

Emotional Changes During Pregnancy

[Pregnancy](#) takes your mind and body through an ongoing stream of changes. On a basic level, your body is making unusual amounts of hormones. At certain times, this can make you feel exhausted, forgetful, or moody. On top of that, it is normal to be preoccupied with how your body is quickly changing, how to manage symptoms, how different your life is becoming, worry about the pregnancy going well, finances, and keeping up with everyday life.

It is common to go through many of the following changes in a pregnancy:

First Trimester:

Extreme [fatigue](#) or [morning sickness](#) can color your daily life. Moodiness (as with [premenstrual syndrome](#)) is normal. Happiness and [anxiety](#) about a new pregnancy, or feeling upset about an unplanned pregnancy, are also common.

Any woman who has ever stared down at a positive [pregnancy test](#) will tell you: It's a heart-pounding, life-changing moment. It might also be frightening or upsetting.

Hello, Hormones

Ironically, those soaring hormones are a pregnant woman's best friend -- and her baby's lease on life. Human chorionic gonadotropin, or hCG (which rises sharply in the first trimester, then dips and levels off around four months), keeps the embryo firmly implanted in the uterine lining. Progesterone and estrogen (which increase throughout the nine months) help sustain the pregnancy and cause the buildup of nourishing blood vessels.

"This hormonal bath, which is so beneficial to the baby, is sometimes very hard for you to take," says Lucy Puryear, MD, director of the Baylor Psychiatry Clinic, in Waco, Texas. hCG, for example, may cause [morning sickness](#), and estrogen and progesterone are often linked with moodiness and tearfulness.

Frequently, rest isn't an option, especially if you're caring for older children. And when expectant mothers don't feel the joy they imagined, they might feel guilty about it or think something's wrong with them. There isn't. "Give yourself a break," says Dr. Puryear, who wrote *Understanding Your Moods When You're Expecting* (Houghton Mifflin). "And know that 99.9 percent of women who have had children have experienced some of the same things you're feeling."

Losing Control

Candace Kelleher, of Dearborn, Michigan, had planned for her pregnancy -- but not for the havoc it might wreak on her career. "I'd always been great at managing my time," she says. But after she got pregnant, she was forced to scale back her workload. "I was at the mercy of my body -- feeling exhausted, getting sick to my stomach, and not being able to think as clearly."

"Until you're pregnant, you can't tell how easy or how hard it will be for you," Dr. Puryear says. And if you have a sense of being in control of your life, the unpredictable nature of pregnancy can be a rude awakening. Suddenly, you're thinking, What else am I not in control of?

Obviously, moms-to-be should try their best to let go of the issues they can't control. "Get as much sleep as you can," Dr. Kopelman says. "Communicate your needs. Use social support."

Second Trimester:

[Fatigue](#), morning sickness, and moodiness usually improve or go away. You may feel more forgetful and disorganized than before. Looking heavier than normal, then looking visibly pregnant and feeling the baby move, can make you feel any number of emotions.

Hallelujah! The second trimester typically brings relief from morning sickness and other symptoms. (hCG has leveled off, while progesterone and estrogen are rising slowly.) You're starting to show, and you're sharing your happy news with more people. Most mothers agree: Feeling your baby's first kicks -- another second-trimester milestone -- is an indescribable joy.

Stressful Tests

While you're flying high, you might not imagine that this roller-coaster ride could take a downturn. And maybe it won't. But don't be surprised if it does, because now you're facing some potential stress triggers.

Between the 15th and 17th weeks, you might opt for a blood test that assesses your baby's risk level for certain [birth](#) defects, like Down syndrome. If the results -- which are never precise -- show a higher than average risk, you'll need to choose whether to pursue [amniocentesis](#) or CVS (chorionic villus sampling). These tests carry risks, including possible [miscarriage](#).

Geena and Karl Umberto, of Miami, were anguished when a blood test showed their baby had a higher than average risk for Down syndrome. Even though they declined the amniocentesis, which they felt was too invasive, they fretted about their readiness to raise a child with special needs. "I ended up wishing I'd never gotten the blood test," Geena says. When the baby was born healthy, she was jubilant. But she also became firm in her conviction: "No blood test with the next one!"

So before jumping in, consider your personal degree of comfort with the possibility of receiving scary news that might turn out to be wrong anyway.

Relationship Strains

Jill Rengarden, of Atlanta, had another concern: she never anticipated the pressure that impending parenthood would put on her marriage. "I was freaked out about how much weight I was gaining," she says. "I just felt vulnerable and unattractive. My husband wasn't exactly insensitive, but he wasn't encouraging me either." And when her belly began to protrude, they stopped having sex. "I knew he still loved me," Rengarden says. "But I felt so disconnected from him -- right when I needed him most."

Lots of men miss the mark in the sensitivity department, Dr. Puryear says. All relationships go through growing pains, and it's typical for men and women to process this extraordinary life event in different ways. Even the sex lull is (sigh) typical. "And remember," she adds, "pregnancy is a temporary condition."

As for losing control of your figure, that's another widespread worry. And your physician may unintentionally make things worse by encouraging you to gain only a certain amount. He's simply trying to curb your risk for conditions like diabetes. "The truth is, some people just gain a lot," says Dr. Puryear, who reminds her patients that most women, through diet and exercise, get back to a normal weight after delivery.

Third Trimester:

You're just a few months away from meeting your child! If you're like most women, you can hardly wait. Unfortunately, that's exactly what you have to do.

Tired of Being Tired (and Big)

Isn't it ironic? In the last few months of pregnancy, you're at your heaviest, most uncomfortable weight. You're achy and sleep-deprived, and the hormones that mess with your mood are really flooding your system now. And this is when strangers start rubbing your belly and relatives arrive at your baby shower with lots of unwanted advice.

On top of all that, let's not forget that you're getting closer to childbirth, which can provoke fear. "Nervous but hopeful" is how Ginny Parrot, of Morris Plains, New Jersey, described her feelings about going into [labor](#) for the first time. But when some friends visited and detailed their difficult birth experiences, her nervous feelings blossomed into full-fledged terror.

Kendall Wolfson, of Indianapolis, recalls that in her last trimester, she wasn't so much scared as irritated. With her protruding bump and swollen legs, she just couldn't get comfortable enough to sleep through the night. During the day, she walked around in a daze, trying to tie up loose ends before the baby arrived.

In the last month of pregnancy, estrogen and progesterone levels are at their highest. You are practically expected to have mood swings. "This is a time when you need to be sure that you are taking care of yourself and not trying to prove something to yourself or your family," Dr. Puryear says. "And if you are tired, go to bed. You may not be able to sleep for several hours in a row, but intermittent sleep is better than no sleep."

Hang on. The ride is almost over. And a whole new ride is about to start. Welcome to motherhood!

Should I Be Stressed About Being Stressed?

It's a typical catch-22. If you're prone to anxiety, you're likely to worry about the health of your baby. But could this stress itself do your baby harm?

Probably not, in most cases. "Almost all [pregnant women](#) worry," says Dr. Kopelman. "Being worry free is unusual!" But if you are so distressed that it's interfering with your ability to function, that's another matter.

In 2006, a study found that during [early pregnancy](#), women with high levels of the stress hormone cortisol were three times more likely to miscarry than women with normal levels of the hormone. "That's one of a host of studies in this area," Dr. Kopelman says. She hopes that the findings will motivate women with overwhelming anxiety to see a doctor.

The takeaway: "Don't get worried about being worried," she says. "Do something about your worry." See a mental health professional to get treatment, which might include medication.

- Forgetfulness may continue. As your [due date](#) nears, it is common to feel more anxious about the [childbirth](#) and how a new baby will change your life. As you feel more tired and uncomfortable, you may be more irritable than before. For some women, serious [anxiety](#) or [depression](#) problems improve during pregnancy. For others, they do not. If you find no pleasure in daily life, or suffer from a lot of sleeplessness (insomnia), sadness, tearfulness, [anxiety](#), hopelessness, feelings of worthlessness and guilt, irritability, appetite change, or poor concentration, talk to your health professional. Without treatment, mental health problems can get in the way of a healthy pregnancy.

Why have I been so moody during my pregnancy?

It's common to have mood swings during pregnancy, because of hormonal changes that affect your levels of neurotransmitters (chemical messengers in the brain) and the broad range of feelings you may have about becoming a parent. Everyone responds differently to these changes. Some moms-to-be experience heightened emotions, both good and bad; others feel more [depressed or anxious](#). Most find that moodiness flares up at around 6 to 10 weeks, eases up in the second trimester, and then reappears as their pregnancy winds to a close.

Pregnancy can be a stressful and overwhelming time. You may be overjoyed at the thought of having a baby one day, and then just as quickly begin wondering what you've gotten yourself into. You may be worried about whether you'll be a good mom, whether the baby will be healthy, and how the cost of adding a child to your household will affect your family's future finances. And you may worry about how your relationship with your partner and your other children will be affected — whether you'll still be able to give them the attention they need.

Even if your baby is very much wanted, at times you may have mixed feelings about the pregnancy and what's ahead. That's not surprising, considering that the expectations we set for parents are so high these days, and the pressure starts even before the baby is born. You may be constantly wondering: Am I reading the right books? Am I buying the right products? Will I know how to stimulate my child's development properly and build his self-esteem?

In the meantime, your body's changing and you may be [feeling unattractive](#) in your own or your partner's eyes. You may be worried about putting on too much weight or looking "fat" as your body expands to accommodate pregnancy, while at the same time feeling that you can't exercise as much as you might want to or used to.

Finally, the physical symptoms of pregnancy, such as [heartburn](#), [fatigue](#), and [frequent urination](#), can also be a burden. It's not uncommon to feel like you've lost control over your body and your life during this time. All these concerns may take your emotions on a roller-coaster ride.

How can I manage my mood swings during my pregnancy?

Try to remind yourself that emotional upheaval is normal right now. That said, making a conscious effort to nurture yourself can help keep you on an even keel during turbulent times.

- **Take it easy.** Resist the urge to pack in as many chores as you can before the baby comes. You may think you need to stencil bunnies on the nursery walls, reorganize all the closets, or put in serious overtime before going on maternity leave, but you don't. Pencil yourself in at the top of your to-do list. Pampering yourself is an essential part of taking care of your baby.
- **Bond with your partner.** Clueing your partner in about how you're feeling and reassuring him that you still love him will help him avoid taking your outbursts personally. Make sure you're spending plenty of time together and nurturing your relationship. Go on a vacation if you can. Strengthen your connection now so you can really be there for one another after the baby comes. If you're single, do something to nurture your relationship with your friends and family. It'll provide vital support for you now — and after your baby's born, too.
- **Do something that makes you feel good.** This might mean carving out some special time for you and your partner. Or it might mean taking time alone to do something just for you: Curl up for a nap, go for a walk, get a prenatal massage, or see a movie with a friend.

- **Talk it out.** Air your worries about the future with understanding friends. Just putting your concerns into words often helps dissipate them or gives you insight into solutions. Keep the lines of communication between you and your partner free and clear, too. Make it a two-way street. In addition to pouring out your feelings, let him express his own.
- **Manage your stress.** Rather than let frustration build up in your life, find ways to decompress. Get plenty of sleep, eat well, exercise, and have some fun. Identify sources of stress in your life and change what you can, such as trimming your "to-do" list. If you still find anxiety creeping in, try taking a pregnancy yoga class, practicing meditation or other relaxation techniques, or consulting a professional counselor.

What if I can't shake my moodiness during my pregnancy?

If your mood swings last for more than two weeks and don't seem to be getting any better, tell your practitioner and ask for a referral to a counselor. You may be among the 10 percent of expectant women who battle mild to moderate [depression](#) during their pregnancies. If you notice that you're frequently nervous or anxious, you may be suffering from some sort of anxiety disorder. Finally, if your mood swings become more frequent and intense, you may have a condition called bipolar disorder, in which you may swing from periods of depression to mania.

If you suspect that you have any of these conditions, it's crucial that you get professional help in treating them while you're pregnant. Research has shown that untreated emotional health problems can affect your baby's physical well-being and increase your risk of preterm labor and [postpartum depression](#). Both psychotherapy and [medication](#) can be very effective in treating these conditions so that you and your baby can be well during pregnancy and afterward.

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Postpartum: First 6 Weeks After Childbirth - Coping With the **AFTER** Pregnancy Emotions

Feeling blue when your baby is brand-new http://www.babycenter.com/0_the-baby-blues_11704.bc

Having a baby can be both exhilarating and exhausting. It can bring much joy, but it can also challenge you in ways you never expected. Soon after giving birth, many women feel weepy and moody. You may be blessed with a beautiful baby and a loving partner, yet you find yourself crying over things that usually wouldn't bother you.

You may also feel exhausted, unable to sleep, trapped, or anxious. Your appetite may increase or decrease, or you might feel irritable, nervous, worried about being a good mother, or afraid that being a mother will never feel better than it does right now. Rest assured: All these feelings — known as the "baby blues" or "postpartum blues" — are normal during the first couple of weeks after childbirth. In fact, up to 80 percent of new moms experience them.

Causes and treatment of the baby blues

After birth, your body changes rapidly. Your hormone levels drop, your milk comes in and your [breasts may become engorged](#), and you may feel exhausted. These physical realities can bring on the baby blues.

Emotional factors also contribute to the blues. You may feel anxious about your baby's well-being, your transition to motherhood, or adjusting to your new routine. Your new responsibilities can feel overwhelming.

The good thing is that the baby blues aren't an illness, and they will go away on their own. No treatment is necessary other than reassurance, [support](#) from family and friends, rest, and time. [Sleep deprivation](#) can make the blues worse, so make an effort to rest whenever you can. Even a [ten-minute nap](#) can leave you feeling better.

When someone you know has the baby blues

Partners, friends, and relatives: The best thing you can do is reassure the new mother that many women feel this way after giving birth. She's exhausted, she's unsure of herself, and, if it's her first child, she's never done any of this before. No wonder she feels overwhelmed!

Just listen to her. Encourage her to cry if she needs to. Tell her what a wonderful job she's doing. Keep visitors to a minimum. Take phone messages for her. Tell her she doesn't have to send out thank-you cards now. Make dinner for her. Help her create a schedule and set priorities — things that must be done versus things that can wait.

Give her permission to take care of herself, too. Insist that she rest as much as possible, and volunteer to watch the baby while she naps. Above all, let her know you're there for her no matter what.

Baby blues or postpartum depression?

People often confuse the baby blues with [postpartum depression \(PPD\)](#) because they have common symptoms. So how do you know whether you're going through the baby blues or a clinical depression?

If you're in the first couple of postpartum weeks, expect some emotional upheaval. But if you continue to feel this way for more than two to three weeks after giving birth, call your doctor or midwife and seek professional support. The same goes if you have a history of depression, if there's depression in your family of origin, or if symptoms — such as negative thoughts or feelings of anxiety — are particularly troublesome.

Having a new baby is exciting. But it also can be exhausting and stressful. It's common to feel a range of emotions at this time.

Tips for [coping during the postpartum period](#) include accepting help from others, eating well and drinking plenty of fluids, getting rest whenever you can, limiting visitors, getting some time to yourself, and seeking the company of other women who have new babies.

Expect changes in your relationship

If you have a partner and this is your first baby, your focus may have shifted from being part of a couple to [being parents](#). That's a common—and wonderful—change. But it can take some time to adjust. You and your partner may not have as much time or energy for each other for a while. But you also will get to know each other in new ways, as parents.

It is common to have little interest in [sex](#) for a while after [childbirth](#). During the time when your body is recovering and your baby has many needs, you and your partner will need to be patient with one another. Talking together is a good way to deal with the changes in your [sexuality after childbirth](#).

Watch out for depression

"[Baby blues](#)" are common for the first 1 to 2 weeks after birth. You may cry or feel sad or irritable for no reason. If your symptoms last for more than a few weeks, or if you feel very depressed, ask your doctor for help. You may have [postpartum depression](#). It can be treated. Support groups and counseling can help. Sometimes medicine can also help. For more information, see the topic [Postpartum Depression](#).

Get support from others

If you're feeling tired or overwhelmed, talk to your partner, friends, and family about your feelings. You also might want to:

- Go for walks with your baby.
- Find a class for new mothers and new babies that has an [exercise](#) time.
- Try [yoga](#), [meditation](#), [massage](#), or other ways to cope with stress. For more information, see the topic [Stress Management](#).

Husbands and family Understanding Postpartum Depression

- Postpartum depression (PPD) affect 20% of all postpartum women.
- PPD is a medical condition that can be treated successfully.
- PPD is a clinical depression that can occur any time immediately after birth up to a year postpartum.
- If your wife has been diagnosed with PPD, it's very important for you to be informed and part of the treatment.
- PPD can strike without warning -- in women with no history of depression or women who have had it before. It can happen to women who are highly successful in their careers or women who stay home with their children. It can strike women in stable marriages and conflictual marriages, as well as single women, and adoptive mothers. It can happen to women who love their baby more than anything in the world. It can happen after the first baby, or after the fourth.
- It can happen to women who swore it would never happen to them.
- It is not completely understood why PPD affects some women and not others -- why women who have many risk factors may no experience it, and others who have no risk factors may end up with a full blown episode.
- Women are twice as likely to experience depression than men.
- Women are most at risk to experience emotional illness following the birth of a baby than at any other time.
- PPD is a real illness.
- She is not making this up.
- This did not happen because she's a bad mother, or doesn't love her baby enough.
- It did not happen because she's having negative thoughts about herself or about you or about your baby.
- It did not happen because she is weak and not working hard enough to get better.
- She cannot "snap out of it."
- This is not fair. This is not what you expected. But if your wife has been diagnosed with PPD, it will take a while for her to recover. Recovery may take weeks to months.
- She will get better. She will return to her "normal" self. She will begin to experience pleasure again. This will not happen overnight.
- The more supportive you are of her treatment, the smoother her recovery will be.
- PPD is nobody's fault. It is not your wife's fault. It is not your fault.
- Try to reassure your wife that there is *nothing* she has done to make this happen.
- Often, when we are struck by something *we do* not understand, we try to cast blame on someone or something. This will be counterproductive.
- Remember that we do not know exactly why this happened. What *we do* know is what to do to maximize the healing process.
- Do not spend excessive energy trying to figure out what went wrong or why this happened. Your search for reason will frustrate you and it will keep your wife spinning along side of you. Save your energy for navigating through this unfamiliar territory.

What to say

Her moods and emotional vulnerability will get in the way of good communication for now. Here's what you're up against:

-If you tell her you love her, she won't believe you.

-If you tell her she's a good mother, she'll think you're just saying that to make her feel better.

-If you tell her she's beautiful, she'll assume you're lying.

-If you tell her not to worry about anything, she'll think you have no idea how bad she feels.

-If you tell her you'll come home early to help her, she'll feel guilty.

-If you tell her you have to work late, she'll think you don't care.

But you can:

- Tell her you know she feels terrible.
- Tell her she will get better.
- Tell her she is doing all the right things to get better (therapy, medication, etc.).
- Tell her she can still be a good mother and feel terrible.

- Tell her it's okay to make mistakes, she doesn't have to do everything perfectly.
- Tell her you know how hard she's working at this right now.
- Tell her to let you know what she needs you to do to help.
- Tell her you know she's doing the best she can.
- Tell her you love her.
- Tell her your baby will be fine.

What NOT to say

- Do not tell her she should get over this.
- Do not tell her you are tired of her feeling this way.
- Do not tell her this should be the happiest time of her life.
- Do not tell her you liked her better the way she was before.
- Do not tell her she'll snap out of this.
- Do not tell her she would feel better if only: she were working, she were not working, she got out of the house more, stayed home more, etc.
- Do not tell her she should lose weight, color her hair, buy new clothes, etc.
- Do not tell her all new mothers feel this way.
- Do not tell her this is just a phase.
- Do not tell her if she wanted a baby, this is what she has to go through.
- Do not tell her you know she's strong enough to get through this on her own and she doesn't need help.

Things you should know about her treatment

- Good therapy can be expensive. But expensive therapy isn't always good.
- Getting help for your wife has to be the priority here. If you are more worried about how much it costs, she will stay sick longer.
- Her illness is real. She needs treatment.

So, how do you know if her therapist or doctor is good? Ask yourself these questions:

- Did you feel comfortable with this person? (Yes, you should attend a session).
- Does your wife like him/her? (This is more important than you might think. Connecting with this person is half the battle)
- How does your wife feel about her sessions?
- Does she think it's helping?
- Does she feel good about going?
- Does she trust this person and feel comfortable talking?

Try to find someone who works short-term and focuses on the here-and-now, rather than issues from the past. These issues are important, but not necessarily productive at the outset, when we want to manage symptoms.

The cost of treatment is a very real concern. But so is her staying sick, isn't it? Please do not let the financial issues get in the way of her getting the help she needs. There are options. Sliding scales. Insurance plans. Payment schedules. Bringing up your worries about the money can actually sabotage her recovery by making her feel guilty. Be careful how you do that.

Encourage your wife to discuss any financial concerns with her therapist. Contact your insurance company. Depending on your particular plan, find out whether you need a referral from your primary and if so, try to find a therapist who is a provider for your network. If not, find out whether or not they reimburse this particular therapist. Most insurance companies will ask you the therapist's credentials to determine reimbursement. If the therapist is not covered at all, find out what arrangement can be made.

Yes, you should go to a session with her. Some women like their husbands to join them for the first one. Others prefer their husbands wait until a relationship has been established with the therapist. Ask your wife if she'd like you to go with her and when. Then do it.

You are going for a few reasons:

- To show your support;
- To meet her therapist and see who's "taking care" of her;

- To ask questions, to get information, to receive support;
- To provide information to the therapist about your wife, your relationship, relevant history, etc.

PPD becomes a family issue. Do not let your wife carry the load of this illness alone. Supporting her decision to go to therapy is vital for her recovery. Remember, therapy for PPD should be short-term. In therapy terms, this usually means 3-5 months. But she should receive initial relief right away. Depending on the severity of her illness, she should start feeling somewhat better in the first few weeks.

Emergency situations

- If your wife tells you she cannot take this pain anymore, it's a very serious statement that means it's time for an evaluation by someone who specializes in the treatment of depression.
- Remember, her thoughts are distorted and it is possible that things feel much worse to her than they appear to you.
- It is not up to you to determine whether she's at risk for **hurting herself** or someone else. A professional should determine it.
- Stay with her. Ask her if she feels safe from harm. Help her make an appointment with someone she feels can help her. Call her doctor. Do not leave her alone.

The following situations are rare, but warrant immediate intervention. Emergency situations mean you should take her to the closest hospital, call 911. DO NOT LEAVE HER ALONE FOR ANY REASON:

- Talk of hurting herself;
- Bizarre thinking patterns, hallucinations, delusions;
- No sleep in several days. This means NO sleep, usually coupled with manic-like symptoms. Sleep deprivation can worsen symptoms;
- Noticeable withdrawal from all social contact;
- Preoccupation with death, morbid ideas, or religious ideation;
- Persistent feelings of despair and hopelessness;
- Expressions such as: "My children would be better off without me here."

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Fathers can also experience emotional 'highs' and 'lows' after the birth. For some it is the sheer excitement of having witnessed their baby being born, possibly with feelings of euphoria and amazement, or perhaps extreme relief that your partner and the baby are both O.K. This can often be mixed with feeling physically exhausted, and possibly gradually having a realization of actually being a 'father' and/or having a new sense of responsibility.