



# More than the “Baby Blues”

## Understanding Postpartum Depression

By Nancy Dinerstein

In theory, having a child is supposed to be a period of immense joy for women and their families and most of the time it is. However, in certain circumstances, it can be a time of pain and despair, hurting not only the mother, but also the dad, the baby and the extended family.

During pregnancy and the year following childbirth (postpartum), a woman may experience a wide range of physical and emotional changes in a multitude of ways. These symptoms can cause mild to severe distress, and persist for a few days to over a year.

A woman is in a radiance of bliss and suddenly, without warning, bursts into tears. Out of nowhere, the new mom is sad and extremely nervous about taking care of a newborn that she has been anxiously awaiting for nine months. This sudden moodiness, in addition to irritability and sadness is commonly known as the “baby blues.”

Professional attention and family support is critical when these feelings become more intense and the symptoms persist longer than two weeks. This more serious condition is defined as postpartum depression and is repeatedly confused with the “baby blues.” Postpartum depression is a recognized mental health disorder that can be debilitating and exacerbated without proper treatment.

According to the College of Obstetrics and Gynecologists, there are significant differences in the symptoms, severity, duration and treatment of perinatal mood disorders, known as “baby blues” and postpartum depression. As moms and dads, families, doctors and caregivers, we need to understand which emotions are normal and which are abnormal, necessitating appropriate treatment.

### **The Baby Blues: The Most Prevalent Occurrence**

The most common perinatal mood disorder is “early onset postpartum depression” or the “baby blues.” Women describe their feelings as an emotional roller coaster filled with ups and downs. These symptoms appear after delivery and usually last for two weeks. Hormone changes commonly cause the problem and these issues disappear without treatment. Around 70-80% of women experience some form of the “baby blues.”

The symptoms consist of the following: feeling sad for no reason, irritable, depressed

and overwhelmed. The new mothers have trouble sleeping and eating, are overly sensitive, and cry easily from either joy or sadness. Oftentimes, the mom may be nervous about taking care of the baby, feel anxious, and is overly tired. On the other hand, they will express delight in being a new mother, bond with their baby, and have a positive sense of their self-worth.

### **Postpartum Depression: Requires Treatment**

Postpartum depression or late onset postpartum depression can affect mothers in many ways and can occur after a first childbirth, later childbirth, a miscarriage or a stillbirth. Postpartum depression symptoms are more intense and last longer than the baby blues. According to the Diagnostic Statistical Manual for Mental Health, women face a variety of emotions including sadness, guilt, hopelessness and feeling overwhelmed, mood swings, poor concentration, anger, and having difficulty bonding with the baby. These symptoms result in changes in appetite, insomnia, crying, low energy, and a lack of interest in things that used to bring pleasure.

Women with postpartum depression have problems coping with their daily tasks and suffer from impaired normal functioning. They oftentimes attempt to breastfeed hoping that it will help them feel an attachment to their baby. Many struggle with breastfeeding, which further increases their anxiety. At its worst, postpartum mothers have intrusive thoughts about harming herself or the baby and have concerns sharing these thoughts with others.

Instead of feeling joy and pleasure, these new moms feel ambivalent about motherhood. Even worse, they usually feel guilt and shame and believe they are unfit to be a mother.

One new mom in Houston reported that her acute postpartum depression went undiagnosed for over a year. A doctor and a therapist guided her through this period of her life, and she states, "I have no recollection of this time. I do not remember my son's first steps or his first words. It was as if I was in a complete fog during this time."

Psychologists Gaynes and Associates in a 2005 study estimate that about 10% of pregnant women face some symptoms of postpartum depression. Women who are at risk may have a previous psychiatric illness, lack partner or family support, have a sick or colicky baby, have a previous premenstrual dimorphic disorder, and have extreme stress in their day-to-day lives. Some women suffer from postpartum for no discernible reason.

In today's hectic pace, women can be overwhelmed with adjusting to change and their new parental role. Parents can become sad and anxious if the child is born early, if there are health concerns, or if complications require a longer hospital stay. Women who have complications during their pregnancy or with a traumatic delivery are at high risk for depression. Presently there are studies investigating the link between "postpartum depression" and high-risk pregnancies. Some women may simply have trouble

adjusting to a new lifestyle and routine.

Oftentimes, successful professional women feel a loss of identity and isolated at home with a small infant. Couples feel anxious over their loss of freedom. New moms may feel grief when their own mothers are not present at this life milestone. Certain individuals express despair regarding their pregnancy body shape and the subsequent frustration post delivery.

Mothers who face these issues need support from their partner, family and friends. They will need time alone, and alone time with their partner. These new moms will need to talk to someone else about their feelings. Eating healthy, exercising and taking care of oneself is critical. Sleep deprivation is a major concern, and moms need to make sure they nap when the baby is sleeping in order to get enough rest.

Doctors often recommend medication that has been proven to alleviate these symptoms. Research has reported successful outcomes with a combination of medications and psychotherapy. Other forms of treatment include individual psychotherapy, group therapy, and self-help support groups. Some women have reported success with alternative treatments such as acupuncture and yoga.

Today there are on-line support groups, websites, non-profit organizations and a myriad of resources to increase awareness and education about postpartum depression and perinatal mood disorders.

Mood disorders during pregnancy and postpartum have been identified in women in every culture, age, income level and race. Assessment and evaluation with early intervention is of paramount importance. There is help available and with the proper treatment, there is a cure.

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