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Perinatal  
support  
group

## MAKES THE UNSPOKEN SPOKEN

By AMY BOCHNER

**A**ndrea Glover sits at a table outside the Scarsdale Public Library with a briefcase full of paper. Among the sheets are informational leaflets, an Edinburgh Postnatal Depression Scale, and a flier for the Pregnancy and Postpartum Support Group Glover leads every Thursday inside the library.

Glover has a private practice in Scarsdale and specializes in perinatal, reproductive, maternal and menopausal mental health, a field she has worked in for the past 30-plus years. Not only does she carry around a briefcase of paper, she also carries the stories of the people she's worked with in individual and group therapies — from the devastating realities of people wronged by institutionalized and medicalized misogyny to the triumphant tales of people who found the strength and resiliency to overcome stigma, isolation and guilt.

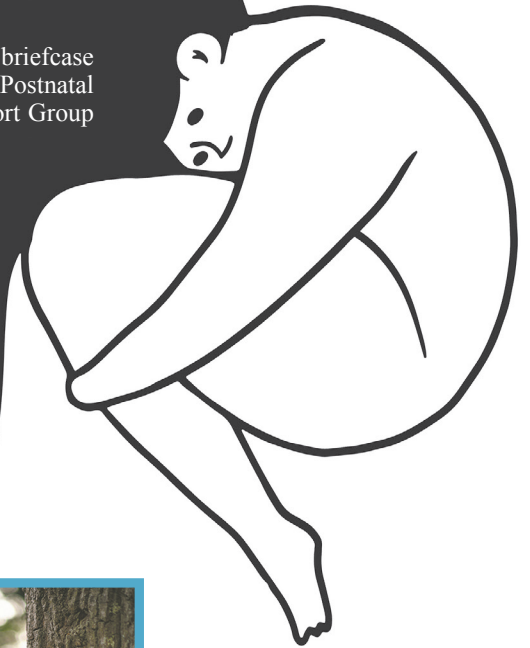
Perinatal refers to the period from conception to one year post birth. As a clinician with a Perinatal Mental Health Certification (PMH-C), Glover follows her patients for two years post birth, as she explained:

“The No. 1 medical complication from pregnancy is mood and anxiety disorders. It is the most prevalent medical condition [for pregnant women] and it is the least treated... There's a high prevalence of perinatal mood and anxiety disorders that can occur at any point along the way with pregnancy, but we see an increase with a lot of women after the baby is born,” she said. “It's more than the baby blues, and there's a gap in services, because an OB is going to be following them until they have the baby, and then it kind of drops off. Then it's all about pediatricians.”

Glover advises that every pregnant woman find a clinician who has a PMH-C. In order to get a PMH-C, a clinician has to have worked in the field, taken 24 hours of extended ed, worked directly with the population, and taken a three-hour exam.

“There are hoops to get through it because we want to make sure that people have the same kind of robust foundation. If you have a

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Andrea  
Glover

### Pregnancy & Postpartum Support Group

**Date:** Thursday, Aug. 24 and every Thursday, 10 a.m.-11:30 a.m.

**Venue:** Scarsdale Public Library  
54 Olmsted Road

**Registration:** <https://bit.ly/3skrRC4>

# Support

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family member who is struggling, encourage them to get some support to lighten their load a little bit,” she said. “Have them look up Postpartum Support International and find someone in their area that is certified in perinatal mental health — whether that’s an OBGYN, a therapist, a doula, a pelvic floor specialist. There’s all different types of fields of people who have a PMH-C, and we really collaborate together.”

PMH-C clinicians provide mental health screenings for their patients, which not all clinicians without a PMH-C offer. Glover uses the Edinburgh Postnatal Depression Scale, which helps gauge how a patient is doing mentally and whether they are exhibiting signs of a perinatal mood or anxiety disorder.

Before moving to Scarsdale in 2019, Glover ran support groups in California during her 30 years living in the state. This week, the support group at the Scarsdale library had its fifth meeting. Glover’s support

groups exist to make the unspoken spoken, raising awareness and supporting people during the difficult and scary parts of pregnancy.

“I really try in these groups to kind of knock down some of those myths that are out there, so that people can get the help they need. For example, if I’m struggling with depression, I may not bond initially with my baby. I may not feel that joy I see on the Hallmark commercials when I’m nursing my baby, and then mothers feel bad. They think there’s something wrong with them,” Glover said. “Mothers

struggle with a tremendous amount of guilt for all kinds of reasons. When you’re sitting in a support group, and someone says, ‘Oh, my gosh, I had that same thing happen,’ and you’re looking at them being a good mom, it really brings so much relief.”

One myth that Glover wants to dispel is that perinatal mood and anxiety disorders are just the “baby blues.”

“I will have women go in and say, ‘I’ve just been crying and it’s just the baby blues, it’ll pass.’ Baby blues are within the first week of your pregnancy. If this is going on for a couple of weeks or longer, that’s depression. Baby blues is when you’re sitting here and you’re crying, but everything’s okay. You’re not having negative thoughts. Depression

symptoms of depression and anxiety during the postpartum period. What is rare, however, are the cases of mothers with perinatal mood and anxiety disorders committing acts of violence against themselves and their babies.

“Up until now, the only postpartum news is the really, really bad stuff, the stuff that happens rarely,” Glover said. “I think that because the worst [stories are what] become the news, women are really scared to seek help.”

For every tragic story, there are millions of stories that never make the news about the daily successes of women fighting through their conditions. Glover believes these moments are worth celebrating.

“I say to my women, you took a shower today. You deserve a trophy.

That is amazing... reminding them. It can be climbing a mountain just to be able to get away from that baby and take a shower.”

In addition to being a place for parents to find community, the support group also brings to light the medicalized misogyny many women experi-

ence. One example is postpartum depression being minimized or framed as simply the baby blues by clinicians. Another is the language around miscarriages framing the blame on women, when anyone can have a miscarriage, even if “they do everything right,” said Glover.

“When you have miscarriages, the very first thing they ask is, ‘Well, how old is she?’ So women carry the brunt of the, ‘Well, you better hurry up and get pregnant before you’re 35. Everything changes at 35.’ We don’t say that to men, or

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— ANDREA GLOVER

— you’re having those negative thoughts. I’m not good enough, I’m doing this wrong. Why does that mom have it together and I don’t? We look at another mom and just kind of go, they have it so easy. We don’t know that, because when people are really, really clinically depressed, they don’t come out, or they isolate.”

Another myth is that perinatal mood and anxiety disorders are rare. According to Postpartum Support International, an organization Glover volunteers with, as many as one in seven moms experience

# Support

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to the sperm donor. When there's a loss, there's always self-blame, or anger. I remind a lot of the women who had miscarriages, you could be 24 and have a miscarriage. You could be 45 and have a miscarriage. But when you're 45 and have a miscarriage, people blame [you] for trying to get pregnant. They may say [to a 24-year-old] why did you get pregnant so young? There's a lot of blame, and that's institutionalized. The doctors will say that if you're over 35 — they call it a geriatric pregnancy. That's awful. The language is stigmatizing.”

In the wake of *Roe v. Wade's* overturning, Glover has had more stories to carry of not just misogyny in the medical field, but on a national level. She recalled one story of a woman she worked with who lived in a state where abortion was made illegal.

“I was running an online group with a woman who was just told she's seven weeks pregnant. She was just told it was nonviable. There's no heartbeat. She has to wait until it aborts on its own... her body still thinks it's pregnant. She has to wait until everything catches on,” she said. “Whereas in the past, in that stage, she could have gone in, she could have had an outpatient DNC, and then she could have gone home and grieved — now she has to grieve, and walk around with people still thinking she's pregnant, walking around knowing that that isn't alive, and it never will be.”

When asked how she manages hearing these stories, Glover revealed what she actually tries to carry from her patients.

“Over time, I think I have been able to develop a buffer, and that

buffer is holding on to that person's strengths. I'm honoring anything that they're doing towards a change for positive health. I had to learn this working with people with severe mental illnesses. My clients with bipolar and schizophrenia are never going to not have those illnesses. And those illnesses are going to wax and wane, and so I learned over time to be able to really pull out the strengths of the work that we're doing. That being said, if I have a situation that's particularly troubling, I go for consultation myself.”

The support group at the Scarsdale library is not just for parents struggling with perinatal mood and anxiety disorders or severe situations. When asked who would benefit most from the support group, she gestured at the women with children walking out of the library. “That woman right there and that woman right there. Really any mom.”

She elaborated: “What I'll often hear in groups are, ‘Oh, I just moved to this area, too,’ or, ‘I was working full time and now I'm home with my baby and I feel so isolated.’ One of my goals in doing this live versus virtual is I want them to get out of their house. That's why on my flyer, I say if you're in your pajamas still come. If you're running late, still come. It is difficult during this period to adjust. There's so many role transitions in addition to the hormones and women really feel alone. That's the biggest piece — getting them out and getting them connected.”

She described how she often sees mothers exchanging phone numbers after a meeting. Creating connections is an important component to a support group, and all mothers, whether they're new mothers or on their fifth pregnancy, are welcome.

The majority of each group meeting is led by the participants and the

topics they want to discuss. Glover uses 10 minutes of the meeting to provide the group with educational information.

“Because I have that social work background, my goal is to do as many interventions in that room in that moment,” she said, “so I always have my traveling briefcase of fliers, because if they're open to the information, then I want to be able to give it to them.”

On the colorful flier promoting the group, it reads that Glover has lived experience with perinatal mood and anxiety disorders. As she sits under the shade of a tree outside the library, she explained how her experiences drove her passion to help others struggling with pregnancy and motherhood.

“I have had lived experience with all of these things — miscarriages and needing IVF, and having mood and anxiety disorders while pregnant. I didn't do this work at that time. I had to step away from it for a while because I didn't want to project, but the women [in the group] will say, ‘Do you have a child?’ I'll say, ‘Yeah, I have a rising senior in high school.’ And they're like, ‘And you're still so passionate about this work?’ And I'm like, because no one was there for me, and I know how bad I felt, and I didn't have to suffer... That's why I have it right there on the flyer... because women will say we're so glad to know. We know that you understand.”

The core message Glover wants people to know is simple, but powerful in a world where many pregnant women and new parents feel guilt over their perinatal feelings and hide them out of shame.

“You do not have to suffer,” Glover emphasized. “That's the biggest message I try to put out ... You do not have to suffer.”