Postpartum Depression - A Personal Experience

Episode 287 · June 23, 2022 · with Annalise

IN THIS EPISODE

Annalise — a teacher and mother of two — joins Dr. Elliot Berlin, DC to share, with rare candor, what happened after the birth of her first child. Her pregnancy had been largely smooth and she got the unmedicated hospital birth she had hoped for, but it was a long and frightening one: her water broke the day before her due date, labor stalled at eight centimeters, and a fast delivery ended in a third-degree tear and a traumatic repair. In the weeks that followed, Annalise began to feel unlike herself — unable to be alone with her baby, visited by intrusive thoughts she had never had before, and too frightened to say any of it out loud, even on the screening questionnaires at her postpartum visits. She and Dr. Elliot Berlin, DC talk through what those early weeks actually felt like, why she hid what was happening, what finally led her to pick up the phone and call a therapist, and the questions she was still carrying about what help could look like.

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DR. ELLIOT BERLIN, DC: Welcome to the informed pregnancy and parenting podcast. I'm your host prenatal focus chiropractor. Dr. Elliott Berlin The period of time after giving birth is generally filled with a mixed bag of strong emotions Jumbled in that sentimental potpourri may be feelings of joy and excitement together with sadness worry or both While baby blues are typical and generally pass over time Deeper feelings of anxiety and depression may need to be addressed with a mental health professional My guest today is a teacher by trade and she's a mom of two She courageously joins us to talk about her experience with postpartum depression dysphoria and ocd

DR. ELLIOT BERLIN, DC: Following the birth of her first child and how she is now volunteering to help others get much needed support Annalise, welcome to the podcast

ANNALISE: Thank you. Thanks for having me here

DR. ELLIOT BERLIN, DC: I always tell my guests. Thanks for sharing personal stories, but this one's tough And it's very very personal and I just appreciate you for coming. I know why you're here I know that it's to help other people Who might be faced with similar situations and um, I know it is going to help a lot of people. So thank you Let's start with the beginning. So you're from the west coast originally

ANNALISE: Yeah

DR. ELLIOT BERLIN, DC: and then did you always see yourself as Having kids having family

ANNALISE: So it's so funny because I remember at some point before I got married I went to my doctor just for like a regular exam and she was like, oh so so nice. You're getting married Are you planning on using birth control or do you feel ready to have kids? And I was like, yeah for sure i'm ready to have kids and she was like, are you sure and I was like Yeah, like i'm totally ready and I felt like someone who's super capable mature responsible Like I could do this and it was not even like a thought that crossed my mind that it might be difficult at all

DR. ELLIOT BERLIN, DC: Difficult having kids are difficult getting pregnant

ANNALISE: Oh good question. Um having the kids and dealing with them after

DR. ELLIOT BERLIN, DC: Okay, so it sounds like it didn't cross your mind that either might be difficult

ANNALISE: I guess

DR. ELLIOT BERLIN, DC: Yeah, um, but you're on the younger side for when most people have kids today and did it take a long time?

ANNALISE: No, it took three months

DR. ELLIOT BERLIN, DC: Three months and was that a happy surprise?

ANNALISE: Yeah, it was really exciting. I was like kind of wanting to get pregnant right away I don't know. It was like just an exciting thing. We wanted to have a baby and We were super excited

DR. ELLIOT BERLIN, DC: Do you have younger siblings?

ANNALISE: So I do but not any that were like babies or kids. They were all like older school age So I wasn't really like spending any time Personally like in my house with babies it was like, you know grown children. So your baby is your first baby Yeah

DR. ELLIOT BERLIN, DC: And how was pregnancy for you?

ANNALISE: The pregnancy was really decent like thinking back there was some start of anxiety where I know I would worry like Especially closer to the end of the pregnancy Like if I'd have a still birth or like if my baby would make it or if the baby would be, you know healthy I remember going for the 20-week like very comprehensive ultrasound and like just really being like so nervous and thank god everything was fine, but like There was definitely some anxiety that started during the pregnancy.

But overall it was really fine There wasn't anything that stood out to me as like concerning.

DR. ELLIOT BERLIN, DC: Now that you know more about yourself, would you say that the anxiousness that you felt there was typical or more worrisome than typical? And also, did you have any signs of those kinds of strong emotions prior to pregnancy now looking back?

ANNALISE: So I think it's very normal for people to have a thought here or there. And like, I've spoken to friends or whatever after, and they would also, let's say, like, it's very normal to be worried if the baby's healthy. I think the question is, how often are you being worried about that and how worried are you? Like, is it really like stopping you from functioning or whatever? Like what degree of worrying and how often it is that is like when it becomes an issue. So I think you have to judge it by like how often and how intense it is.

DR. ELLIOT BERLIN, DC: You know, and for you, was it often an intense during pregnancy or also before pregnancy or did something shift?

ANNALISE: Oh, before pregnancy, yeah. So it's so funny because I always considered myself like very normal, very healthy, mental health was like not something I struggled with that I knew of. I would say I was prone to some OCD stuff. Like I would always check the door, you know, to see that I locked it like two times or three times or check that the flame, I shut off the flame on the stove, but it wasn't like anything that I really noticed or stopped my life. I remember once asking my mom, like, I don't know, is this an issue? I always check that the door is locked and she's like, oh, it's fine. As long as you're not doing it more than like a few times. And I was like, shoot. Sometimes I check like 10 times.

ANNALISE: Now I don't really do that anymore, but it wasn't never something that really like, you know, made me think that there's something going on that needs to be dealt with professionally. Like I was really taken by a big surprise after my baby was born. I didn't like really think anything was not right before.

DR. ELLIOT BERLIN, DC: What were you planning for birth? Did you have a vision of how you wanted it to go?

ANNALISE: So I wanted to give birth naturally in a hospital, but without an epidural, hopefully no C-section.

DR. ELLIOT BERLIN, DC: What motivated that for you?

ANNALISE: So honestly, I mean, the epidural scared me a little because I have a very sensitive back and I know it goes into your spine. So I was a little bit hesitant there. And like, there's the few horror stories, which, you know, everyone tells you to dismiss, but I did feel a little bit of pressure from like some family to do it naturally. So I was like, okay, I'll give it a try and like, leave my options open. I ended up doing it naturally both births, but the first birth was totally not what I imagined.

DR. ELLIOT BERLIN, DC: How did your labor start?

ANNALISE: So I was out with friends for dinner and I was feeling like really intense cramps in my stomach. And I was like, this is more than like what I think is normal. And that night my waters broke

and I called my doula and she's like, okay, you're having a baby within 24 hours. And I was like, what? I'm actually having a baby within 24 hours. Like I'm going to be a mom. She was like, yeah. And it was just felt so like a dream, almost a good dream or just a dream, no, a really good dream. And also relieving because I was like done being pregnant.

DR. ELLIOT BERLIN, DC: Well, so first of all, where were you in relation to your due date?

ANNALISE: Oh, the day before.

DR. ELLIOT BERLIN, DC: Oh, so very close.

ANNALISE: Yeah. Yeah.

DR. ELLIOT BERLIN, DC: And because you said your pregnancy like was pretty good. So it's not like you're in a lot of pain.

ANNALISE: So towards the end, I actually developed like borderline preeclampsia where like your blood pressure could go really high. So they didn't want to have me like coming in almost every day at that point, like that last week or two to be checked, but there were no issues with that. It only just meant that for future pregnancies, I had to take aspirin. I felt good. It's just like, you know, you're carrying around this heavy stomach. So it's just uncomfortable, but it wasn't like painful or anything. Okay.

DR. ELLIOT BERLIN, DC: So you water broke. You said you were like having strong stomach pains before that happened that continue afterwards.

ANNALISE: So then it like paused and then I would say like two hours later was when my water broke and that was, let's say at 10 PM that night. And big mistake. Like I feel like anyone who's nearing the end of their pregnancy should like not do this. I didn't eat well that day. I like had it supple the night before and this started in the evening. So I feel like anyone who's nearing like in their ninth month should just like have good schedules and eating habits every day because you need all the energy you could get. Yeah.

DR. ELLIOT BERLIN, DC: How did things progress overnight?

ANNALISE: So it got really intense and my dual actually came to my house and was like supporting me there. And my husband was helpful. So 10 PM, she came probably like in middle of the night, like at 2 AM. And then I was very nervous. So it was kind of slowing things down. And then at 1 PM the next day, she's like, okay, your water's broke. You have a time limit. We need. to go to the hospital. So we went.

DR. ELLIOT BERLIN, DC: And how did things go at the hospital?

ANNALISE: So I was greeted by a very unfriendly nurse. She was like in the triage, she was very cold and the doula was with me, thank God, which I was so grateful for. I always tell people to have a doula because it just, they're there to advocate for you. And like, it's so reassuring. So she was like, that nurse is very rude. Like it's not how things should be, whatever.

DR. ELLIOT BERLIN, DC: This is pre-pandemic.

ANNALISE: Yeah, yeah.

DR. ELLIOT BERLIN, DC: Could still bring people with you.

ANNALISE: Yeah, yeah. So what happened was they put me in a room. They're like, hey, you have 24 hours, which technically was till 10 p.m. that night. And it was 1 p.m. then. So I was like having contractions on and off. They were very intense. I had back labor. So I was feeling things really strong in my back, which is really painful.

DR. ELLIOT BERLIN, DC: At that time, did you still not consider drug options?

ANNALISE: Yeah, so at that point I was like, I could do this. I could do this. I also like, I did try to plan certain things in advance to make it more comfortable. Like I went to the hospital, but I brought like smart water that I like. And I told them I'm wearing my own clothing and they made me sign that they can rip my clothes if I need a C-section. Like I just did things to make it more comfortable for myself. And then it was getting really intense. And by the time I asked for an epidural, they said, sorry, you can't have one. You're too far along. So I didn't want one.

DR. ELLIOT BERLIN, DC: A lot of people's nightmare, but that generally means you're very, very close.

ANNALISE: Well, what happened was with me that I was eight centimeters and my labor paused for about five hours.

DR. ELLIOT BERLIN, DC: Oh, and they still wouldn't give you an epidural. Why not?

ANNALISE: So they had to give me oxygen because the baby's heart rate was going down. So it was on oxygen. My labor was paused. And I had fluid also, because the fluid was running out. So they inserted fluid, like amniotic fluid. They have like a fake one or whatever the word is. And then they like had to-

DR. ELLIOT BERLIN, DC: Confusion?

ANNALISE: I guess they had to keep that like, you know, inserted. At some point, basically they're like, okay, either you're having an emergency C-section or you're delivering this baby because my waters have broke.

DR. ELLIOT BERLIN, DC: So how would you deliver the baby if you weren't ready yet?

ANNALISE: Yeah, so I wasn't ready. So they said, okay, either you're having a C-section or we're going to give you a pitocin to like boost things.

DR. ELLIOT BERLIN, DC: Oh, wow. And still no epidural, just a pitocin.

ANNALISE: I felt like I was not in this world, like in another world, literally. I didn't know what time it was. I had no clue who was around me. It was really pretty intense and painful. I did fall asleep for a little, which was relieving. But I mean, my doula fell asleep even at that point because she was like with me for so long. And it's interesting because they ended up letting me go past the 24 hours. I don't know if that was good or not because it shows they were a little bit lax, but I'm happy because I got to

deliver vaginally. In the end, they gave me a little pitocin and like my labor just kicked off and the baby, it happened really fast after that.

DR. ELLIOT BERLIN, DC: Oh, wow. Was the pitocin different? Did the contractions, I mean, maybe you're out of it at this point, but do you recall if the contractions felt different than your natural contractions prior to the stall? Because they say it's like more intense and painful.

ANNALISE: So actually it's funny because they gave me just like fluid for hydration. And I was like, did you give me an epidural? Because like, I guess I was so out of it that the fluid was so reviving because they don't also let you eat and stuff and it's been so many hours. So the contractions though, it could be, but not enough that it stands out to me. So I guess it wasn't too bad. I was pushing. So I literally pushed for like two minutes and the baby came lying out, which means I had a third degree tear.

DR. ELLIOT BERLIN, DC: Oh, really falling out.

ANNALISE: Stitching, yeah. So the pushing was really quick. Like the doctor was like, came running. The worst part, almost probably I could say if the labor was being stitched up after because they couldn't numb me, it was so bad. The bleeding and they like brought in an extra doctor because the first doctor couldn't take care of it herself.

DR. ELLIOT BERLIN, DC: Wow.

ANNALISE: So that was probably like the traumatic part for me, the stitching up when I have like this baby on me crying and it was just horrible pain, you know, from the stitching and they're like, sorry, ma'am, we can't numb you. We have to get this under control. So that was kind of what the birth was like.

DR. ELLIOT BERLIN, DC: Well, before we go to a quick break, I just wonder a third degree tear is pretty intense. Did you not? Cause you said the worst part was the stitching. So was the stitching worse than the tearing?

ANNALISE: Yeah, the tearing was so fast and it's really relieving also because suddenly like the baby's out. I don't know. It was fine, but the stitching was bad.

DR. ELLIOT BERLIN, DC: So sorry. All right, Emily, so let's take a break. We'll come right back and find out how postpartum evolved. Welcome back. We're talking to Alan. So just to recap, got married three months later, pregnant nine months later, have the baby. You're hoping for a hospital birth with no medication. You ended up with a hospital birth with no pain medication, but some pitocin, kind of like a scary 24 hours and then a big tear. That was pretty intense when it was being repaired by not one, but two surgeons. So then after that, I mean, you were very excited to get pregnant, very excited to have a baby. It felt like a dream. What happened like that moment

ANNALISE: you got to put the baby on you? So I was exhausted as not even the word and like starving hungry. So it was 28 hours, my labor actually to be exact. When they put the baby on me, the baby was screaming and like peaked on me to be quite honest. So I like look and I'm just like, I didn't even know what to think. I was just like beyond, I don't know. It was just like so much at once. I was

ever pooped on you before. Exactly. Also I did not feel that like immediate feeling of like love. This is my child. No, none of that. Nothing like magical if that's what you meant. Yeah. Well, I just wondered like the whole thing, the whole experience, I think right when they put the baby on me, first of all, I didn't know

ANNALISE: what gender it was. So I would, that was like a big thing. Like, is it a boy, is it a girl? And also I was just really concerned about the baby being like healthy breathing and all that. I don't think I was really thinking about like the excitement and the love as much as like, is the baby okay? Is the baby okay? Were you still being stitched when they put

DR. ELLIOT BERLIN, DC: the baby on you? Yeah. Oh, okay. So you're having this traumatic stitching and the baby poops on you and is making a lot of noise and you're food deprived, sleep deprived. I can see why that's not the most magical experience. Yeah, exactly. How was everybody

ANNALISE: else in the room? Like literally like half asleep. They were exhausted. I had three people with me there, like my doula and two family members. Everyone was exhausted, really happy, but it was like a long, long process. Did you stay in the hospital for just a day? So that's what they would like, but I was not able to leave after 24 hours. I wasn't able to walk on my own to the restroom in the room because I would fall. They were like considering a blood transfusion because I had lost so much blood with the tear, but I didn't need one. However, like they literally couldn't send me home because I couldn't walk on my own. So they were like, until you could walk on your own,

ANNALISE: you can't go. I don't remember how long I stayed there. It might've been three days.

DR. ELLIOT BERLIN, DC: I'm curious. Did you want to go home and they kept you there or you were happy to stay there?

ANNALISE: Cuz I'm doing more support. I was happy to stay there. There was no way I was able to go like I wasn't Physically like well enough to like walk

DR. ELLIOT BERLIN, DC: You know what I mean your transfusion cuz you lost a lot of blood

ANNALISE: Yeah, I was getting dizzy when I would try to walk. I was weak. I was in a lot of pain. I Couldn't go the bathroom. I couldn't do anything And I was happy to have the nurses there you like press a button and they come running to help you with the baby So I was not running out of the hospital at all though with my second. I was so

DR. ELLIOT BERLIN, DC: So then over those few days you're still with the baby

ANNALISE: How does your relationship with your newborn progress? So I remember okay, so I gave birth at 2 a.m And I don't know like an hour or two later We ended up in I forgot where they take you next Yeah, I guess with their baby and the baby's like quiet and so sweet and my husband's with me and we both like lie Down we're about to fall asleep and then we hear screaming and we both look at each other and then we're like, okay I guess one of us is supposed to get up and like take the baby. It was like the first time It was just so funny. We were like who's gonna take the baby whatever I think my husband took her but I was feeling positive feelings at that point I like put on like nice slow music and it was a very positive experience at that point

ANNALISE: the baby was out and we were just so happy that we had a baby and Yeah, that was actually nice. I mean the nursing part was a little bit difficult for me But aside from that it was nice. I guess So technically difficult like just no one ever taught me how to nurse I always tell moms who are expecting to like see a lactation consultant before they have the baby and After just so they're not like so surprised. I mean my doula was like here she put the baby on me She's like, okay gotta run

DR. ELLIOT BERLIN, DC: Okay long birth I'm out. I mean I have a thought on this I've shared before in the podcast Which is that it wasn't that long ago in the history of time when you grew up on the family property And we're surrounded by relatives, you know around the house around the village just Pregnant giving birth breastfeeding caring for a newborn and now we don't really have any exposure to it So, you know on the one hand, it's like well, the elephants don't have any lactation concern, but they kind of do and we don't So that's where those professions come from

ANNALISE: Sorry, I remember someone telling me like a friend before I had the baby She's like, so are you going home after you have the baby or are you going to your mom and I was like home And she was like, wow, you're so brave and I was like, what do you mean? Like it's fine

DR. ELLIOT BERLIN, DC: How was it when I got home

ANNALISE: So we got home. We were not prepared. We didn't know exactly like what we needed to have for the baby I mean the basics we had but I remember like Obviously not me but my husband and my mom like running to Target running here running there getting things together for the baby She was small ish she was like six pounds maybe so also like just when the baby's smaller Everything is like so delicate. But at first it was fine And then So I'm for sure gonna miss out details cuz so much happened But I feel like this must have been like a week after I got home or so Maybe a little bit longer. I suddenly was just not feeling myself and there was something wrong It was about a month after I got home with the baby

ANNALISE: I just realized I was like something is wrong and I remember like actually like wondering if the brain could change from the birth experience or from like having a child because I didn't recognize myself anymore and it was very weird to me because I'm always in general someone who's very in tune with myself and like in control and Suddenly there were like foreign thoughts coming into my head or I didn't feel Confident to take care of my baby and I was like begging my husband to stay with me and I couldn't be alone and I Didn't trust myself to watch the baby. I Was just not feeling right and I knew there was something wrong, but I had no idea what

DR. ELLIOT BERLIN, DC: And who did you talk to about it? Just your husband or did you seek help from other people?

ANNALISE: So I have so much to say about this I feel like first of all, you know postpartum struggles are super common But people are very quiet about it and I was scared to say anything at first. I was like scared eventually, like I told my husband I was like something's wrong something's wrong and I Mean we were both really clueless about you know, what could happen and postpartum mental health challenges we really didn't know anything so I think that was the hardest part just not knowing what was going on and Really being like lost in that sense eventually I mentioned, you know, to a friend or two that I was having a hard time, eventually, like months later, I got in touch with a therapist

and stuff, but that was only like much later.

DR. ELLIOT BERLIN, DC: And did you not get in touch with a therapist because you didn't think it was at that level? Like you didn't realize the extent of what was happening?

ANNALISE: Um, I didn't get in touch with a therapist because I think I was also scared to admit what was going on. And I actually remember, like, when I did start looking into therapist options, I spoke to a few over the phone and finally I spoke to one and I said to her, like, sometimes like I have thoughts of like throwing my baby out the window or running my baby over with the car. And she was like, Oh, I know you would never do that. Like it's okay. It's a thought and it's not going to be an action. And I was just like, so relieved to hear that because I was like, you're right. I don't want to do that. And it's just like coming in my head without me choosing it to be there. She ended up being my therapist. It was amazing.

DR. ELLIOT BERLIN, DC: Well, that's really intense.

ANNALISE: Yeah.

DR. ELLIOT BERLIN, DC: That's really intense thought. And you never had anything like that before pregnancy.

ANNALISE: No, not at all.

DR. ELLIOT BERLIN, DC: Were there things that brought on that intensity? Like would it come in waves or did it start to become pretty constant?

ANNALISE: So good question. I did experiment with like some form of birth control that had hormones, which made things like on fire really bad, which I stopped quickly. That like literally it was probably the scariest thing in my life where like these concerning thoughts were like actually tempting to follow through on versus just being there as a thought. So that was very scary for me. It was just like a two, three week thing. I got off it right away and then I was fine, but it became pretty often. I mean, whenever people were around, I would say it was better because I didn't feel like I'm responsible for the baby on my own. But even when people were around, I remember like having, you know, family or

ANNALISE: friends visit and I was like not present and I was not myself. I was terrified of kitchen knives and scared that I would like harm my baby with a knife. I was scared to go in the kitchen. And it's crazy because once I went to therapy, I found out these things are really not so rare. People do think that, but no one told me before.

DR. ELLIOT BERLIN, DC: Yeah, you know, I would say not extremely common, but more common than anybody would guess.

ANNALISE: Yeah.

DR. ELLIOT BERLIN, DC: Did those kind of thoughts, were they always reflected towards the baby or did you think of self-harm?

ANNALISE: Oh, self-harm for sure. I remember so sad to remember this, but I remember going for a massage like, you know, I don't know, two months after the baby was born. And I remember the massage was great. It finished and I was like, I'm not going home. Like I can't, I can't do a night with the baby. It was like the nights were so hard and I wanted to just like kill myself. Literally. I was like, I can't do this. And I was crying. Then I went home and I made it through the night.

DR. ELLIOT BERLIN, DC: Did the breastfeeding get any easier?

ANNALISE: No, it got worse. I did try seeing like where my doctor is. There are lactation consultants. They were not helpful at all. I did see trying a private one who came to my house. She also was not helpful enough. I think I could have probably seen someone else who was better and it might have helped me, but I felt, and it's so interesting now, because once I spoke to you and heard about this syndrome.

DR. ELLIOT BERLIN, DC: DMER.

ANNALISE: DMER.

DR. ELLIOT BERLIN, DC: Dysworkmic ejection reflex.

ANNALISE: Yes, everything really came together. But I remember like sitting there at night, nursing my baby and wanting to throw my baby off of me. It was so uncomfortable, not only physically, but just mentally, emotionally

DR. ELLIOT BERLIN, DC: for anyone who didn't listen to your other podcast episode that explains about it, you have a whole interview with the author of the book on DMER that definitely is very informative.

ANNALISE: Yeah. I had lots of those symptoms. Yeah.

DR. ELLIOT BERLIN, DC: I mean, it wasn't necessarily a mechanical issue anymore. Like you could latch.

ANNALISE: Yeah. I was able to latch and I had milk as well. It was sometimes painful, but it became more of an emotional mental struggle where I was just like crying or just feeling depressed or whatever. Like everyone was like bonding. Nursing is bonding. Not for me. Yeah.

DR. ELLIOT BERLIN, DC: It's just such a weird dynamic because I know you, I've gotten to know you and you're real as it comes. And to judge a book by its cover, you would think this is the ultimate mommy who has the ultimate love for baby. And it's true, but to have those insane roadblocks and just really steep challenges in terms of mothering, it's kind of amazing. I think it's true. Somebody who would just. hear you talk and say, oh, yeah, I just wanted to throw my baby out the window. I was afraid to go in her kitchen. We'll think you're absolutely not fit to be a mother. And I assume that's what people worry about is that feeling and why sometimes you don't speak up or feel uncomfortable talking to your doctor or other providers around you.

DR. ELLIOT BERLIN, DC: Um, but it's the farthest thing from the truth. Anybody who is a child of yours is incredibly lucky to be so. And I'm glad that you ultimately got help and figured it out and that

you're turning a good portion of your time now into helping other people. You know, emotion for you is still not smooth sailing. It's not super easy, but it's gotten a lot better and soon we'll talk about how, but in the moment, knowing that you wanted to be such a great mom to your baby, were you able to pull it off?

ANNALISE: So I guess I'm really amazing because I was a much of a perfectionist and I always envisioned myself being like the best mom, and I wanted to be the best mom for this baby that I did not feel any love for at that point. And I did it. I did it. I was cooking and taking care of the baby. The baby was always clean and bathed and I would sing songs to her and everything, like I took care of everything. I was on top of all the appointments. Um, like if you would have walked into my house, things probably looked great. I'm very like on top of things, but at the same time, I was literally a disaster, but you wouldn't know that necessarily unless you knew best

DR. ELLIOT BERLIN, DC: doctor in the lead role. It sounds like, so even, you know, six weeks ago for a postpartum visit with the OB, did you mention these things to your doctor? Did they sort of ask about your mental health?

ANNALISE: So the screen for this, they give you like these questionnaires or surveys at every visit at your visits for myself and for the baby. Also, they ask, and the doctor asked me, I was too scared to say anything. I thought that maybe they'll take the baby away. I don't know. Like I was too scared to admit what was going on. So I was just like, I'm fine.

DR. ELLIOT BERLIN, DC: Oh, so you cheated on your screenings.

ANNALISE: Yeah.

DR. ELLIOT BERLIN, DC: Okay. Let's take another little break. I'm going to come back. I want to get into the more specific details of some of the other things that you struggle with. This was sort of just the beginning and how you got help and what things have been helpful to you. We'll take a quick break and we'll be right back to the informed pregnancy podcast. We're talking to Annalise. Okay. So you found a therapist who is very helpful, but now you're talking about like six months in and what was the recommendation? Was it a certain type of talk therapy? Did they recommend medication to help?

ANNALISE: Yeah. So I think one of the reasons I was scared to seek professional help is cause I was terrified of going on medication and I tried any natural option I could find out about herbal things and different diets, supplements and vitamins. And none of it did the job. So I started seeing the therapist and it was, I guess, really talk therapy. She would give me some homework sometimes and it was helping. It gave me clarity on what was going on. She was like, I think you're dealing with postpartum OCD, possibly postpartum anxiety. The depression maybe. And I feel like they say when knowing the problem is half the solution or something. So I think just like knowing sort of what was going on was a relief in a

ANNALISE: sense, because I don't know it like contained the problem for me. Like it was like, okay, this is what's going on. And I was able to like zoom in on that versus just feeling completely not myself and a mess and not knowing what was going on. It was really nice for me to hear like, oh, okay. There are other women who experienced this. This is probably what it is. And the therapist really gave me

tools to, you know, deal with when those thoughts would come up, how to, you know, lower my stress level in general, cause I was trying to do too much and just, you know, take it easy a little bit to like, when my stress level goes up, it triggers the thoughts even more. So really trying to also eat properly nutrition.

ANNALISE: Like I was so paralyzed by all my thoughts and like anxiety. Like there were days when it would be 5 PM. I wasn't working. I stopped working for a bit after the baby, when it would be 5 PM. And I was like, I ain't get dressed, brush my teeth. And I barely ate today because I was taking care of the baby, you know? So she really helped me, you know, kind of manage that and get like technical things, you know, under control, but at a certain point, I really wasn't feeling like it was doing enough. And she did always tell me, like, I want to say medication is an option, but I'm not going to like push it. know, it might be helpful. And I was really, really hesitant. I don't like taking medication

ANNALISE: in general, even like Advil, unless I really need it. Was it different though for these type of

DR. ELLIOT BERLIN, DC: psychotropic medications? Did it have more of an aversion? Did you have more aversion

ANNALISE: because they kind of affect your mind and your feelings? Yeah. Yeah. I was really scared to go near any medications like this. And I associated medication with people who kind of scared me like I didn't want no judgment, you know, but it was like, no, like I'm fine. Like I don't need

DR. ELLIOT BERLIN, DC: that. But I wasn't. Yeah. I think there's stigmas there. I think we're all affected by it. And it's whether conscious or not, we do judge like nobody really talks about it very much. And lots of people are actually on those medications and they can be quite helpful. They can also have side effects, but they can be quite helpful, especially in the right time. Did

ANNALISE: you end up taking the leap? Yeah. So at a certain point, the therapist was really helpful. Also, like something I forgot to mention was like, I remember being very concerned about my relationship with my baby, because since I wasn't feeling that love, like what would it look like when she's older? I was very worried about that. And the therapist really reassured me that it's okay. Like even people who have struggled to, you know, adjust to motherhood could have the most beautiful relationship with their kid when they're older, which I do. So I was really concerned about my relationship with my baby because it was so not natural at first, but the therapist also really helped me work through that and reassured

ANNALISE: me that I can have a great relationship with my daughter when she's older. And even if I struggle with it now, that's fine, which it was true for me. You do have a great relationship with her. Yeah. So at a certain point I was like, this is helpful. The therapy's helpful. It's also really expensive. It was not covered by insurance, but I'm still not doing okay. And I was kind of having phases where like for two weeks I was fine, for two weeks I wasn't. And I thought to kind of start tracking it, like maybe it was related to my hormonal cycle. So I eventually went to somebody who's like a midwife, kind of like a natural midwife that I really liked, who had a very good approach. And I

ANNALISE: went to her and I told her like, I don't know, like I'm going to a therapist, but I never had panic attacks in my life. And I was like getting panic attacks. I was waking up in the middle of the

night, freaking out. Is the baby alive? Also still wanting to occasionally hurt my baby or murder my baby, which you know, like hurts me to say, but it was coming like not as often once I started the therapy, but it was there and it was coming back and leaving, coming back and leaving. And I was like, I'm not going to live like this. Like this is not functional for me. So she said to me, you know, if you're really feeling this way, sometimes you might need medication. And I was so shocked to hear that from her because she's so natural. She's always

ANNALISE: into trying natural things. And she told me like, you know, sometimes, you know, we're lucky that we have medication now that could deal with these things and might be something you should try. And when she told that to me, coming from someone who was so into holistic medicine, I was like, okay, maybe I need to see a psychiatrist. And that's what happened. And then I tried to find a good psychiatrist. I found one who's great. And it was cool because when I told him what was going on, everything was like what he expected to hear almost. And he's like, yep, you're dealing with postpartum OCD, postpartum anxiety. You've had postpartum depression, which is mostly resolved at that point. And you should go on Zoloft. It's used

ANNALISE: to treat all those things. And how has Zoloft been for you? So the frustrating thing, I guess about these medications is you have to give them time. So they say like about three months and a fear of mine was that I had heard of people who tried medications and it didn't work for them. So that's the tricky thing. I think medication, yes, like it was magical for me. It changed everything and it was so helpful. It literally changed my life. And I'm so grateful for that. But I do know people who have to go on different types and try different medications. You know, some work, some don't. Yeah.

DR. ELLIOT BERLIN, DC: I wonder if we can break down the OCD part. What were the symptoms of OCD for you?

ANNALISE: So it's funny because I just thought before I kind of got all this knowledge and information about OCD, I really just thought it was being very obsessive and like straightening the frames on your bookshelf because they're not straight or checking for things a lot of times. But now I know it's actually also having thoughts pop into your head out of nowhere that you can't control, almost like coming from another planet. And that's part of OCD. Like what kind of thought? Like just a random example. I want to convert to a different religion. Like you're very happy with your lifestyle. You know, I don't know, just random, like divorce. I don't know, like anything that you would never think and don't want to think and just pops in your head.

ANNALISE: And it's scary if you don't know what's causing it.

DR. ELLIOT BERLIN, DC: Well, sure. I mean, those two examples sound like you want to be out of your life and in some other life.

ANNALISE: Yeah, I guess I'm not a therapist.

DR. ELLIOT BERLIN, DC: I'm just putting those two together.

ANNALISE: And OCD also could be having extreme fears for things that aren't so based on reality. Like let's say if your husband leaves to work that he might like die in a car crash on the way home.

DR. ELLIOT BERLIN, DC: Which is always a possibility for all of us, but usually out of mind because generally speaking, that doesn't happen.

ANNALISE: Right. So it's like being very consumed in the fear and worry and like. Intense.

DR. ELLIOT BERLIN, DC: I mean, I feel a little better about my OCD tend to, I have, I think one that I know of could have other ones, but it's kind of dumb. I always insist whenever I have bills in my wallet, they always have to be the same orientation direction. Yeah. And then also in numerical value.

ANNALISE: I don't do that.

DR. ELLIOT BERLIN, DC: See, it could be worse. You could have some form of anxiety or some form of OCD. It's just a question of what level it is and how often really. And how it manifests. Wow. Time's gone fast. You have something else that you struggle with that I don't know much about. You have PMDD talk to me about this.

ANNALISE: Yeah. So that one's like probably the most close to home at this point. Cause it's something I'm really still working through and has gotten a lot better. So PMDD is premenstrual dysphoric disorder. Yeah. So everyone knows what PMS is. And I was definitely someone who had PMS from when I was a teen, I would cry easily from something silly or, you know, get angry for something that it overreacted with, but it was pretty reasonable, I guess. Like it made sense and it never like really interrupted my life that much. So I just managed to dismiss it. My periods were pretty painful. I took L-tylenol and it was all manageable.

DR. ELLIOT BERLIN, DC: Even though you don't like them.

ANNALISE: Right. But the pain was bad. I tried not to take it. And when I had to, I did.

DR. ELLIOT BERLIN, DC: That's what I'm saying. That's a indicator of the magnitude.

ANNALISE: Yeah. And then basically after my cycle started again, postpartum, the PMS resurfaced, but as some medical professional that I spoke to at a certain point, tell me it was PMS on steroids, which is PMDD. And I mean, it's not so fun to look up, which reminds me we should probably have a trigger warning at the beginning of this, but PMDD is basically, first of all, physical, very intense, physical uncomfortable things, pain, back aches, headaches, and then also it's mental emotional. So easily angered, easily annoyed, feeling hopeless, you know, not worthy feelings of depression, anxiety, suicidal thoughts. I mean, there's a whole list. This is before the next period starts. So officially it's right before.

ANNALISE: And then once the period starts, it's supposed to stop, which I've had a lot of time and it's like, Oh my gosh, what's going on. And then like, I would get my period. Okay. Okay. This makes sense. It did take me a while to figure out exactly. And like, over time, I've really gotten to know my symptoms and be able to recognize them and be proactive and know what to do. And I've learned a lot, but sometimes now I have to say it's not always right before, sometimes it could be towards the end of my period, which is not, I think, typical, but usually it's before. Sometimes it's within that like week and a half. It's usually like intense for like three days, really intense for like three days.

DR. ELLIOT BERLIN, DC: What do you do when it happens now?

ANNALISE: Yeah. So, first of all, now I'm able to expect it. So I kind of have my calendar and look at my calendar and be like, okay, this week is coming up and I try to not schedule anything that would be stressful during that time. Not take on anything extra, try and make my life simpler, easier, order take out or do things, you know, like get a massage that are just relaxing, socialize with friends. So now, I mean, there's so many details, but like now I take Motrin for pain management because just physically it's very difficult. And now I'm on the Zoloft, which also really makes a difference with the PMDD. However, it does not take it away. Um, so that's really helpful. It's hard.

ANNALISE: It's really hard, but I think like also kind of letting the people around me, even like if I tell my kids, you know, I'll tell my daughter, she's a toddler, but like mom has a boo boo and I'm really tired, you know, kind of just letting her know, like I'm not really like being my best self, like I want to today or giving my husband a heads up being like, I'm feeling so great. And I see the dates on my calendar are kind of coming up that like I'm going to have, you know, a couple of days where I'm not at all how I want to feel and like, don't take it personally. Like I really don't, you know, kind of just expecting it and recognizing it is really comforting almost because I know like, okay, it's out of my control. It's hormonal.

ANNALISE: This is what's going on. And like, let me try to just like, you know, carry through.

DR. ELLIOT BERLIN, DC: Is it the kind of thing that may get better over time?

ANNALISE: Yeah. So I did up my dose on the Zoloft to help with this because I was doing fine otherwise, and it did help. Not enough. I recently got a prescription from my psychiatrist for a different medication that is kind of like an on demand anxiety, relaxing medication, which I haven't tried out yet, but I do plan on trying because, you know, I don't feel like I have to have such a debilitating, you know, experience around the time of my period. And I think there is medication that could help it the same way the Zoloft helped me so much, so I wasn't ready to try anything new as far as medication yet, but I think that's something I'm going to explore.

DR. ELLIOT BERLIN, DC: Um, you've been through a lot and you really went through a major transformation and in a short period of time too, like after getting married, it just all snowballed. Now you have another baby.

ANNALISE: Yes.

DR. ELLIOT BERLIN, DC: And just briefly, what did you learn from the first experience that helped you with the second experience?

ANNALISE: Okay. So I made like a whole list. Like after my first, I'm going to need a night nurse so that I could sleep. I'm going to do bottles. I am not nursing, even though there's so much pressure to nurse and people could give you a guilt trip for it. I'm going to need extra cleaning help. I'm going to need to make sure I get out of the house and I'm not home all day and I get fresh air. I'm going to need to make sure that I get to see friends and socialize, make sure that I have some date nights with my husband so that we can just enjoy time together, make sure that I have the baby products that are convenient and helpful, make my life easier. Just so many things. I had like a whole list, make sure that I'm exercising.

ANNALISE: Another thing was that I gained a lot of weight with the pregnancy and struggled with my weight, which was never an issue for me. So that was also like, get on top of the week. The first one. Yeah, get on top of the weight. So I had, you know, all these notes to myself that I really was on top of. I mean, like I was so prepared the second time around. I mean, first of all, I already had my therapist and my psychiatrist that I was in touch with and had a connection with and was already like had benefited so much from. So I felt like I had a support team so that in case anything did happen after the second baby, it would be caught right away and dealt with right away. Oh, and probably important to mention.

ANNALISE: I was on Zoloft the whole pregnancy, the second pregnancy, it's considered safe for pregnancy and the baby was totally healthy.

DR. ELLIOT BERLIN, DC: How was your birth?

ANNALISE: Great. It was so good. The second birth was great. It was really quick, maybe eight hours or something really manageable. Um, the baby was born a month early.

DR. ELLIOT BERLIN, DC: How big?

ANNALISE: Oh, five pounds. I was generally better for tearing. Yeah, exactly. I tore, but not as bad at all. Have to say the second time around. I mean, I was like feeling great after. I mean, I remember they transferred me to the postpartum unit and I was like walking around and I was feeling so good and ready to leave. Like I left literally 24 hours after, like they let you leave at 24 hours. I left at 24 hours. I was like ready to go. Um, and I was feeling so good, which was so miraculous to me because I had the other experience before that. And here I was like, wow, you know, you could have a baby and it could be an amazing experience. It doesn't have to be, you know, so difficult.

DR. ELLIOT BERLIN, DC: So in some ways more overwhelming because you have a toddler and a newborn, which is a hard transition.

ANNALISE: Yeah, that's a whole topic in its own. Also the therapist was like, even if you're doing great, like it's just an adjustment, having a toddler and a newborn, probably easier to find advice about that, you know, online and stuff than about all the mental health things. Yeah.

DR. ELLIOT BERLIN, DC: How would you say like now a few years later, how are you today?

ANNALISE: How am I today? My kids are the greatest joy in my life. My baby is just so adorable and brings us so much happiness. And I'm so grateful that my kids have each other. Cause I really was. scared after my daughter, like, I don't know if I could have another baby. I don't know, like, I want this kid to have a sibling, but like, I, I can't. And so I'm just so happy that they have each other. And they really have, you know, I used to think, like, you can learn what to do in order to parent your kids, but it's not about what you're doing to them. A lot of it is yourself and, you know, learning about yourself and working on yourself, which impacts your children. And I've definitely been able to do that.

DR. ELLIOT BERLIN, DC: Through your journey, your deep dive into the dark and your hard work to pull out of it. You learned a lot and you became aware of a lot and now you're trying to help others. How are you doing that?

ANNALISE: So first of all, whenever like when friends of mine speak to me, I'm really open about my experiences. And I have like really helped some friends who are going through things, you know, with knowing what to do or what professionals to go to or whatever. But at a certain point, I really felt like there needs to be a support system for moms who are going through the same stage. You know, unfortunately, in America, I've heard of like, I think even on one of your podcasts, how like other countries have a lot more support postpartum. And here it's like six weeks and you're supposed to be like, back at it. Everything back to normal, but it's just not like that. There's no six weeks back to normal. I don't think that exists. So I really

ANNALISE: felt like there had to be a support system of like young moms who could relate to each other and be open with each other and comfortable sharing their experiences. And I feel like that is just so helpful to have, you know, like I have some friends who have little kids and are struggling and their kids are not joy for them. They're actually like a nightmare to deal with, not because the kids are difficult, but because the mother's overwhelmed or having struggles with whatever it is. And I think that when people come together, and there are like different postpartum support groups, which I was actually really hesitant to join. And by the time I wanted to join one, I ended up just starting my own pretty much where it's not run by a

ANNALISE: professional, although I do I'll bring in different speakers here or there. But I started like a young mom meeting group where like people can just connect in a welcoming, friendly, safe place and can be open about things that are difficult for them. It doesn't have to be personal. If you're not comfortable, people will be like talking about sleep schedules or nursing or some people will be like, I'm not managing. So everyone kind of gets to connect there. And I feel like it really is huge to have that support to know that you're not the only person dealing with these things.

DR. ELLIOT BERLIN, DC: It's my greatest wish that everybody has access to that, especially before the pregnancy, if not then during the pregnancy, and if still not, then at least in the postpartum phase. And I think that also now post pandemic with so many people accustomed to being on zoom, you could get support even from home, you know, virtually and connect with other people virtually. And at least thank you so so much. These are hard things to talk about. And you shared so openly and so honestly. And I would just say anybody listening, you know, if you can relate to some of the things that we talked about, if you're afraid to get help, don't let that stop you. Reach out and talk to somebody. There's a post online. There's some numbers you can

DR. ELLIOT BERLIN, DC: call for anonymous help and support. There's a lot of resources available. And I think it's important to take advantage of them. I appreciate you again. And I'm just so glad for you that you figured it out and got support and got help and are just head over heels in love with your family.

ANNALISE: Thank you. Thank you. And thank you. I'm so happy to be able to be at this point where I can be on the other side and actually be in a good place and a healthy place and be able to like share my experience, hopefully to help other people or to encourage them to get the help they need or the medication they need. Because I did not think I would be here ever. So here I am. It really does happen.

DR. ELLIOT BERLIN, DC: Yeah, it happens to people with zero history in Texas by surprise. All right. So if you're looking for those resources, come visit us on Instagram at Dr. Berlin D O C T O R B E R L I N.

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