

Postpartum depression: not just “baby blues”

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(revised 2003 by Nancy Ninman, RN)

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It's no secret that life changes dramatically with the birth of a baby, and that joy is not the only feeling that the baby brings. Many new parents feel tired most of the time. Often they feel they have almost no life beyond the round-the-clock demands of infant care. Postpartum Depression is much more serious than this. Feelings of joy and happiness may be accompanied by fatigue, frustration, and mood swings.

Many new mothers experience a mild depression (sometimes called the “baby blues”). These feelings may begin within days of the baby's birth and last for up to three weeks. There may be feelings of sadness, anger, anxiety or irritability. One minute a new mother can feel incredibly happy, and the next minute, anxious and tearful. New mothers may even have negative thoughts about the new baby. It may be comforting to know that the baby blues are very common and usually considered normal.

Postpartum Depression (PPD) is much more serious than this. Postpartum Depression can severely limit a new mother's ability to take care of her baby and herself. A woman with PPD may have such severe symptoms that, unless she receives treatment, can harm herself or the baby.

PPD typically occurs one to three months after birth, may last for months, and may occur up to a year after birth. Ten percent of new mothers may have PPD.

Medical researchers believe that PPD is a biochemical condition related to a sudden drop in hormone levels after childbirth. Lower hormone levels affect brain chemicals that regulate feelings and behavior, leading to a number of symptoms, including:

- ♥ Extreme emotional lows and sometimes highs
- ♥ Overconcern, lack of concern, or a fear of harming the baby
- ♥ Feelings of guilt, inadequacy, and worthlessness
- ♥ Uncontrollable crying
- ♥ Extreme irritability
- ♥ Fatigue, sluggishness, or exhaustion
- ♥ Feelings of severe anxiety or panic
- ♥ Lack of joy in life or wishing to be dead
- ♥ Withdrawal from family, friends, and social events.

Who's at risk?

All women have sudden changes in hormone levels after giving birth, but most don't experience the severe symptoms of PPD. The following may increase a woman's risk of PPD:

- ♥ Prior history of PPD or other clinical depression
- ♥ family history of depression or anxiety disorders
- ♥ severe sleep deprivation
- ♥ lack of support from family and friends, or social isolation
- ♥ colicky baby or baby with high needs
- ♥ medical complications in mother or baby
- ♥ unwanted pregnancy
- ♥ marital/relationship difficulties.

While this list identifies those at higher risk, women who have none of these risk factors also experience PPD. New mothers with any of the symptoms listed for PPD should seek professional help. As with other forms of depression, PPD is **not** a sign of weakness or a character flaw. It is an illness that results from a disturbance in the chemicals that our brains need to work properly, and it usually responds to treatment.

What to do?

Although there is not much that can be done to completely eliminate the fatigue and hard work that go along with caring for a new baby, a new mother does need to take special care of herself. Try some of the following ideas:

- ♥ Nurture yourself
- ♥ Get adequate rest
- ♥ Eat right and exercise
- ♥ Develop a supportive social network
- ♥ Talk to someone — a family member, a close friend, or an experienced mother
- ♥ Take breaks from caring for the baby
- ♥ Be satisfied with yourself in achieving small daily goals rather than lengthy lists of tasks
- ♥ Talk to your doctor or to a therapist.

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