment. I am not yet able to work, but I can now handle my daily life much better.

„Finally, I could smell my baby."

Anke T. from Siegen

ESCAPING HELL ON MY OWN

The deepest point was the birth of my first daughter. The symptoms started on the second day after delivery. The delivery itself was completely normal. Yet suddenly, I felt terribly uneasy, helpless, restless and anxious. I was overwhelmed by an incredible fear that something might happen to Ida – so much so that I didn't even dare to go to the bathroom.

Ten days apart

After having these thoughts, I immediately told the midwife, who took me straight to the hospital. There, I was given medication. The midwife knew my mother, who had also suffered severely from postpartum depression. In the psychiatric ward, I felt like in thick cotton wool, but after a few days, I discharged myself because I couldn't bear being separated from my daughter.

Looking back, I can say that the ten-day separation was very hard for my daughter and I deeply regret it. At the time, we were living with my in-laws, who had no understanding of my situation. The atmosphere at home was unbearable – it was like living in hell. Eventually, I broke up with my then-boyfriend. After the medication and therapy, I slowly started to feel better.

For a long time, I felt guilty over not bonding with my child the way other mothers seem to. Another significant burden was that, due to the separation and the medication, I hadn't been able to breastfeed my child.

Desperately continuing to breastfeed

A few years later, I became pregnant again. This time I informed myself beforehand, found a therapy spot and reached out to Schatten & Licht. I also

looked for a midwife with experience in postpartum depression. Additionally, I canceled hospital visit, as they had already been overwhelming for me the first time. Still, the fear of loss and restlessness returned. So I admitted myself to a hospital that I knew accommodated mothers together with their children.

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The problem was that I was expected to wean in order to take medication. I refused. On top of that, I couldn't tolerate the medication at all.

On my own initiative, I sought outpatient treatment, stopped the medication and desperately tried to continue breastfeeding. It was an enormous strain. As a result, I applied for a mother-child rehabilitation retreat, which helped me a lot. My new husband supported me greatly – he took wonderful care of our son.

Very happy

With our third child everything was different. Because of our professional situation, we didn't even have much time to overthink things.

I became pregnant at the most inconvenient time imaginable. And yet, this pregnancy turned out to be perfect.

I sat down with psychiatrists and our pediatrician to create a plan. After the birth, I took a very low dose of a medication I had positive experiences with and which was safe to use while breastfeeding. I also used homeopathic remedies and Bach flower remedies.

Our second daughter was born very quickly. I was able to breastfeed right away and I'm still breastfeeding her after a year. The pediatrician monitors us closely to ensure the medication doesn't harm our daughter.

We are very happy because for the first time I was able to smell my baby and feel that maternal love right from the start – the love I couldn't experience with my first two children because I was so clouded by my condition. I'm no longer afraid; I can now be a completely normal mother.

What can I do preventively?

If you suffered from a peripartum mental illness during a previous pregnancy, you should definitely take preventive measures in a new pregnancy. While there is not a 100% guarantee that the condition won't reoccur, preventive care can significantly reduce the risk.

- *The first postpartum depression should ideally be fully treated and psychotherapeutically processed. Before becoming pregnant again, make sure to inform yourself comprehensively about the illness, prevention methods and treatment options (through literature, counseling, etc.).*

- *Your partner should also fully support the decision to have another child. Work together in discussions (possibly with therapeutic help) to process the trauma of the first episode and address any fears or concerns regarding a new pregnancy. Decisions regarding preventive care, choice of birthing place, etc., should be made together.*

- *Create an emergency plan with all the important contact points (general practitioner, psychiatrist, therapist, mother-child clinic, psychiatric outpatient clinic, self-help groups), which you should ideally reach out to during the pregnancy.*

- *Talk to relatives and friends in advance how they can help if you are not feeling well (childcare, shopping, household tasks).*

- *Inform yourself about potential household help, family/maternal care providers, doulas, etc.*

- *Carefully reconsider all possible causes of your first postpartum depression and plan your preventive measures.*

- *Especially in cases where childhood or personality-related causes are involved, you should have successfully completed psychotherapy.*

- *If there are psychological pre-existing conditions in your own or your family's medical history, meaning there is a genetic predisposition, a medicated preventive approach with antidepressants/antipsychotics after delivery is strongly recommended. Your doctor can obtain information about the compatibility of psychotropic medications and breastfeeding from embryotoxicology (www.embryotox.de or www.reprotox.de).*

- *Progesterone and placental therapy have proven to be very effective*

against the hormonal low after childbirth. While hormonal changes are rarely the sole trigger, they often serve as a significant aggravating factor.

- *External stressors (such as moving, changing jobs or building a house) should be avoided during pregnancy and in the first year after giving birth. Cushion unavoidable stressors (e.g. a death in the family, separation) as much as possible by seeking support from friends and family and processing the events in therapy sessions.*

- *A traumatic birth experience as the cause of the first postpartum depression can often be healed by changing the place of birth (e.g. home birth) and the birth companions. During the new pregnancy, try and find a midwife with whom you can talk openly about your experience and who can accompany you before, during and after the birth. Inform the entire delivery team about your traumatic past experience and request trauma-sensitive care.*

- *Ensure that you have rest during the postpartum period. For hospital births, this means requesting (if possible) a private room and avoiding too many visitors. Take time for mental processing of the birth and bonding with your baby. In the first nights after childbirth, make sure you get enough sleep (with the baby being cared for by the hospital staff during the night).*

- *Pay attention to close professional support after birth (increased monitoring by hospital staff and midwives, check-up visits with an outpatient psychiatrist and/or therapist).*

- *After the first ten days of daily visits following childbirth, your midwife can visit you up to sixteen more times over the next twelve weeks.*

- *Early intervention services, Wellcome or outpatient psychiatric care are additional helpful tools.*

- *Allow household and older children to be cared for by a household helper, family caregiver or maternity nurse after the birth.*

- *Learn a relaxation technique such as yoga, autogenic training, etc., before or during pregnancy, which can help you not only during childbirth and the postpartum period but also in later life.*

- *And don't panic if, despite all precautions, a (short-term) crisis occurs. It is usually not as severe and tends to be shorter in duration.*

Please support us, so we can help!

Our self-help organization ‚Schatten & Licht' is a non-profit association that operates on a voluntary basis and solely relies on donations and membership fees. Therefore, we depend on financial support to continue our work. We help you, please support us!

You can become a member of the association or make a donation to us:

via bank transfer
Schatten & Licht e.V.
IBAN: DE69 8306 5408 0005 4076 21
BIC: GENODEF1SLR
Deutsche Skatbank

---

via PayPal: paypal@schatten-und-licht.de

Creditor ID: DE56ZZZ00000037761
Association Register: Amtsgericht Walsrode Nr. 120240

Membership fees and donations are tax-deductible. For donations up to 200 euros, a copy of the bank statement showing the payment withdrawal is sufficient as a donation receipt. For donations over 200 euros, you can request an official donation receipt.

MEMBERSHIP APPLICATION

I hereby declare my membership in the association Schatten & Licht e.V. as:
☐ *Member (45 Euro/year)*
☐ *Membership for professionals (60 Euro/year)*
☐ *Supporting Member _____ (more than 60 Euro/year)*
(The respective contribution is fully tax-deductible.)

I authorize Schatten & Licht e.V. to collect payments from my account by direct debit. At the same time, I instruct my bank to honor the direct debits collected by Schatten & Licht e.V. from my account. Note: I can request a refund of the charged amount within eight weeks, starting from the date of the charge. The terms agreed upon with my bank apply.

_____
Name, First Name

_____
Street, No.

_____
Postal Code, City

_____
Phone *Mobile*

_____
E-mail

_____
Occupation

_____
Account Holder

IBAN __

BIC __ __ __ __ __ __ __ __ __ __ __

_____
Bank

_____
Place, Date, Signature

Please return to:
Schatten & Licht e.V., Sabine Surholt, Obere Weinbergstr. 3, 86465 Welden

On our website, you will find more information, local counselors, experts and facilities on the topic of mental issues related to childbirth.

www.schatten-und-licht.de

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Schatten & Licht e.V.
Initiative peripartale psychische Erkrankungen

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