Understanding Postpartum Depression

What are the "baby blues"?

Shortly after giving birth, many mothers experience mood swings, have problems eating or sleeping, and feel anxious or mildly depressed. These feelings are commonly called the "baby blues." The baby blues usually develop within a few days of delivery and normally go away within a week to 10 days without treatment. Up to 80% of mothers experience the baby blues, which are considered a normal part of early motherhood.

What is postpartum depression?

Postpartum depression is a type of depression that affects about 10% of mothers. It can develop anytime within the first year after childbirth. Women with postpartum depression experience such intense feelings of sadness, anxiety, or fatigue that they have trouble functioning and coping with daily tasks. A woman with postpartum depression needs to seek the help of her healthcare professional. Without treatment, postpartum depression may worsen or last longer.

Postpartum depression is not the same as postpartum psychosis—an extremely rare condition that usually develops within 6 weeks after delivery. Women who have bipolar disorder, schizophrenia, or a family history of these conditions are at higher risk. Symptoms may include paranoia, hallucinations, sleep disturbances, and obsessive thoughts about the baby. Women with postpartum psychosis require immediate medical treatment.

What are symptoms of postpartum depression?

Symptoms of postpartum depression may include:

- Lack of pleasure in life
- Little energy or motivation
- Crying often or tearfulness
- Feeling guilty, hopeless, or helpless
- Sleeping too much or too little
- Eating too little or too much
- Trouble concentrating or making decisions
- Excessive concern or lack of concern for the baby
- Thoughts of self-harm
- Fears of harming the baby

What causes postpartum depression?

Although an exact cause isn't known, several factors may contribute to the development of postpartum depression. After childbirth, levels of the hormones estrogen and progesterone drop rapidly, which may lead to depression. Levels of thyroid hormones may also decrease and cause symptoms of depression. Other factors, such as new demands on time, lack of rest, changes in routine, and feeling overwhelmed, may also contribute.

Who is at greatest risk?

Although any woman can develop postpartum depression, it is more likely to occur among women who have had:

- A history of depression
- A history of severe premenstrual syndrome
- A difficult marriage
- Stressful recent life events during pregnancy or after giving birth

How is postpartum depression treated?

Postpartum depression can be successfully treated with counseling and medication. Many women benefit from a combination of talk therapy and antidepressant medication. Women who are breastfeeding their babies should discuss the possible side effects of medication with their healthcare professionals. Some medications may allow a woman to continue breastfeeding. Treatment can help a mother with postpartum depression get back on track.

Healthcare Professional's Instructions:

52540-12857-0611

POSTPARTUM WARNING SIGNS

With all the changes occurring in your body after childbirth, you may have difficulty knowing if something you experience is a natural part of the postpartum period or a sign of a problem. This chart describes the discomforts and danger signs that are most often confused and how to tell the difference. Because no two women are alike, your health-care provider's advice may differ from these suggestions. Please discuss with your birth attendant and your childbirth educator any therapeutic measures you take or any questions you have.

PROBLEM	ACTION	CAUSE
BREAST PAIN Nipples are sore or cracked.	Gently massage own milk into nipples. Avoid alcohol, soap, and perfumed creams. If problem persists, contact childbirth educator, midwife, or lactation consultant.	During nursing, nipple probably not centered over baby's tongue or far enough inside her mouth. Baby may be chewing or pulling nipple.
Small, red, tender lump develops on breast.	Nurse more often and longer. Change baby's position during feedings. Hand express remaining milk from breast.	Clogged milk duct.
Breast feels hard, tight, and tender two to five days after birth.	Nurse more often or hand express excess milk. Apply ice packs. (If not nursing, avoid expressing milk. May use acetaminophen for pain.)	Breasts engorged as milk supply comes in.
Tender, reddened area or entire breast is hot and hard. (May also have fever, chills, nausea, or aching.)	NOTIFY YOUR BIRTH ATTENDANT.	May have mastitis (breast infection).
LEG PAIN Painful area is hot, swollen, and red.	NOTIFY YOUR BIRTH ATTENDANT.	May have thrombophlebitis (blood clot with inflammation).
Sharp cramp in calf (charley horse).	Sit with leg straight, foot flexed. Gently stretch upper body toward foot till pain eases.	Cause not definite; may be due to too much or too little calcium.
URINARY DIFFICULTY Urine is dark and concentrated; may have strong odor.	Drink more fluids (at least eight cups of water daily). If problem persists more than 24 hours, *notify birth attendant.*	Insufficient fluid intake.
Urge to urinate is frequent, but little urine is passed and is accompanied by pain. (May have pain in back, side, or lower abdomen. Urine may be dark and concentrated.)	NOTIFY YOUR BIRTH ATTENDANT.	May have cystitis (bladder infection).
VAGINAL DISCHARGE Discharge is rusty or cream colored.	Use sanitary pads. *Do not use tampons.*	Normal postpartum discharge (lochia).
Lochia returns to bright red color.	NOTIFY YOUR BIRTH ATTENDANT.	A piece of placenta may remain inside uterus.
Discharge with pain, itching, foul odor, or foamy texture.	NOTIFY YOUR BIRTH ATTENDANT.	May have uterine or vaginal infection.

OTHER WARNING SIGNS

Fever over 100.4°F for more than 24 hours.

Intense, persistent episiotomy pain.

Intense vaginal or pelvic pain.

NOTIFY YOUR BIRTH ATTENDANT.

BEATING THE AFTER-BABY BLUES

Baby blues occur in 50 to 80 percent of new mothers. They usually start on the second or third day after the birth and last no more than ten days. Symptoms include:

- Crying spells
- Mood swings
- Anxiety
- Loneliness
- Decreased sex drive
- Worry about baby
- Lack of confidence in mothering ability

WHAT TO DO

While waiting for the blues to pass, you'll feel better if you take the following steps:

Rest. Get help with the chores, or let them go for now. Lie down and rest or sleep when the baby sleeps.

Play. Plan frequent outings with the baby, or ask someone to babysit while you go shopping, take a walk, attend exercise classes, or dine out with your husband.

Eat well. Include plenty of whole grains, milk products, fresh fruits and vegetables, and protein-rich foods, such as fish, chicken, beef, cheese, and beans.

Seek support. Tell your partner how you feel, and ask for his help and support. Join a new-mothers' group, or get to know other new mothers at your church or workplace.

Trust yourself. Remember, even without experience, most parents do what's right for their baby.

Postpartum depression (PPD) occurs in about ten percent of new mothers. It may start as early as the second or third postpartum day or take several weeks to develop. Many of the symptoms of baby blues are present, but they are more intense. Other symptoms include:

- Loss of appetite
- Feelings of helplessness or loss of control
- Overconcern or no concern at all about baby
- Dislike or fear of touching baby
- Frightening thoughts about baby
- Little or no concern about own appearance
- Inability to sleep even when baby sleeps

WHAT TO DO

Tell your birth attendant and childbirth educator how you feel. When caught early, PPD can be cured with medication and counseling. If the depression is severe or if treatment is delayed, a temporary hospitalization may also be necessary.