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SPECIAL PACKAGES

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*Monthly payment of \$55 for 12 months.

\$665

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Postpartum DEPRESSION

By Dr. Jenn Berman

With celebrities like Brooke Shields, Marie Osmond, Gwyneth Paltrow and Courteney Cox speaking publicly about their experiences with postpartum depression, there is a much greater awareness of the condition than in the past. Yet many mothers are unable to recognize their own symptoms even while they are experiencing it. Family members, spouses, partners and friends often miss the signs, too. The sooner the symptoms of postpartum depression are recognized and treated, the better.

If symptoms last for more than a few weeks or the mother is having thoughts about hurting herself or her baby, she must talk to her OB/GYN immediately and get a referral for a therapist or a psychiatrist who is familiar with postpartum.

Taking Care of Baby

For the sake of the child and the attachment relationship between parent and infant it is crucial to recognize the problem and get help. Therapy or medication is not a sign of weakness; on the contrary, it is a sign of a good mother who is willing to do whatever it takes to be a good parent.

Studies show depressed moms have the following characteristics:

- Are less active
- Have fewer positive interactions with their children
- Are more likely to poke and prod at their children
- Make less eye contact with their children
- Are less likely to speak "motherese"
- Express more anger
- Mirror their children's vocalizations less frequently
- Are slower to respond to their children
- Are more disengaged

Studies show children of depressed moms have the following characteristics:

- Explore less
- Play less
- Show fewer positive facial expressions
- Fail to show face and voice preferences
- Make less eye contact
- Don't interact with strangers as well
- Protest more frequently
- Take longer to adjust to new situations
- Are more likely to reverse the mirroring process with their parents resulting in early care-taking behavior



While infants are resilient and have many methods in their repertoire to get their needs met, a mother's depression can have a detrimental effect on her child. Babies are wired to be alert to their mother's emotional states. When a mom is depressed, her face is less expressive, she is less attuned to her child's needs and her energy level is low, all of which have a direct impact on her child. Because of the strong bond between child and mother, this can easily effect a child's cognitive skills, expressive language development and attention span.

Sometimes a mother who is not able to do something for herself, is still able to do that thing for her child. If you, or someone you love, is suffering from postpartum depression, it is crucial for you to get help.

Dr. Jenn Berman, a licensed psychotherapist in private practice, is the author of *The A to Z Guide to Raising Happy Confident Kids* and *SuperBaby: The 12 Ways Parents Can Give Their Child a Head Start in the First Three Years*. She lives in Los Angeles with her husband and children.
www.DoctorJenn.com

Types of **POSTPARTUM DEPRESSION**

Baby Blues

- Frequency:** 50-85% of new mothers
- Occurrence:** 1 day to 2 wks after birth.
- Duration:** 3 wks or less
- Symptoms:** feeling weepy, moody, irritable, difficulty concentrating, and/or difficulty sleeping.

Postpartum Depression (PPD)

- Frequency:** 10-20% of new mothers
- Occurrence:** 4 wks to 12 mos after birth
- Duration:** 2 wks to 1 yr.
- Symptoms:** diminished interest in most activities, feelings of being overwhelmed, difficulty concentrating, changes in appetite, guilt, panic attacks, insomnia, weepiness, feelings of worthlessness, excessive worry, fear of being a bad mother, discomfort interacting with the baby, difficulty making even minor decisions and, occasionally, suicidal thoughts.

Postpartum Psychosis

- Frequency:** 0.1- 0.2% of new mothers
- Occurrence:** The two highest risk times for this to occur is in the first 2 wks after childbirth and again at 18-24 mos after delivery.
- Duration:** Sufferers must get immediate medical attention as the condition has a 5% suicide rate and a 4% infanticide rate.
- Symptoms:** Common symptoms include hallucinations, disorientation, confusion, false or bizarre thinking, delusions, fears of the baby being demonic or possessed, and suicidal or homicidal impulses.

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