

Fourth Trimester Podcast

Episode 121: Reproductive Psychiatry: Optimizing Your Mental Health with Dr Ida Eden

Sarah Trott: [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

Sarah Trott: [00:00:00] Hi, this is Sarah Trott and welcome back to the Fourth Trimester Podcast. I'm here with a guest today who I will introduce in a moment. Before I do, I want to remind everyone that we have a website which is fourthtrimesterpodcast.com, where you can go and sign up for our newsletter, and you can also subscribe to the podcast wherever you listen by hitting follow or subscribe. It's very helpful and it allows you to be alerted every time we release a new episode.

Sarah Trott: [00:00:28] So today's topic is an amazing one. We're talking all about optimizing your mental health when you're going into pregnancy and parenthood. So we're going to talk about some of the unanticipated struggles of pregnancy and postpartum and arm you with tools for your mental health toolbox, talking about addressing the past and that healing process, talking about how to turn past issues and traumas into insights and strength, and really give you some practical recommendations and information for how you can take action right away and how to optimize your mental health as a parent.

Sarah Trott: [00:01:08] And today with me, I have Doctor Ida Eden. She is a board certified psychiatrist with formalized training and expertise in women's reproductive mental health. She is passionate about the perinatal mood and anxiety disorders (PMAD) and the psychological burdens of infertility and perinatal loss. She has a private practice in New York, and she offers virtual care across New York State. And in addition to her work as a private practice physician, Doctor Eden is passionate about teaching, and she remains on faculty at Weill Cornell, where she supervises and mentors trainees interested in reproductive psychiatry. She's also expecting her first child at the moment, and we're just so excited to have you here on the program, Doctor Eden, welcome.

Dr Ida Eden: [00:02:03] Thank you so much. I'm so excited to be here and speak to folks who are interested in this as well. And it's been great to meet you. I'm excited.

Sarah Trott: [00:02:15] Can you give yourself a little bit of an introduction in your own words?

Dr Ida Eden: [00:02:21] Sure. So I'm a reproductive psychiatrist and psychotherapist. So put plainly, I'm a psychiatrist with expertise in women's mental health, kind of largely

speaking. So I practice medicine and I also consider myself a psychotherapist. I think of myself as wearing a ton of hats. And I tell my patients, I'm your safety net in a lot of ways, right. So I see patients in consultation and together we'll come up with a really thorough kind of treatment plan. After this really thorough evaluation, I get a sense of their suffering. And that treatment plan, by the way, is really individualized, right? It'll look different for every single person, may or may not include recommending medication.

Dr Ida Eden: [00:03:01] And of course, as a reproductive psychiatrist, a big part of my expertise is around having a knowledge base of our meds in the peripartum and then having that discussion around the reproductive safety profile.

Dr Ida Eden: [00:03:14] And as a psychotherapist, it's getting a really, really good understanding of like, what are the psychological roots of someone's experience? And that's a topic that I'm really excited to talk more about today, because I think ultimately it's what drew me to psychiatry as a field. And it's in my opinion, it's what makes the field of reproductive psychiatry so incredibly rewarding.

Sarah Trott: [00:03:35] Yeah, it's such a rich topic and one that we're really excited to cover with you today. So as I mentioned, you're currently expecting your first child. So the question I have for you to kick us off is, what are you doing to plan for your fourth trimester?

Dr Ida Eden: [00:03:54] It's really wild being on the other side, right? It's disorienting. I'm trying to be mindful around what I plan for and what I allow myself to sort of experience 'Trial by fire', because there's just so much that you can't anticipate and that you can't plan for. But I'm really thinking critically about how to optimize my supports. Right. And for me personally, that includes having family involved, working with a doula, a lactation consultant, optimizing my own mental health and my own psychotherapy.

Dr Ida Eden: [00:04:27] And then my partner and I are trying to do as much planning as we can around sleep. We're both really tricky sleepers, so knowing our strengths and weaknesses. So we're trying to sort of plan as much as we can around that. but I'm also

kind of giving myself the ability to, to just sort of stumble because I know that will be part of it, honestly. So a nice mix of planning and just letting things sort of happen as they, as they will.

Sarah Trott: [00:04:56] Yes. And you had mentioned that actually part of the decision making that you had around hiring a doula was listening to a prior episode on fourth trimester. So I just want to mention that in case anyone is listening today and curious about that topic as well.

Dr Ida Eden: [00:05:12] Absolutely. It was really helpful. I have to admit, I wasn't the most sort of savvy in knowing how doulas can be so incredibly supportive, and it really cemented my decision to work with the doula. I'm really excited.

Sarah Trott: [00:05:24] Yes, we'll put a link to that episode in the show notes for this one for anyone listening and who wants to check that out. And were there any other resources that you came across or that you are currently looking into that you think are really valuable that you want to share?

Dr Ida Eden: [00:05:41] It's a good question. I mean, what I found really helpful is actually in New York City and I think this is sort of geography dependent, but there are a lot of parent groups like Facebook parent groups. And then we have like Park Slope parents, for example. And that will be such a rich resource, right? Folks will talk about consultants who they recommend or daycares they recommend products, etc. and it can sometimes feel like you're trying to take a sip of water out of a fire hose. And so I have to be measured with what I kind of take and extract. But but that's been actually surprisingly very helpful that the Facebook parent groups.

Sarah Trott: [00:06:24] Yeah, those parent groups can really just very quickly turn into your best friend because like I'm part of several from mommy baby groups that I joined back in the day. But then I also like neighborhood parent groups that I found over the years. And it's so great to just hop on and say, does anyone have a recommendation for this? Or has anyone like, traveled here before with kids or whatever it ends up being? and it's just really neat to find these little groups of people that you just very quickly

become dependent on, like virtual friendships and recommendations and in person as well. It's really nice to be connected with people who are in the same part of life that you are in.

Dr Ida Eden: [00:07:07] Absolutely, absolutely.

Sarah Trott: [00:07:11] Well thank you for sharing that and what you're doing. It's always neat to hear different people's perspectives. So tell me a little bit more about reproductive psychiatry and psychotherapy.

Dr Ida Eden: [00:07:26] Sure. So reproductive psychiatry sometimes you'll hear it called perinatal psychiatry. And when we say the peripartum, it's sort of an umbrella term that refers to trying to conceive, the time preceding childbirth and then up to even like a year postpartum. It's sort of loosely defined. But reproductive psychiatry is a field within psychiatry, and it focuses on the reproductive stages. Right? The sort of reproductive health through those stages. So some of our focus areas will be perinatal mood and anxiety disorders, infertility and reproductive loss, parenthood adjustments and then also menopausal mental health. Right. So you can get even more niche within reproductive psychiatry. And there are folks who really will sub specialize in menopausal mental health.

Sarah Trott: [00:08:16] Got it. Yeah. Thanks for that high level definition. How do you work with parents and patients who are in this reproductive time frame?

Dr Ida Eden: [00:08:32] Yeah, I, I work personally, I work largely with women of reproductive age. Right. Not exclusively. but mostly. And that'll be folks from trying to conceive pregnancy and lactation and the postpartum. I mean, reproduction can be this huge inflection point in so many women's lives where they're most impacted by mental health issues or for the first time, they're impacted by mental health issues. And so psychologically the way I talk about with my patients is becoming a parent, right? Which for most of us actually starts around trying to conceive. It forces us to look into the mirror, right? To look into a mirror at ourselves. Not just one mirror. We actually become sort of surrounded by mirrors, right?

Dr Ida Eden: [00:09:17] Like we contend with and see ourselves so it can be this really rich psychological time and these dilemmas and conflicts that felt dormant for so long - they have a way of really coming up for us. Right. So I think emerging motherhood, parenthood has this really unique ability to draw out and force us to sort of contend with ourselves with a kind of depth we may not have previously. And that can be both a difficult experience and a really rewarding one that I help my patients navigate. So that's sort of how I phrase how and why this period is really unique, one for my patients.

Sarah Trott: [00:09:55] Yeah. And why is that happening? Is it because when we are going through the process of having children ourselves, we're thrown back into our own childhood and our own early experiences and addressing those like experiences that we had. I mean, is that it?

Dr Ida Eden: [00:10:12] I think that's in large part that's a lot of what it is. Right. And I always tell my patients there's no other time in a woman's life where she herself longs to be mothered, more actually, than in pregnancy and in the immediate postpartum. So there's something almost biological and visceral that happens where as we're preparing to sort of welcome new life, it can be a corrective experience, right, where we're sort of and we can be flooded with again, these conflicts and dilemmas that we that we thought we had sort of worked through or that were maybe kind of settled for the most part, and they have a way of coming back up. I think it's our mind's way, our body's way right of sort of really preparing us in a way for what's to come.

Sarah Trott: [00:11:02] Yeah, I love this idea of, first of all, naming psychological dilemmas. I think that's a really cool phrase. And like the way you're talking about it and thinking about why it's happening. So acknowledging it. but like let's talk about what tends to come up. So psychological dilemmas, what tends to come up during pregnancy and postpartum. And then I like one of the conversations you and I had before the recording talking about this, which was just like, so cool, was about this idea of being proactive about addressing stuff. Right? Because here at the Fourth Trimester Podcast, we're always thinking about ways to empower parents and think about what they can do

to prepare themselves socially, emotionally, practically speaking for this amazing transition.

Dr Ida Eden: [00:11:51] Totally. And in terms of sort of like, what can we do? How do we arm ourselves? I think being curious about yourself is actually a really, really major step. Right? And it can be tempting to sort of barrel through, but stopping to be curious about, like, why am I having a hard time or why is this coming up and sort of taking the time to understand yourself? It sounds much easier than it actually is. Right?

Dr Ida Eden: [00:12:18] Because a lot of the times it can be really hard work. And so that I always highlight for my patients is a major thing that you're coming to me and you're really curious about yourself. So if that's your starting point, you're already sort of entering this journey with a fairly robust toolbox.

Dr Ida Eden: [00:12:34] But the conflicts, there's so many. And the way I sort of think about it, like you had mentioned Sarah, was these are the unanticipated struggles, oftentimes of pregnancy in the postpartum, right? Like, we think so much about how to practically prepare for pregnancy in the postpartum. All of that is well and good. And I think a lot of these psychological kind of underpinnings and roots can become eclipsed. but they have a way of declaring themselves. Right.

Dr Ida Eden: [00:13:04] And so a lot of them will have to do with pregnancy, for example, if trying to conceive was difficult for you or if you've struggled with infertility or perinatal loss, pregnancy can feel like a time of real instability where rooting into your pregnancy can feel threatening. There can be this undercurrent of fear, right? It's almost like this delicate orchid. I talk about the orchid phenomenon, the delicate orchid that you somehow have to keep alive and that can impact attachment, right? We know that attachment starts in utero in pregnancy.

Dr Ida Eden: [00:13:32] Right? What else? This immediate change in bodily autonomy and the relationship with your body and body image. This can be a really tough struggle for a lot of women and a real point of shame. I think so much of pregnancy and the postpartum motherhood in general gets romanticized. And so I think coming to sort of

coming to terms with this is a real struggle for me. It can be particularly challenging, actually, when it has to do with body image. And then as we know, surveillance from an obstetric standpoint that really gets ramped up in pregnancy. And then it really kind of steeply drops off in the postpartum. But how do you advocate for yourself within this system, right. One where you have limited control in a lot of ways. what's it like for you in general to advocate for yourself?

Dr Ida Eden: [00:14:22] And then pregnancy in the fourth trimester, right? In the immediate postpartum conflicts that come up about how you were mothered and parented, what you did and didn't get right. It can feel like this time can feel very corrective for so many women. They want to give their babies what they didn't get. and, and that can be challenging. Actually, there can be this notion, this feeling like I have to sort of I have to be the totally evolved person entering pregnancy in the postpartum. And I always tell my patients, we come to pregnancy with ourselves, we bring ourselves to pregnancy, we bring ourselves to motherhood. Right. And that will look different for every single person.

Sarah Trott: [00:15:05] Thank you. specifically on your last point of past traumas or relating to the way you want to parent, where would someone even start with that?

Dr Ida Eden: [00:15:42] It's a great question. And I think you know, the the bulk of that kind of work should happen in a good psychotherapy, right? A more exploratory psychotherapy. And like we're talking about, it's such a rich time to enter psychotherapy if you're not already. And if you're curious about a lot of this or if you're noticing oh, hey, this is coming up for me. And it hasn't so much been an issue. but I'm curious how this will impact my mothering it. You know, I think about therapy often is something you enter and leave, you go to, then you leave, you come back to and and pregnancy and and the fourth trimester can be this time where oftentimes psychotherapy can be a really rich experience. And so just to kind of answer your question plainly, it's getting to know yourself, right in a lot of ways. And entering a good quality psychotherapy can prove to be so helpful.

Sarah Trott: [00:16:35] Yeah. And how would that be different from, like, a family therapist scenario?

Dr Ida Eden: [00:16:41] Yeah. So I guess what I'm referring to is an individual psychotherapist. Right. So. Right. a therapist who might have some background in you know, the reproductive space or might have a background in attachment but not necessarily. Right. The themes that come up for us in pregnancy, in the postpartum, they can be generalizable, right? Like will I be a good enough mother? We often walk around wondering, am I good enough or will I be a good enough X, Y, or Z at my job? I mean, these get amplified in pregnancy, in the postpartum, so it's not necessarily that you have to work with someone who maybe has an expertise that is nice, but it's different than family therapy because the focus is on you, the individual. Right? And understanding your history in an exploratory way.

Sarah Trott: [00:17:31] Perfect. We talked about sharing some specific stories of experiences that you've had with helping coach and work with parents through some of these issues that you mentioned, some of these dilemmas.

Dr Ida Eden: [00:17:53] Sure. Yes. I think a fairly salient patient case is a woman who - a little bit of a background about her - she grew up, she had a really kind of cold upbringing, right? She often felt neglected, like her own mother didn't want her around. She felt like her needs weren't ever really taken seriously. There was food insecurity in the home. She grew up generally feeling as if the world and the people around me won't respond to me, and they aren't attuned to me right now. Fast forward. She herself finds she's a mother. She comes to me in the immediate postpartum. I think she was maybe 2 or 3 months postpartum. And she's having an incredibly hard time tolerating any distress in her baby, right? Fussiness, crying, right. Things that we all have to sort of tolerate because they're normative in every baby. The lens by which she understood the very normal kind of baby micro frustrations was, oh, man, this is evidence that I'm a cold, bad mother. I'm out of tune with my baby. Right. And so the question that her and I would work to sort of understand and solve together is, how do we allow you to have missteps without demonizing yourself? Right.

Dr Ida Eden: [00:19:09] There's this concept of the good enough mother that I talked to my patients a lot about. And what it means is there's actually a balance that we want to strike. And it's not about getting your baby right or doing it right 100% of the time. It's actually really adaptive to allow your baby to be frustrated, to, quote unquote, fail your child. Why? They learn this really helpful skill of frustration tolerance. Right. think about how dangerous it would be if we sort of grew up learning that all of my needs will be met right away, that people can almost read my mind right then we wouldn't under we wouldn't have the capacity to actually tolerate when things go wrong. And so we learn that in infancy we learn we learn that skill in infancy. So it's a good thing I tell my patients, when you can't quite figure out why your baby's crying, right? You've done all these things and he's still wailing away. it's time to really sit back and think. I've done everything he will learn. My mom is not perfect, and nothing catastrophic happens. That's gold.

Sarah Trott: [00:20:15] Yeah. So it sounds like you're talking about balance.

Dr Ida Eden: [00:20:19] Absolutely, absolutely. and that like, missteps aren't this sort of tremendously awful thing actually. And that was something that it was really, I think hard for this patient who I'm talking about to come to terms with because she wanted to be this sort of self-actualized, perfect mother and, and any kind of misstep, again, I think for her initially was sort of proof that, oh, man, am I one step closer to being like, this cold, harsh mother that I knew.

Sarah Trott: [00:20:54] It was going back to her own childhood experience and pain that she had experienced. Right.

Dr Ida Eden: [00:20:58] Exactly, exactly, exactly.

Sarah Trott: [00:21:01] Yeah, yeah. Any other stories come to mind when you think about some of these dilemmas?

Dr Ida Eden: [00:21:08] I think like in general it's interpersonal issues or like how we relate to other people tends to kind of get inflamed in pregnancy, in the postpartum. And

I had a patient who came to me again in the fourth trimester and sort of talked about her relationship with her husband as one that was they had kind of gotten this equilibrium going where they got along, but mainly by avoiding conflict. Right. Sort of actually remaining kind of unknown to one another. Meaning like when things would come up that would bother one person, the sort of feeling was, we're not going to go there, so to speak.

Dr Ida Eden: [00:21:46] And again, just to use your word, it's about balance, right? Like that doesn't mean every single thing has to be a conflict. But certain things arise to the level of conflict. That's normal. Right. And then in the postpartum right, that was no longer sustainable. Right? So my patients sort of had to confront her relationship in a lot of ways and came to me incredibly anxious.

So it was a time that the two of us were better understanding, like, this is how you've adapted. You've adapted essentially by avoiding and now is a time that you cannot do that anymore. Right? Like, how do we kind of get you through? How do we get you to realize that nothing will implode if you and your partner talk about X, Y, or Z or how to sleep train baby, or what you think is normal and what your partner wants to take the baby to the pediatrician for. Right? Like these are things that maybe shouldn't be ignored that you can talk about.

Sarah Trott: [00:22:44] I mean, hearing these stories in this conversation, it just really emphasizes the fact that the way that children are raised and the way they see their parents and their caregivers behave impacts them so much later in life. Like, we're all the product of our life, our lifelong set of experiences.

Dr Ida Eden: [00:23:05] Oh, absolutely. I will often think about and talk to my patients about how kids and children learn to understand themselves through the eyes of their caregivers. Right? So they will learn that, Oh, my mother generally loves me and has warm feelings toward me. Sometimes she gets disappointed by me. Sometimes I can mess up. Right. And so they come to understand themselves actually through what's reflected back to them. Exactly.

Sarah Trott: [00:23:36] Yeah, that could be a scary prospect in and of itself. Right? There's a psychological dilemma right there, like and I think you even named it earlier, like, oh, I've got this precious orchid. I don't want to destroy it in any way. I don't want to harm it in any way. but then probably over indexing it on. That fear is kind of harmful.

Dr Ida Eden: [00:23:57] Exactly, exactly. And I think I always go back to it's not our job to prevent our children from experiencing hardship or from experiencing quote unquote, failure, right? Like we all bring ourselves to pregnancy and motherhood. Like I said, they're kind of imperfect beings. I think being curious about yourself goes such a long way. And when you do have that misstep or when you, when you do think to yourself like, oh, I wish I had parented somewhat differently in that moment to take a minute to reflect on why. Right. And being more intentional with that can go such a long way. So it's not about this kind of fear based walk on eggshells parenting. I think it's more about mindful parenting.

Sarah Trott: [00:24:43] Yeah. And if you're curious about something and you discover something then what do you do? And that kind of leads me to the next question I have for you is really just like, what are your practical recommendations for things that new or expecting parents can do? They can start right away to do what we said at the top, right, like, optimize their own mental health.

Dr Ida Eden: [00:25:05] Totally. So I always think about. Pregnancy, postpartum parenthood. What tends to keep you well outside of this time, right? We want to continue those things. Of course. We want to think through the kind of reproductive safety profile, but in general, right. If that includes therapy, if you're someone who goes to weekly psychotherapy, that's something that you should try really hard to maintain, right? Like maybe it will be very, very hard in the first month. And maybe you can take a press pause then. But that's something that should be maintained, something that helps keep you stable.

Dr Ida Eden: [00:25:37] And well, maybe that includes medication, right? That's a whole other sort of topic of conversation. But if we can kind of tolerate the reproductive safety

profile and that's a fairly granular discussion, that's something that you may want to continue.

Dr Ida Eden: [00:25:50] Movement. Sleep is a big one, right? Bolstering your supports. Right? I always tell my patients, whatever you can comfortably outsource, allow yourself to - accept the help. If you're someone who generally has a hard time asking for help or making your needs known and it's being offered to you, this is a time to go against the grain, so to speak, and allow yourself to outsource these things. So it's a balance of keeping. No, it's essentially going back to knowing yourself well, what are the things that keep you well and we want to continue those things.

Sarah Trott: [00:26:29] So what are some of the things that you have people do? Is there a tool you recommend? For example, writing all these things down and then discussing them with their partner or with their therapist or a trusted friend or what could someone do practically around that?

Dr Ida Eden: [00:26:50] I think that's a great idea. I think if you lean on your supports, whether that's your partner or a loved one and say hey, this is something I want to be really intentional and mindful about, right? I want to make sure that I sort of enter this period of life feeling good and feeling like I have sort of armor on, so to speak. What are the things that you've noticed that keep me well? A lot of it can be beyond our awareness, right? Like I had a patient tell me, oh, my husband said, you cannot stop your yoga. When you go to yoga I just notice that you come back and you're almost like a lifted person. And she was like that. That wasn't something that sort of came to mind naturally.

Dr Ida Eden: [00:27:31] So I think writing it down. Absolutely. And then allow the sort of people who know you very well allow them in, right? Allow them to kind of give you a bit of a sense of from their perspective, what helps keep you. Well, right. And the other thing I'll make a quick note about is I think about low hanging fruit as things to really optimize. So that includes things like movement, sleep, nutrition. We have a lot of really good evidence that actually omega three and six fatty acids are really protective from a mood standpoint. I'm always telling my patients two servings of a fatty fish per week,

right? This is sort of like practical advice. Salmon, sardines, if you can stomach sardines are really good for you nutritionally. And then and then also from a sort of mood perspective. But optimizing those low hanging fruits goes such a long way. Right. so I often see folks and maybe part of the conversation has to do with the kind of medication and what's the reproductive safety profile. But I'm also always talking about these quote unquote low hanging fruits too.

Sarah Trott: [00:28:41] So let's talk about that then. The medication profile and medication use in pregnancy.

Dr Ida Eden: [00:28:47] Yeah, that's a big topic. And I would say we don't think in reproductive psychiatry in the binary of safe or not safe, right? The calculus has totally shifted, and it's a very individualized discussion. We think about a risk risk model. Right. Let's take someone who struggles with major depression. What are the risks involved in you stopping whatever medication this is. And for someone that might be a fairly negligible risk. But they do okay.

For other people that might mean, oh, every time I've stopped it in the past, I have had a fairly kind of robust and severe episode. And then what are the known and theoretical risks in continuing this medication? and that those risks differ for every medication. Right. and my job is to make a recommendation, but also to allow the patient to sort of weigh those risks. And what risks are you willing to tolerate? And so oftentimes deciding to continue a medication or to start a medication in pregnancy or in lactation, in postpartum, that can be the first parenting decision a lot of folks make.

Dr Ida Eden: [00:29:58] So it's a really big decision. And it's not one to be kind of taken lightly. It's one, again, to be really mindful and intentional about. And we talk a lot about minimizing risks. Right. And when we think about and sort of minimizing exposures. Right. So we think about medication. Any medication is an exposure. Right. So like Tylenol, Zoloft, Lamictal, whatever. They're all exposures.

But maternal mental health. so suboptimally treated or untreated maternal depression, anxiety are major risks. We have a lot of good evidence, actually, that a mom who is

depressed or very, very anxious and who isn't receiving treatment for that, those the depression and the anxiety themselves are can be harmful, right? They can lead to difficulty with attachment, with bonding. they can lead to worse obstetric outcomes. Right. We see difficulties in pregnancy again, obstetrically in the postpartum. So they have far reaching consequences in and of themselves. So I'm always talking about minimizing exposures, not just with medications, but we really want to minimize maternal mental illness too as much as we can.

Sarah Trott: [00:31:13] So is it fair to say that if someone is already on a medication going into pregnancy or starting lactation? right. Because there's lots of ways to have a baby and lots of ways to feed them. you know, like, if it's is it fair to say, work with someone a medical professional to find out? Like, you don't have to just stop your drugs cold turkey and assume it's bad. Like, have that conversation with someone and find out what those exposures are and what's going to be the better outcome for you and your family?

Dr Ida Eden: [00:31:47] Absolutely, absolutely. I think it's a time when, unfortunately, again, there can be this really kind of fear based rhetoric and a lot of folks kind of want as much as they can, understandably minimize risk to their fetus, to their baby. Right. And that's understandable.

At the same time, just like you're saying, this is a time to sort of outsource, right? Ideally to a reproductive psychiatrist like myself. I also do a lot of kind of work with my colleagues in OB oftentimes and do a lot of psychoeducation with them around so that they feel kind of armed with this sort of education and this sort of information to tell patients. Oftentimes it can be tough for patients to meet with a reproductive psychiatrist. And so OBs tend to kind of be the front line. But absolutely at the time to sort of ask your mental health provider, your obstetrician, give them a sense of what is your what is your psychiatric history and what are the risks for you in discontinuing this medication?

Sarah Trott: [00:32:49] And is it also fair to say that, like most of the drugs are fine for pregnancy and lactation?

Dr Ida Eden: [00:32:57] A lot of our medication I mean, the one sort of caveat again, we don't sort of think about it as a safe or unsafe. Is that the sort of the nature of the research that we have on medications used in the Peripartum is observational, right? We can't do the kind of gold standard of research which are randomized controlled trial. Right, like you are in the placebo group or you are in the treatment group. And we kind of follow those two cohorts and see what develops for ethical reasons. As you can imagine, we can't do that with pregnant folks. And so we're limited. we actually do have a lot of really good quality data coming out in the last ten, 15 years. we're really kind of reassuring data for a lot of our medications.

Dr Ida Eden: [00:33:40] I mean, the one that I'm most often talking to folks about are SSRIs, which are our frontline medications for depression and anxiety. and we know a ton more about the really reassuring reproductive safety profile of these medications. Again, it is not a one size fits all approach. I'm having such a granular discussion with my patients. I'm getting nitty gritty into the literature with them. But by and large, these are not medications to sort of be reactive and to just stop when you are trying to conceive or when you find out you were pregnant, take the time to talk to your doctor. Absolutely.

Sarah Trott: [00:34:12] And if anyone wants to do some desk research on their own ahead of talking to their doctor, where would they go for that? Are there any resources you'd recommend?

Dr Ida Eden: [00:34:20] Absolutely. I have two go to resources that I tell my patients about. The first is mothertobaby.org. They have these printable PDF fact sheets for any medication you might be curious about. And they're great. They just have really kind of concise, digestible information about every medication. So they're great. And then the folks over at Mass General, the Harvard Institution, their MGH Women's Center, is a fantastic resource. If you go on their website, you can search in the search bar. Let's say you're curious about Adderall in pregnancy, and it will give you, again, a ton of really digestible information around any topic that you're curious about. So it's those two I think about as gold.

Sarah Trott: [00:35:05] Perfect. Okay, we'll put links to those in our show notes as well. and then if someone is deciding they're hearing this show or they've already decided, like, hey, I am going to get curious about myself. I am going to go back. I'm interested in healing some of my past traumas. I mean, what does that healing journey look like? You know, nine months seems like a long time, but some of the stuff is pretty big.

Dr Ida Eden: [00:35:30] It is. It is pretty big and and it's taken us years to kind of cook. Right. And to get to where we are now. And so it may not be realistic to sort of have these to sort of become, again, this kind of self-actualized person. But you can make major, major inroads. So often what that looks like is folks coming to certain insights about themselves, right? And even even 1 or 2 of these insights can, can be so incredibly helpful.

Like, think about my patient. Right. Who was like it was really beyond her awareness and she was parenting from a space of I have to do everything I can to not be this cold mother. But really, she came to sort of understand it was this kind of fight or flight mothering that she was doing. And she came to that realization in the postpartum. But you can come to understand these sort of what I think of as nuggets right, about yourself. And a lot of that work will happen in the psychotherapy, and even 1 or 2 of these nuggets about yourself can be transformative.

Dr Ida Eden: [00:36:38] Right. And so that can absolutely happen in the nine months. I tell my patients to you know, I do see a lot of patients for just psychotherapy, also patients and combined treatment. But finding a therapist can sometimes be one that you can do this kind of good quality work with can sometimes be a trial and error situation. And so if you're not finding that fit with the first therapist, you might want to try another.

Dr Ida Eden: [00:37:04] But I think that journey looks different for every single person. It looks very different based on the kinds of traumas that you have had to endure and that you kind of come to pregnancy with and your ability to do what we call introspection, which is to be curious about yourself. Again, it can be this time where folks are curious about themselves for the first time. And so you're already kind of entering this really kind

of what we think about as vulnerable time steps ahead if you have that curiosity about yourself.

Sarah Trott: [00:37:39] And you don't even necessarily have to consider yourself a traumatized person to be curious and to learn and to be proactive and thinking about how to optimize your mental health. Right. Like it would be valuable to talk to someone like yourself regardless.

Dr Ida Eden: [00:37:55] Absolutely, absolutely. You know, there's all kinds of suffering I think about, largely speaking, that we might want to unravel and understand, not necessarily traumatic. They can be, but just kind of sufferings at large.

Sarah Trott: [00:38:14] And then lastly let's touch on the you mentioned before postpartum anxiety, postpartum depression. So how would someone recognize those signs? what should someone look for or a friend or family member, keep their eye out for? or like, what would you observe in oneself?

Dr Ida Eden: [00:38:35] And it's such a great question. I think it's a phenomenon that we do a ton of education about advocacy around. Right? One because it's not asked about enough. Right. maternal postpartum mental health and postpartum depression is so incredibly treatable. If we capture it, right, it can be hard to recognize in yourself. Right? There's this rhetoric that suffering is the norm. When does that more normal struggle actually become problematic? And that can be exceedingly difficult to sort of figure out in the postpartum.

Dr Ida Eden: [00:39:14] And think about this. Right. you're often not sleeping. Right? And anyone who is not sleeping is going to suffer. So there's this kind of richly vulnerable time. And there are all these sort of sources and I'm sort of thinking of sources of suffering that come into play. But again, I think it can be a time where you lean on the people who know you well, your partner support people. How do they think that you're doing right? Are you yourself finding it hard to enjoy and be present with baby? How is your sleep? Right? postpartum depression has a lot of similarities with what I call a kind of garden variety major depressive episode, right?

Dr Ida Eden: [00:39:56] Folks who are depressed have a hard time enjoying things. Might want to isolate or be sad inside or feel numb. Apathetic. Postpartum depression can have some of those features. But what makes it really, really different from a depression, sort of outside of this, of this window, these women are exceedingly anxious. They are consumed by anxiety. I think about anxiety as kind of this free floating cloud. Where does it land for a lot of women in this time period? It lands around baby's well-being. These women are monitoring for chest rise, or they're unable to be reassured about certain things. When it comes to baby no, it doesn't always land on this thing, but this is really kind of consumptive quality to the anxiety that we see in postpartum depression. So there's a kind of marriage of depression and anxiety. Again, it can be really hard to pick up on yourself, lean on other people. Do you have a mental health tutor that you can talk to? lean on your ob gyn? Ideally your OB is able to kind of hook you in to treatment right, as needed and give you resources.

Sarah Trott: [00:41:03] If you're working with a midwife or doula, they might be people who you could also have that conversation with.

Dr Ida Eden: [00:41:10] Absolutely, absolutely. Especially because you've, you've likely built a real rapport with those folks. Right. in a real kind of comfortability and able to lean on them.

Sarah Trott: [00:41:23] We've covered a lot. Do you have any final words that you want to share with our listeners?

Dr Ida Eden: [00:41:29] What I'd like to leave you all with is we talk a lot about how this time period can be a really negatively vulnerable time. And it can be right. It's a time of major hormonal flux fluctuations and sleep, how you understand yourself, autonomy, etc.. But it's also such a positively vulnerable time, right? We're talking about this is often the first time that a lot of people are interfacing with mental health care and thinking, hey, I want to know myself better. It's a really corrective time for a lot of women. You get to know yourself with incredible depth. So it's both right. It's both sort of a negatively vulnerable time and in some ways a really positively vulnerable experience.

Sarah Trott: [00:42:12] Yeah, I appreciate that. It's turning these things that were maybe sources of anxiety or or negativity in some way, being curious, translating those into insights and those becoming strengths for yourself as a parent. Because then once you know you can take action, you're empowered to do something about it and address it.

Dr Ida Eden: [00:42:32] Exactly, exactly. Yeah.

Sarah Trott: [00:42:36] Thank you so much, Dr Ida Eden. we're going to put links in the show notes for more information about you. And I just want to thank you one more time.

Dr Ida Eden: [00:42:46] Thank you so much. That was really great. Love being able to connect

Sarah Trott: You can subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Spotify](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.