



Riegler, Shienvold & Associates

Mental Health Quick Notes

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Volume 11, Issue 2

November 2006

Postpartum Depression

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Are you a new parent? Has the adjustment to having a newborn been more difficult than you expected? While we know intellectually that becoming a parent will mean great change and challenge, we are often surprised by just how much of a change it brings to our lives. Sleep patterns are altered (or non-existent), schedules become random, priorities shift. It all can seem overwhelming.

Sometimes the enormity of change and the sense of being overwhelmed take on a life of their own. What seemed manageable before baby now seems unmanageable. For some, it becomes the elephant in the middle of the room: seen, but not acknowledged. This is the subject that brought movie stars Brooke Shields and Tom Cruise into a very public conflict. Often sensationalized in the news media, "It" is postpartum depression, and it is far more common than most people realize.

What is Postpartum Depression?

There are actually three different conditions that get categorized as PPD. The most common is the "Baby Blues" which can start around the 3rd to 5th day after delivery and last from one day to three weeks. The blues can include feelings of sadness, tearfulness, anxiety, irritability (often for no clear reason), fluctuating moods, increased sensitivity, fatigue and trouble sleeping, loss of appetite, feelings of vulnerability and feeling overwhelmed. Many, if not most, of these symptoms describe the experience of a typical parent of a newborn child! The "baby blues" are estimated to affect between 40-85% of all deliveries, making it more common than not. Usually the blues resolve spontaneously.

Let's skip for a moment to the third and the most rare condition: Postpartum Psychosis. This is generally the syndrome that gets the most media attention - Andrea Yates being an example. In postpartum psychosis, there is a significant breakdown in perception and in coping behaviors. For the most part, symptoms begin within the first four weeks following delivery, but can take up to 3 months to appear. A woman experiencing postpartum psychosis may show extreme confusion; incoherence; rapid speech or mania; refusal to eat;

paranoia; irrational statements; agitation; hallucinations and delusions, often focused on the infant dying or being divine or demonic. Postpartum psychosis is scary, but only occurs in 0.1% - 0.2% of all deliveries.

It is the second condition which is true Postpartum Depression. Many women who experience postpartum depression do not recognize this as depression and may go undiagnosed for months. It can vary in severity, but occurs after 10-15% of all deliveries. Teen mothers may experience even higher rates of 26-32%. More than 60% of all women who will experience postpartum depression will have symptoms in the first six weeks after delivery.

Symptoms can include sadness, a sense of hopelessness or despair, unremitting fatigue; confusion; anxiety; panic; feelings of worthlessness or guilt, especially failure at motherhood; fear of harming the baby, or being alone or of going out; lack of pleasure; insomnia or excessive sleep; appetite changes; sluggishness; withdrawal from others; poor self-care or personal hygiene; inability to cope with routine tasks; difficulty concentrating or making decisions; fantasy of running away from responsibilities; fear of being rejected by one's partner; recurrent thoughts of death or suicide; and excessive concern for the baby or no concern at all.

Who gets postpartum depression?

Postpartum depression cuts across boundaries of culture, socioeconomic class and education.

I was so excited about my pregnancy - why do I feel so bad now?

Pregnancy is often a time of anticipation and excitement. Planning for a baby takes lots of energy and time. The surge of hormones during pregnancy drops precipitously at delivery and may be responsible for some of the mood shifts of the blues and depression. There are cultural pressures as well, with some women feeling an obligation to be the perfect mother who does everything right. When reality challenges these assumptions, self-doubt may set in. Lack of sleep contributes as well - no one functions at their best when sleep-deprived!

What else can contribute to developing postpartum depression?

The presence of other stressors during pregnancy can contribute to postpartum depression. Marital problems, lack of social supports, medical complications in the pregnancy or in family members all increase risk. If a woman has a prior history of depression, her risk of postpartum depression can increase by 30%

I'm not feeling connected to my baby. It makes me feel like I'm a bad mother.

Our society provides us with a deluge of information about parenting. One of the things that gets a lot of attention is the notion of "bonding." Many women expect to feel an instantaneous bond with their newborn and feel inadequate if that doesn't happen. Postpartum depression causes women to perceive themselves very differently than how others perceive them. Feeling a lack of connection to your baby doesn't mean you are a bad mother, but if you think you are a bad mother, you might question everything else you do.

OK, you've scared me. What's the good news?

As scary as postpartum depression can be, the good news is that it is extremely treatable. In fact, if a woman is at risk for postpartum depression, she can be monitored by her doctor during her pregnancy and postpartum periods. Most OB/GYN practitioners are skilled at identifying and treating depression during pregnancy and after delivery, often collaborating with a mental health professional.

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Postpartum Depression cont.

How is postpartum depression treated?

Recognizing the need for help is the first crucial step. It is ok to need some help! Seeing a therapist who is familiar with postpartum depression is very important. A critical aspect of therapy is in helping the new mother to understand that what she is feeling is not her fault or her failure.

Therapy for postpartum depression usually focuses on reducing symptoms, building up a support system, and identifying coping skills. Sometimes supportive, solution-focused therapy is all that is needed for some women to begin to feel better. Often it is helpful to augment therapy with medication designed to reduce the symptoms of depression and anxiety. This allows the patient to better focus on therapy and getting better. The idea of taking medication can be intimidating, but medication is an important and effective tool. Many women notice improvement fairly quickly.

I'm breast feeding - does that mean I can't take medication?

Not at all. In fact, there may be some hormonal benefits to continuing breast feeding during postpartum depression, as long as the nursing is not creating problems or stressing the new mother. In fact, nursing can provide a positive contact with baby during an otherwise stressful or overwhelming time.

The most common medications used to treat postpartum depression are SSRIs: Prozac, Zoloft, Paxil, et.al. Some of these medications do get secreted in breast milk, but Zoloft has been shown to have minimal to no levels in breast milk. Concerned women should discuss the benefits and risks of medication with their OB/GYN. In most cases, a mother who is successfully nursing her baby should not have to stop if she needs to take medication.

So what's normal?

It is normal to be exhausted, overwhelmed, and even tearful at times. It is normal to question whether you know what you are doing as a new parent. But these feelings resolve quickly and don't usually get in the way of your day to day functioning. It is normal to want to work out difficult issues privately. It is normal to reach out and ask for help.

What can I do to get help?

First, talk to someone close to you that you can trust. Seek out your OB/GYN and let her or him know how you have been feeling. Be honest – the best help comes when you are open. Get an appointment with a mental health therapist who has experience working with postpartum depression and related issues. If necessary, use medication to even out symptoms depression and anxiety. Know that you are not alone.

So what do I have in common with Brooke Shields?

Brooke Shields wrote a marvelous account of her experience with postpartum depression in Down Came the Rain. In it, she describes the emotions and thoughts she had before and after her postpartum depression was diagnosed and successfully treated.

After fertility treatments and multiple miscarriages, Shields finally became pregnant. Her pregnancy went smoothly, but she experienced other stressors during the pregnancy, including the death of her father. When she delivered her daughter, Shields experienced complication and had an unplanned C-section.

Post-delivery, Shields felt disconnected, sad, and terribly disappointed in herself. These feelings built until she could no longer function. Eventually, she received proper diagnosis and treatment, and her entire parenting experience turned around.

Brooke Shields' book is an excellent depiction of the challenges faced in postpartum depression.

Other resources available in print and online include:

Resources

Down Came The Rain, My Journey Through Postpartum Depression, Brooke Shields, 2005 Hyperion, New York

This Isn't What I Expected - Overcoming Postpartum Depression, Karen R. Kleiman, MSW and Valerie D. Raskin, MD, 1994 Bantam Books, New York

On the Web:

NIH Medicine Plus

<http://nlm.nih.gov/medicineplus/postpartumdepression.html>

Postpartum Support International

<http://www.postpartum.net>

U.S. Dept of Health & Human Services, womenshealth.gov

<http://www.4woman.gov/faq/postpartum.htm>



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