

## **Postpartum Depression or the Blues?**

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Giving birth is a joyous event celebrated by all. When a mother first sees her baby, she immediately starts to bond with him, its love at first sight. Everyone marvels at her Madonna-like glow. She is filled with serenity and a sense of well being.

At least that's what the advertising folks say.

Reality can be somewhat different. Every new mother feels some anxiety about her new responsibilities, it's only natural. Being a new mother is a job without a Human Resources manual or an individualized description. Added to the stress level is an interesting mix of hormones and a significant decrease in sleep. Most new mothers come through the initial difficulties just fine, but some could use a little help.

### **The Blues**

Although research studies vary, approximately 50-80% of women who give birth will experience postpartum blues. Often occurring two to three days postpartum, the blues last two weeks or less. The cause is undetermined, but certainly has some basis with hormone fluctuations. Postpartum blues don't normally have the psychosocial symptoms of major depression; mothers usually feel sad, anxious and insecure. They may also feel very fatigued and overwhelmed.

A mother experiencing the postpartum blues may be weepy over what appears to be a minor difficulty like changing a diaper or operating a car seat. However, to a new mother, learning this type new task or role may seem to be more that she bargained for. Many new mothers express doubt regarding their ability to parent effectively-and whether or not they are really ready for it. This often leaves their partner and family members feeling confused about what to say and how to say it. Fortunately, this role ambivalence is transitional.

Postpartum blues usually have a minor impact on the mother and baby's overall well being because they are short term and improve with social support. Simply providing the new mother with reassurance and positive reinforcement makes a big difference in her emotional outlook. Having friends or family members bring meals or help with household tasks while the new mother focuses on herself and the baby can relieve a lot of her stress. Many new mothers put a lot of pressure on themselves to not only recover from the birth but also become the perfect mother before the baby is even a week old. Her partner and family members need to remind her that it will take several weeks to recover, and that nobody can be "the perfect mother"-even with years of practice.

With rest, good nutrition and positive support, the new mother soon feels better able to cope. In addition, the more time the mother spends caring for her baby, the higher her confidence in herself and her abilities will grow.

### **Postpartum Depression**

Post partum depression, or PPD is a more serious disorder. However, it is not as prevalent as the media has made it appear in the recent years. PPD typically affects 10-15% of new mothers. The symptom can start within the first few weeks after birth and can last on average for six months to a year. The symptoms include but are not limited to:

- Low spirits/mood
- Weight loss
- Loss of appetite
- Extreme changes in sleep patterns
- Lack of energy
- Anxiety
- Loss of self esteem
- Hopelessness

Many mothers feel guilt because they don't have a sense of love or bonding with their infant. The feelings of guilt and anxiety increase the depression, creating a downward spiral that increases the symptoms. These feelings can even lead to suicidal ideations; the mother feels that life is just not worth living.

Some mothers may even be prone to PPD, especially if there is a family history of mental illness or if she herself has a history of depression. In addition if there were complications during the pregnancy or birth, or even life altering changes such as moving, job loss or death in the family, this will also put her at risk. The baby can also be affected by postpartum depression. Research shows that many babies whose mothers have PPD may have difficulties with weight gain and failure to thrive, sleep and behavioral issues.

PPD symptoms are often recognized by someone other than the mother. This can be the father, friend or family member, a lactation consultant, a pediatrician, or anyone who interacts closely with the mother in the first few postpartum weeks. If the signs of PPD are recognized, the mother's caregiver should be contacted immediately for help.

### **Treatment**

If PPD is identified early and treatment initiated, positive results can be obtained in 2-6 weeks. PPD is treated with both medication and therapy for maximum potential for improvement. Commonly used medications are Zoloft or Paxil. Therapy can exist either one to one or in a group form. There are some new research studies that also show the benefits of light therapy as well that tie into theories behind seasonal mood disorder. Treatment also consists of positive support from friends and family to overcome the physical and emotional challenges of depression. Many of the support systems that are helpful for overcoming postpartum blues are even more necessary with PPD. The support is also needed for a longer time frame, not only for mom but her partner who additionally who has to maintain the home, baby and probably employment. It is critical for single mothers to have a member of the family or a close friend stay with them while they are going through this challenging issue.

### **Prevention**

There is no treatment that is absolutely effective at preventing postpartum depression or blues, but expectant mothers can reduce their risk. A healthy pregnancy with proper nutrition, rest and good prenatal care is significantly more likely to lead to an uncomplicated delivery and a healthy baby. The expectant mother should be honest with her caregiver about her health history as well. If she has past experience with depression, her caregiver may begin medication before delivery as a preventative.

Mothers can prepare for their new role by focusing on the postpartum period as a time for healing and learning, rather than trying rush recovery. Keeping visitors in the hospital to immediate family only, and at a minimum in the first two weeks will help encourage the new mother to rest. Breastfeeding is a great way decrease postpartum hormone swings; in fact, oxytocin and prolactin, two major hormones involved in milk production are also known as "feel good" hormones because of their positive effect on mothers.

If the expectant mother is working full time, it may be helpful for her to cut back in the last few weeks before delivery. New mothers need a minimum of six weeks maternity leave to recover; longer is even better. A longer maternity leave will make the transition back, health-wise as well as emotionally, much easier.

It is also helpful for expectant mother to be aware of these potential conditions and to understand that if one occurs, that is not her fault or even in her control. With good care and support, and the gift of time, it will pass, so that she can then experience the joy of her new baby and her new role.