

# Confronting Postpartum Depression

One of the least recognized but most common ailments of the childbirth process is postpartum depression. Generations of women have experienced it without knowing what it was. The odds are that you, or someone you know, have felt its symptoms. While this is a serious problem affecting many new mothers; fathers, children and other loved ones feel its effects as well.

We live in a culture that glorifies motherhood and, as a result, many women feel uncomfortable with their own ambivalence towards it. Therefore, it is not uncommon for new mothers to bury or deny those feelings, which only tends to make the situation worse. Ignoring the emotions makes them grow and feel more deviant which prevents women from getting the support they need from spouses, friends, family and healthcare providers.

Gavin came in to see me six months after the birth of his first child. He wanted to know "what to do" with his wife, Liza. He couldn't understand why Liza, who had always had tons of friends and a high stress job, was having such a difficult time with motherhood. "I thought this would be easier for her than dealing with all those people and responsibilities at work," he said. "We saved for two years so that she could stay home and do nothing but take care of the baby for a while. But now my wife seems miserable, overwhelmed and cries all the time. I just don't get it!"

Fortunately, Liza was not experiencing postpartum psychosis, the most dangerous type of maternity-related depressions. She started out experiencing the typical "Baby Blues," which eventually developed into postpartum depression, a more serious type of depression.

## Three Types of Depression

Like 10-20% of new mothers, Liza was now suffering from Postpartum Depression (PPD) or a Postpartum Major Depressive Episode. PPD usually occurs four weeks to 12 months after birth and can last anywhere from two weeks to a year. One who suffers from this experiences symptoms such as: diminished interest in most activities, feelings of being overwhelmed, difficulty concentrating, changes in appetite, guilt, panic attacks, insomnia, weepiness, feelings of worthlessness, fear of being a bad mother and sometimes even suicidal thoughts.

PPD is different than what has become known as the Baby Blues or Maternity Blues. This extremely common type of depression occurs in 26-85% of new mothers and generally begins anywhere from one day to two weeks after birth. Women experiencing this type of depression find themselves feeling weepy, moody, irritable, and unable to sleep. The good news is that the Baby Blues usually disappears in two weeks or less.

PPD is also unlike Postpartum Psychosis, the most serious type of postpartum depression. This psychosis occurs only in 0.1- 0.2% of the maternal population. The two highest risk times for this to occur are four weeks to three months after childbirth and again 18-24 months after delivery. The symptoms of this disorder are: hallucinations, false or bizarre thinking, delusions, fears of the baby being demonic or possessed, suicidal or homicidal impulses. This is the type of depression that Andrea Yates, the woman who drowned her five children in the bathtub, allegedly suffered from. For this illness, treatment is crucial in order to prevent tragedy.



Dr. Jenn Berman

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## Why Liza? Why Me?

The reasons why women get PPD are many and varied. Some circumstances make you more vulnerable, and knowing them can help anticipate potential problems. The 10 most common risk factors are:

- A history of depression or anxiety
- A difficult pregnancy
- Past infertility problems
- A miscarriage
- A history of abuse or trauma
- An unplanned pregnancy
- Marriage problems
- Financial problems
- Additional life changes, such as moving or job changes
- A tendency toward PMS symptoms

When I met with Liza, I learned that she had always struggled with some mild depression and had a difficult childhood.

Her pregnancy may have triggered some of her depressive symptoms and brought up feelings about her own childhood and what type of mother she would be. Fortunately, we had the opportunity to work together before her

symptoms became too severe. Studies show that 25% of women with untreated PPD were still depressed one year later.

The sooner you are able to reach out and get help, the closer you are to recovering from your symptoms. Now that you have a better understanding of what to look for, you can make a more



Photo: Sharon Holly

Not all mothers suffer from post-partum depression, but for those who do, caring for baby can be an extra challenge.

accurate assessment of your own condition or that of your loved one. But identifying the problem is only the first step towards healing. Pick up next month's column to learn the physiological reasons that you may experience this type of depression, what you can do to help symptoms, and how it effect the mother-infant bonding process.

Next month: Postpartum: The Mind Body Connection

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## Postpartum Depression: What to do if it hits you

*Editor's note: This is the second in a two-part series. To read the first part, look in the April edition at [www.lafamily.com](http://www.lafamily.com).*

### The Mind Body Connection

Physiologically speaking there are a couple of reasons why women experience postpartum depression. The first is the hormonal fluctuations that occur during and after pregnancy, which can cause mood swings. The second is the deregulation of neurotransmitters and other biogenic amines. A recent development in understanding postpartum is the discovery of a biological marker that indicates which women are at a higher risk for this type of depression. These studies have shown that women with certain thyroid antibodies during pregnancy were nearly three times more likely to become depressed after childbirth.

It is important to understand that when a person experiences depression, changes take place in their neurochemistry. According to the book *Overcoming Postpartum Depression & Anxiety*, "Depression and anxiety are thought to be the results of an excess of, or deficiency in, either the chemical or the electrical activity of the brain." Sometimes psy-

chotherapy — or "talk therapy" — is enough to help changes take place. Other times, medication is necessary. The good news is that selective serotonin reuptake inhibitors (SSRI), a family of antidepressants, have been studied and have been deemed safe for use during pregnancy. In addition, many SSRI's recommended for treating postpartum depression can be taken while breastfeeding. It is important to talk about all of the options with your doctor to determine which is best for you.

### Just What You Need: A To-Do List

In order to recover from postpartum, you must first acknowledge you are experiencing it and make recovery a priority.

**Ask for help.** You may need help from friends or family to do simple tasks like cleaning the house, making lunch or even washing your hair. If you broke your leg or had cancer, you would probably ask for help. This should be no different.

**Get as much sleep as you can,** even if this means hiring someone to watch the baby while you sleep.

**Exercise if you are able.** Many women who are depressed and exhausted are not

able to take the time even if they can find the energy. Keep it small and simple. If you can take a walk around the block, that's a great start.

**See a professional.** If your symptoms last for more than a few weeks or you are having thoughts about hurting yourself or your baby, talk to your OB/GYN and get a referral for a therapist or a psychiatrist who is familiar with postpartum.

**Eat!** At the risk of sounding like a Jewish grandmother, it is important that you get enough nutrients to keep you going, especially if you are breastfeeding. Letting your blood sugar drop will only make you feel worse.

**Take time off from work.** Find out about taking an extended leave of absence from work. You may need more time than you expect. Don't hesitate to use vacation days.

**Avoid alcohol and caffeine.** These substances tend to make symptoms worse.

### Mommy and Me

The most important thing you can do for the future of your child and the attachment relationship between mother and child is to get the necessary help. Therapy or medication is a sign of a mother willing to do what it takes to be the best parent she can be.

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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. According to Dr. Neill Epperson, assistant professor of psychiatry and obstetrics and gynecology at Yale University School of Medicine:

"Infants as young as three months of age are able to detect the affective qualities displayed by their mothers and modify their own affective displays in response to it. Cognitive skills, expressive language development and attention have been adversely affected by maternal depression. These findings emphasize the importance of early detection and treatment..."

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

*Dr. Jenn Berman is a psychotherapist and sports psychology consultant. She regularly appears on television and radio as an expert on psychological issues. She has been on 48 Hours, NBC News, The Other Half, and many more. For questions, comments, or advice to be used in one of her columns, she can be reached through her website at [www.DoctorJenn.com](http://www.DoctorJenn.com).*