

Preface

In the last several decades, the subject of women's mental health, particularly as it relates to women's reproductive lives, has garnered substantial interest. There has been growing recognition and concern that especially during their childbearing years women are even more vulnerable to significant changes in mood. Perinatal mood and anxiety disorders have become the focus of numerous studies, and current statistics estimate that as many as 800,000 to 1 million women each year will experience some mood-related disorders in regard to their pregnancies and births. Research findings indicate a greater increase in psychiatric admissions during this period of a woman's reproductive life than at any other time in the female life cycle. Women with chronic mental illnesses, such as bipolar disorder or schizophrenia, are at even greater risk of complications regarding their mental health during pregnancy and the postpartum period.

There is growing confirmation that a mother's depression during pregnancy impacts the fetus in utero, disrupting the growing attachment relationship between mother and infant which, in turn, often compromises a mother's capacity and desire to provide sensitive and attuned caregiving during the postpartum period. Furthermore, women's mood disorders around childbearing often create discord in partner relationships and a decline in marital satisfaction with potentially adverse consequences for the stability of the marital relationships and the larger family. Maternal depression reverberates throughout the family system with potentially serious repercussions for the cognitive, social-emotional, and psychological health of the developing child across her lifespan.

In response to the evolving body of scientific and clinical literature that continues to substantiate the realities about women's psychological and emotional vulnerabilities around pregnancy and childbirth, legislation is being enacted at both the state and federal level with a push towards learning more about women's reproductive mental health and providing a structure by which women's risks can be identified. Consequently, the study of perinatal mood disorders has been a catalyst for research around other aspects of women's reproductive lives along with a much deeper understanding that the foundation of women's reproductive mental health begins

many years before a pregnancy is even contemplated. In fact, a woman's risks for mood and anxiety disorders around the childbearing years originate in a psychological and biological process that occurs as early as her own experience in utero.

My own interest in women's reproductive mental health dates back more than 21 years ago after my second child, my daughter, was born. Within hours of her birth, I suffered anxiety that became intolerable and paralyzing; within the first year of her life, I was hospitalized four different times and never even heard the word postpartum depression until the day of her first birthday. By that time I was in such a fragile emotional and physiological state that I continued to relapse and was continually in and out of the hospital for the next 2 years. In 1992 when my daughter was born, the idea of a woman's risks and her vulnerability to mood-related illness in the peripartum was never discussed or even considered, and certainly never mentioned during pregnancy, which at that time was believed to be protective against depression and anxiety. Upon my recovery from illness that proved to be life threatening, I began to delve into the field of women's mental health, perhaps out of a curiosity to understand more deeply what had happened to me and probably because of my growing fascination with the breadth of this field. It wasn't until many years later that I came to recognize how my own early reproductive history bore a significant connection to my later vulnerability to changes in mood around my childbearing years, first with the birth of my son and more critically with the birth of my daughter. Postpartum depression also laid the groundwork for heightening my vulnerability to fluctuations in mood, given some reproductive events that followed.

The psychological experience of womanhood is embedded in the fabric of a woman's reproductive life and exists not as a series of isolated events, but as a psychological continuum across her lifespan. The quality of women's mental health around reproductive issues and events that begin in the earliest years of their lives is inextricably linked to emotional well-being throughout their years. A woman's experience of her changing body as she approaches puberty, the advent of menstruation, her predisposition to conditions like premenstrual dysphoric disorder, or the impact of body image perceptions on eating disorders have a significant impact on her vulnerability to later episodic depression and anxiety. Even after the childbearing years come to a close, women's concerns about their reproductive health as it influences their mental health continue into the later years of their lives.

Divided into four parts, the following chapters look at the intersection between reproductive health and mental health across the continuum of women's lives. Because a woman's body and psyche are so delicately intertwined, *Women's Reproductive Mental Health Across the Lifespan* looks at the female experience through a biopsychosocial lens. The researchers and clinicians who have gathered throughout the pages of this book to share their wisdom are some of the top experts in their related fields. I hope you will take a closer look not only at their writings in this work, but also at the remarkable contributions each of these authors has made to their respective areas of study.

The conventional wisdom of the early to middle twentieth century accepted women's changes in mood as just a fact of life because after all, "we are women." The 1990s gradually saw the emergence of a profoundly different perspective about

the origins of women's mental health. Part 1, *The Early Years*, begins at the very beginning as Drs. Marcy Axness and Joel Evans, experts in perinatal psychology, discuss how a woman's own experience as a fetus in utero creates a psychological roadmap for the future of her reproductive mental health. Along with this increasingly important recognition that we all need "a good psychological head start," Dr. Melissa J. Johnson, founder of The Institute for Girls' Development, explains in chapter "Girls In-Between: Social, Emotional, Physical, and Sexual Development In Context" that the social, emotional, and physical experiences of girls as they move into womanhood continue to provide the context for stable psychological health as their bodies and psyches mature. A fundamental milestone for young women is the advent of menstruation. A known rite of passage, both physiologically and emotionally, the onset of menses can be a tenuous time of adjustment for many women; for those who are most at risk, menstruation can be a source of monthly emotional turmoil. Dr. Neil Epperson has written extensively on the subject of premenstrual dysphoric disorder and along with her coauthor Lisa Hantsoo explains in great detail both the science and the psychology of these extreme monthly changes in mood.

Part 2, *The Reproductive Years*, addresses the psychological experiences and vulnerabilities of women around pregnancy and the childbearing years, which have much broader dimensions than just the logistics of prenatal care, labor, and delivery. A woman's longing for a child and her wish to become a mother often begins many years before conception and eventually becomes an essential part of the outline of her life. Along with these plans, however, are her seemingly nonnegotiable expectations that becoming pregnant, staying pregnant, and giving birth will be automatic and seamless. When unanticipated events like infertility, pregnancy loss, or birth trauma disrupt this vision, it can be psychologically devastating. These experiences stand in stark contrast with what most women expect from their bodies—that they can create life, carry to term without pause, and deliver without incident.

In chapter 4 "The Psychological Gestation of Motherhood," I write about the transformation of a woman's psychological self as she steps into the uncharted emotional territory of new motherhood. The psychological gestation that accompanies the physiologic changes of pregnancy sets the stage for a woman's mental health during the peripartum period. Researcher Carol Henshaw has written numerous papers and books about the critical importance of risk assessment and screening. In chapter 5, "Screening and Risk Assessment for Perinatal Mood Disorders," she outlines the protocols for identifying a woman's risks for a perinatal mood or anxiety disorder so that treatment plans can be implemented in an effort to prevent the onset of a depression during the perinatal period. In the chapter "Postpartum Adjustment: What's Normal and What's Not," well-known reproductive psychiatrist, Lucy J. Puryear, distinguishes between the normal and not-so-normal anxieties of the postpartum period while in their chapter "Chronic Mental Illness in Pregnancy and Postpartum," Drs. Melissa L. Nau and Alissa M. Peterson discuss the impact of chronic and severe mental illness on women's experiences of pregnancy and childbirth. With the striking advances in reproductive technology, many women who struggle with infertility are now able to realize their capacity to conceive and bear

children. Alongside the newfound physical possibilities also lie any numbers of psychological and emotional challenges as Dr. Dorette Noorhasan describes in chapter “Does Psychiatric Diagnosis Affect Fertility Outcomes?” Does a psychiatric history affect fertility outcomes and/or do fertility treatments have a definitive impact on women’s mental health? In chapter “The Reproductive Story: Dealing with Miscarriage, Stillbirth, or Other Perinatal Demise” Janet Jaffe, PhD takes a clinical look at the pain of pregnancy loss and the ways in which it disrupts women’s stories about their reproductive lives. Part 2 ends with a chapter on birth trauma and post-traumatic stress, articulately explained by Dr. Kathleen Kendall-Tackett, a health psychologist, prolific writer, and a foremost expert on the varied experiences of women around childbearing and the potentially serious repercussions of these events on their psychological health.

Part 3 addresses the *Later Years* of women’s reproductive lives and its connection to their experience of emotional and psychological stability. Born into a generation in which women routinely had babies in their twenties and a mom over 30 was considered “old,” I am continually amazed by the gifts that reproductive technologies are able to provide in terms of extending the childbearing years well into a woman’s 40s. Does that mean, however, that we can prolong reproduction indefinitely, a question that fertility specialist Dr. Nurit Winkler answers in her chapter on the ticking of the biological clock. As women move into the final chapter of their reproductive lives, they are especially vulnerable to fluctuations in mood. In chapter “Risk Factors for Depression During Perimenopause,” Dr. Zoe Gibbs and Dr. Jayrashi Kulkarni identify those risk factors that predispose women to mood disorders around perimenopause, drawing specific connections between earlier reproductive mental health concerns, like premenstrual dysphoric disorder, PMDD, or perinatal depression and heightened risks for depression as they transition into menopause.

Although this work establishes a timeline for the reproductive events that can compromise women’s mental health as they age, there are also those issues that affect women across the lifespan as delineated in the chapters of Part 4. Stephanie Zerwas, PhD and Elizabeth Claydon, MPH discuss the potentially grave impact of body image issues and eating disorders on women’s mental health from menstruation through menopause. Choosing hormonal contraception is a concern for many women at varying junctures across the lifespan, such as when they become sexually active or after giving birth. There has been ongoing discussion in the scientific and psychological communities about whether hormonal contraception has any direct impact on women’s moods, as obstetrician Dr. Lauren Schiff outlines in chapter “The Use of Hormonal Contraception and Its Impact on Women’s Moods.” In addition to addressing this question, Dr. Schiff discusses the current biological basis for mood fluctuations, and describes in depth the current contraception options available to women in the USA, highlighting the indications, risks, and common side effects of these contraceptives. She presents several case scenarios, and outlines treatment recommendations that consider a woman’s unique mental health history in concert with the available scientific literature. Any conversation about women’s moods in relation to their reproductive lives would not be sufficient without a chapter on the impact of cancer on a woman’s mental health. Current statistics estimate

that in 2014, there will be approximately 14 million cancer survivors, and 30 % of those who survive will be women with breast and other gynecological cancers. The word cancer is infused with a range of emotions that exist independently of any woman's preexisting mental health history. However, a previous history of trauma often exacerbates the shock already associated with the word cancer. With an emphasis on the psychosocial impact of a cancer diagnosis, oncology expert Dr. Doreen L. Wiggins along with her co-authors Dr. Carmen Monzon and researcher Beth R. Hott address the physiologic implications of cancer treatments and surgery on a woman's psychological health. They look at the psychological ramifications for women at any age. In chapter "The Impact of Reproductive Cancers on Women's Mental Health," they also examine the emotional impact of genetic testing as markers of heightened risk for breast and ovarian cancers and speak to the literature on posttraumatic growth as a potentially positive outcome for a woman with cancer. Reproductive psychiatry is an emerging and evolving medical specialty that often plays a critical role in managing women's mental health across the lifespan. Reproductive and perinatal psychiatrist Dr. Emily C. Dossett discusses the significant partnership between pharmacology and psychology in treating women's mood disorders. In chapter "The Role of Reproductive Psychiatry in Women's Mental Health," she takes a look at this growing specialty with an emphasis on case examples as a way of understanding current symptoms within the context of women's mental health history and the overall impact on the complexities of clinical decision-making.

Women's emotional lives are shaped by the relationship between biology, culture, and psychology. *Women's Reproductive Mental Health Across the Lifespan* brings current research and clinical application together through the varied perspectives of prominent experts in the field of women's reproductive mental health. Because this text intends to deepen the understanding of the indelible link between women's psychology and their reproductive timeline, it has interdisciplinary relevance to all health care practitioners who treat women.

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