



Postpartum Depression

Baby Blues

What is “baby blues”?

Mood swings, crying spells, and irritability are common after giving birth. This is not unusual as your body readjusts itself after the momentous events of childbirth. Following childbirth, the “baby blues” occurs with such frequency (50-80%) that it is often considered a normal part of the period after childbirth. The “baby blues” is usually observed two to five days after childbirth. You may experience period of weeping, mood swings, being overly sensitive, feeling overwhelmed, and just plain exhausted. This phase usually passes in a matter of days to a few weeks as you and your body adjust to your new situation. It may help to discuss your feelings with friends or family. Don’t be afraid to ask for help, especially when you need to sleep, and tell your healthcare professional how you are feeling.

How does depression with postpartum onset differ from the baby blues?

The “baby blues” is short-lived, ending without treatment within a week or so. Any symptoms that are severe or that persist after two weeks should be discussed with your doctor or other healthcare provider. Women who suffer from depression with postpartum onset are persistently depressed for more than two weeks. Typical symptoms, which are present for at least two weeks, most of the time, include:

- Feelings of sadness or low mood; feeling “down”
- Loss of interest and/or pleasure in usual activities
- Difficulty concentrating
- General fatigue and loss of energy
- Difficulty sleeping or an increased need for sleep
- Significant weight or appetite loss or gain
- Excessive or inappropriate guilt
- Feelings of worthlessness
- Feelings of hopelessness
- Recurring thoughts about death or suicide in addition, feelings of unexplained anxiety and/or irritability may be present
- Significant difficulty in the ability to care for your baby, care for yourself, and cope with family relationships may also be a symptom of depression with postpartum onset.

Although many women get depressed right after childbirth, some women don’t feel “down” until several weeks or months later. Depression that occurs within 6 months of childbirth may be postpartum depression.

What triggers depression with postpartum onset?

Why some women experience depression with postpartum onset and others do not is not fully understood. What is important is that it can and should be treated. If you have any of the symptoms noted nearly every day for at least two weeks, discuss them with your doctor or other healthcare provider. Together, you can decide what, if any, action should be taken. Childbirth is a major event that affects the body and the mind. It is not unusual to have mixed feelings or even resentment while you are recovering from childbirth and caring for a new baby. Don't be embarrassed or afraid to discuss your feelings with friends, family and your healthcare provider.

Postpartum depression is more likely in the following cases:

- ❖ Previous postpartum depression
- ❖ Depression not related to pregnancy
- ❖ Severe premenstrual syndrome (PMS)
- ❖ A difficult marriage
- ❖ Few family members or friends to talk to or depend on
- ❖ Stressful life events during the pregnancy or after the childbirth

Here are some things mothers with **postpartum depression** have found helpful:

- Find someone to talk to about feelings.
- Get in touch with people who can help with childcare, household chores and errands.
- Find time to do something for self (i.e.: reading exercising, taking a bath meditating, etc.)
- Keep a diary or journal. Every day write down emotions and feelings as a way of "letting it all out".
- Try to get one thing accomplished each day.
- Find a local support group that can help with postpartum depression.
- Talk with your doctor or mental health professional about mental health issues.

Is it Baby Blues, Depression, Anxiety, or Psychosis?

Baby Blues

Incidence: 50% to 80% of all new mothers; 26% in adolescent mothers.

Onset: Two to five days after childbirth

Symptoms: Periodic crying spells, sadness, confusion, insomnia, and anxiety

Contact with reality: Maintained consistently.

Treatment: Listen, offer support, and assess for continuing symptoms of depression

Postpartum Depression

Incidence: 7% to 20% of new mothers

Onset: Usually within six months after childbirth

Symptoms: Anorexia, weight loss, insomnia, fear of harming the baby, neglect of personal care, self-destructive behavior, feelings of worthlessness, guilt, fatigue, hypochondria, and low self-esteem

Contact with reality: Usually intact, but can be disoriented; report a sense of depersonalization and suicidal thoughts when severe

Treatment: Supportive and/or insight-oriented psychotherapy, group therapy, drug therapy

Postpartum Anxiety Disorder

Incidence: Not established

Onset: Within six months after childbirth

Symptoms: Shortness of breath, palpitations, chest pain, and fear of losing control; excessive concern about the health of the baby; other symptoms include insomnia, dizziness, labored breathing, nausea, sweating, and a sense of impending doom

Contact with reality: Maintained consistently.

Treatment: Cognitive-behavioral therapy, interpersonal therapy, stress management, progressive relaxation, biofeedback, drug therapy

Postpartum Psychosis

Incidence: 1% to 2% of mothers per 1,000 live births

Onset: Usually within two to four weeks following childbirth.

Symptoms: Early symptoms may resemble depression and then suddenly escalate to delirium, hallucinations, anger towards self and baby, bizarre behavior, manifestations of mania, and thoughts of hurt self or baby.

Contact with reality: Loss of touch with reality, severe regressive breakdown, associated with high risk of suicide and/or infanticide.

Treatment: Hospitalize, psychotherapy, drug therapy and ECT