

More than the “Baby Blues” Understanding “Postpartum Depression”

Pregnancy and having a baby is supposed to be a period of immense joy for women and their families. In most situations, it is. In certain circumstances, it is a time of immense despair, hurting not only the Mother, but also affecting the Dad, baby and the entire family.

During pregnancy and the year or more following childbirth, referred to as postpartum, a woman may experience a wide range of physical and emotional changes. Women may encounter these problems in a multitude of ways. The 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. The sudden moodiness, in addition to irritability and sadness, is behavior that 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 although there is a distinct discrepancy, it is repeatedly confused with the “baby blues”. “Postpartum depression” is a recognized mental health disorder that can be debilitating and more 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 to childbirth, 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 often called the “baby blues”. Women describe their feelings as an emotional roller coaster with lots of difficulties. The symptoms can appear soon, 2-3 days post delivery, and they can last up to two weeks. Hormone changes commonly cause the problem. It is important to note that typically these issues disappear without treatment. Statistics report 70-80% of women will have the “baby blues”.

The symptoms come across as feeling sad for no reason, irritable, depressed and overwhelmed. The Moms endure trouble sleeping and eating, being overly sensitive, and cry easily from either joy or sadness. Moms may be nervous about taking care of

the baby, feels a bit anxious, and usually is overly tired.

The notable point is that the Moms express delight to be a Mother, bond with their baby, and have positive self-worth.

Postpartum Depression: Requires Treatment

“Postpartum depression” or “late onset postpartum depression” can affect Mothers in variable ways, and can occur after a first childbirth or later childbirth, a miscarriage or a stillbirth. “Postpartum depression” characterizes more intense symptoms that last longer than those displayed in the “baby blues” do. According to the Diagnostic Statistical Manual for Mental Health, women face emotions including sadness, guilt, hopelessness and feeling overwhelmed. Additional symptoms are mood swings, poor concentration, anger, and having difficulty bonding with the baby. Changes in appetite, insomnia, crying, low energy, and a lack of interest in things that used to bring pleasure are additional signs of “postpartum depression.”

Women with postpartum depression have strife coping with their daily tasks and suffer impaired normal functioning. They attempt to breastfeed hoping that it will help them feel an attachment. Some women have a hassle breastfeeding and this failure can be another source of stress increasing their anxiety. Moms have intrusive thoughts about harming herself or the baby, and have concerns sharing these thoughts with others.

New Moms explain that they did not expect ambivalent thoughts about Motherhood as they had anticipated feeling joy and pleasure. Instead, they feel guilt and shame, and actually believe that they are inadequate Mothers.

One new Mom reports that her acute postpartum depression was undiagnosed for over a year. She explains that finally, a doctor and a therapist guided her through this period of 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 would face some symptoms of postpartum depression. Women who are at risk for postpartum depression 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 life stress. Furthermore, there may not be a reasonable explanation.

In today's hectic pace, women can be overwhelmed with adjusting to change and their new parental role. Parents can become extremely sad and anxious if the child is born early, there are health concerns, or there are complications requiring 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.

Moreover, some women may simply have trouble adjusting to a new lifestyle and routine. A successful professional feels a loss of her identity, and feels isolated at home with a small infant. A couple could similarly 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.

Moms who face these issues need support from her partner, family and friends. She needs both time alone, and alone time with her partner. She needs to talk to someone else about her feelings. These women need support with their household tasks, and help caring for the baby and other children. Eating healthy, exercise 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 will often recommend medication that has been proven to alleviate symptoms of postpartum depression. Research has reported successful outcomes with a combination of a variety of medications and psychotherapy. Other forms of treatment include individual psychotherapy, group therapy, and self-help support groups. Some women report 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 are 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.

Postpartum Support International Explains:

Persistent feelings of sadness are not a normal part of Motherhood.

You are not alone. You are not to blame. With help, you will be well.