

Postpartum Depression¹

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Overview

Many new mothers experience postpartum depression after the birth of a child. Postpartum depression (PPD) is an illness that consists of a gradual increase in depressed mood and behavior. It lasts past the "baby blues" period, and can begin up to six weeks after birth. This serious lifestyle change takes its toll on about 15-20% of women who give birth. PPD occurs as a result of hormonal changes that follow childbirth.

How do you know if you have PPD? Some symptoms commonly experienced by women with PPD are:

- Depressed mood most or all of the time
- Crying or feeling weepy
- Difficulty falling asleep or returning to sleep
- Fatigue, exhaustion, loss of energy
- Loss of appetite and/or feeling nauseated by food
- Frequently feeling irritable or "on edge"
- Getting upset by little things
- Negative thoughts and feelings about herself and motherhood
- Lack of self-esteem, especially about herself as a mother
- Loss of interest in activities previously enjoyed
- Lack of pleasure in her life in general
- Frequent mood changes
- Physical symptoms (e.g., headaches, muscle or backaches, stomachaches)
- Feeling anxious and overwhelmed most or all of the time
- Inability to concentrate on most things

Some cases of PPD can escalate and become severe. Women suffering from severe PPD, which is considered a psychological disorder, must seek immediate treatment. Symptoms of severe PPD include:

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- Thoughts of harming oneself
- Thoughts of harming the baby
- Feeling hopeless
- Strange or irrational beliefs about oneself or the baby
- Feeling extremely confused and/or not in touch with reality

These symptoms can last from a few weeks to a few months. The time varies from woman to woman; however, those with more severe symptoms may take a longer time to heal.

What Causes Postpartum Depression?

Risk factors for postpartum depression include family history, a lack of emotional support from the partner or other family members, relationship problems with the partner, younger age at birth, and birth complications.

In some women, thyroid hormones drop to low levels after childbirth, causing symptoms that resemble depression. Additional postbirth factors that can cause PPD include stress from changes in home and work schedules, being overwhelmed by motherhood, not getting enough sleep, and not having enough free time.

Treatment

Below are a few options for helping women suffering from PPD. It is very important that women who are suffering from PPD (or who think they may be suffering) seek treatment from their healthcare provider(s).

Medications can be prescribed for PPD. A wide range of antidepressants, both new and old, have been used to treat PPD. The type of medication will depend on the symptoms experienced, their severity, and the medical history of the patient. If a mother is breastfeeding, antidepressants that are safe for the infant can be prescribed.

Counseling can be an additional option for the treatment of PPD. A counselor can provide new mothers a chance to discuss their feelings and can offer suggestions and coping strategies. A counselor can also treat PPD using specific types of counseling, such as cognitive-behavioral therapy. Research shows that cognitive-behavioral therapy is effective for many different kinds of patients, including those suffering from PPD. During this treatment, the counselor seeks to create change within the thoughts and behaviors of the client, which often helps alleviate the depression. Other forms of treatment used with PPD are individual, family, and group therapy.

Hormone therapy can also be used to replace the estrogen lost after childbirth. This helps compensate for the rapid drop in estrogen that occurs after childbirth. This drop in estrogen contributes to many of the symptoms of PPD. However, hormone replacement therapy may decrease milk production and increase the risk of blood clots in the legs or lungs.

The Breastfeeding Mother and PPD

Breastfeeding can be difficult for a mother with postpartum depression. Deciding whether or not to continue breastfeeding can be even more difficult. If breastfeeding is a positive experience for the mother, then continuing to breastfeed is encouraged. However, if breastfeeding is a negative experience, then bottlefeeding may be the better choice. The advantages of bottlefeeding for women suffering from PPD include more time for relaxation during feeding, more flexibility during the day to attend to other activities, and extra energy (for mom) during feeding times.

What Can I Do?

If you are experiencing any of the above symptoms, or if you know someone who is, here are a few suggestions that may be helpful:

- Talk to someone who can offer emotional support (i.e., friends, family, other mothers, etc.)

- Find someone to help with childcare and domestic housework to help relieve stress.
- Make time for enjoyable activities.
- Take good care of yourself: eat healthy foods, get plenty of exercise and enough sleep.
- Keep a diary to express your feelings.
- Be honest with yourself; have realistic expectations.
- Find an informal or formal support group.
- Talk with your healthcare provider.

Resources

American Psychological Association:
<http://www.apa.org>

National Institute of Mental Health:
<http://www.nimh.nih.gov>

National Women's Health Information Center:
<http://www.4women.gov/>

Beyond the Blues: A Guide to Understanding And Treating Prenatal And Postpartum Depression (2006), by Shoshana S. Bennett & Pec Indman. Moodswings Press, San Jose, CA.

Postpartum Depression Demystified: An Essential Guide for Understanding and Beating the Most Common Complication after Childbirth (2007), by Joyce A. Venis & Suzanne McCloskey. Marlow and Company, New York, NY.

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