

# FOCAL POINT ON POSTNATAL EDUCATION

## Postpartum Depressions: The most Frequent Complication of Childbirth

By Diane Sanford

Having a new baby is a time of great joy and challenge. Up to 90% of all moms will experience an episode of the “baby blues” which lasts for no more than the first six weeks postpartum and includes mood swings, crying spells, feeling out of sorts, mild anxiety, and sometimes trouble with eating or sleeping. The “baby blues” is a reaction to the dramatic drop in estrogen and progesterone that women have after giving birth, and is a normal response to these changes. If, however, these symptoms last beyond six weeks and if they get worse, the woman may be experiencing postpartum depression (PPD).

About 15-20% of all moms will experience an episode of PPD. Unlike the “baby blues,” women with postpartum depression feel worse over time, and changes in mood and behavior do not go away on their own. Some of the most common symptoms are insomnia, depressed mood, frequent crying spells, lack of energy, lack of interest in caring for oneself or the baby, lack of bonding with the baby, feeling hopeless that things will get better, feeling like a failure as a mom, having no self-esteem, and loss of appetite. While many of these changes are a normal response to the physical and emotional demands of having a newborn (for example, sleep deprivation and constant attention to infant needs), women with postpartum depression blame these problems on themselves and feel more run down physically and emotionally than other moms.

Women with PPD may hesitate to tell anyone or talk with their health care provider because they feel ashamed of what they are going through. After all, everyone is supposed to automatically be a good mom and feel close and bonded with their baby. If a new mom has depression and is unable to function like she usually does and thinks everyone else around her is cruising along while she’s struggling to get out of bed in the morning, then she may feel it must be because there’s something wrong with her. Women with PPD are likely to think that it is because they are weak, flawed, or incompetent that they are having these problems.

Postpartum depression is not the woman’s fault! We know from research and years of clinical experience that the hormonal changes women go through following childbirth set the stage for PPD to develop. Add to these the psychological, physical, relationship, and situational stressors women encounter after having a baby, and it’s not surprising that depression can occur. In fact, the birth of a child increases the odds of a woman having an episode of depression more than any other major life change. Likewise, many women who have had some of these symptoms rumbling around for a while have their first full-blown episode of clinical depression following childbirth.

The good news is we now know several main circumstances which may cause some women to be more susceptible to postpartum depression. They include:

- prior episode of PPD
- prior personal episode of depression or mental health problem
- family history of PPD, depression, or anxiety
- difficult relationship with partner or spouse
- experiencing multiple life stressors in the past year or so (e.g., move, job change)
- lack of societal support
- traumatic birth experience
- high or special needs infant

If a woman thinks she may be experiencing PPD, she should review the symptom checklist which follows, and if she's convinced that this is her problem, she should read the section on treatment to learn what to do next.

## **Symptoms**

Unlike the “baby blues,” postpartum depression usually has a slower, more gradual onset and symptoms get worse over time. While some women report feeling depressed right away, others don't recognize they're having PPD until several months after their babies are born because the symptoms come and go. One day things seem mostly okay, and the next day the woman can't stop crying or feeling blue. So it may not be until months after the baby is born that the mother realizes she's depressed.

If it's been six weeks since the baby was born and the woman is having problems, especially if they're getting worse, then she needs to consider that she is having postpartum depression. It will be easier and quicker to get better if she acts right away rather than waiting until she feels had all the time. She can take charge of her postpartum recovery by looking at the symptom checklist which follows and if she has three or more of these problems or if two or more of these problems have lasted for two weeks or more, she should review the list of treatment options which follow.

### **Checklist of symptoms for postpartum depressions:**

- Depressed mood most or all of the time
- Crying or feeling weepy
- Difficulty falling asleep or returning to sleep
- Fatigue, exhaustion, no energy
- Loss of appetite, nauseated by food
- Frequently irritable or “on edge”
- Upset by little things
- Negative thought and feelings about herself and motherhood
- Lack of self-esteem, especially about herself as a mom
- Loss of interest in activities previously enjoyed
- Lack of pleasure in her life in general
- Frequent mood changes

- Physical symptoms (for example, headaches, muscle or backaches, stomach aches)
- Feeling anxious and overwhelmed most or all of the time
- Inability to concentrate on most things

The following is a short list of symptoms which women with severe PPD experience. If the new mother is having any of these problems, she should tell someone she trusts about them and consult her health care provider immediately!

- Thoughts of harming herself
- Thoughts of harming her baby
- Feeling there is no hope left
- Strange or irrational beliefs about her baby or herself
- Feeling extremely confused or not in touch with reality

The good news about PPD, even for women who have more severe problems, is that with treatment, they will get better. Many options exist to help women recover. The kind of treatment which is most likely to benefit the individual will depend on how strong her symptoms are, how long they've lasted, and her physical and emotional health history from before she had her baby. While admitting she has a problem and seeking treatment may seem scary, the sooner she acts, the sooner she'll get better and the sooner she and her child can have the life together she planned on.

## **TREATMENT**

If a woman thinks she has postpartum depression, then it's time to do something. The longer she waits the longer and harder it will be to get better. Because PPD symptoms may come and go, women often wait to get help, hoping they can manage it on their own. Remember, this is not her fault, and although she may feel ashamed of what she is going through, she has a medical illness. This illness requires treatment just like a broken leg, and while there may be things the woman can do to aid her recovery, if she has PPD, she needs help for a full recovery.

## **How to Find Help**

One of the reasons women with postpartum depression don't seek treatment is because they don't know where to go. It is sometimes difficult to find a practitioner who specializes in PPD. If she doesn't know where to go, she can start by speaking with her physician or one of the nurses in the office to get a referral and to talk with them about her symptoms. She can also call the hospital where she delivered her baby or the instructor of her childbirth class. If she knows someone who's had PPD and was successfully treated, she can speak with them. Often friends and other women who have been through this know the best resources. In addition, Depression After Delivery (DAD), which is a national organization that assists postpartum families, has a directory of professionals who specialize in PPD in cities and states throughout the United States.

Finally, the woman can phone her health/insurance plan and ask if they can refer her to a PPD specialist or a behavioral health practitioner who has expertise in depression.

### **Medication**

If the woman is experiencing moderate to severe symptoms of postpartum depression, it is most likely that she will need to go on medication to get better. There are many effective medicines available, ranging from the newer to older antidepressants. Which medication she goes on will depend on the type of symptoms she is having and her personal health history. For example, if she has been on medicine before for depression, her doctor may start her on the same medicine provided it worked well in the past. Doctors who can prescribe medicine for her include her obstetrician, primary care physician, and psychiatrist. Depending on how she is doing and the symptoms she has, her doctor or counselor may recommend she see a psychiatrist who is most specialized in prescribing antidepressants. If she has problems with side effects for more than a week or is not feeling better within three to six weeks of starting a medication, she should discuss this with her doctor. She may need to be on a different medication or a higher dose of the same medicine. Everyone's body responds differently, so she and her doctor may need to experiment before finding what works best for her.

### **Support Groups**

If the woman lives in a community where a PPD support group is available, this may also help her recovery. Some groups may be offered through the hospital at which she delivered. Others may be offered by a private practitioner who specializes in PPD. In Canada, many groups are sponsored through the public health department. The woman can contact the hospital where she delivered, her childbirth instructor, or her obstetrician to see if they know what's available in her community. The goal of a support group is to allow women to discuss their postpartum experiences in a safe, confidential setting where they can gain support, encouragement, and advice from other postpartum women and the group leader. Because social isolation and feeling that she is the only one with PPD is such a strong barrier to seeking help, support groups let her know she is not alone. Usually women are at different stages in their recovery, so the women who are feeling better can actively discuss the steps they took to get better and help the women who are not so far along remain hopeful that things can change. Support groups seem to work best in combination with counseling and other interventions and are a good place to go to learn about the best resources for PPD in the community.

### **Self-Management**

While the woman is deciding about seeking professional help, and even once she is receiving professional help if needed, the following self-care practices will help enhance her postpartum recovery. Likewise, they will help her stay healthy as her child grows. She could:

- nurture herself physically with good nutrition, regular physical activity, and sleep.
- develop a support system with other moms, parents, and friends who will listen.
- keep her expectations of herself and motherhood realistic and give up being superwoman.
- take breaks to rest mentally, emotionally, and physically, and practice meditation, deep breathing, and time off from thinking.
- express and accept negative feelings about postpartum change and the losses she has experienced, while also attending to positive ones.
- structure her day to help regain a sense of control and organize the night before when she can.
- nurture her sense of humor, which helps her have perspective and joy during challenging times.
- postpone major life changes; now is not the time to move, change jobs, or host a big party.

### **Consulting a Professional**

There are several types of behavioral health practitioners who care for women with PPD, and who the woman sees first will depend on who she chooses and to whom she is referred. A psychiatrist is a medical doctor who can prescribe medications for depression and may do counseling as well. Most likely, they will focus on the biological part of the illness and recommend the woman sees another practitioner for counseling. A psychologist is a behavioral health doctor with a degree in psychology who has received training in psychotherapy and specializes in counseling. Psychologists tend to focus on the life circumstances affecting the woman and what she can do to help her own recovery. She may also be referred to a licensed clinical social worker (LCSW) or licensed professional counselor (LPC) who like a psychologist has received training in counseling and will have a similar approach.

### **What to Look For in a Counselor**

Counseling is an important part of recovering from PPD. If a woman is severely depressed, she may need to be on medication first before she can take this step. Otherwise, she can try to find someone (a psychologist, LCSW, or LPC) who specializes in PPD and start seeing them to talk about her current symptoms of depression, her postpartum experience, situational stressors, and concrete steps she can take to get better. Although they may need to know about her background and family history to evaluate what she needs, events from her childhood or long-standing issues like her relationship with her mother should not be the focus of the treatment. She needs help getting relief from her symptoms and developing a plan of specific steps she can take to cope with

postpartum changes. If the woman feels she's not getting the help she needs from her counselor, she should switch! It may be hard to start over, but it will be much better for her and her baby in the long run.

## **Frequently Asked Questions**

*How long will my PPD last?* PPD by definition can last up to the first year following childbirth. If you seek appropriate treatment for your PPD, you should start to feel significantly better within a month or two and feel mostly recovered by three to four months of treatment. Of course, this also depends on how long your symptoms have lasted and how strong they've become when you decide to seek care. In general, the sooner you get into treatment, the sooner you will get better.

Some women with PPD will experience a re-intensification of their symptoms around the PMS phase of their cycle, but this is less intense and more short-lived than their original symptoms. If you have PPD and do not get treatment for your symptoms, you may feel somewhat better and be able to cope more over time, but unless treated, PPD can quickly develop into an episode of major depression when other life changes confront you.

*How long will I be on medication?* How long you stay on medication will depend on your personal health history and the severity of your PPD. For PPD alone, most women will be on medicine from six to twelve months after their symptoms are under control. It is frequently suggested that you stay on medicine for a year after your symptoms are under control so that your biology has adequate time to recover and mentally you feel confident that you are truly well and unlikely to relapse. Having PPD is a nightmare for most women, and it takes time to regain your trust in yourself and your emotional stability.

If you have experienced episodes of depression prior to having PPD, your doctor may recommend that you stay on at least a small dose of medicine indefinitely. Research indicates that the more episodes of depression you have, the more likely you are to relapse. While it may be difficult to accept that you have the health condition called depression, just like other chronic health conditions (for example, diabetes), you are likely to feel better and have less trouble coping with your symptoms over time if you stay on medicine continuously rather than going off and on it.

*Can I still breastfeed even if my doctor puts me on medicine?* Expert opinion suggests that you can safely breastfeed and be on certain antidepressant medication. Research on breastfeeding and antidepressants, however, has mainly focused on the immediate effects on infants. Studies which look at long-term effects are currently underway, and we will probably have some of the results soon.

In the meantime, this is a personal decision which you must make given what we currently know. It will also depend on what your doctor has to say. Some doctors think that you can safely breastfeed and be on antidepressant medication. Others think that you must stop breastfeeding before you start antidepressant medication, so you will need to

discuss this with your doctor first and see what your options are. For some women, breastfeeding is the only thing they feel they are doing right and to give it up may create additional problems. If your doctor doesn't agree with your choice, you may want to look for another physician who will support your decision. Remember, it is up to you to decide after carefully weighing the pros and cons and choosing what you think is best for you and your baby.

## **RESOURCES**

### **Websites:**

General information on PPD at  
[www.psycom.net/depression.central.post-partum.html](http://www.psycom.net/depression.central.post-partum.html)

Depression After Delivery (DAD) at  
[www.behavenet.com/dadinc/](http://www.behavenet.com/dadinc/)

Postpartum Support International (PSI) at  
[www.chss.iup.edu/postpartum/](http://www.chss.iup.edu/postpartum/)

Pacific Postpartum Support Society at  
[www.postpartum.org](http://www.postpartum.org)

The Postpartum Stress Center at  
[www.postpartumstress.com](http://www.postpartumstress.com)

### **Books:**

Dunnewold, A., and D. Sanford. 1994. *Postpartum survival guide*. New Harbinger Publications.

Pacific Postpartum Support Society. 1991. *Postpartum depression and anxiety: A self-help guide for mothers*.

Raskin, V. 1997. *When words are not enough*.

Placksin, S. 1994. *Mothering the new mother*.

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