

Strong Starts: Mental Wellness in Pregnancy & Postpartum

Written by Kelly Glaze, PsyD & Abigail Attah Amoah

Supporting mental health through pregnancy and the postpartum period isn't just a "nice to have", it's essential health care. Pregnancy and the first year after birth are periods of intense change: biologically, emotionally, socially, and physically. Research consistently shows that proactive support for maternal mental wellness improves outcomes for mothers, infants, and families.

IDENTIFYING EARLY SIGNS OF PERINATAL MOOD AND ANXIETY DISORDERS

What Are Perinatal Mood & Anxiety Disorders (PMADs)?

Perinatal mood and anxiety disorders include depression, generalized anxiety, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and perinatal bipolar disorder that occur during pregnancy or within the first year after birth.

WHY EARLY DETECTION MATTERS

Up to 1 in 5 women and 1 in 10 men experience clinically significant mood or anxiety symptoms during pregnancy or postpartum.



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Left unaddressed,
these symptoms
can:

- Affect infant bonding and breastfeeding
- Increase risk of preterm birth and low birth weight
- Impact partner and family relationships
- Lead to chronic mental health problems later in life

COMMON EARLY SIGNS

Watch for:

- Persistent sadness or hopelessness
- Intense worry or panic attacks
- Loss of interest in activities
- Irritability or anger outbursts
- Difficulty concentrating
- Changes in sleep or appetite unrelated to pregnancy

SCREENING RECOMMENDATIONS

Evidence supports routine screening throughout pregnancy and the postpartum using validated tools.
Consistent screening increases early detection and referral rates.

However, if you're pregnant or recently postpartum and don't feel like yourself, mention it to your provider, even if you haven't been formally screened or directly asked about it.

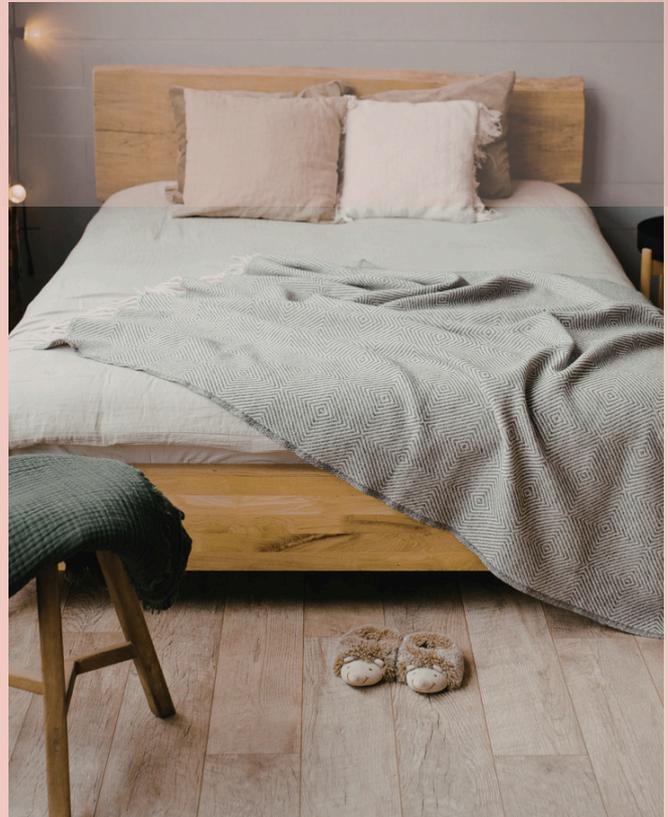


PRACTICAL TIPS FOR SLEEP AND PARTNER INVOLVEMENT

Sleep deprivation is a major contributor to postpartum depression, with research showing that protecting maternal sleep is a key mental health intervention.

SLEEP: A Cornerstone of Mental Wellness

Let's be honest: protecting sleep with a newborn can feel almost impossible. You're up feeding, listening for cries, watching the monitor, and trying to do everything "right." At the same time, research consistently shows that sleep is not a luxury in the postpartum period: It is one of the most powerful, evidence-based ways to protect your mental health. Even if your total hours are short, studies find that getting one uninterrupted 4–5 hour stretch can significantly improve mood, emotional steadiness, and clear thinking. Fragmented, broken sleep is associated with higher risk of postpartum depression, while protecting one consolidated block supports recovery.



WHAT THIS CAN LOOK LIKE IN REAL LIFE:

- Protect one stretch. Instead of aiming for "more sleep" in general, focus on one 4–5 hour block.
- Make a nighttime plan before you're exhausted. Talk through who is "on duty" and when. Adjust as the baby grows.
- If you're exclusively breastfeeding, you still deserve protected sleep. Your partner can bring the baby to you, stay awake during feedings, handle burping and diaper changes, settle the baby back down, and take the early morning shift so you can go back to bed.
- Lower the bar elsewhere. Dishes can wait. Texts can wait. Sleep cannot.
- Ask for help. A night doula, a grandparent, a friend who can hold the baby for a morning nap - this is not indulgent. It is protective.

This is hard. There will be nights that don't go as planned. But protecting even one stretch of sleep is not selfish, it is essential, research-supported care for your recovery and mental health.



WHY PARTNER INVOLVEMENT MATTERS

Partner involvement is one of the strongest protective factors for maternal mental health during pregnancy and postpartum. Research shows that when partners are emotionally present and actively engaged, mothers experience lower rates of anxiety and depression, better sleep, and a smoother transition into parenthood.

Emotional support, listening, validating feelings, and checking in regularly, helps normalize the challenges of this period and reduces stigma around seeking help. Partners who are informed about perinatal mood and anxiety disorders are often the first to notice early warning signs and can encourage timely support.

Practical support is equally important. Sharing infant care, household responsibilities, and decision-making reduces stress and protects maternal rest, which is closely tied to emotional well-being.

Open and direct communication before and after birth, especially around expectations, sleep, and caregiving, improves adjustment and relationship satisfaction. Partner mental health also matters; supporting both parents creates a healthier foundation for the entire family.

Perinatal mental wellness is a shared responsibility. Engaged partners help create stronger, more resilient starts for parents and babies alike.



HELPFUL TIPS * HELPFUL TIPS * HELPFUL TIPS * HELPFUL TIPS * HELPFUL TIPS

TIPS FOR PARTNERS

- Ask what your loved one needs, don't guess
- Take on household tasks like laundry and cooking proactively
- Attend check-ups together
- Help with night feedings and diaper changes when possible



POSTPARTUM PLANNING FOR EMOTIONAL SELF-CARE & SUPPORT

Transitioning home after delivery can feel overwhelming. The early weeks are tender, exhausting, and full of change. Research shows that proactive planning, both emotionally and practically, reduces stress and lowers the risk of postpartum anxiety and depression.

At Women's Behavioral Health & Wellness (WBHW), we believe you deserve support before things feel unmanageable.



* START WITH EMOTIONAL SELF-CARE *

Healthy coping in the postpartum period does not just happen. It takes intention, and evidence shows that small, structured practices matter.

Research supports:

- Setting realistic expectations for the “fourth trimester”
- Protecting even 10 minutes a day for yourself
- Practicing structured mindfulness or gentle movement such as walking outdoors or yoga

These approaches are associated with lower anxiety and depressive symptoms after birth.

In real life, this might mean:

- Sharing caregiving with a partner, family member, or trusted friend
- Taking short, planned breaks, even briefly
- Tracking your mood to notice patterns or early warning signs
- Joining a postpartum support group for connection

If these steps feel hard to implement alone, that is often the moment to bring in more support.





HOW WBHW CAN HELP

AT WOMEN'S BEHAVIORAL HEALTH & WELLNESS, WE PROVIDE SPECIALIZED, EVIDENCE-BASED CARE FOR PREGNANCY AND THE FIRST YEAR POSTPARTUM.

OUR SERVICES INCLUDE:

- **Moms and Moods Support Group** – A free, weekly peer support group for perinatal individuals seeking community and emotional support.
- **Black Mamas Circle Support Group** – A culturally specific weekly group guided by peers and clinical support for Black mothers and babies.
- **Bearing Hope Pregnancy Therapy Group** – A weekly virtual group for pregnant people in their 2nd and 3rd trimesters.
- **MAMAS Connect Therapy Groups** – A weekly group offered in person and virtually for caregivers experiencing depression or anxiety in the first year after delivery that enhances well-being, social connection, and parent-infant attachment.
- **Traumatic Birth Therapy Group** – For postpartum individuals experiencing birth trauma after a frightening, distressing, or disempowering birthing experience. Individuals planning a future pregnancy or currently pregnant following a traumatic birth may be considered for enrollment.
- **Therapy** – Individual, couples, and family therapy
- **Medication Management** – with reproductive psychiatrists
- **The PIPER Program (Parent Infant Program for Emotional Resilience)** – Colorado's first and only comprehensive intensive outpatient program designed specifically for pregnancy and the first year postpartum. It offers structured, multidisciplinary, and evidence-based care for individuals and their babies who need more frequent and sustained support than traditional outpatient therapy.



CU Anschutz Women's Behavioral Health & Wellness

Women's Behavioral Health and Wellness offers a continuum of care to address a range of perinatal mental health concerns, from early stress and adjustment challenges to more significant anxiety, depression, or trauma-related symptoms.

If you are unsure whether what you are experiencing "counts," we encourage you to reach out. Early connection may prevent symptoms from worsening.

[Learn more here:](#)

<https://medschool.cuanschutz.edu/psychiatry/PatientCare/colorado-center-for-women's-behavioral-health-wellness/clinical-services/healthy-expectations>



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Trusted Community Partners

We also regularly collaborate with and refer families to strong community resources across Colorado. Depending on your needs, these may include:

STATEWIDE AND REGIONAL SUPPORT

- Colorado Perinatal Mental Health Project (CO PMHP) / The Birth Squad <https://www.copmhp.org/>
- Postpartum Support International (PSI) Colorado Chapter <https://postpartum.net/colorado/>
- Larimer County Perinatal Well-Being Coalition <https://www.larimer.gov/health/maternal-child-and-family-health/pregnancy-related-depression-and-anxiety/about-coalition>, Main Number:(970) 498-6700

PARENTING AND COMMUNITY PROGRAMS

- MOTHERWISE COLORADO [HTTPS://MOTHERWISECOLORADO.ORG/](https://motherwisecolorado.org/)
- THE FAMILY ROOM [HTTPS://FAMILYROOMCENTER.COM/](https://familyroomcenter.com/)

EXPERIENCE-SPECIFIC SUPPORTS: NICU AND LOSS

- THE RYLIE CENTER [HTTPS://THERYLIECENTER.COM/](https://theryliecenter.com/)
- MILE HIGH WOMEN'S WELLNESS ([HTTPS://MILEHIGHFAMILYWELLNESS.COM/](https://mlehighfamilywellness.com/))
- LOVE FOR LILY: GIVES FAMILIES THE SUPPORT THEY NEED TO EASE THEIR JOURNEY THROUGH THE NICU AND BEYOND. OFFERS SUPPORT GROUPS FOR PARENTS AND FAMILIES, RESOURCES FOR NICU FAMILIES, AND BEREAVED FAMILIES. [HTTPS://WWW.LOVEFORLILY.ORG/](https://www.loveforlily.org/)
- PARENT WELLNESS CENTER OF BOULDER: [HTTPS://PARENTFAMILYWELLNESS.COM/](https://parentfamilywellness.com/)

LOSS AND CRISIS SUPPORT

- ANGEL EYES: FREE PROFESSIONAL COUNSELING, A SUPPORT GROUP, PEER CONNECTIONS, AND COMMUNITY REFERRALS TO THOSE WHO ARE GRIEVING THE LOSS OF A CHILD UNDER 12 MONTHS. CHILD LOSS GRIEF SUPPORT ([ANGELEYES.ORG](https://angeleyes.org/))
- DENVER SHARE GRIEF SUPPORT: SUPPORT GROUP FOR PARENTS WHOSE LIVES ARE TOUCHED BY THE TRAGIC DEATH OF A BABY THROUGH PREGNANCY LOSS STILLBIRTH, OR IN THE FIRST FEW MONTHS OF LIFE. DENVER SHARE | GRIEF SUPPORT FOR BEREAVED PARENTS

MENTAL HEALTH CRISIS SUPPORT

- NATIONAL MATERNAL MENTAL HEALTH HOTLINE: 1-833-943-5746

WE BELIEVE STRONG SYSTEMS OF CARE INCLUDE BOTH SPECIALIZED CLINICAL SERVICES AND TRUSTED COMMUNITY PARTNERSHIPS.

References

1. American College of Obstetricians and Gynecologists (ACOG). (2020). Screening for perinatal depression. *Obstetrics & Gynecology*.
2. American College of Obstetricians and Gynecologists (ACOG). (2021). Substance use screening in pregnancy. *Obstetrics & Gynecology*.
3. Brown, A., & Rance, J. (2020). Breastfeeding and maternal mental health. *Maternal & Child Nutrition*.
4. Colorado Department of Public Health & Environment. (2024). Perinatal health guidance summary. Public Health Promotion Division.
5. Cox, J. L., Holden, J. M., & Sagovsky, R. (2020). The Edinburgh Postnatal Depression Scale (EPDS): Validation in perinatal settings. *Journal of Psychosomatic Research*.
6. Dennis, C. L., Hodnett, E. D., & Kenton, L. (2021). Social support and postpartum depression: Meta-analysis. *British Journal of Psychiatry*.
7. Evenson, K. R., Barakat, R., Brown, W. J., et al. (2019). Physical activity recommendations during pregnancy. *Medicine & Science in Sports & Exercise*.
8. Leach, L. S., Poyser, C., & Cooklin, A. R. (2023). Partner support and perinatal mental health: Longitudinal evidence. *Journal of Family Psychology*.
9. Leistikow, N., Baller, E. B., Bradshaw, P. J., Riddle, J. N., Ross, D. A., & Osborne, L. M. (2022). Prescribing sleep: An overlooked treatment for postpartum depression. *Biological Psychiatry*, 92(3), e13–e15.
10. Sedov, I. D., Madden, K., Herbert, W., et al. (2022). Sleep quality across pregnancy and postpartum: A meta-analysis. *Sleep Medicine Reviews*.
11. Vieten, C., & Astin, J. (2022). Mindfulness interventions for postpartum depression: Systematic review. *Mindfulness*.
12. Woody, C. A., Ferrari, A. J., Siskind, D. J., et al. (2021). A systematic review of perinatal mental disorders and maternal–infant outcomes. *Maternal Mental Health Journal*.