Introduction to Mental Health in Fertility and Postpartum

Welcome, Dr. Bjorndal. It's great to have you here, and I'm very excited to talk to you today about some of the mental health challenges that happened during the fertility pregnancy and postpartum journey that I think are so relevant to this conversation that we're having.

And honestly, like mental health, not to be forgotten, right? Like it's such a key component of health and wellness. So I'm I'm really grateful that you're here today and that you're going to shed some light on this important conversation.

Yes. No, I'm excited to be here with you. Thank you so much. So in your I know that you had some struggles of your own with mental health. Can you share a little bit from your experience what it was like as you were going through pregnancy and postpartum and what came up for you?

Mm hmm. So prior to conceiving my son, I already had many mental health challenges. So the labels were bipolar disorder, type one with psychosis, and also have had some suicide attempts.

Anxiety and bulimia. So those were my major mental health issues and had worked on all of those. Had my son. My pregnancy was amazing. Amazing pregnancy. You feel great. Usually.

Usually you feel great. I think the universe gave me a couple of days of nausea so I could just experience and appreciate what my patients go through.

But for the most part, I, you know, I had an amazing pregnancy and then postpartum, though, lots of surprises there. Lots of surprises I found myself with in a in a depression.

And actually prior to the depression, I actually had a psychotic event.

Personal Mental Health History and Postpartum Struggles

And I think that was due to the lack of sleep with nursing. And then I did have a suicide attempt very quite sadly, I just talk about it now. I've been quite private about that for the protection of my son.

You know what child wants to hear that that you know. Right. So but he's old enough now and knows about it. So. So there was a lot of struggles postpartum for me.

Mm hmm. Mm hmm. Wow. That sounds really challenging And thank you for sharing about it I know. I can't imagine that it's so easy to talk about, regardless of how your son feels about it.

So it sounds like there were some things early on, even prior to conception. And then do you feel like it was mostly aggravated by the hormonal shifts that are happening postpartum or the lack of sleep, which I think is like a real thing the sleep deprivation is like is going to throw anyone back.

Exactly. Yeah. You know, it's I think with mental health and and with fertility, it's it's complex, right? There's many factors. There's no one magic bullet here.

There's no one magic piece of the puzzle. Right. If we just tweak that, then everything would go away. I mean, I wish it was that simple, but it's it's not.

So it was a multitude of factors. My husband was working away two weeks on, two weeks off. So be two weeks alone in a community that just moved to no support at all, lack of sleep.

And those I would say those were the two big ones, the community, the lack of sleep and then the hormones like what happens. And I was good in the first period, like the first bit I got through, but.

So what other factors would I'd say would be I think just just the stress, like just just knowing that you're I've never been in that position before caring for a newborn.

So, you know, it's really hard to predict how you're going to be when you've never been in a situation before. And it really speaks to the power of living in the present moment, because it's easy to say, oh, I'm going to be fine, I'm going to set myself up and etc.

But the reality is life shows up in a different way and we have to be able to navigate it. Yeah, absolutely. Um, in your experience, what are some of the neurotransmitters that are in informing or playing a role in our mental health through this period of our lives?

Mm hmm. So the key one. So if we take the fertility stage when, you know, prior to conception, I find a lot of women are more depressed because they're upset about the fact that they haven't conceived yet.

Sleep Deprivation, Hormones, and Support Systems

So working on serotonin and GABA is really those are the two main. But the key neurotransmitters overall that I emphasize are there's seven of them. So serotonin, GABA, dopamine, norepinephrine, epinephrine and glutamate.

And so in the pre fertility piece of the puzzle, it's more supporting the inhibitory neurotransmitters from a mood perspective, i.e. this depression, anxiety piece than postpartum.

Actually, because of the lack of sleep, there's more excitatory, neurotransmitters that come forward. And so that's your glutamate, your norepinephrine and your epinephrine.

So it's it's depending on the individual and their health history. It's really and this is really highlights the importance of taking a case, given my health history and now, you know, always hindsight's 2020, I would have supported myself so much better on that sleep department and those those excitatory neurotransmitters just pushed me over the edge into mania and psychosis.

And like you said, lack of sleep is going to affect all of us. You know, mental health labels aside, it's difficult for the best of us. Yeah, absolutely.

Like, have you found any any ways to, like, navigate this period with a little bit more ease? Which one are we talking about? The pre or the post. Post partum with the lack of sleep specifically.

Yeah. So what happens super important is we need to sleep when the baby sleeps and women are good, myself included. I was great at doing that for the first three months, but it was after that that we start to get in our heads a little bit about all the laundry piling up and the dishes that need to be done and the support is there.

Like, you know, the support is for most people. If you don't have support, super important to enlist support, ask for what you need, even though you might not know what you need, ask for it.

Anyway, I have a a great little handout I give to my patients so that says, you know, asking for a request after the baby's born. And it's a checklist of things you can ask for.

The challenge, though, is that I should actually change that to asking for requests for the first year after the baby's born. Not the first six weeks, three days, you know, because it's the because people move on with their lives and they think you're okay and then you're not okay and then you don't know how to ask for help that point when you're not okay.

Right. Right. Yeah, absolutely. So asking for support, whether it's from your partner, your community, your family,

friends, whoever, their neighbor. The guy standing at the bus stop, like whoever you can ask for help, you know, and this is like I said at the beginning, you don't know what you need until you're in it.

And a lot of us, I think as women, the ones that have been used to being overachieving and having it all together, we have a hard time asking for help.

And I want to really emphasize here, this is not a weakness. It you know, your vulnerability is your strength. So lead with your vulnerability here. If you and and so, yes, most people are there at the very beginning, in the early weeks months.

But it's it's sometimes these things settle in the year mark, the two year mark even. Right. So it really, truly does take a village here to raise a child.

And we've become so isolated in our society. Yeah, yeah, we totally have.

Neurotransmitters Across Fertility and Postpartum

And I think it's so important, especially when we're in that period of our lives where we're about to have birth or give birth or like get preparing for that like postpartum phase.

I feel like a lot of women and couples that have struggled with fertility when when it's finally time to like give birth, they're already at the point of like, oh, my God, like it's finally happening.

It's great. Everything's perfect, you know, like this. This kind of like it's a little bit surreal when you've been challenged by something so much and it's finally like coming into fruition.

But it's, it's like, always important to remember, like, this is just the beginning, right? Like, that is the beginning of the rest of this. And in so many ways, it feels like the end of like I think this fertility journey is over a Yeah, yeah.

So I'm wondering if you have anything there. And then also the other thing that I feel is like, sorry, I'm tearing up because I also had quite a journey after her after birth.

It I find that a lot of couples are in that in that like postpartum period feeling like their emotions are not valid or like they're not okay to feel negative emotions because they should feel x-y-z about finally being able to have a child.

So yeah, just wondering if you can share any, any bits of wisdom there. There's so much to unpack there. Right. And it's it's so true. So I'll, I'll, I'll, I'll summarize with this quote.

So our suffering suffering equal to sadness, you know, these negative emotions or just the suffering disappointments is equal to the gap between expectation and reality.

So we suffer when reality shows up in a differently than we expected it to. And this is so important with the fertility piece, because it's all about making a baby.

Let's make this baby right. And what's and then, you know, that whole conversation about what's wrong with me if I'm not able to make the baby, but assume you've made the baby.

You know, you've worked with a momma. You're got that baby conceived as all good, right? And I'll just take it a little sidestep. It's so important to work with a naturopathic doctor through each trimester of your fertility, of your of your pregnancy, because it doesn't start with conception.

It starts with conception and then continues. You're making a human being, so give it the right substrates to form a healthy baby because what happens when we have this baby and this baby doesn't show up the way we wanted it to?

Baby, it's got a cleft lip. Maybe it's got deformity, maybe you experience colic, maybe the baby never sleeps right. And therein lies the oh, my gosh.

Then we suffer because this wasn't what we expected. We didn't know what to expect. And having these conversations like clinicians need to be having more conversations about the reality, not from a place of fear and, you know, moving everyone into, you know, stress, but just just openness about, hey, this is the whole range of what could you could experience. And, you know, this we don't talk about the negative.

And therefore, when it happens, we're all shocked. Oh, my God.

Normalizing Postpartum Emotions and Expectations

Well, maybe if we were a little bit more open about the suffering that can happen, the stress that can happen, the loss of your mind when you haven't slept, and then you think thoughts about harming your child.

I mean, it's just those are the dark things we don't discuss. And we need to because most of us not most of us, I'll just say that I had not great thoughts.

Not great thoughts. What have I gotten myself into? I'm not going to be able to handle this. Why isn't my child, you know, conforming? Why is my you know, why is what's wrong with him?

What's wrong with me? You know, and you just spiral down. So the more that you can learn to manage your mind, learn to be with your emotions, emotions themselves actually are only going to live, according to neuroscientists, for about 90 seconds to 2 minutes within you.

It's your thoughts that fuel them. So there's a practice that I teach that is basically where you have to learn to recognize what you're thinking. Ask if it's serving you or sabotaging you, hurting you, or helping you.

Every thought you think is is either in service of you or sabotaging you. And so really be mindful of your thoughts. State Allow those emotions because you're the home for every emotion within you.

You're the container, you're the vessel, you're the your they live in you and they're going to show up and they need to be held by you, not shamed by you and stuffed and repressed and depressed and depressed pushed down and you expressed them and know that.

And let's normalize this conversation right here. Now, it is normal to think negative thoughts after you give birth. Totally normal. Yeah, yeah. So many things there that are important in in a lot of ways I think of what any like steps or or things that people can do to address their mental, emotional, spiritual well-being through this journey.

Speaking about all the way from fertility through postpartum. And if we if we just extend postpartum to like eight years of your life, your life much, I'll leave zero.

Your anything if your child's any of my child, you stay until he's 50. So I think we have to extend it a little longer than 18. But here we go. Yeah, well, you know, it just to keep it short, I would say read beyond the label.

That's the book that I've written. Talks about the ten steps to Support Your Mental Health with naturopathy Medicine. So one of the things in what I, again, like I said earlier in that fertility journey is, is navigating the the every time you get your period.

How do you feel? When I'm working in fertility, I say to my patients, I know this is an extremely tall order that I'm asking of you, but I'm actually asking of you to be joyful when you get a period, okay, most of your patients are not joyful.

Most people are upset. Oh, darn. Another missing cycle, another missed opportunity. Now, when you when you move into that mindset, oh, damn, another missed opportunity, you're in the status and you get into a sympathetic

or stressed state in your nervous system.

And that's going to steal your progesterone and that's not going to support your your fertility journey at all. So this is why being grateful for the magic and mystery that is your body and the fact that you had a period that's miraculous, that's to be celebrated, not the fact that you didn't conceive that month, that month.

Because look at it this way, though. You want the best egg, you want the best egg. So the one that gets miss, that's awesome. Because you know what the best egg is the one that's going to conceive.

So get in that mindset. Super heart. I understand it. Important, right? So and then and then there's so much that you can do to work with your, you know, with your neurotransmitters and the hormones.

I mean, this is a really exquisite symphony that's happening in your body. And so what I will say is if you have a history of mental health issues, it doesn't matter.

Whatever one it is, please make sure you're working on that and that your mental health is the most important thing. Because if that's in line, in my opinion, your fertility will follow.

Yeah. You know.

Mental Health, Fertility, and Medication Effects

Yeah, I know that a lot of women and also more often than not, men are on a lot of medications that are to support, quote unquote, mental health. Antidepressants, anti-anxiety meds, ADHD, ADHD meds.

I've seen that super commonly. And I'm just curious if you have thoughts on a what people can do in that situation and be like what are some of the downstream effects that are going to impact fertility, whether it's nutrient depletion or like, hey, this isn't actually getting at the root of what's happening with your mental health and may not actually be supporting you.

Yeah, just curious about that. Yeah, it's such a important piece. So medications deplete your nutritional status and your nutritional status informs how you form an egg or how the health of sperm.

So often when you've been on a medication like I'm not saying not to take a medication, that's fine, take some medication. But here's the thing. Medication should be used like we would use a cast if you broke your leg.

We're not going to leave that cast on for the rest of your life. Right. It's normally a six week process to wear a cast to fix a broken leg. So you might need medication for an acute situation to help get you on some solid ground.

But do you need to take it for the next five years? Because life moves on, circumstances change and mental health is again, multi-factorial and hormones play a role in mental health.

If you're if you're low in testosterone depression. So guy goes to the doctor gets diagnosed with depression. They look at it from a neurotransmitter perspective, give you a serotonin selective uptake inhibitor medication takes it feels better goes along never looked at that testosterone piece low testosterone causes depression.

Then you're taking this SSRI. It depletes important nutrients that are needed for forming sperm and your libido walks out the door like it's just so complicated, right?

Not complicated, but it's multifactorial. And there's lots of connections there. And I think this is so important. You hit such an important point because women are often the ones that everyone's focusing on in this journey, but men play an equal role.

And if your sperm cannot get to that fabulous egg that she's making and we know she's making an egg because she's having her period every month and most likely is ovulating.

So she's doing all she can. What are you doing, guys? You don't just get to show up here. Your sperm have to be made forms properly. They got to swim and they got to have the duration, like the motility.

To get to that egg, it's got to travel all the way up right where that eggs waiting they're sending. It's you know, it's got to get there. Like, what if your eggs here, the sperm just dies right there?

Oh, Dad, you didn't have enough energy to make the journey right? Mitochondrial health really important. So, anyways, so that huge. I could rant on this for a while, but I won't if that's okay.

But I can if you want to, you know. Yeah. If you have other pieces around like which nutrient deficiencies should wear of, I think that would be super helpful.

Well, the main one that I for for this SSRI class of medication is one that I just mentioned that affects mitochondria, which is coenzyme Q10. So coenzyme Q10, all the B vitamins, folate, etc., magnesium, zinc, those are the main ones that get met that the SSRI need get used up in metabolism m of SSRI medications.

And then there's there's also sleeping pills that we lot of people are using sleeping pills. So there's a great lab that I don't know if they have it on their website, but I have the chart, but it's called Spectra Cell and they have a great chart that says do the medications you take deplete your nutritional status and you can just look it up?

Actually, there's a public website called My Tab Incom. You can just punch that in and it will tell you everything. My Yeah, I might have anti a B I incom.

I should check that it's still around because I haven't used it in the last year or so. But you know how things changed. I mean, it's very helpful. If it works.

Yeah, yeah. Awesome. Yeah. I think I think that piece is really important because I feel like it's too often that men specifically are not being had concerns sessions with around what any medication means for their fertility and it's not even on the radar of so many doctors.

You spoke about testosterone. I've seen so many guys being put on testosterone without a conversation of like, hey, this me? Like, shoot your sperm in the foot.

Like, you may not have any sperm if you take this for too long, you know, like, those types of conversations are just not happening frequently enough.

And I do think that there needs to be more awareness around whatever medication you're choosing, that it be aligned for your fertility, whether it's now or in the future, so that you can be aware and prepared for what may come.

Absolutely.

Prevention, Preparation, and Parenting Perspective

And then do the work, do the work around whatever it is, whatever the issue you had at that time, that had you seeking support and being prescribed that medication.

Remember, as we fast forward six months to a year into the future, you're not the same person. Yeah. So revisiting that piece of the puzzle, do we really need to keep taking this?

If you're no longer feeling so? Here's the thing. You might think, well, but I'm only feeling better because I'm taking the medication. And that means you're doing a Band-Aid approach.

You haven't fixed anything. Then the goal. Isn't to keep you on medication for the rest of your life, nor is it to keep you on supplements for the rest of your life.

Right? Right. The goal is to build the foundational building blocks of health so that you can sustain your health yourself. And yeah, an important point for men, too, I'll just mention is my my husband's working on a mission to help support testosterone in men because for lots of reasons, testosterone levels are declining in men.

And what they do with the reference ranges is they've changed them. They've lowered them over the because you and I have been practicing a long time and over the last 20 years, reference ranges have been lowered for for sperm count and for testosterone.

And and you have to ask yourself, why is that? And so and also with respect to reference ranges, it's a you want to be in the upper third of a reference range.

So if the reference range for testosterone is 8 to 30, some guys think they're doing awesome, whether it's when they're levels ten does not actually awesome.

All right. So are you having morning erections? This one very simple, some one simple physiological measurement for yourself if you're not. And men don't know this young, young boys coming up age 20 to 35, they don't actually realize that it's not normal not to have a morning erection. Oh, wow. Yeah.

Yeah. So really great pieces of nuggets here. Thank you so much for being with us today. Is there anything you would like to share on on this topic or anything else that we haven't talked about yet?

There's so much, I think, but what I would say is make your mental health a priority and know that whatever happens in that postpartum piece, postpartum period, the best medicine is prevention.

So setting yourself up for success. And so start talking to your friends that have children and your doctor. What did what did they go through? What would they have done differently in their postpartum period to support themselves now that they're on the other side of that?

Right. Because I know for myself, I was very fearful to have another child because of my experience, my experience in that first three years postpartum with my mental health, when I thought I was solid, was not was really challenging for me.

And now I'll tear up. But since, you know the last since 2008 so however many years that's 15 years, it's been solid for the most part, some wobbles. But that's because I have you know, anyway, I won't go into all that.

The point is, doesn't have to be wobbly for you. And so, you know, that sets you up for success. We want the not only the pregnancy but the post, like you said, till the child is 18.

You want that to be amazing. And we could go on about we used to do another summit about parenting and all of that, you know, attachment parenting and how to raise an amazing teen.

And, you know, I was I'll just say this last thing. And the other day I was thinking, oh, I kind of braced myself for the teenage years because, you know, in our culture, our society is quite negative on the teenage years.

And I've rephrased most of the years like it was a terrific to use my son and the tremendous threes and the fabulous fours. And, you know, it was just and honest to goodness, it has been I never experienced any anything.

There was no terrible twos or nothing. It was incredible because I subscribe to the attachment theory of parenting. Anyway, I was walking and I had that thought and then I'm like this minute, 17 and a half, and I'm through the teenage years, basically.

You know. And there hasn't been anything like that. I'm like, Gosh, I got a little off a lot easier than my mom did was me and my brother. Anyway, thank you so much for having me.

So, so, so, so good to have you and chat with you and just give all of your pearls. I appreciate you for being here. I

appreciate you so much. Thank you.