Post Partum Depression

For every woman, having a baby is a challenging time, both physically and emotionally. It is natural for many new mothers to have mood swings after delivery, feeling joyful one minute and depressed the next. These feelings are sometimes known as the "baby blues", and often go away within 10 days of delivery. However, some women may experience a deep and ongoing depression which lasts much longer. This is called postpartum depression.

References to postpartum depression date back as far as the 4th century BC. Despite this early awareness, it has not always been recognized as an illness. As a result, postpartum depression continues to be under-diagnosed. It is an illness that can be effectively treated. The sooner the condition is diagnosed, the more effective the treatment. It is important to recognize and acknowledge the symptoms of postpartum depression in yourself or another as soon as possible. This can be difficult, since the depressive feelings often involve intense and irrational feelings of fear. The mother may fear she is losing her mind or fear that others may feel she is unfit to be a mother.

Women with postpartum depression may feel like they are bad mothers and be reluctant to seek help. It is important to remember that hope and treatment are available to women in need.

Defining postpartum depression

Researchers have identified three types of postpartum depression: baby blues; postpartum depression and postpartum psychosis.

The "baby blues" is the most minor form of postpartum depression. It usually starts 1 to 3 days after delivery, and is characterized by weeping, irritability, lack of sleep, mood changes and a feeling of vulnerability. These "blues" can last several weeks. It's estimated that between 50% and 80% of mothers experience them.

Postpartum depression is more debilitating than the "blues." Women with this condition suffer despondency, tearfulness, feelings of inadequacy, guilt, anxiety, irritability and fatigue. Physical symptoms include headaches, numbness, chest pain and hyperventilation. A woman with postpartum depression may regard her child with ambivalence, negativity or disinterest. An adverse effect on the bonding between mother and child may result. Because this syndrome is still poorly defined and under studied, it tends to be under reported. Estimates of its occurrence range from 3% to 20% of births. The depression can begin at any time between delivery and 6 months post-birth, and may last up to several months or even a year.

Postpartum psychosis is a relatively rare disorder. The symptoms include extreme confusion, fatigue, agitation, alterations in mood, feelings of hopelessness and shame, hallucinations and rapid speech or mania. Studies indicate that it affects only one in 1000 births.

Causes and risk factors

The exact cause of postpartum depression is not known. One factor may be the changes in hormone levels that occur during pregnancy and immediately after childbirth. Also, when the experience of having a child does not match the mother's expectations, the resultant stress can trigger depression. Studies have also considered the possible effects of maternal age, expectations of motherhood, birthing practices and the level of social support for the new mother.

There is no one trigger; postpartum depression is believed to result from many complex factors. It is important, however, to communicate to women with postpartum depression that they did not bring it upon themselves.

One certain fact is that women who have experienced depression before becoming pregnant are at higher risk for postpartum depression. Women in this situation should discuss it with their doctor so that they may receive appropriate treatment, if required. In addition, an estimated 10% to 35% of women will experience a recurrence of postpartum depression.

The amount of sick leave taken during pregnancy and the frequency of medical consultation may also be warning signs. Women who have the most doctor visits during their pregnancy and who also took the most sick-leave days have been found to be most likely to develop postpartum depression. The risk increases in women who have experienced 2 or more abortions, or women who have a history of obstetric complications.

Other factors which increase the risk of postpartum depression are severe premenstrual syndrome (PMS), a difficult relationship, lack of a support network, stressful events during the pregnancy or after delivery.

How is postpartum depression treated?

Therapy, support networks and medicines such as antidepressants are used to treat postpartum depression. Psychotherapy has been shown to be an effective treatment, and an acceptable choice for women who wish to avoid taking medications while breastfeeding.

Coping with postpartum depression

First, remember that you are not alone - up to 20% of new mothers experience postpartum depression. Equally important is remembering that you are not to blame. Here are some suggestions for coping:

- Focus on short-term, rather than long-term goals. Build something to look forward to into every day, such as a walk, a bath, a chat with a friend
- Look for free or inexpensive activities; check with your local library, community centre or place of worship
- Spend time with your partner and/or close friends
- Share your feelings and ask for help
- Consult your doctor and look for a local support group

If you think a friend or family member is suffering from postpartum depression, offer your support and reassurance. You may be able to direct them towards useful sources of information about postpartum depression. Easing the isolation they feel is an important step.

Where to go for more information

For further information about postpartum depression, contact a community organization like the Canadian Mental Health Association to find out about support and resources in your community. On the internet, go to: www.cmha.ca.