

Recognizing Postpartum Depression

What is Postpartum Depression (PPD)?

PPD is a type of major depression that affects about one in 10 new mothers within the first year after they give birth — although it usually hits shortly after childbirth. If PPD goes undetected or untreated, not only does the mother suffer, but the child is at high risk of developing emotional, behavioral and cognitive problems. The disorder typically lasts about 12 months.

How Is PPD different from Other Postpartum Disorders?

PPD is a more serious type of depression that is different from the “**baby blues**,” which involve milder symptoms and occur in 70 to 80 percent of all new mothers. These “blues” typically develop three or four days after delivery and the symptoms usually disappear after a couple of weeks. Symptoms of the baby blues include mild depression, mood swings, irregular sleeping and eating patterns, anxiety and difficulty concentrating. These are normal reactions to the hormonal changes and stress that having a baby brings. Baby blues usually don’t require treatment.

PPD also differs from another, more serious disorder called **postpartum psychosis**, a mental illness that requires immediate medical attention. A woman suffering from this disorder experiences delusions and hallucinations, exhibits bizarre behavior and feelings, and can be extremely agitated. Symptoms usually appear within the first two weeks after delivery. Postpartum psychosis is rare, affecting only 1 in 1,000 new mothers, but the potential effects — including child abuse, suicide and infanticide — are devastating and real.

What are the Symptoms of PPD?

The following symptoms of PPD may mean that a new mother is experiencing something more serious than the “baby blues.” Multiple symptoms that don’t go away or thoughts of suicide may mean the mother could need an evaluation by a physician or mental health professional.

Emotions

- Increased crying and irritability
- Hopelessness and sadness
- Uncontrollable mood swings
- Feeling overwhelmed or unable to cope
- Fear of harming the baby, her partner or herself
- Fear of being alone

Behaviors

- Lack of interest in the baby or overly concerned for it
- Poor self-care
- Loss of interest or pleasure in activities
- Decreased energy and motivation
- Withdrawal or isolation from friends and family
- Inability to think clearly or make decisions

Physical symptoms

- Exhaustion, sluggishness and fatigue
- Sleep and appetite disturbances not related to care of the baby
- Headaches, chest pains, hyperventilation, heart palpitations

What Are the Risk Factors for PPD?

Factors in a mother's environment can increase the likelihood that she will develop postpartum depression. Detecting risk factors early is crucial to preventing postpartum depression. In most cases, PPD is preventable and early identification can lead to early treatment that will keep the disorder from getting worse. A pregnant woman or new mother with one or more of the following risk factors should be under a watchful eye. If PPD symptoms begin to develop, seek help from a mental health professional.

During Pregnancy

- A young and/or single mother
- History of mental illness or substance abuse
- Financial or marital difficulties or other stressful life event
- Previous pregnancy, birth or postpartum difficulties

After Birth

- Complications during labor/birth
- Low confidence as a parent
- Problems with baby's health
- A major life change at same time as birth of baby
- Lack of support or help with the baby

How Can I Help a New Mother At Risk for PPD?

- Advise expectant moms to avoid major life changes during pregnancy. A change in career paths or a move is stressful alone, and adding a new baby to the picture could be more than she can handle.
- Ask her to go to the gym or take a walk with you. Exercise will not only enhance her health and physical well-being, but it will also serve as a way to get her out of the house.
- Help her cook nutritious and balanced meals. Prepare them in advance and store them in the freezer. This will save precious time, and maintain or improve her and her baby's overall health.
- Make an appointment with a doctor or mental health professional for a new mom if you think she is

showing symptoms of PPD. Most women who have PPD are ashamed and are unlikely to seek treatment. In most cases, treatment is effective.

For More Information

For information or referrals for local services, contact your local mental health association or

National Mental Health Association
2001 North Beauregard Street, 12th Floor
Alexandria, VA 22311-1732
Toll Free 1-800-969-NMHA(6642)
TTY 1-800-433-5959
<http://www.nmha.org>

Other Resources:

Depression After Delivery

800-944-4773
<http://www.depressionafterdelivery.com>

National Association of Mother's Centers

800-645-3828

Postpartum Education for Parents

<http://www.sbpep.org>

Office on Women's Health

202-690-7650
<http://www.4women.gov/owh/about/index.htm>

Postpartum Support International

805-967-7636
<http://www.chss.iup.edu/postpartum>

Sources:

- American Family Physician (1999, April 15). *Postpartum depression and the baby blues*.
- Postpartum Mood Disorders: Risk Factors, Symptoms & Treatment by Online PPD Support at: www.geocities.com/Wellesley4665/document.html
- Office on Women's Health: www.4woman.gov/owh/pub/factsheets/postpartum.htm
- Postpartum Depression: Support and Education at: www.infotrail.com/dad/dad.html

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