

POST PARTUM DEPRESSION

*A Mental Health Educational Series brought to you by:
Innovative Psychological Consultants*

Description

Post Partum Depression is more than the typical “baby blues”, which include mood swings and crying spells but fade quickly. Post partum depression (PPD) is more intense, longer lasting, and eventually interferes with your ability to care for the baby and attend to other daily tasks. PPD is not a character flaw or weakness and nothing you should feel guilty or ashamed about. It does not mean you are a bad mother. It is simply a complication of giving birth. Left untreated PPD can interfere with mother-child bonding and attachment. Children of mothers with PPD are more likely to have behavioral problems such as tantrums, hyperactivity, sleep problems and eating difficulties.

Symptoms & Features

Post Partum Depression is considered a subtype of Major Depressive Disorder and symptoms develop within 4 weeks of childbirth. A thorough mental health diagnostic evaluation should be sought if 4-5 of the following symptoms are persisting for two or more weeks. 1) depressed (sad or empty) mood most of the day, 2) loss of interest or pleasure in usually enjoyable activities, 3) appetite/weight gain or loss, 4) disturbed sleep (insomnia or excess sleep), 5) lowered energy level/fatigued, 6) Restlessness or feeling slowed down, 7) feelings of worthlessness or excess guilt, 8) indecisiveness or lack of concentration, 9) suicidal thoughts or feelings.

Women are at higher risk of developing PPD if they have prior history of depression, previous episode of PPD, severe PMS, unplanned pregnancy, premature birth or illness during pregnancy. Anxiety is a common feature with PPD with many women worrying excessively about their baby’s health or intrusive thoughts about harming the baby. Causes of PPD vary and include: Physical changes such as the dramatic drop in hormones (estrogen and progesterone), hormones created by the thyroid can drop, and changes in immune system and metabolism can all play a role. Emotional factors such as being severely sleep deprived, feeling overwhelmed, changes in identity, and anxiety about caring for your child. Life stressors such as financial stress, dividing attention among multiple children, lack of support from your partner, isolation, and exhaustion.

Treatment

Generally post partum depression is treated with anti-depressant medication, psychotherapy, or hormone therapy. The best course of treatment for each person is something that should be discussed with your physician or a specialist at I.P.C. The severity of depression is often a factor in determining the best course of treatment. Anti-depressant medications are designed to target the neurotransmitter dysregulation, whereas psychotherapy often focuses on environmental/social stressors that may be factors in the depression. Hormone therapy focuses on estrogen replacement to counteract the drop and can alleviate symptoms of PDD. Getting treatment early can speed recovery and prevent depression from worsening. In most cases, mild to moderate depression can be treated on an out-patient basis. However, if depression has become severe or there is risk of suicidality, partial or in-patient hospitalization may be needed.

What Can I Do To Help Myself

If you have many or most of the post partum depression symptoms, have suicidal thoughts, or thoughts of harming your baby, you should see a healthcare professional right away. It is important not to ignore symptoms that persist for more than 5-6 weeks. In addition, you can read about PPD and its treatment. Avoid isolating, ask for help with childcare or chores, journal feelings, try to take a little time for yourself each day, talk with friends and family, give yourself credit for what you are doing and set realistic expectations for yourself.