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The Clinic Sofia team: Allie Nowak, Jennifer Knapp, Dr. Donna Block, Dr. Jewelia Wagner.

# Brighten the Baby Blues

Help for postpartum depression.

DESPITE RECENT PUBLICITY thanks to celebrities such as Hayden Panettiere, many women still suffer alone through postpartum anxiety and depression.

Between 900,000 to 1 million mothers have endured the symptoms of postpartum anxiety, depression and obsessive-compulsive disorder, according to the [postpartumprogress.org](http://postpartumprogress.org) website. "Those are only reported cases," says licensed marriage and family therapist Deborah Simmons, PhD, LMFT.

Too often symptoms get brushed off as a rough adjustment. Women are told, "You're a new mom, just go get some sleep and make sure you are eating," says licensed marriage and family therapist

Lisa Cross, who is also a survivor of postpartum OCD. But "moms can be very aware that [what they're experiencing] is more than that."

However, the more a mother is told she's only experiencing an adjustment, the more she adapts to that line of thinking. If left untreated, mothers can retreat into their feelings of despair, which can impact the bonding between mom and baby.

"There are some [mothers] who say, 'I just never felt very close to this child,'" says Clinic Sofia founder Dr. Donna Block, "and usually these were the women who were untreated, undiagnosed."

As each woman is unique, so are the cases of post-partum anxiety and depression. The immediate hormone drop typical at delivery can

trigger various biological, genetic, social and environmental factors. It is common to feel overwhelmed after having a baby, but high anxiety, despair and intrusive, harmful thoughts cannot be ignored. Many mothers feel guilt and shame admitting their painful feelings and thoughts. Often it is a vigilant partner who starts the path to recovery.

Crystal Clancy, who worked as an intern under Simmons, mentions that the validation of her husband and mother-in-law helped her recovery after her second pregnancy.

"Someone just saying, 'Yeah, you are having a hard time. She is a tough baby,' was what I needed to turn it around and think, 'I can do this,'" Clancy says.

Doctors and nurses who specialize in women's health care check on patients before and after delivery. Block says of Clinic Sofia, "We have a checklist of things we are looking for that signal between postpartum blues and postpartum depression."

Treatment can include medication and individual therapy. Simmons addresses the impact on partners as well. "[Co-parents] sort of lose their partners to this little person, so the dynamics of the family change," Simmons says. "It's a reminder that yes, things are different right now and something beautiful has also happened."

Cross credits her therapist for helping her during her second pregnancy. "I went to therapy to prevent it from happening again," Cross says.

Aside from their individual practices, Cross and Clancy are co-directors of Pregnancy and Postpartum Support Minnesota. The organization hosts a helpline for mothers and family members to call with concerns. Calls are taken by peer volunteers, most of whom are survivors. A mental health professional in the network will call mothers back within 24 hours.

Through the darkness of postpartum depression, Minnesota mothers have many resources to help them navigate from a dark prism into light.

"It's your own experience," says Simmons, "but you are not alone." //