

PPD

INDICATORS OF POSTPARTUM DEPRESSION

1. Excessive, uncontrollable crying spells
2. Obsessiveness - i.e. unable to leave baby with competent care person - feel as if you are the only one who can effectively meet baby's needs
3. Emotional paralysis - inability to make simple decisions
4. Feeling overwhelmed by daily routines
5. Decreased or non-existent sex drive
6. Over or under eating
7. Chronic fatigue (Hypersomnia)
8. Inability to sleep (Insomnia)
9. Feelings of powerlessness, Inadequacy and hopelessness
10. Feelings of Isolation and alienation . "Nobody understands me"
11. Over-reactive - I.e. Irritable, critical, self-condemning
12. Feelings of conflict toward baby - I.e. love/resentment
13. Inability to balance needs effectively
14. Restlessness - jumping from one uncompleted activity to another
15. Feelings of self-reproach, worthlessness or unreasonable guilt
16. Anxiety or panic attacks
17. Fear of going outside the home
18. Memory loss and confusion
19. Fear of harming yourself or the baby

POSTPARTUM DEPRESSION SURVIVAL TIPS

(from Carol Dix's book, "The New Mother Syndrome")

SLEEP

get as much as possible

rest when baby rests

2. DIET AND EXERCISE

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- . take vitamins
- eat regular nutritious meals (small frequent meals to maintain optimum blood sugar levels) - avoid caffeine and alcohol
- . exercise regularly to tone muscles, make time for self, enhance energy level and well-being
- 3. KEEP MARRIAGE ALIVE
- make time for you and your husband (out to dinner, show, etc. without baby)
- 4. AVOID ISOLATION
- . share feelings (on phone or In person)
- . a strong supportive background of female friends is an asset
- 5. CHANGE ATTITUDE
- . make realistic statements about self and limitations
- . remind self that we are not alone with our unacceptable feelings
- . own up that being a mother is not as easy as we expected.
- 6. PUT FEELINGS ON PAPER
- . keep a journal - helps release emotions
- . offers support In later months by reading and noting changes
- 7. FIND A SYMPATHETIC DOCTOR
- .find someone who acknowledges your problems and symptoms are real
- 8. SEEK OUT SUPPORT GROUPS
- 9. REDUCE STRESS
- . explore what things stress you the most and how these situations can be avoided - share responsibilities with other family members
- .get help with routine housework

POSTPARTUM DEPRESSION

Written by V. Lynn Nell LCSW

Although tired and somewhat disorganized at first, most women adjust to the arrival of their new baby fairly easily. They feel good about themselves, their babies and their families. However, many women experience an emotional change after delivery that can be both very confusing and distressing for them. Thus, the purpose of this brochure is to help women understand.

There are three possible conditions which explain the emotional change that follows delivery: The 'blues', which is common; postpartum psychosis, which is rare; and postpartum depression, which affects 1 out of 10 women.

The cause of these conditions is not fully understood, but because of the massive hormonal change that takes place during pregnancy and after delivery, researchers believe that there is a strong biological

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component. Other areas being studied, and believed to play a role, are psychological factors and life stresses.

The following will consist of a brief description of the three different emotional states, the rate of occurrence and suggested ways of coping. 'The blues' and postpartum psychosis will be discussed briefly with emphasis being placed on postpartum depression.

"THE BLUES"

"The blues is so common it is often thought of as part of the delivery process. Symptoms usually occur on the third or fourth day post partum and last from a few hours to a few weeks. The hallmark of the 'blues' is tearfulness. The tears maybe tears of joy or tears of sadness. The woman may also feel fatigued, anxious and irritable. Family and friends can help by being supportive and encouraging the new mom to rest and to take time for herself. If the 'blues' seems particularly severe or lasts for more than a few weeks, it may indicate a more severe problem and help should be sought.

Although the majority of symptoms occur soon after delivery, women report similar feelings when they reduce or stop breastfeeding.

POSTPARTUM PSYCHOSIS (PPP)

Postpartum psychosis is rare, occurring once in approximately every 1,000 births. PPP usually has an onset early in the postpartum period, most commonly between the 3rd and 14th day, but it can occur later.

The woman experiencing PPP may lose touch with reality. She may experience hallucinations, delirium and mania. Symptoms are often very changeable with exacerbation, remissions, lucid periods and periods of severe distress. Because of the severity of PPP, and the dangers involved, the woman should not be left alone and should be taken for help immediately.

POSTPARTUM DEPRESSION (PPD)

It has been reported that 10-20% of all women experience PPD to some degree after delivery. Although fairly common. PPD often remains undiagnosed and untreated. Unlike 'The blues' which is usually mild and brief. PPD can be quite severe and, if left unrecognized and untreated, can have a lasting impact on the emotional health of the mother and serious repercussions to her infant and family.

PPD can have a sudden onset in the early weeks after delivery or the symptoms may develop slowly; up to a year or so after the delivery, it does not seem to matter if the onset is early or late, the symptoms are the same. Symptoms of PPD may include:

chronic exhaustion

tearfulness

despondency

inability to cope

feelings of inadequacy

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anxiety or panic attacks
irritability
impaired concentration and memory,
feelings of helplessness and hopelessness
worry about the baby's health
thoughts of suicide
bizarre thoughts about harming the baby

A woman having these kinds of difficulties may feel very out of control, knowing something is wrong, but not being able to pull herself out of it. She may feel frightened and may begin to think she is losing her mind. A very common statement from mothers who are experiencing PPD is 'I think I am going crazy.' Because of these feelings, and thoughts at a time in a woman's life that is 'supposed' to be happy', women often remain silent for fear of what others will think and say. If she does mention her symptoms to family, friends or even her physician, they may not understand the intensity of her feelings and may *try* to minimize her experience, making her feel even more abnormal.

WHAT HELPS?

Although there is no consensus of opinion among experts as to the best treatment for PPD, a variety of things may be helpful. The most important first step is assessment: what are the symptoms and how severe are they? Is it a mild or moderate depression or something more severe that requires immediate medical attention? Regardless of the severity, the woman experiencing an emotional reaction after a birth needs help to realize that these problems are real; they can be treated; they are temporary; she is not crazy, and most of all she is not alone; many other women have experienced similar problems. Two things seem to be vital in the recovery process from PPD: self care and support.

TAKING CARE OF MOTHER

Diet

A well balanced diet is best for new mothers in general, but especially for mothers who are experiencing PPD. It is advisable to eat little and often, every 2-3 hours, as your body will feel more comfortable with the optimum blood sugar levels. Multi-vitamin tablets may be helpful as well as avoiding caffeine and alcohol. Professional help should be sought if the new mother is eating too much, not enough, or is *refusing* food all together.

Exercise can be helpful to new mothers in several ways: it tones muscles, it allows mothers time for themselves, it increases energy level and it releases hormones that act on brain chemistry inducing a sense of well being. However, if moderate to severe depression has set in, it is unlikely to be shifted by diet and exercise alone.

STRESS REDUCTION

It is very important for mothers with PPD to reduce *stress* as much as possible. As family and friends pitch in to help with the daily responsibilities, it is imperative that this help is not given in a way that will

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make the woman feel she has failed. Because of the intense feelings of inadequacy, some women will push themselves *harder* in an attempt to feel better. If this happens she needs encouragement to *rest* and take care of herself.

It is also important to help the new mother explore, if possible, what things stress *her* the most and what can be done to avoid or reduce the problems.

The need for support for new parents cannot be stressed enough. Our society is such that, very often, new parents take the baby home from the hospital and from that point on, they are on their own. The changes in lifestyle, routines, and sleep patterns, combined with increasing financial responsibilities, put the family under stress even in the best of circumstances. Add to this stress a mother who is experiencing PPD and the family is in crisis. When a woman experiences a PPD she is physically and emotionally unable to cope with the daily demands of family life. Thus, the burden of everything falls on the father. He is forced to carry his full schedule at work plus carry most of the duties at home. Marriages are placed under extreme strain and children are at risk of abuse and neglect. It is often necessary to call on family, friends and professionals to help support the family through this very stressful time.