

Maternal Wellness

Women's Emotional Health Service (WEHS)



Disclaimer

This booklet is intended for educational and informative purposes only and is not intended to replace medical or professional advice. You should always consult a doctor for information related to medical conditions, diagnoses, and/or treatment.

Contents

Introduction	04
Am I just thinking too much?	06
Having the blues?	11
Caring for your mind and body	18
It takes 2 to tango!	22
Treatment options at WEHS	25
Resources	27



Introduction

Motherhood marks an exciting transition into a new phase in life but for many women, this is also an extremely stressful period where many psychological, social and physical changes are taking place. This can bring about mental health issues which can have negative outcomes on both the mother and her child if left untreated.

We at the Women's Emotional Health Service (WEHS) hope this booklet provides useful information on common mental health issues which women might face during pregnancy and the first postnatal year, and helpful coping strategies to ensure total wellbeing. We also want to reassure women and their partners that they are not alone.

Women's Emotional Health Service (WEHS)

Emotional health is as important as physical health. The WEHS seeks to recognise and detect pre- and postnatal depression and other types of emotional distress in order to provide early intervention. Emotional distress has been shown to have a negative effect on both mother and baby, and can affect one's physical health too. **The earlier one seeks treatment, the better the treatment outcome.**

WEHS is a multidisciplinary team of healthcare professionals comprising psychiatrists, psychologists, case managers and occupational therapists. We aim to provide you and your loved ones with the support you need during these critical moments.



Am I just thinking too much?

We have all experienced anxiety and worries before, especially in times of increased stress and change. While pregnancy can be a joyous occasion, the arrival of a baby also represents a major life event. As you enter into a new phase of life, it is only natural to experience uncomfortable emotions such as anxiety and fear. Hormonal changes during pregnancy can also affect your emotional state.

Some mothers might also believe that all will be well once the baby is delivered safely, but **here are some reasons why anxiety during pregnancy is not to be neglected:**



Poorer birth outcomes



Affects child's emotional and behavioural development



Higher risk of postnatal depression



Management of anxiety is a skill (which will come in very handy after delivery), so when's a better time to start honing it than now?

Worrying vs Anxiety Disorder - Where to draw the line?

So you may wonder, "Since it's normal to be worried, why should I bother?" **While a certain level of worrying is expected, there is a difference between worrying and anxiety.**

	Worrying	Anxiety Disorder
How long does it last?	<ul style="list-style-type: none"> • Short periods of time 	<ul style="list-style-type: none"> • More persistent
Does it affect your functioning?	<ul style="list-style-type: none"> • Able to go about your usual routine 	<ul style="list-style-type: none"> • Affects daily functions such as sleep and appetite • Difficulty focusing on tasks • Relationships with loved ones/ friends might be affected
Is it specific to a particular topic?	<ul style="list-style-type: none"> • Specific to a particular concern • Goal-directed • Focused on problem-solving 	<ul style="list-style-type: none"> • May not have a specific trigger • More vague and ruminative

Anxiety Disorder

If you experience any of the symptoms below for more than two weeks and find it hard to cope with daily life, please seek treatment early.

Common symptoms of an anxiety disorder include:

- Feeling anxious for most or all of the time and not being able to control it
- Restlessness
- Excessive worrying (for example, about your health or baby's health)
- Feeling a sense of dread
- Difficulty concentrating or feeling like your mind goes blank
- Irritability
- Feeling constantly on edge
- Difficulty falling or staying asleep



Panic Attacks

Along with the wonderful new experiences of motherhood, the emotional and physical changes you may go through can be overwhelming and draining. Because some of these changes can be uncomfortable and frightening at times, it may trigger panic attacks in some women. A panic attack is an intense rush of fear that usually lasts about 10-15 minutes. **If you experience any of the symptoms below for more than two weeks and find it hard to cope with daily life, please seek treatment early.**

Common symptoms of a panic attack include:

- Racing heart
- Lightheadedness or dizziness
- Numbness or tingling sensations
- Sweating
- Trembling
- Sensations of shortness of breath or smothering
- Feelings of choking
- Chest pain or discomfort
- Chills or hot flashes
- Nausea
- Fear of losing control or going crazy
- Fear of dying



Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder (OCD) is another common anxiety disorder to note that is characterised by the presence of obsessions and/or compulsions.

Common symptoms of OCD include:



Obsessions

- Recurrent and intrusive thoughts, images or urges. Common themes include contamination, order and symmetry as well as fear of harm to others or oneself
- Content of obsessions varies among individuals



Compulsions

- Repetitive behaviours or mental acts e.g. cleaning, checking, counting
- Performed in response to an obsession that must be applied rigidly

If obsessions or compulsions are time-consuming (e.g. more than 1 hr/day) or causing you significant distress and affecting your daily functioning, please seek treatment as soon as possible. In some cases, medication may be required to control the anxiety.

Having the blues?

The birth of a baby is an exciting and joyful experience, but it also presents new sets of challenges that many parents will find stressful and overwhelming. Up to two-thirds of new mums experience baby blues after childbirth, which commonly include mood swings, crying spells, anxiety and difficulties sleeping. **Baby blues typically begin within the first two to three days after delivery and may last for up to two weeks.**

What causes baby blues?

Baby blues are thought to be linked to hormonal changes that happen during the week after giving birth. Your body and mind also have a lot of adjustments to make to adapt to new routines and responsibilities.

What should I do if I experience baby blues?

Since it lasts for such a short duration, there's usually no need to see a doctor. With enough rest, support, encouragement and reassurance from family and friends, most mothers will start to feel better. We have also included some tips on self-care in this booklet (see page 18). However, if these symptoms persist for longer than two weeks and/or worsen, it might indicate postnatal depression, for which you should promptly seek medical assistance.



“I feel sad all the time.”

Postnatal depression (PND) or postpartum depression may be mistaken for baby blues at first, but the **signs and symptoms are more intense, persist beyond two weeks and may eventually interfere with your ability to care for your baby and daily functioning**. PND often develops within the first few months after giving birth, particularly in the first five weeks. However, it can start at any time during the first year. In Singapore, about one in 10 women suffer from PND.

Common symptoms include:

- Low/sad mood
- Irritability
- Tearfulness
- Hopelessness
- Guilt
- Extreme tiredness with no energy
- A loss of interest in activities/lack of motivation
- Poor sleep
- Lack of appetite
- Anxiety
- Physical symptoms such as body aches
- Negative feelings towards your baby
- Thoughts of harming self or baby, including suicidal thoughts (see page 17)



Understanding Postnatal Depression

What causes postnatal depression (PND)?

PND usually results from a few contributing factors rather than a single cause. You could be vulnerable to PND with your subsequent babies even if you were fine after your first child. Circumstances that may make you more vulnerable to PND include:

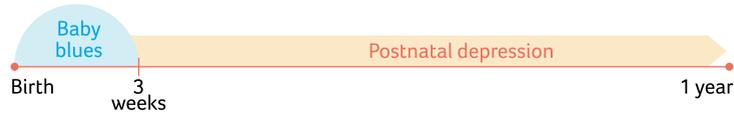
- History of depression or other mental illnesses
- Lack of adequate support from family and friends
- Financial, work or interpersonal problems
- Pregnancy and labour complications
- A premature baby or unwell baby that requires a lot of attention
- Breastfeeding difficulties

What should I do if I experience these symptoms?

PND is a very treatable condition. Seek medical help as soon as you realise you might have symptoms of PND. You can call the **NUH Women’s Emotional Health Service (WEHS)** at **6772 2037** (Mon-Fri, 8am-5pm) or email us at wehs@nuhs.edu.sg to make an appointment to see a psychiatrist for an initial assessment.



Baby Blues vs Postnatal Depression



	Baby Blues	Postnatal Depression
When?	Limited to 2-3 weeks	Lasts beyond 2-3 weeks
How severe is it?	Mild * peaks at 2 days postpartum	Moderate to severe
	Impact on daily functioning →	
How many mothers experience this?	60 - 80%	10%
Course of symptoms	Resolves spontaneously	Gradual descent into depression
What causes it?	<ul style="list-style-type: none"> • Hormonal changes • Adjustment to new routines and responsibilities 	<ul style="list-style-type: none"> • Past psychiatric history • Lack of social support • Interpersonal problems • Pregnancy and labor complications • Infant care challenges
What should I do?	Seek support from family and friends, and monitor condition. Check out self-care tips on page 18.	Seek medical attention via WEHS

Postnatal Depression: Myths and Facts

Only women experience baby blues and postnatal depression (PND).

Fathers experience PND too and typically exhibit the same symptoms as mothers (e.g. persistent low mood, irritability, sleep problems, fatigue, etc). A study found that up to 10% of new fathers experience PND, usually in the first 3-6 months after the baby is born. A new father is also more likely to be depressed if their partner is experiencing PND. Treatment for fathers is similar to what mothers will receive too.

PND will just go away if left alone.

Left untreated, PND might persist for months or years. It is a treatable medical condition and early intervention is vital. Please seek medical treatment if you think you have PND.

Having PND means I am incompetent or weak.

This is untrue. Feelings of being a failure could be a symptom of PND. It is definitely not a reflection of your ability as a parent. It is alright to speak to a professional and seek help when you need it.

PND can be prevented.

Unfortunately, you cannot do anything to make sure you will not get PND. There will always be a risk of developing PND. However, there are self-care tips for you to minimise that risk and to promote mental wellbeing for yourself and for baby.



Postnatal Psychosis

Postnatal or postpartum psychosis is a rare but a severe form of postpartum psychiatric illness. 1-2 people out of every 1,000 women after childbirth might be affected*. Also known as puerperal psychosis, this condition usually presents itself within two to four weeks after delivery. There's no known cause but women with a history of bipolar disorder or who have experienced postnatal psychosis before are at higher risk. **Postpartum psychosis may lead to life-threatening thoughts or behaviours and requires immediate medical treatment.**

Common symptoms of postpartum psychosis include:

- Confusion and disorientation
- Obsessive thoughts about your baby
- Hallucinations and delusions
- Sleep disturbances
- Excessive energy and agitation
- Paranoia
- Attempts to harm yourself or your baby



* Kendell, R.E., Chalmers J.C., & Platz, C. (1987). Epidemiology of puerperal psychoses. *The British Journal of Psychiatry*, 150(5), 662-673.

Suicide & Self-harm

Suicide or self-harm is not a mental illness in itself, but it is a serious potential consequence of a treatable mental health condition, including postnatal depression. If you are experiencing self-harm or suicidal thoughts, please know you are not alone.

If you feel unable to cope or would like to talk to someone, you can go to the nearest A&E or reach out to:

- **SOS:** 1-767 (1SOS) (24-hour hotline)
- **IMH:** 6389 2222 (24-hour hotline)
- **Crisis Triage:** 9323 9345 (SMS/WhatsApp) or visit www.crisis triage.org

Warning signs to look out for*:

- Threats to hurt or kill themselves
- Searches for ways to kill themselves (e.g. seeking access to pills, weapons, or other means)
- Talks about suicide
- Hopelessness
- Rage, anger, seeking revenge
- Withdrawing from friends, family, or society
- Dangerous or self-harm behaviour (e.g. excessive alcohol consumption, risky sex, drugs)
- Anxiety, agitation, unable to sleep, or sleeping all the time
- Dramatic changes in mood
- Showing no reason for living; no sense of purpose in life

* Rudd, M.D., Berman, A.L., Joiner Jr, T.E., Nock, M.K., Silverman, M.M., Mandrusiak M., ... & Witte, T. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior*, 36(3), 255-262.

Caring for your mind and body



Improving your quality of sleep



Cultivating a healthy bedtime routine is key for quality sleep. Try to practice some of the following for an hour before bedtime!

Establish a sleep routine

- Have a regular sleep schedule
- Short meditation (close your eyes, breathe naturally, focus on how your body moves with each inhalation and exhalation)

Create a relaxing environment

- Ensure bedroom is peaceful, cool and dark
- Use essential oils for relaxing properties
- Play soft, soothing music or nature sounds
- Moisturise or put on a facial mask

Avoid stimulation

- Avoid using electronic devices
- Avoid stimulating conversations, food (e.g. caffeine), reading material and activities

Sleep as much as possible

- For postnatal mums, as much as you can, sleep when baby sleeps
- Get someone to help with night feeds



Keeping your body healthy



Exercise boosts mood, helps with sleep, reduces physical discomfort and can ease the labour process. Check with your doctor on what is safe for you!

15min per session

2-3x a week



7x a week

Start small then gradually increase duration and frequency.

- 2-3x a week
- 15-20 minutes per session
- Recommended duration: 150 minutes a week

Try these out!

- Walking, swimming, yoga, pilates, low impact aerobics
- Join a pre/postnatal class or download an exercise app
- Make plans with a friend or relative if it helps!

Setting expectations

Exercise does not have to be taxing to be beneficial! **Pace yourself – some exercise is better than none!**

Treat yourself to some me-time



Make time for what makes you happy and treat yourself! Start small e.g. 5-10 minutes daily, then gradually increase.

Helpful habits

- Gratitude practice: list three things which you're grateful for each day
- Ground yourself in the present with mindfulness apps (e.g. Calm, Headspace, Smiling Mind etc.) or online videos
- Practice acceptance and non-judgement
- Focused activity to limit overthinking (e.g. cooking, colouring, cross-stitching, scrapbooking for baby, organising a part of your home etc.)
- Writing or typing your feelings out to unload
- Positive self-talk

Take a time-out

Stop what you are doing, clear your mind and just do nothing for 30 seconds.

Setting expectations

Break down tasks into smaller portions and prioritise. **It's ok NOT to finish everything.**

It takes 2 to tango!

Preparing and caring for a newborn is a happy but also challenging phase in life, so it is common to have mixed feelings. This is a very important time for you and your partner as you will need each other's support and encouragement along this journey.

Studies show that a woman who feels supported by her partner during this crucial period is more likely to feel happier and less stressed. When mothers are less stressed during and after the pregnancy, it will also benefit baby's development in the long-term.

Having an understanding partner who provides both practical and emotional support would help the mother greatly and provide far-reaching benefits!

Happy parents = Healthy baby



How can partners support each other?

Practically

- Read up on pregnancy and parenting, and share thoughts and feelings with one another
- Help make decisions about prenatal tests and after-delivery care arrangements
- Adjust routines so that partners can help out with caring for baby and household chores
- Manage visits by family/friends so that your partner can get more rest
- If you have older kids, split the load of caregiving responsibilities
- Help out with some night feeds so that your partner can catch up on sleep

Emotionally

- Listen to one another's concerns openly and non-defensively
- Ask how your partner would like to be supported
- Understand your partner's feelings before problem-solving
- Focus more on your partner's emotions and not the problems
- Affirm and appreciate your partner
- Discuss expectations and boundaries
- **Consistent communication is key!**



Parenting is a partnership!

How can partners support each other?

Creating new routines

While it's easy to put your couple relationship on hold while you're adjusting to parenthood, it's still important for you and your partner to keep your relationship strong.

- Give each other some personal space to have a break from baby care
- Set aside couple time: date nights, short evening walks, catching a TV show/movie together, snuggling together after baby sleeps, asking "How was your day?" sincerely.

What you can do for yourself

- Practise self-care
- Reach out for support: family, friends, and community
- Do activities that you enjoy: watch TV, read a book, listen to music
- Take care of your health: prioritise sleep, eat healthily, exercise regularly



Treatment options at WEHS

Supportive counselling & Case management

A dedicated case manager can follow up with you throughout your pregnancy journey and the first year of motherhood.

Medications

Medications may be required in some cases. However, our psychiatrists will take into consideration your needs (e.g. breastfeeding and possible side effects).

Psychotherapy (Individual/Couples)

Psychotherapy is a form of talk therapy where our psychologists work together with you to explore the psychological issues faced and to encourage new ways of thinking, feeling and/or behaving.

Occupational therapy

Our occupational therapists use a strengths-based and family-centred approach to work with you to support you through common parenting challenges in the early childhood years (0-6 years) and offer strategies to encourage and nurture your child's development.



Psychiatrists vs Psychologists

What is the difference?

Both psychiatrists and psychologists are mental health professionals who are trained in assessing and treating mental health issues.

Psychiatrists	Psychologists
Psychiatrists are doctors who have a basic medical degree and specialist training in psychiatry. They typically treat patients by prescribing medications.	Psychologists have minimally a master's degree in psychology and provide non-medication treatment options such as psychotherapy.



Resources

Women's Emotional Health Service

Tel: 6772 2037
 Email: wehs@nuhs.edu.sg
 Mon-Thu: 8am-5.30pm; Fri: 8am-5pm



Community Services

Samaritans of Singapore (SOS)

Tel: 1-767 (1SOS) (24-hour hotline)

Family Service Centres

Find the nearest FSC to your home via www.msf.gov.sg

Care Corner Counselling Hotline

(Mandarin)
 Tel: 1800 3535 800 (10am-10pm)

Family Violence Specialist Centres

- PAVE
 Tel: 6555 0390
- TRANS SAFE Centre
 Tel: 6449 9088
- Care Corner Project StART
 Tel: 6476 1482

Web Resources

The Gottman Institute

Tips for a research-based approach to relationships
www.instagram.com/gottmaninstitute/

Just In Time Parenting

Parenting information
www.jitp.info

Centre for Clinical Interventions (CCI)

<https://www.cci.health.wa.gov.au>

Apps

Mindfulness

- Smiling Mind
- Headspace
- Calm
- Mindful Mamas
- Expectful Meditation & Sleep

Mindful journaling

- Reflectly
- Daylio
- Happyfeed
- Jour

Parenting

- Small moments big impact
- Baby Tips: Parental guide
- Parent Cue
- Kinedu: Baby Development Plan
- Playfully Baby Development

Support Groups for Mothers

Mindful Mums Support Group

www.moremindful.me/mindful-mums
 Tel: 6823 1222
 Email: secretary@moremindful.me

Breastfeeding Mothers' Support Group

www.breastfeeding.org.sg
 Tel: 6339 3558

Tanglin Mother and Child Centre

Tel: 6836 0063



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The information provided in this publication is meant purely for educational purposes and may not be used as a substitute for medical diagnosis or treatment. You should seek the advice of your doctor or a qualified healthcare provider before starting any treatment or if you have any questions related to your health, physical fitness or medical conditions.

Information is correct at time of printing (December 2021) and subject to revision without prior notice.

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