

Understanding Postpartum Depression

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What's wrong with me? I just gave birth to a beautiful, healthy baby. I should be happy and proud, but I feel so down and anxious, even angry. Am I a bad mother? Why am I so depressed?

AS A new mother, you may have experienced feelings like the above. If so, you are not alone. It is estimated that 70 to 80 percent of new mothers have such feelings at times. But what is postpartum depression (PPD), and what causes it? How can PPD be coped with? What support can family members and others give?

Disorders

The term “postpartum depression” refers to depressive episodes following childbirth. These can occur after the birth of any child, not just the first. Depressive episodes can even follow a miscarriage or termination of a pregnancy. According to the Office on Women's Health of the U.S. Department of Health and Human Services, there is a wide range in the severity of the symptoms.

Many women experience postpartum blues, or baby blues, characterized by mild sadness, anxiety, irritability, fluctuating moods, and fatigue.

These blues are considered normal and are short-lived, resolving themselves without medical help within about ten days after childbirth.

However, the American College of Obstetricians and Gynecologists estimates that in 1 out of 10 new mothers, these feelings escalate and go beyond the first few days. They can even appear several months after the birth. This may be full-fledged postpartum depression, in which the feelings of sadness, anxiety, or despair are so intense that the new mother has trouble coping with her daily tasks.

Additionally, between 1 and 3 new mothers in every 1,000 suffer from an even more severe form of depression called postpartum psychosis, in which the mother has delusions or hallucinations that often focus on hurting herself or her baby. This latter condition requires immediate medical attention.

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Causes

There is no single clearly defined cause of postpartum depression. Both physical and emotional factors seem to be involved. One physical factor may be that in the first 24 to 48 hours after delivery, estrogen and progesterone levels drop sharply, to a point lower than before conception, creating an abrupt change in the physiological state of the body. This may trigger depression in much the same way as mood swings and tension are triggered before menstrual periods. The level of hormones produced by the thyroid may also drop after childbirth. This

could result in symptoms that mimic depression. For these reasons researchers are calling PPD a “biochemical and hormonal disorder.”

Interestingly, one medical newsletter suggests that postpartum depression may be caused by a nutritional imbalance, perhaps a B-complex deficiency.

Fatigue and lack of sleep can also play a role. Says Dr. Steven I. Altchuler, a psychiatrist at Mayo Clinic in Minnesota, U.S.A.: “In the period shortly after childbirth, lack of energy and an inability to sleep may make minor problems seem much more major. Some women might be frustrated to find that they have difficulty coping with things that they had handled well before delivery, without the baby blues, and with a full night’s sleep.” Emotional factors such as an unplanned pregnancy, a premature birth, loss of freedom, concern about attractiveness, and lack of support can also add to depression.

Additionally, there are several common myths about being a mother that can contribute to a woman’s feeling depressed and feeling that she is a failure. These include the idea that motherhood skills are instinctive, that bonding should be immediate, that the baby will be perfect and never fussy, and that the new mother should be perfect. In real life this is not the case. Mothering skills need to be learned, bonding often takes time, some babies are easier to care for than others, and no mother is perfect or a supermom.

Gaining Recognition

Until recently, postpartum depression was often not taken seriously. Dr. Laurence Kruckman points out: “Women’s mental health issues have been overlooked and labeled in the past as hysteria, not worthy of concern. The American Psychiatric Association’s diagnostic manual (DSM IV) has never fully acknowledged the presence of postpartum illness, and as a result, doctors have not been educated about it nor has reliable data been obtained. . . . And unlike 30 years ago, mothers often go home from the hospital within 24 hours. Most postpartum psychoses, blues and some depression occur within three to 14 days following birth. So the mothers are already at home and not screened by professionals who know the symptoms.”

However, according to Dr. Carol E. Watkins of the Northern County Psychiatric Associates in Baltimore, Maryland, if left undiagnosed or untreated, postpartum depression can lead to long-term depression and difficulty in bonding with the baby. Depressed mothers may passively ignore their baby’s needs or, conversely, lose control and use physical punishment to discipline their infants. This can negatively affect the cognitive and emotional development of the child.

For example, an article in the journal *American Family Physician* suggests that young children of depressed mothers perform more poorly on cognitive tests than those of mothers who were not depressed. Additionally, postpartum depression can adversely affect the other children and the husband.

Treatment

What can be done? Do you just have to tough it out? It is comforting to know that postpartum depression has been found to be both temporary and treatable.

* While rest and family support may be all that is needed for mild symptoms, the key sign that medical attention is necessary is if the depression disrupts your ability to function, says the Office on Women's Health.

Common treatments are antidepressant medication,

* talking with a mental-health expert, hormone treatment, or a combination of these, depending upon the severity of the case. Kangaroo, or skin-to-skin, care of the baby may also lessen maternal depression.

* There are also such alternative treatments as herbs, acupuncture, and homeopathic remedies.

However, there are some things that you can do personally to cope. These include eating a nutritious diet (including fruits, vegetables, and whole-grain cereals); avoiding caffeine, alcohol, and sugar; exercising in moderation; and taking a nap when your baby is asleep. Zoraya, a Christian mother who cried morning, noon, and night for days after the birth of a healthy baby girl, says that what helped her to get over the depression was to get involved as soon as possible in her normal

ministerial activities as one of Jehovah's Witnesses.—See the accompanying box for additional tips.

How Can Others Help?

Since a major factor in postpartum depression is lack of proper rest, other people can help by assuming some of the household chores and sharing in child care. Studies show that far less postpartum depression occurs where the extended family rallies around to provide support and instruction. Many times a person can be of great assistance by just being a sympathetic listener, giving the new mother reassurance, and avoiding criticizing or judging. Remember, PPD is a physical disorder and is not self-induced. As the organization Postpartum Education for Parents points out, “a woman cannot ‘pull herself together’ any more than she could if she had the flu, diabetes, or heart disease.”

From the foregoing, it can be seen that although the postpartum period can be a wonderful time for new mothers, it can also be stressful. Understanding it can help us to give the support new mothers need.

[Footnotes]

[^] par. 8 Postpartum depression is not to be confused with post-traumatic stress disorder, which some mothers experience after a stressful delivery, although both can be experienced at the same time.

[^] par. 19 See the article “I Won My Battle With Postpartum Depression,” in the July 22, 2002, issue of *Awake!*

^ par. 20 Some drugs can contaminate breast milk, so if you wish to breast-feed, consult your doctor for the most suitable option.

^ par. 20 See the article “‘Kangaroo Mother Care’—Solution to a Life-Threatening Problem?” in the June 8, 2002, issue of *Awake!*

[Box/Pictures on page 23]

Tips for Coping With Postpartum Depression

1. Talk to someone about your feelings, particularly other mothers.
2. Ask others to help you with child care, household chores, and errands. Ask your husband to share in nighttime feeding duties and household chores.
3. Find time to do something positive for yourself, even if it is for only 15 minutes a day. Try reading, taking a walk, taking a relaxing bath.
4. Even if you can get only one thing done in any given day, this is a step in the right direction. There may be days when you cannot get anything done. Try not to be angry with yourself when this happens.
5. Isolation often perpetuates depression. Get dressed, and leave the house for at least a short while each day. Fresh air and a change of scenery will do you and your baby a lot of good.

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Adapted from the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the Office on Women's Health.

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