

# Handling your health

The team of GPs and health specialists at Livi are dedicated to putting patient safety first and making healthcare accessible to everyone.

We have worked closely with our Lead GP and women's health specialist to create this health handbook for women and men.

Here is a brief introduction about their professional background and why they are passionate about women's health.

**livi**



# Handling your health

## Dr Bryony Henderson, Lead GP at Livi

Dr Henderson graduated in 2006 from Imperial College London and started her GP career as a partner in Berkshire. Since the beginning of her career, she has strived to change clinical practice so that women are not only heard but listened to.

Dr Henderson's GP career includes working at a London-based practice but she has more recently settled in Hampshire. Dr Henderson joined Livi in December 2020 and in May 2022 became a Lead GP.



“ Women's health is of critical importance and I am passionate about bringing it into the spotlight where it belongs, in particular helping women going through the menopause. Seeing a GP is the first practical step to get help. We can give advice, diagnose and talk you through what we think is the problem. We can discuss possible treatment options with you and refer you to a specialist if that is what is needed. The important thing to remember is that you are not alone and doctors are here to help and listen. ”

## Handling your health



“ Discussing female health issues and our reproductive organs can feel intimate and emotive. Lots of patients get apprehensive, but it is my job to put them at ease as much as possible. Women come in all shapes and sizes, and will have their own unique story to tell. This is why I have chosen to specialise in gynaecology – to make sure each woman receives the personalised care they deserve. ”

## Dr Elisabeth Rosén, specialist in gynaecology and obstetrics at Livi

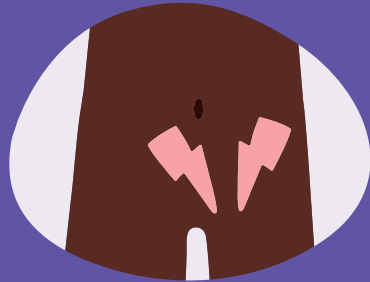
Dr Rosén began practising as a gynaecologist in 2014 and started working at Livi in 2017 to become part of the digital transformation of healthcare. Since then, she has been responsible for women's health and involved in many global initiatives.



## Chapter 1

# Helping women be heard

This chapter turns our lens to medical concerns that primarily affect women, and the multitude of challenges they face in accessing consistent care. The female body is not only misunderstood in relation to men, but also in conditions that women alone must deal with. For clarity, we are referring to all women and people with a cervix.



Over 80% of women feel they are not listened to by healthcare professionals about debilitating female-specific symptoms, and 1 in 10 women in the UK are living with severe pelvic pain due to undiagnosed or misdiagnosed gynaecological conditions.



60% of women suffer with a hormone or gynaecological issue, yet more than half a million women across the UK are currently on long gynaecology waiting lists. This area of healthcare has seen the steepest rise in waiting times since the Covid-19 pandemic began - with a 60% increase since 2020

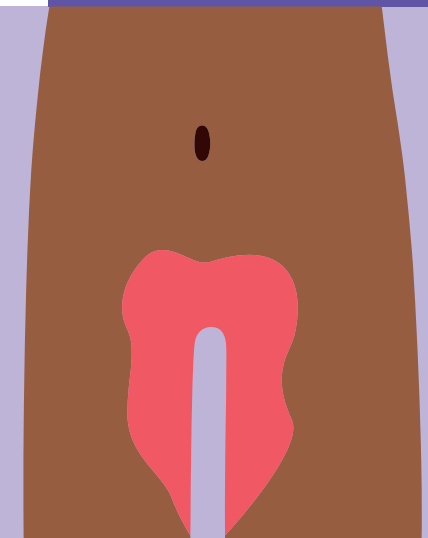
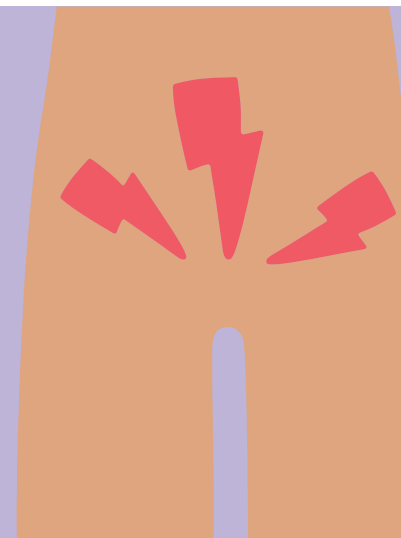
## Handling your health



The needs of the women waiting for medical help range from initial outpatient appointments and tests, through to scans and life-changing surgery. There is also a vast postcode lottery in sexual health services, access to menopause care and eligibility criteria for fertility treatment like IVF. On average it takes 2 to 8 years for women to be diagnosed with a fertility disorder before starting any treatment.

The gender bias in research around women's health is clear too. There's 5 times the amount of research into erectile dysfunction which affects 19% of men, compared to premenstrual syndrome which affects 90% of women. In terms of research prevalence as a whole, less than 2.5% of publicly-funded research is dedicated to women's reproductive health.

Let's Talk!



# Let's Talk!



## Handling your health

### Jen's story

It took three years to get my diagnosis. In September 2014 I noticed a lump on my neck, which turned out to be a tumour in my thyroid. What should have been no more than a two-and-a-half-hour surgery to remove it, ended up taking over five hours because the tumour had grown out of my thyroid and around the nerves of my left vocal cord. Thankfully, the tumour was benign, but tests showed that my left vocal cord was paralysed from the operation and my voice didn't return.

I then began feeling the symptoms of an underactive thyroid, like exhaustion and weight-gain and what I called 'thyroid legs'. It was the most horrible pain I'd ever experienced. I was told the pain was down to a vitamin D deficiency and was given medication for it, but the pains and pins and needles never went away.

Fast forward to August 2016, I was pregnant and the pains all over my body got so much worse than before, the pins and needles unbearable, the exhaustion constant. I was told the pins and needles were carpal tunnel syndrome and the pains were my thyroid and vitamin D deficiency, and the pregnancy was just taking its toll on me.

After a difficult labour and when Chloe was four months old, my husband had a head-on car crash. I had a breakdown. I was diagnosed with severe depression and anxiety. As I talked more to my GP, I realised I'd been living with depression since my operation in 2015 that hadn't been diagnosed - even though I have a mental health first aid qualification.

Three years later and I've finally been diagnosed with fibromyalgia. The receptors in my brain are telling me I have pain but I don't. Every day it's difficult, but a flare-up is unbearable. It will never go but it's mostly managed. A Livi doctor recommended supplements, like turmeric, that make the biggest difference.



To get a clearer picture of how women are feeling and their personal health experiences, Livi conducted a survey in April 2022 with 2,000 women in the UK (a sample of the general population). We pulled together some of the most hard-hitting findings to get a sense of what women find most challenging with their health, and which areas of women's health are most important to them.

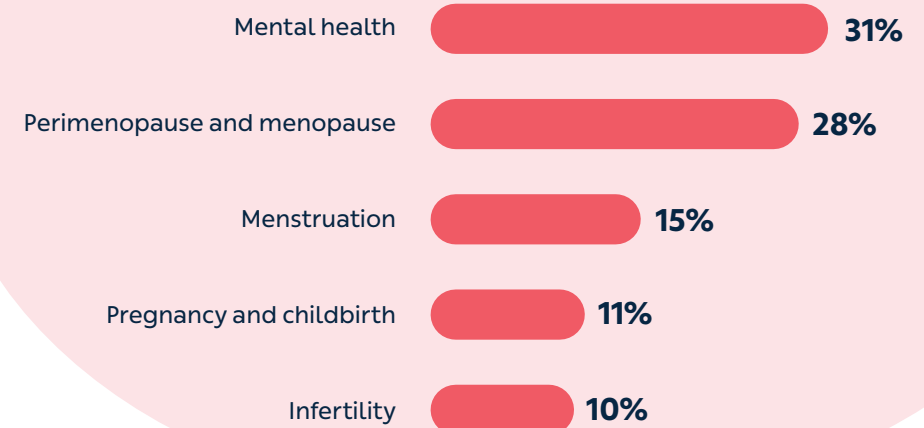
- Over half (57%) of women have felt like they weren't diagnosed correctly after visiting a healthcare professional, rising to 64% of women aged between 35 and 44.
- 22% of women believe their health has previously been overlooked by a healthcare professional, or they have received a misdiagnosis because of their gender.
- 29% of women still don't think they've received the correct diagnosis, whilst 10% said it took 7-12 months and 11% waited 1-2 years to be correctly diagnosed.
- 34% of women believe their doctor has previously failed to take their symptoms and health concerns seriously.

The most common symptoms women suffer from include fatigue (43%), achy joints (39%), painful periods (38%), heavy periods (37%), lightheadedness and dizziness (36%), sweating and hot flushes (34%), stomach cramps (34%), heartburn/indigestion (33%), nausea/vomiting (29%) and urinary tract infections (29%).



## What are women most worried about?

Our research reveals that women's biggest health concerns are:



The following part of the book explores each of these concerns in more detail. As well as discussing what's normal and what's not,

our team of experts help you feel more in control of your body and confident about seeking advice.



## Chapter 2

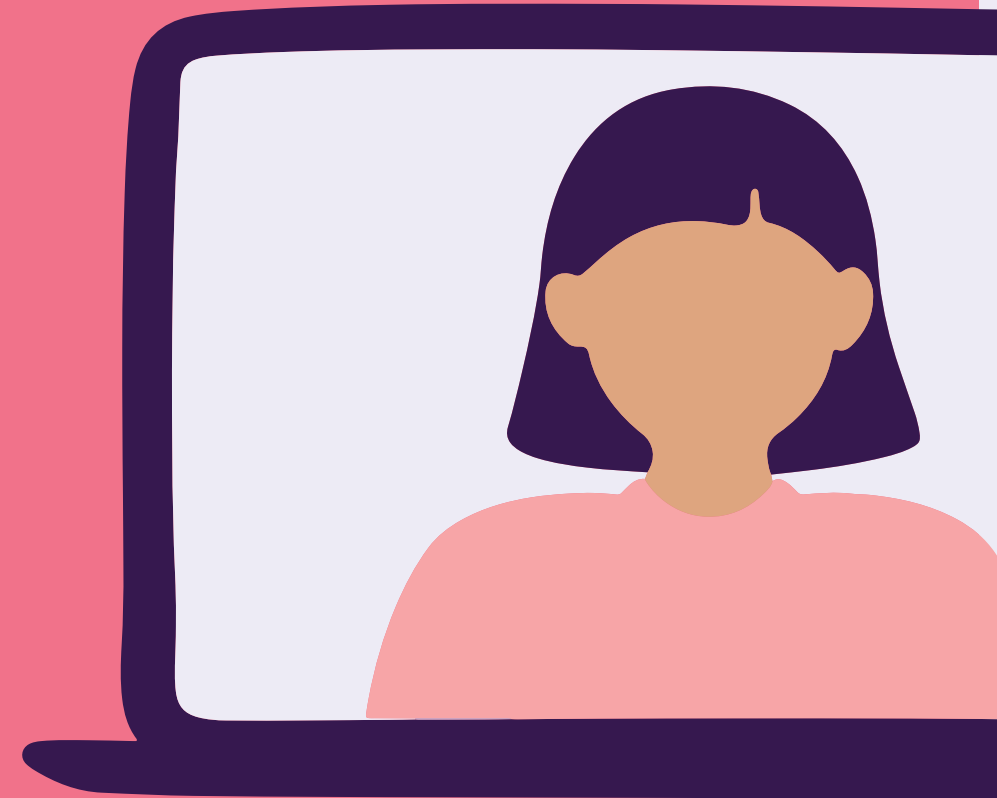
# Who's the expert in your body?

No one knows your body like you do, so you will always know when something doesn't feel quite right.

We've turned to our team of in-house experts for their words of wisdom on the 5 main women's health concerns: menstruation, pregnancy, infertility, menopause and mental health.

For each topic we'll cover what to expect for your body and any warning signs that something might not be right. We'll also shine a spotlight on some really important health topics and concerns that you may not know much about.

Even if you don't notice any of the symptoms discussed, always speak to a GP if you have concerns about your body and health



# Menstruation

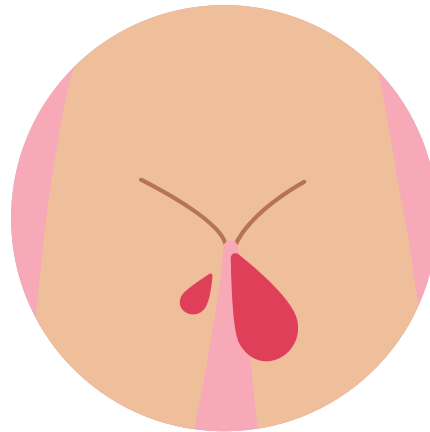
## What to expect

The average menstrual cycle lasts for 28 days, though everyone is different. Anything between 21 and 40 days is considered normal. An average woman will start their period at around 12 years old, and will experience menopause between the ages of 50-55. This suggests women will have about 480 periods during their lifetime, but fewer if there are pregnancies.

A typical period lasts 2 to 7 days, and women lose between 3 and 5 tablespoons of blood during this time. However, it is normal to experience some heavy periods (menorrhagia) and at different times. These can be caused by hormonal changes, certain medications, stress and depression.

Your body will experience both physical and psychological changes throughout your menstrual cycle. Sometimes a disturbance in the normal cycle could suggest something is not right.

If there is no cause found for any heavy bleeding or painful periods, there are plenty of options that can help relieve these symptoms. A doctor might suggest a hormonal or non-hormonal treatment.



## When to seek medical help



**Irregular periods that last for more than 3 months**



**Bleeding between menstruation also known as spotting or breakthrough bleeding**



**Persistent severe pain**



**Very heavy bleeding or passing blood clots regularly**

“

### Dr Henderson's advice

It's useful to keep a track of your cycle so you know what is normal for you. If there are any changes, like the amount you are bleeding, changes to your cycle or level of pain, it's important that you speak to a GP. They can discuss these symptoms with you and advise on any necessary tests, or refer you to see a gynaecologist.

”

“

### Dr Rosén's advice

It's important to remember that experiencing new symptoms or changes to your cycle do not always indicate an underlying condition or complication. However, the menstrual cycle is a great way to monitor the status, not only of your reproductive organs, but your whole body - which is why you should keep an eye on changes.

Sometimes changes are part of a natural process like the menopause, a condition affecting your reproductive organs or a condition affecting another part of your body, like the thyroid. But you are the expert on what is normal for you and what is not, and you have the right to feel well.

”

## Spotlight on...

There are many gynaecological conditions that can be missed or misdiagnosed, and in some cases may lead to problems with fertility and pregnancy. Some of the most common include polycystic ovary syndrome, endometriosis and fibroids.



## Handling your health

### Did you know?

Up to 2 in 5 women who struggle with fertility have endometriosis. This can often be due to scarring. However, there are fertility treatments available that can improve chances of conception.

### Fibroids

These non-cancerous growths develop when muscle cells in the womb multiply too many times. They come in various shapes and sizes, and only 1 in 3 women with fibroids will experience symptoms which can make them difficult to diagnose. Symptoms include:

- Heavy or painful periods
- A distended or painful tummy
- Lower back pain or a feeling of pressure
- Need to pee more often or having accidents
- Constipation
- Pain during sex

### Endometriosis

This is the second most common gynaecological issue in the UK, but it takes an average of 8 years to get a diagnosis. The main symptoms are:

- Pelvic pain, especially during your period
- Period pain that stops you doing normal activities
- Pain during or after sex
- Pain when peeing or pooing during your period
- Nausea, constipation, diarrhoea, or blood in your pee during your period
- Difficulty getting pregnant

A doctor can investigate whether there is an underlying condition and if treatment is required to shrink or remove the fibroids. Sometimes untreated fibroids can lead to complications of anaemia if there is heavy bleeding, or problems with fertility and pregnancy. Treatment can involve medication or a surgical procedure.

Endometriosis can have a big impact on your physical and mental health which is why getting a proper diagnosis and support from a doctor is so important. Treatment options include pain relief, hormone treatment and surgical procedures to remove the excess tissue.

### Polycystic ovary syndrome (PCOS)

This condition impacts how your ovaries work and affects 1 in 10 women. You may be diagnosed with PCOS if you have at least 2 of the following:

- Irregular or absent periods
- Signs of excessive androgens (male sex hormones) like excess hair growth, oily skin or acne
- Polycystic ovaries (from an ultrasound scan)

People with PCOS are more likely to seek out and require fertility treatments, but research shows that both people with and without PCOS have a similar number of pregnancies and children over their lifetime.

### Did you know?

Not everyone with PCOS will have small cysts in their ovaries. While the cysts can contribute to hormonal imbalances, they are a feature of the condition rather than a cause, and are usually harmless.

PCOS also increases your risk of developing type 2 diabetes, cardiovascular disease, endometrial cancer and psychological problems. A GP can help you get the right diagnosis, treatment and support.

### Did you know?

Research shows oestrogen and progesterone play a role in the growth of fibroids. This is probably why fibroids tend to shrink after menopause, when production of these hormones has decreased.



# Let's Talk!

## Lauren's story

I've always found the time of the month extremely painful but assumed this was normal. At 17 I found the courage to speak to a GP about my painful periods and the pain I felt during sex. They suggested the best thing was to take the contraceptive pill back to back. But the symptoms carried on. While at university I felt I needed more answers. During this time I was diagnosed with depression and anxiety. A local

GP suggested I could be suffering from dyspareunia which was causing me to be tense during sex. They recommended seeing a sex therapist with my partner but I really did not want to do.

The GP eventually referred me to a gynaecologist but I really had to push to be taken seriously. The constant worry of what was going on had a big impact on my relationship.

My partner was really supportive but he felt he was doing something wrong, and I felt guilty for my body's reaction to sex. When I had an ultrasound scan at 18, they told me I had signs of adenomyosis, linked to painful sex. The gynaecologist encouraged me to continue with the pill and try lubricants or propranolol. But I still had spotting and a lot of pain. The same gynaecologist mentioned at another appointment that I could have endometriosis.

She explained I can't officially be diagnosed without a laparoscopy. I was prescribed mefenamic acid to help with the pain but didn't feel like I understood the condition or how I could deal with it. I just knew there was no cure. I carried on following the advice but when I moved home after graduating, the pain became more severe and was affecting my day to day life. I asked another GP to refer me again. When I explained my symptoms to a different gynaecologist, they put me on the waiting list for a laparoscopy. She said I should have the coil fitted at the same time for symptom relief, but I had a lot of anxiety about this. After more than 8 months, I finally had the procedure.

Once I came round, they confirmed the affected areas had been treated and I was signed off work for a week.

The endometritis diagnosis took 7 years after first seeing a GP. But there was no follow up. One consultant told me fertility problems are fairly unlikely with the condition, while another said it was highly likely my fertility would be impacted. One doctor even suggested the best way to stop the symptoms was to get pregnant and breastfeed to avoid having a period. I was put on a waiting list for another laparoscopy in September 2021.

About 7 months later, I was given a date for the second procedure (April 2022). The surgeon explained afterwards they had treated 7 sites of endometriosis – although I wasn't sure whether this was normal. Despite being signed off for 2 weeks, I haven't told anyone at my current workplace about the condition. I have now recovered from the surgery but like last time I have had no follow up about the implications. It's hard to say yet whether things have improved, but I'm feeling more hopeful.

# Pregnancy

## What to expect

Pregnancy can be a very special time, but presents physical and emotional challenges for many women. It can be hard to know which changes are normal and which require medical attention.

Nausea is one of the most common symptoms in the first trimester due to high levels of the HCG and progesterone. Fatigue can also be quite intense in the first couple of months or closer to the due date because of the physical strain on the body.

Common symptoms during the second and third trimester include bloating, heartburn or indigestion, backache, pelvic girdle pain, haemorrhoids and Braxton Hicks contractions.

Other changes to physical health that can affect a woman during any stage of pregnancy include feeling faint, headaches, constipation, changes to skin and hair, varicose veins and needing to pee more. It can be normal to feel more emotional and overwhelmed during pregnancy too, because of the impact on your mental health.

If any of these symptoms become severe or difficult to manage, speak to a doctor or midwife for more advice.



## When to seek medical help



**Bleeding during pregnancy**



**New, unexplained or severe pain**



**A sudden decline in foetal movements**



**Shortness of breath or chest pain**

**“ Dr Henderson’s advice**  
Pregnancy is an exciting time and there’s a lot to think about while getting ready to meet your new arrival. However, your body goes through a number of changes during this time and complications can develop. If you feel worried at any point, it’s always best to discuss your concerns with a GP or your maternity team. ”

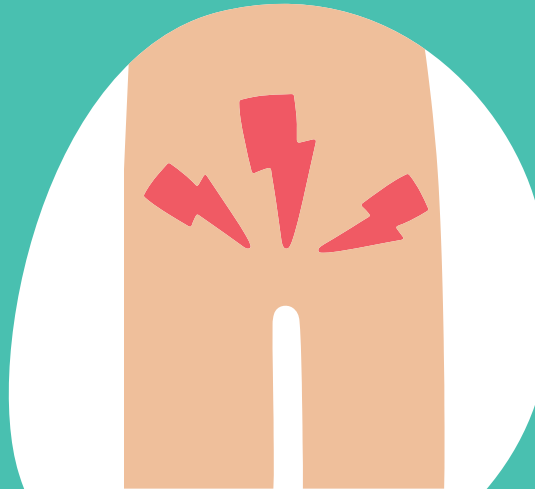
**“ Dr Rosén’s advice**  
Experiencing discomfort or new symptoms does not always indicate a problem with your pregnancy, but you should listen to your body. If you experience a new or more intense symptom with no obvious explanation, don’t hesitate to contact your midwife. Some bleeding, pain and a decline in foetal movement can be considered normal during pregnancy but can also indicate a number of issues.

It’s very common to feel worried about all the changes and symptoms during a pregnancy. There is lots of help available to help with feeling confident about the physical changes and how best to look after your body. This can help you enjoy your pregnancy as much as possible. ”



## Spotlight on...

There are many pregnancy-related conditions and complications that can be much easier to manage with medical help and support. Some of these challenges include hyperemesis, pelvic girdle pain and varicose veins.



### Hyperemesis gravidarum (HG)

Sickness and nausea will affect 8 in 10 women during pregnancy and can happen at any time of the day, even though it's often known as 'morning sickness'. The nausea is caused by an increase in the HCG hormone that supports pregnancy, and usually eases during the second trimester.

Some women experience more severe sickness and nausea that lasts a lot longer. This condition is thought to affect around 1 to 3 in every 100 pregnancies. Symptoms of HG include:

- Severe nausea and vomiting
- Being dehydrated
- Weight loss
- Low blood pressure when standing

Some women will experience these symptoms until the baby is born, and others will see improvements at around 20 weeks. Because there are other conditions that can cause nausea and vomiting, your doctor will need to rule these out first before prescribing medication.

If a person is unable to keep food and drink down, hospital treatment may be needed to avoid dehydration.

## Handling your health

### Pelvic girdle pain (PGP)

PGP, also known as symphysis pubis dysfunction (SPD), has been found to affect up to 1 in 5 pregnant women and can have a significant impact on mobility.

As pregnancy develops, the body will produce higher amounts of a hormone called relaxin. Relaxin makes the joints in the pelvic area looser, and makes them move unevenly. This can lead to the pelvic area becoming less stable and painful. As your baby grows, the extra weight adds to the strain on your pelvis.

If you have already experienced a back problem, pelvic injury or have hypermobility syndrome, you may be more at risk of PGP. Although it is not serious, pelvic girdle pain can

cause a lot of discomfort if left untreated. Women with PGP usually feel pain in the areas highlighted below.

- Over the pubic bone, roughly level with the hips
- Across the lower back
- In the area between the vagina and anus (perineum)
- Spreading to the thighs

Some women may feel a clicking or grinding in the pelvic area, and will find the pain is worse when walking, going up or down stairs, getting dressed, turning over in bed or getting out of a car.

A doctor can advise a range of measures that can help you manage the pain including physiotherapy or wearing a support belt.





### Varicose veins and haemorrhoids

Haemorrhoids and varicose veins might appear as different problems, but are both caused by swollen, twisted veins. Many women will experience either or both during their third trimester of pregnancy.

Normally, your veins have one-way valves to help keep blood flowing towards the heart. Pressure on these valves allows blood to back up and collect in the veins, causing them to enlarge and swell.

Varicose veins usually appear when the veins in your legs swell but they can affect any area including the vagina. Varicose veins are not harmful but can be uncomfortable.

To help manage the discomfort, it is best to:

- Avoid standing or crossing your legs for long periods of time
- Sit with your legs up as often as you can
- Maintain a healthy weight
- Wear compression tights
- Try sleeping with your legs higher than the rest of your body
- Keep active and introduce simple foot exercises

Haemorrhoids appear when the veins in your rectum swell. They can get worse with pushing or straining, especially with constipation and during delivery. Being overweight or having haemorrhoids before pregnancy can also make them worse.

To help manage the discomfort, it is best to:

- Sit in a warm bath several times a day for about 10 minutes
- Use ice packs or a cold compress to reduce the swelling
- Ask a GP about creams or other medicines, such as stool softeners
- Drink lots of water and eat lots of fibre to prevent constipation

After giving birth, when the physical pressure on the veins and blood volumes are back to normal levels, varicose veins usually become less pronounced and may even disappear fully. Haemorrhoids also tend to reduce in size and disappear on their own. If you have any concerns, a doctor can advise you on how to get help.

#### Did you know?

During pregnancy, the volume of blood in your body increases by 50% to help support the womb and baby.



# Fertility and infertility

## What to expect

It's normal to become pregnant within a year – 80% of all couples do so, but fertility decreases with age, especially after 35.

Trying to conceive can be a very challenging and emotional process, so it's important to support each other as much as possible. Fertility can be affected by many different things:

- Problems with ovulation, for example PCOS or thyroid problems
- Cervical mucus problems
- Fibroids
- Endometriosis
- Pelvic inflammatory disease
- Certain prescribed medications and illegal drugs
- Alcohol

If you are in the early stages of planning a pregnancy, the best place to start is to make sure your body and lifestyle are as healthy as possible.

- Stay fit and active
- Aim for a healthy BMI
- Stop smoking
- Cut down alcohol and caffeine
- Try to reduce stress in your life

Other lifestyle changes can help boost your fertility too:

- Keep track of your fertile days
- Have lots of sex
- Take a prenatal supplement
- Choose a paraben and glycerin-free lubricant
- Change to a non-hormonal contraception

If you are struggling to get pregnant, you may be referred to a fertility clinic for further investigation. For 1 in 4 couples struggling to conceive, a cause will not be found.

## When to seek medical help



**You have not conceived after a year of trying**



**You are concerned about your fertility, perhaps after having treatment for cancer or a sexually transmitted infection (STI)**



**You or your partner have a known condition that affects fertility**

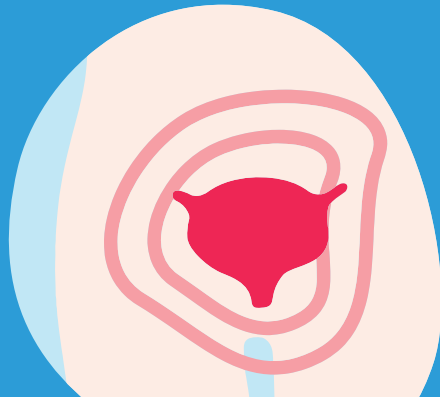
**“ Dr Henderson's advice**  
 Most couples conceive normally within a year of regular unprotected sex. However for others this may not happen, and this can be an upsetting time. If you are worried about your fertility, particularly after a year, speak to a GP. Sometimes simple things like reducing stress, cutting out alcohol and losing weight can help, otherwise you or your partner may need further tests. ”

**“ Dr Rosén's advice**  
 Couples can be referred to a gynaecologist to investigate any potential causes. You might be offered further invasive, imaging or surgical procedures. It's possible that your problems with fertility are caused by hormonal imbalances, fibroids or scar tissue. There are lots of methods used to help couples get pregnant, such as hormone supplements, medication and assisted reproduction, but it very much depends on your individual situation. ”



## Spotlight on...

Assisted reproduction consists of different techniques. We take a closer look at how these work.



### Intrauterine insemination (IUI)

Intrauterine insemination involves directly inserting sperm into a woman's womb.

### In vitro fertilisation (IVF)

IVF is a process that involves combining an egg from the woman and sperm from the man outside the body to create an embryo, which is then placed back into the womb.

#### Did you know?

Your chance of success with IVF may be higher if you are under the age of 37, you have been pregnant before and you have a healthy body mass index (BMI) between 19 and 30. Around 1 in 4 IVF procedures lead to a successful pregnancy.

### Intracytoplasmic sperm injection (ICSI)

This is a similar technique to IVF and can be used if there is reduced male fertility. Sperm is injected into the egg and the embryo is placed back in the womb.

## Handling your health

## Menopause

### What to expect

The menopause is a natural part of a woman's life that usually occurs between the ages of 44 and 55. In the UK, the average age for a woman to reach the menopause is 51.

Menopause is the ageing process of a woman's ovaries, affecting their production of oestrogen and progesterone, and eventually causing periods to stop.

The first stage – known as perimenopause – involves the menstrual cycle becoming more irregular. Although it can be a slow and gradual process, women may experience a range of mild to severe symptoms.

The decrease in hormone levels will affect the body in many different ways, and be different for every person. Medically, you have reached menopause after experiencing no menstrual bleeding for 12 months.

Some of the most common menopause symptoms include:

- Heavy and irregular bleeding
- Hot flushes and night sweats
- Problems sleeping
- Vaginal dryness
- Lack of libido
- Recurring UTIs and incontinence
- Memory or concentration problems
- Psychological effects

### When to seek medical help



**A known family history of gynaecological cancer**



**Spotting or bleeding after reaching full menopause**



**Bleeding or pain during penetrative sex**



**Persistent bloating or abdominal pain**

There are lots of menopause symptoms that overlap with mental and physical health conditions. If you are unsure what could be causing your symptoms, speak to a doctor for help.

If left untreated or misdiagnosed, menopause symptoms can lead to complications or conditions such as vulvovaginal atrophy. This is when decreased oestrogen levels affect the lining of the vagina. You might experience dryness, itching, urinary problems and pain during sex.

It's better to treat these symptoms as early as possible using oestrogen cream to avoid any long-term problems.

**“ Dr Henderson's advice**  
The menopause can be a difficult time for a woman to navigate, but if you are struggling, make an appointment to speak to a GP and talk through your symptoms. They can advise you on lots of self-help measures to try at home, local support groups and medication options, such as HRT. **”**

**“ Dr Rosén's advice**  
There will be some situations where your GP will need to refer you to a specialist. For example, if you are experiencing menopause symptoms at a young age or severe symptoms such as heavy bleeding, a gynaecologist might want to rule out other medical conditions. Or if you have a known medical condition that affects your treatment options, they can advise on alternatives.

As well as GPs and gynaecologists, there are other specialists who can offer support for menopause symptoms. Physiotherapists can provide pelvic floor training and psychologists can support you with mental health struggles during this time. **”**



## Handling your health

### Spotlight on...

#### Managing the menopause with HRT

Menopause doesn't have to be miserable. There are many different treatments that can help improve your sleep and energy levels, mood and daily functioning.



You might be offered hormone replacement therapy (HRT). HRT can be taken in several forms such as a pill, patch, gel, cream or spray.

If you're not sure whether HRT is right for you, a doctor can help you weigh up the pros and cons.

Some of the benefits of HRT can include:

#### What are the other treatment options?

- Control of symptoms such as heavy bleeding, hot flushes and sweating
- Keeping bones healthy and strong to reduce risk of fractures
- Keeping the heart healthy
- Lowering risk of colorectal cancer and diabetes
- Improving vaginal symptoms using local HRT

**Non-hormonal medication** – there are a range of other medications that can help alleviate menopause symptoms

**Physiotherapy** – pelvic floor training helps to maintain strength and control especially for vaginal issues such as incontinence

As with any medication there are always possible risks and side effects. With HRT, this depends on the type you take, the length of course and your own medical history.

#### Did you know?

In some parts of the UK only 10% of women going through menopause take HRT, despite 80% of menopausal women experiencing symptoms.

# Mental health

## What to expect

1 in 5 women have a mental health problem such as depression or anxiety.

Significant hormonal changes from puberty and pregnancy through to menopause can have a big influence on your mental health.

It can be normal to experience mild changes in your mood and how you're feeling as your hormones fluctuate. But in some cases there may be an underlying mental health problem that needs treating.

As your hormones can cause overlapping symptoms with your mental health, it is important to speak to your doctor about any concerns.



## When to seek medical help



**Your mental health is affecting your relationships, employment and enjoyment of living**



**Feeling excessively anxious or low**



**Feelings of self-harm or not wanting to be alive**

**“ Dr Henderson's advice** There are lots of ways you can look after your mental health every day. Most importantly, talk to your family and friends about how you're feeling. If you don't have a network of people to speak to, a GP can recommend local support groups. Make sure you take time to rest, eat healthily and exercise. If these lifestyle measures are not helping, a doctor may prescribe medication or refer you for talking therapy. ”

**“ Dr Rosén's advice** There is an expectation that women should feel happy after significant life events like having a baby, but many women are hesitant to admit that they don't feel this way. It's very common for new mothers to feel depressed, confused, frustrated, tired and disillusioned - and that's nothing to feel ashamed of. Support and treatments are available, so speak to a doctor to work out the best options for you. ”

## Spotlight on...

### Baby blues

Baby blues is not the same as antenatal (before birth) or postnatal (after birth) depression. It is very normal to feel emotional, overwhelmed and low after having a baby.



The baby blues is a more brief period of low mood, where you often feel tearful around 3 to 10 days after giving birth. Postnatal depression is a much deeper and longer-term depression which can develop gradually or suddenly.

The early stages of parenting can be an emotional rollercoaster and it is very natural to doubt yourself. It may take some time to feel comfortable and confident as a new parent but that is completely normal.

There are lots of ways you can look after your mental health during this time with simple self-care..

- Take time for yourself and delegate tasks like washing
- Rest when you can and try to nap while your baby is sleeping
- Eat as well as you can to help restore your energy levels
- Be aware of your emotions, ask for help when you need it from your partner, friends, family or health professionals
- Get some fresh air with a short gentle walk or introduce 10 minutes of mindfulness to break up the day

### Did you know?

Baby blues affect up to 80% of women after they give birth. Although the symptoms can be upsetting, they tend to be mild and will usually pass within 14 days after the birth.

### Obsessive compulsive disorder (OCD)

OCD is an anxiety-related condition where a person experiences frequent intrusive and obsessional thoughts, commonly referred to as obsessions. Although there are lots of types of OCD, these thoughts will often fall into the following categories: checking, contamination, symmetry or ordering, rumination, and hoarding.

The condition is more common in women during adulthood. But it is not always widely talked about or understood due to lots of common misconceptions.



### Handling your health

- Struggling with obsessive compulsive thinking can often go unnoticed. Friends, family or colleagues may not be aware of or understand the problem. On other occasions you may notice that someone close has a preoccupation with cleanliness or order.
- While stress can affect OCD symptoms, the cause usually lies elsewhere. Differences in the brain, life events and genetics may also come into play.
- Most people with OCD respond well to treatment. Combining medicine and talking therapy like CBT is often a successful strategy.

A GP can advise you on how to access help for OCD and refer you to a specialist if necessary.



Let's  
Talk!

## Kaileigh's story

When I was 13 my nan passed away. They say depression can kick in from a traumatic event, so if I had to identify a turning point, it would be then. After losing her I went through years of being unhappy and not getting the help I needed.

Back then, I was told by a children's mental health service that I might have depression, but was too embarrassed to tell my mum. Sadly my doctor was unhelpful and told me I was too young to have depression.

I didn't tell anyone I was self-harming until 4 years later. I used to get changed for PE in the toilets so nobody saw, but one day a teacher made me get changed with everyone else. I was self-conscious and became isolated and lost a lot of weight, before being diagnosed with anxiety and an eating disorder.

But, it was bullying that made me hit rock bottom and led to me having suicidal thoughts. One day my friends all decided to cut me out and I was called a burden.

Starting therapy last year was the best thing I've ever done and helped me through the dark time. I really want people to know about my mental health, so that another 13-year-old like my younger self might get help sooner.

