

Postpartum Mental Health Disorders

Having a newborn child is an exciting and joyous time for families, but for women experiencing postpartum disorders this time may become a mental challenge. Mental health problems for new mothers range from “baby blues” to more serious disorders, such as postpartum depression and postpartum psychosis.

Postpartum psychosis is a rare mental disorder that occurs in only one out of 1,000 new mothers. Symptoms usually appear within the first six weeks postpartum and may include: delusions (false beliefs), hallucinations (false perceptions), sleep disturbance and obsessive thoughts (often about the baby or birth). Postpartum psychosis is a mental illness that requires immediate medical attention by a mental health professional to reduce symptoms and stabilize mood. Women with a diagnosis of bipolar disorder or schizoaffective disorder are at higher risk for developing postpartum psychosis.

Most women experience some symptoms of depression during pregnancy or after delivery. In fact, up to 80 percent of new mothers experience postpartum blues or “baby blues” which includes mood fluctuations as the hormone levels stabilize within the body. Symptoms of “baby blues” will typically manifest shortly after delivery and can persist for up to two weeks. The symptoms are mild and typically do not require treatment.

Postpartum depression (PPD) is a serious medical condition that can occur anytime within the first year after childbirth and can happen to any woman. In fact, almost one in ten new mothers will experience PPD. PPD differs from “baby blues” in that PPD has a greater effect on a woman’s well-being and can reduce her ability to function. Women experiencing PPD often report feelings of despondency and negative thinking during this time. Women who have had a miscarriage or stillbirth can also experience PPD due to hormonal changes and issues related to grief and loss. Although the cause of PPD is unclear, it may be triggered by hormonal changes following pregnancy. Women should be knowledgeable of the factors that will increase their risk of developing PPD:

- Past history of depression or prior postpartum episode
- traumatic pregnancy and/or birth
- having a mother or sister who suffered from PPD
- hormone imbalances
- poor social support
- high stress

Early detection of risk factors is crucial to preventing PPD. PPD can be preventable and early identification and treatment can speed up the recovery process. If at a higher risk of developing PPD, the mother should consider scheduling the first postnatal checkup a few weeks earlier than standard to discuss concerns with her physician.

Symptoms & Diagnosis

According to the Diagnostic and Statistical Manual, IV, “In both the psychotic and nonpsychotic presentations (of PPD) there may be suicidal ideation, obsessive thoughts regarding violence to the child, lack of concentration and psychomotor agitation. Women often have severe anxiety, panic attacks, spontaneous crying, disinterest in their new infant and insomnia.” Specifically, a diagnosis of postpartum depression can be made if the mother has had five or more of the following symptoms for most of each day over two weeks (must include the first or second symptom):

- Depressed mood (subjective or observed by others) which may include tearfulness, hopelessness, and feelings of emptiness, with or without severe anxiety
- Loss of pleasure or interest in either all, or almost all, of daily activities
- Loss of appetite and weight when not dieting (or may have increased appetite/weight)
- Sleep disturbance (usually difficulty getting to sleep), even when the baby is sleeping
- Psychomotor agitation or retardation - mother may seem restless or move very slowly
- Extreme fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt
- Difficulty concentrating and making decisions
- Recurrent thoughts about death or suicide

Some women do not report their symptoms because they feel embarrassed, ashamed, or guilty about feeling “down”. It is important for women to share their thoughts with their treatment provider no matter how bizarre they may seem. Some of the more disturbing symptoms can include thoughts or urges to harm self or baby. Such thoughts are very difficult to disclose, but it is critical that treatment is received immediately.

Treatment Options

Treatment is available to manage and reduce the symptoms of PPD. Contacting a physician or mental health professional as soon as symptoms are identified is crucial. Treatment typically includes antidepressant medication and individual counseling. Cognitive-behavioral therapy can help the mother take charge of the way she feels and thinks as well as providing a supportive relationship. Interpersonal counseling provides emotional support and assistance with problem-solving and goal-setting. A physician will identify appropriate antidepressants that can be used safely if the mother is breastfeeding. Many individuals also choose to attend support groups or further educate themselves on the disorder.

If left untreated, PPD will impact both the mother and the baby. PPD can have a major impact on family life and healthy parenting of children. Some studies suggest that the mother-infant bond can be impaired by PPD. Researchers believe that PPD can affect the infant by causing delays in language development, problems with emotional bonding to others, behavioral problems, lower activity levels, sleep problems and distress. Untreated PPD usually lasts seven months and can continue for over a year. With treatment, PPD symptoms improve much more quickly.

How to Initiate Self-help

Before giving birth, the mother must consider developing a postpartum plan with the goal of reducing the emotional upheaval that many women experience following childbirth. Having a clear plan with ideas of how to deal with newfound stresses can also reduce the risk of developing PPD. The following is a list of things to include in a postpartum plan:

- ✓ Identify ways to take care of oneself on a daily basis.

- ✓ Accept help from others and ask for help if needed.
- ✓ Avoid making major life changes.
- ✓ Arrange for at-home help from a family member or friend.
- ✓ Limit the number of visitors.
- ✓ Make a “to do” list (in case someone offers to help!).
- ✓ Eat balanced meals and limit alcohol, nicotine and caffeine.
- ✓ Avoid rigid schedules and try to be flexible.
- ✓ Get enough rest. Nap when possible. Avoid overexertion.
- ✓ Exercise. It helps to have a partner.
- ✓ Take time to relax (through music, meditation, warm baths, whatever!).

The Value of Support

Receiving support from partner, family, and friends is a preventative measure for every woman with a new baby. Fathers often are in a critical role; they are the ones that initially notice the symptoms. Their involvement is important not only during diagnosis, but they also must be supportive of the new mother during the recovery process. A helpful website, www.postpartumdads.org, is devoted to assisting fathers who are dealing with PPD. It is written by others who have experienced it within their families. Newer studies are examining postnatal depression and fathers, and the effects it has on their children.

For More Information If interested in learning more about postpartum depression, explore the following websites:

WebMD Health: <http://my.webmd.com/content/article/54/61556.htm>

Medline Plus: www.nlm.nih.gov/medlineplus/postpartumdepression.html

The National Women’s Health Information Center: www.4woman.gov

Postpartum Support International: www.postpartum.com

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Reference:

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