

Postpartum Depression

The topic of postpartum depression (PPD) was not talked about openly until recently. However, in the past few years it has received a lot of attention as a result of several highly visible cases in the news, and through celebrities acknowledging their struggles with the disorder—and, in some cases, even arguing about it.

We all need to know the facts about PPD, if not for ourselves then because a spouse, partner, friend, or coworker may one day need our help and support. How much do you know about PPD? Take a quick quiz to test yourself. Answer *true* or *false* to each of the following statements:

- PPD has its onset within a few weeks of childbirth.
- Another name for PPD is “the baby blues.”
- PPD involves a desire by the mother to harm her baby.

Read on to find the correct answers.

Baby Blues or PPD?

About 50–75 percent of new mothers experience what is called the “baby blues,” starting within the first week after delivery and usually going away within about two weeks. It is characterized by bouts of crying for no apparent reason, and a feeling of general sadness and anxiety. The differences between baby blues and PPD are their intensity and duration. With the baby blues, the intensity of these symptoms, while unpleasant, is not experienced by the mother as being unbearable or overwhelming. And, again, it usually goes away within two weeks.

For about 10 percent of new mothers, however, the reaction goes beyond baby blues to become postpartum depression. This is a more serious condition that can appear within weeks of delivery, or up to a year afterward. A stressed yet generally healthy new mother may cry a few times a week, while a woman struggling with PPD may cry intermittently throughout the day. While any new mother may feel insecure in her new role, a woman with PPD may feel so inadequate that she wants to avoid the baby or give it away. And most mothers have concerns for their infants’ health and safety, but a woman with PPD may spend most of the day worrying about such things, and may avoid certain situations as a result of those worries.

One thing PPD is not about, however, is hurting and killing babies, despite several high-profile cases of this. These cases involved a rare but serious disorder called postpartum psychosis, which is a severe exacerbation of postpartum depression that requires emergency medical attention. Only about one in 1,000 women are affected by this disorder, during which women experience hallucinations or delusions.

So, the answer to each of the above questions is *false*. They are common myths about PPD.

Signs and Symptoms of PPD

While the experience of PPD varies somewhat, most women who have it will experience several of the following symptoms:

- Weepy several times a day for no apparent reason
- Feeling inadequate and insecure
- Sleep problems not related to caring for the baby; that is, either sleeping too much or not able to get any restful sleep, even when the baby is sleeping
- Hopeless or sad feelings
- Fatigue, exhaustion, and constant sluggishness that goes beyond the fatigue that most new mothers feel as a result of sleep disruption
- Loss of appetite
- Unable to concentrate, to a degree greater than can be attributed to sleep disruption alone
- Inability to enjoy things that you once found pleasurable
- Feeling overwhelmed or unable to cope, to the extent of being unable to care for the baby
- Either constant concern for the safety of the baby, or an odd detachment and an inability to bond with the baby
- Withdrawal or isolation from family and friends
- Worrying about things happening to the baby that are not realistic—including fears that you may somehow harm it
- Nervousness, anxiety, and/or panic attacks
- Fear of being alone with your baby because you don't feel equipped to care for it
- Constant thoughts of not wanting the baby, or that you've made a mistake in having it
- Desire to run away and escape your life and your painful feelings

Help for Mothers

Women should seek treatment if they have any of the above symptoms for more than two weeks, and the symptoms are keeping them from functioning normally or coping with everyday situations or expectations. If you recognize that something is wrong, talk to your OB-GYN, family physician, partner, and/or a

therapist. The prognosis for PPD is excellent, but the earlier it is diagnosed and treated, the better.

Partners play an important role both in recognizing PPD and in the treatment and recovery process. Often it is the partner who is the first to recognize its symptoms, and who then plays a critical role in getting the mother to the right help. Partners should see the doctor or therapist with the mother, both to become better educated about the problem and to support her through the process.

Partners should recognize that it is embarrassing for the mother to admit some of the feelings she is having. Tell her that you understand PPD is an illness, it is not her fault, and it is OK to get help. Listen to her, be there for her teary outbursts, and provide the kind of concrete help that she says she needs, not what others think she needs. For example, she may want to take a shower and have you watch the baby, or she may need a break from the baby to go out with her friends or to get a haircut.

Conclusions

Untreated, PPD can last several months to a couple of years. It is a traumatic event that can have lasting effects on the mother, her significant relationships, and her baby. But it can be treated, usually very successfully. This is the best reason for mothers to seek help when they need it, and for partners to do all they can to help.