

Postpartum Adjustment:

How to tell “normal crazy” reactions from postpartum depression

By Cate Jones

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Andrea Yates, the Houston mother who drowned her five children one-by-one in a tub of water, arouses pity and not just outrage in the common imagination. This reaction attests to our growing acceptance of postpartum depression (PPD) and psychosis as real disorders.

Diane Sanford, PhD, is an internationally known expert in postpartum adjustment. Sanford is a clinical psychologist and is president of Women’s Healthcare Partnership, founded in 1995, which provides counseling and education for women related to pregnancy and postpartum adjustment. She and Anne Dunnewold, PhD, wrote “Postpartum Survival Guide” (1994).

With more than a decade’s experience and as a mother herself, Sanford speaks enthusiastically about postpartum adjustment and society’s changing reactions to it.

Hormonal changes play a significant role in the process. According to Gillian Ford in “What’s Wrong With My Hormones,” during the second trimester of pregnancy a woman’s body produces up to 50 times the estrogen and progesterone she usually makes, levels which nosedive with childbirth. In addition, certain hormones present only during pregnancy also disappear.

These massive hormonal surges and withdrawal are part of the tremendous physical upheaval women experience, according to Dunnewold and Sanford in their book. But, hormones are only part of the process. Social, psychological, and relational issues play a major role, as well. Sanford pointed out that a “conspiracy of silence” still surrounds the introduction of a child into a family, whether through childbirth or adoption. The picture of pure bliss and happiness is untenable.

The kind of expectations a woman has about motherhood, about what her life and her child will be like, and her own image of herself as a mother can influence her reactions. Women who adopt may hold even higher expectations about motherhood. Likewise, women who delay childbearing may come undone by the harsh realization that they are no longer in charge.

Even more numbing, according to Sanford, is the cultural message in our expert-oriented society that women are supposed to automatically know what mobile to buy, when their baby should be talking, walking, etc. Really, said Sanford, motherhood is a journey with lots of ups and downs and learning as you go, and you can’t expect to learn it from a book.

In terms of postpartum reactions, it is likely in response to the sweeping hormonal changes occurring immediately following childbirth that the majority of women (80-90

percent) get the “baby blues” and find that they cry easily, are irritated by trivialities they’d usually ignore, suffer exhaustion, have difficulty sleeping, or become moody, anxious, or emotional. These feelings usually subside within two weeks. However, mild symptoms may continue for up to six weeks.

During “normal crazy” postpartum adjustment (a term coined by Angela McBride), which Sanford estimated includes up to 50 percent of women; the same symptoms come and go for up to two months.

What changes for the 10-15 percent of women (a conservative estimate, said Sanford) who experience postpartum depression or anxiety, is that symptoms persist or worsen. That is, they seem to affect the women most of the time and interfere with daily life activities. Symptoms include: trouble eating or sleeping, reoccurring anxiety, panic attacks, quick mood changes, feelings of depression that don’t go away, lost of interest, physical symptoms like headaches or chest pains, trouble getting out of bed, or withdrawing.

Sanford stressed the importance of seeking help immediately, within the first few weeks. She said often women know or are told by a significant person in their life that something is amiss, but wait to seek help because they want to “handle” it themselves. Family members need to be attentive to changes they may perceive in the new mother, she said, even if the changes frighten them.

Postpartum psychosis which may occur in one birth out of 1000, is a far more serious condition requiring urgent care at a hospital. Symptoms may include unusual or disturbing thoughts, thinking or speaking in a way that is confused or does not make sense, or manic behavior.

If a woman thinks she needs help, Sanford suggests that she can speak with her primary care doctor, if she thinks he or she will be responsive. Other options are her childbirth instructor, a “Mom” help-line at a local hospital, or she can get an evaluation from a mental health professional.

The biggest obstacle to treatment, according to Sanford—cutting across income, occupation, race, and age—is that the women don’t see their own health as a priority, or don’t feel they have permission to take care of themselves.

Treatment may include medication along with counseling. At Women’s Healthcare Partnership, women may receive individual counseling and/or group classes on PPD. Often spouses and sometimes other family members are included in the process. The focus is on a holistic approach to health. Nurse education and nutritional and fitness training is available at Partnership. In addition, any woman can call to sign up for a free phone “buddy” program called “Mother-to-Mother.”

Ten years ago, when Sanford started seeing women for postpartum adjustment, many of her clients were physician-referred. Today, she finds that women are as likely to self-

refer, a sign of the growing awareness of postpartum issues. Sanford, while commending physicians for recognizing the reality of postpartum depression and anxiety, wants them to be more proactive in heading off the development of postpartum reactions in women with known risk factors.

Those risk factors include: personal or family history of postpartum depression, personal history of depression or anxiety disorder, or lack of social support or poor spousal relations. However, up to 50 percent of women who experience PPD have no prior history of depression or anxiety.

What Sanford loves about her work is the opportunity to help women and families at a critical juncture in their life and to see women go through a pivotal life experience and recover so well.

“Baby Blues”

- Affects about 80-90% of women
- Begins 1-3 days after childbirth and can last from 2-6 weeks
- Believed to be hormonally driven
- You start to feel better, despite episodes of weepiness, sadness, irritability, and moodiness

“Normal Crazy”

Postpartum Adjustment

- Affects up to 50% of women
- Baby blues symptoms persist for a few months. But you have some good times and symptoms don't persistently interfere with daily routines.

Postpartum Depression or Anxiety

- About 10-15% of women affected
- Symptoms don't wax and wane, but persist or worsen and drag on, day after day
- Symptoms include: Trouble eating, sleeping, recurring anxiety, panic attacks, mood changes, feelings of depression that don't go away, trouble getting out of bed, physical symptoms like headaches or chest pains, or withdrawing
- 2-4 weeks after baby's arrival, if symptoms have not gotten better, get help

Postpartum Psychosis

- About 1 in 1,000 births
- Seek hospital care immediately for unusual or disturbing thoughts, confused thinking or speech, or manic behavior