





Depression

with [Nancy Schimelpfening](#)

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More Than Just "the Baby Blues" The Spectrum of Postpartum Affective Disorders

By [Nancy Schimelpfening](#)

Psychiatric illness following childbirth has long been recognized, going back as far as 460 BC when Hippocrates described "puerperal fever". He theorized that suppressed lochial discharge was transported to the brain, where it produced "agitation, delirium and attacks of mania." ¹ Today we still do not completely understand the causes of postpartum depression, but it is very treatable if proper help is sought.

The "Baby Blues"

About forty to seventy percent of women giving birth will suffer from a mild form of postpartum moodiness called "the baby blues". The baby blues begin about two to three days after giving birth and subside within a few weeks. It is thought to be caused by the sudden drop in hormones that occurs following birth. The mother's exhaustion from labor and delivery and sleep deprivation may also play a role. As hormones once again reach equilibrium and the new mother adjusts to her new role as parent these feelings generally subside and no treatment for depression is necessary.²

Postpartum Depression

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Around ten to twenty percent will experience major depression symptoms following the birth of their child. These symptoms--anxiety, irritability, insomnia, feelings of guilt, difficulty concentrating, persistent weepiness or sadness--are persistent and intense as compared to the milder "baby blues". Onset of symptoms is usually within the first six weeks antepartum. These symptoms can last a year or even longer, although three to six months is the average. Hormones are also thought to play a role in this type of postpartum depression, but family and patient history of depression, lack of support and negative life events are risk factors as well. Postpartum depression responds well to antidepressants and therapy.³

Postpartum Psychosis

About one in 1000 women (0.1%) will suffer from postpartum psychosis, which consists of depression and mania which psychotic features such as hallucinations and paranoia. Postpartum psychosis is most likely to occur in women who have bipolar disorder or schizophrenia, or who have a family member who has suffered from one of these. It is generally treated with a combination of an antidepressant and an antipsychotic.⁴

Postpartum psychosis is rare, but is the form of postpartum depression that often receives the most attention. Women with this form of depression may suffer from delusions that their child is evil or demonic. Infanticide may sometimes be the tragic result if this form of depression is left untreated. Prompt treatment once the diagnosis is made is crucial.

Tips for Coping

Tips that will help the new mother cope with postpartum depression include:

- Get help with cooking, housework and baby care from friends, relatives or significant other.
- Sleep when the baby sleeps.
- Let go of the expectation that you *must* get everything done.
- Take some time for yourself and your significant other.
- If your medications make it impossible for you to breastfeed, just remember that a good mom is the one that takes care of herself so she is able to take care of the baby.
- When the baby starts to sleep through the night is a good time to begin thinking about diet and exercise programs to regain your old figure.

Exercise and proper diet have will improve your mood and will give your self-esteem a boost as well.

- If you plan to be breastfeeding for awhile, you can still eat healthfully and breastfeeding will actually give you a jumpstart on losing the baby weight.
- If your depression is interfering with your ability to take care of your baby, that doesn't make you a bad mom. It just means you have an illness that you need treatment for.
- Obtain professional help and always follow your doctor's directions if you feel you may be suffering from postpartum depression or psychosis.

If You Need Professional Help

Treatment for postpartum depression is aimed at the symptoms rather than the poorly understood causes. It involves three phases: acute treatment (6 to 12 weeks) aimed at remission of symptoms, continuation treatment (4 to 9 months) aimed at stabilization and recovery, and maintenance treatment aimed at preventing recurrence in patients with prior episodes.⁵ Mild cases of baby blues may resolve without intervention once the woman's hormones resume normal levels. If depression lingers and is more severe, antidepressants and therapy may be required. When accompanied by psychosis, antipsychotics may need to be employed in addition to antidepressants.

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References

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