

Why Postpartum Depression Does Not Discriminate

By Michelle Brubaker | February 23, 2016

When Erika and Mike Grimstead welcomed their baby boy, Mason, in July, the couple was expecting an abundance of excitement and happiness to fill their home, like when their daughter, Alexis, was born a few years earlier. But Mason's newborn cries and struggles with breastfeeding set the mother of two into an emotional tail spin, causing unbearable levels of stress and serious concern.



"Several days after my son was born, I knew something was very wrong," said Erika. "I didn't want to hold him and didn't feel a connection. These emotions were all new to me, and I felt like I was the only one in the world going through this."

"She just didn't seem present," said Mike, who serves in the United States Navy. "One day during a car ride, we opened up to each other about the reality of

what was going on. We agreed an intervention was needed."

Erika had been seeing a therapist with the Reproductive Mental Health Program at UC San Diego Health during her pregnancy due to anxiety surrounding pre-natal complications and a scheduled cesarean section. She decided to let her therapist know about the worrisome feelings she was now battling.

"I was diagnosed with severe postpartum depression," said Erika. "I was so relieved my therapist didn't minimize my feelings and took my situation so seriously."

The Reproductive Mental Health Program is the first of its kind in San Diego and helps patients manage anxiety, depression or other emotional concerns associated with reproductive function and sexual health. The program serves all family dynamics, including a father dealing with

postpartum depression or addressing a subset of concerns a same sex couple may have, like whose egg will be used or who will carry the baby.

“We work with patients in all stages of life, from infertility and pre-natal issues to postpartum depression and menopause,” said [Alison Reminick, MD](#), psychiatrist at UC San Diego Health. “Having therapists embedded into the clinical setting with a team approach significantly increases the chances of patients being properly identified, diagnosed and treated.”

The program specializes in helping patients through individual, couples or group therapy sessions with medication management if needed. Erika was treated with individual and couples counseling, along with medication.

“When I am feeling overwhelmed, I have learned to shift my focus by giving my son a bath or singing to him,” she said. “Wearing Mason in a carrier has also helped me bond with him so much more.”

Reminick says 10 to 20 percent of women suffer from postpartum depression. Recently, the U.S. Preventive Services Task Force issued a recommendation that pregnant women and new mothers need more attention when it comes to screening for depression.

“It’s critical that women are screened during prenatal and postpartum visits to assess where they are emotionally and if there is an area of concern that needs to be addressed,” said Reminick. “Left untreated, depression can lead to a harmful situation for both the mother and her baby.”

And postpartum depression is not just a woman’s issue. A father has a 25 to 50 percent chance of experiencing postpartum depression if his wife is going through it.

“Having a baby can be the most vulnerable time for a couple to experience the burgeoning of a mood or anxiety disorder. A husband can feel like he has been replaced,” said Reminick. “Men and women also tend to be more reluctant to express their feelings during this time and may suffer in silence, which is why we offer our expertise, counseling and education to both moms and dads.”

Mike did not face depression but admits the condition caused a lot of tension in the household. He went through extensive couples counseling with Erika to learn how to help his wife and rebuild a strong family unit during a difficult time.

“Men need to know the signs of postpartum depression and understand the severity of the condition both for their wives and themselves,” said Mike. “This is not something that will blow off or just go away on its own. The Reproductive Mental Health Program taught me how to participate in Erika’s healing process. If she’s having a bad day, I now know how to handle it and give her extra support with the kids so she can regroup on her own.”

A large majority of patients seen in the program are San Diego military families, like the Grimsteads, who are dealing with the struggles of parenthood and service requirements, such as deployment.

“This can add another layer of stress and anxiety if a mother or father suddenly finds themselves a single parent,” said Reminick.

“I am stationed in San Diego right now, but I work long hours due to the nature of my job, so it was important that Erika and I felt fully supported with the necessary tools to work through the postpartum depression as a team,” said Mike. “This journey is a marathon, not a sprint, and the right resources need to be in place to get through the bumps on this road to recovery.”

As Mason gets older, Erika said their family is adjusting to a new normal.

“I finally see the light at the end of the tunnel as I look at my son’s big smile and hear his giggles. I am learning how to enjoy my family again,” said Erika. “If someone is experiencing this, I want them to know they are not alone. There are services to help. Please don’t be afraid to reach out and use them.”

A UC San Diego School of Medicine clinical trial, aimed at using sleep and light therapies instead of medication to treat premenstrual, pregnancy, postpartum and menopausal depression is also recruiting women with and without depressive symptoms related to the reproductive cycle. Compensation is available. For more information, please call 619-543-7393.

Care at UC San Diego Health

[Obstetrics and Gynecology](#)

[Psychiatry](#)

[Reproductive Mental Health](#)
