



Perinatal Mental Health

According to the Centers for Disease Control, 1 in every 10 women experience postpartum depression symptoms. Many women and families struggle emotionally during the perinatal period. Perinatal mood disorders can appear days – or even months – after a baby is born, and do not typically resolve without treatment.

Perinatal mental health issues require specialized, often short-term, psychological intervention. Perinatal mood disorders include: perinatal depression/postpartum depression (PPD); perinatal anxiety and panic; perinatal psychosis; and, perinatal obsessive compulsive disorder (POCD). Other issues that can cause emotional distress during the perinatal period include maternal loss (death of the mother during/after pregnancy), fetal loss/miscarriage, and abortion. However, with appropriate and prompt treatment, postpartum depression and other related conditions have a good prognosis.

Postpartum Depression

Postpartum Depression (PPD) is often used as an umbrella term to describe clinically significant mood distress after the birth of a child. Anxiety, sadness, hopelessness, irritability, guilt and impaired concentration are just a few of the clinical symptoms that can occur as a result of PPD. If you are concerned about your symptoms or feel you may have PPD, reach out to your OB or contact Dr. Vande Vrede for a consultation.

Infertility/Adoption

Dr. Vande Vrede has worked in the field of adoption for over 8 years, consulting and working directly with birthparents and adoptive couples. She is well informed on many current trends and the specific struggles that face those in the adoption process, including addressing the struggles of infertility, working with women in crisis, or unplanned pregnancies.

Maternal or Fetal loss

The death of a mother and/or child during pregnancy can be especially painful. Families are often looking forward to expanding their family and are particularly unprepared to cope with loss. Therapy provides a supportive environment where families can express intense sadness and anger, encouraging timely healing and recovery. However, grief that is prolonged or complicated by an inability to function requires additional intervention.

Dyadic Therapy

As a complement to treatment for postpartum depression and anxiety, Dr. Vande Vrede has specialized training in Dyadic Therapy. While originally designed to treat children with a history of complex trauma, Dyadic Therapy is extremely effective in improving the attachment between parent and child. Postpartum depression can strain mother-infant attachment. During Dyadic sessions the therapist provides a supportive and educational environment that highlights the reflective process between mother and baby. This work is done with mother and infant in the therapy room together, and attunes the mother to her baby's communication cues. Intense self-blame may occur when women are suffering from postpartum depression, which can even lead women to resent or hate their children. It is a unique privilege for me to work with affected mothers and babies during this earliest stage of development, and I find this type of work particularly rewarding.