



Mental Health Association of Northern Kentucky

A LEADER IN PROVIDING ADVOCACY, EDUCATION, AND SERVICES THAT PROMOTE MENTAL WELLNESS

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Postpartum Disorders

The birth of a child can be a joyous and exciting time, but following childbirth, some women may experience postpartum disorders that can adversely affect a woman's mental health. Mothers commonly experience what is called "the baby blues," mood swings that are the result of high hormonal fluctuations that occur during and immediately after childbirth. They may also experience more serious mental health disorders such as postpartum depression, birth-related post-traumatic stress disorder or a severe but rare condition called postpartum psychosis.

In general, clinical depression occurs in approximately 15 to 25 percent of the population, and women are twice as likely as men to experience depression. Because women are most likely to experience depression during the primary reproductive years (25 to 45), they are especially vulnerable to developing depression during pregnancy and after childbirth. Women who develop these disorders do not need to feel ashamed or alone; treatment and support are available.

What are the postpartum blues or "baby blues?"

Postpartum blues are very common, occurring in up to 80 percent of new mothers. Characterized by mood swings, postpartum blues or "baby blues" are normal reactions that many mothers experience following childbirth. The onset of postpartum blues usually occurs three to five days after delivery, and should subside as hormone levels begin to stabilize. Symptoms generally do not last for more than a few weeks. If a person continues to experience mood swings or feelings of depression for more than two weeks after childbirth, the problem may be more serious.

What is postpartum depression (PPD)?

Postpartum depression (PPD) is a major form of depression and is less common than postpartum blues. PPD includes all the symptoms of depression but occurs only following childbirth. It can begin any time after delivery and can last up to a year. PPD is estimated to occur in approximately 10 to 20 percent of new mothers.

What are the symptoms of PPD?

Symptoms of PPD are the same as those for clinical depression and may include specific fears such as excessive preoccupation with the child's health or intrusive thoughts of harming the baby. Given the stressful circumstances of caring for a new baby, it is understandable that new mothers may be more tired, irritable and anxious. But when a new mother is experiencing drastic changes in motivation, appetite or mood she should seek the help of a mental health professional. For a clinical diagnosis of postpartum depression to be made, symptoms of PPD generally must be present for more than two weeks following childbirth to distinguish them from postpartum blues.

What are the factors that contribute to PPD?

The causes of PPD are not quite clear but research suggests that the following factors may contribute to the onset of PPD:

- **Hormonal changes:** A woman experiences the greatest hormonal fluctuation levels after giving birth. Intense hormone fluctuations, such as decreased serotonin levels, occur after delivery and may play a role in the development of PPD.
- **Situational risks:** Childbirth itself is a major life change and transition, and big changes can cause a great deal of stress and result in depression. If a major event coincides with childbirth, a mother may be more susceptible than average to PPD.
- **Life Stresses:** Ongoing stressful circumstances can compound the pressures of having a new baby and may trigger PPD. For example, excessive stress at the office added to the responsibilities of being a mother can cause emotional strain that could lead to PPD. The nature of the mother's relationship with the baby's father and any unresolved feelings about the pregnancy might also affect a mother's risk of getting PPD.

What treatments are available during pregnancy and for Postpartum Depression?

Taking antidepressant medication may help alleviate the symptoms of PPD and should be combined with ongoing counseling with a therapist trained in issues surrounding childbirth. Studies show that some antidepressant medications have no harmful effects on breastfeeding infants. Antidepressants as a class, have more data confirming limited risk of use during the first trimester than most other classes of medications. Psychotropic medications (excluding anticonvulsant) have not been implicated in developmental issues with children. The goal of risk/benefit assessment is to limit exposure to either illness or treatment, and for the medical community to help the patient decide which path of exposure poses the least risk. If you are on a Psychiatric Medication, Rule # 1: Don't panic, Rule #2: Don't stop treatment by reflex – your physician will probably want to taper off slowly to decrease your likelihood to rebound or cause withdrawal symptoms. A treatment plan will be necessary should you experience a relapse. Rule #3: Discuss risks/benefits with your physician and establish a treatment plan while pregnant. Your physician will consider your own history with the disorder. Generally, if the decision is to continue medication you will stay on the same ones during pregnancy and potential breast-feeding. Using a different medication/changing your medication may increase the number of fetal exposures to medication. Psychotherapy alone may also be used to treat PPD. New mothers should be encouraged to talk about their feelings or fears with others. Socializing through support groups and with friends can play a critical role in recovery. Exercise and good nutrition may improve a new mother's mood and also aid in recovery. Caffeine should be avoided because it can trigger anxiety and mood changes.

Can PPD lead to other problems?

When a new mother has severe depression, the vital mother-child relationship may become strained. She may be less able to respond to her child's needs. Several studies have shown that the more depressed a new mother is, the greater the delay in the infant's development. A new mother's attention to her newborn is particularly important immediately following birth because the first year of life is a critical time in cognitive development.

Is PPD preventable?

In most cases PPD is preventable; early identification can lead to early treatment. A major part of prevention is being informed about the risk factors and the medical community can play a key role in identifying and treating PPD. Women should be screened by their physician to determine their risk for acquiring PPD. Because social support is also a vital factor in prevention, early identification of mothers who are at risk can enable a woman to seek support from physicians, partners, friends, and coworkers.

What is birth-related post traumatic stress disorder (PTSD)?

After childbirth, women may also experience post traumatic stress disorder (PTSD). PTSD includes two key elements: (1) experiencing or witnessing an event involving actual or threatened danger to the self or others, and (2) responding with intense fear, helplessness or horror.

Symptoms of birth-related PTSD may include:

- Obsessive thoughts about the birth
- Feelings of panic when near the site where the birth occurred
- Feelings of numbness and detachment
- Disturbing memories of the birth experience
- Nightmares
- Flashbacks
- Sadness, fearfulness, anxiety or irritability

What is postpartum psychosis?

In rare cases, women may experience postpartum psychosis (PPP), a condition that affects about one-tenth of 1 percent of new mothers. Onset is quick and severe, and usually occurs within the first two to three weeks following childbirth. Symptoms are similar to those of general psychotic reactions such as delusions (false beliefs) and hallucinations (false perceptions), and often include:

- Physical symptoms: Refusal to eat, inability to cease activity, frantic energy.
- Mental symptoms: Extreme confusion, memory loss, incoherence.
- Behavioral symptoms: Paranoia, irrational statements, preoccupation with trivial things.

A woman who is diagnosed with PPP should be hospitalized until she is in stable condition. Doctors may prescribe a mood stabilizer, antipsychotic or antidepressant medications to treat postpartum psychosis. Mothers who experience PPP are highly likely to suffer from it again following their next pregnancy.