



## **MOOD DISORDERS ASSOCIATION OF MANITOBA INC.**

PROVINCIAL OFFICE: 100-4 FORT STREET WINNIPEG MANITOBA R3C 1C4  
PHONE: (204) 786-0987 TOLL FREE (OUTSIDE OF WINNIPEG) 1 (800) 263-1460 FAX: (204) 775-3497  
WEB: depression.mb.ca E-MAIL: sdmdm@depression.mb.ca

### **Postpartum Depression**

Source: Harvard Medical School

**Postpartum depression** is a psychiatric illness that causes insomnia, anxiety, feelings of extreme sadness and hopelessness, and other symptoms in a woman who has recently given birth. Postpartum depression is not the common ‘baby blues’, a brief period of hormone-related tearfulness and hair-trigger emotions that affects 50 to 80 percent of new mothers in the first one to three weeks after delivery. Instead, the illness typically begins within the first two to three months after delivery (postpartum). At first, the new mother may find it hard to fall asleep, even when her baby is napping and the house is quiet. She may also become extremely worried over very small matters, or she may simply feel anxious all the time for no clear reason. As postpartum depression worsens, the new mom may begin to suffer from feelings of extreme sadness, hopelessness, guilt, and worthlessness. She may also experience changes in appetite, difficulty concentrating, a loss of interest in activities she once enjoyed, and problems caring for her baby.

In addition, a woman with postpartum depression may develop obsessions (persistent, repetitive, troubling thoughts) that centre on her newborn, particularly thoughts that the baby will die or become ill. To deal with these troubling thoughts, the woman may develop compulsions (persistent, repetitive behaviours) that help to soothe her fears about the child’s safety. For example, the mother may get out of bed to check her sleeping infant a dozen times each night, or she may phone the baby’s pediatrician repeatedly to ask questions about insignificant symptoms. In addition, some women are overwhelmed by thoughts of their own death, including suicide, or about death in general.

Currently in the United States, postpartum depression strikes an estimated 10 percent of new mothers. Although the exact cause remains a mystery, there is some evidence that the condition may be related to the changes in levels of the reproductive hormones, estrogen and progesterone, after delivery. In terms of recognizable risk factors, a woman probably has a greater-than-average chance of developing postpartum depression if she has any of the following:

- A previous history of depression, including depression during pregnancy
- A troubled marriage
- Very few supportive family member or friends
- Difficulties in caring for the newborn, especially one that has suffered medical complications after birth

Also, teenage mothers – especially poor ones – have a particularly high incidence of postpartum depression.

Although it can seriously affect the well-being of the new mother and her baby, fewer than 50 percent of women with postpartum depression seek medical treatment for their problems. Some new mothers are simply unaware that postpartum depression is a real illness that can be treated, while others feel too embarrassed about their symptoms to ask for help.

## **Symptoms**

A woman with postpartum depression can suffer from any of the following symptoms:

- Sleep problems, especially difficulty falling asleep
- Anxiety, especially ‘free-floating’ anxiety with no clear cause
- Excessive worry, often about small matters
- A feeling of being on edge or wanting to ‘crawl out of my skin’
- Feelings of sadness, hopelessness, low self-esteem, worthlessness, or guilt
- Tearfulness and crying spells
- Extreme tiredness that goes beyond the normal fatigue caused by caring for a newborn
- A loss of interest in activities that she once enjoyed, including sexual activity
- Difficulty in caring for the baby
- Changes in appetite (either overeating or not eating enough)
- Difficulty concentrating
- Obsessions and compulsions, especially about the babies’ health and welfare
- Persistent thought about death, including suicide

The average time of onset for these symptoms is in the sixth week after delivery, although some women may develop postpartum depression as early as the first few days postpartum or as late as three months.

## **Diagnosis**

Primary care doctors often screen for postpartum depression by asking simple, informal questions about the mother’s quality of life. If you are a new mother, your doctor may ask, “How are you feeling?” or “Are you getting enough sleep?” or “How’s your appetite been?” These questions are not just bits of polite conversation; they are part of your doctor’s efforts to check for symptoms. If your answers suggest that you might be suffering from the illness, your doctor may ask you to complete a written questionnaire, which is a more formal method of screening for symptoms of depression.

If your primary care doctor believes that you have symptoms of postpartum depression, and these symptoms have lasted for at least two weeks, he or she will refer you to a psychiatrist (a doctor who treats mental illness). Your psychiatrist will make the diagnosis of postpartum depression based on standardized criteria for depression that are outlined in the American Psychiatric Association’s DSM-IV (“Diagnostic and Statistical

Manual of Mental Disorders, 4<sup>th</sup> Edition”). The process of diagnosis involves a full psychiatric evaluation that includes questions about your thought, feelings, anxieties, sleep patterns, appetite, personal relationships, and daily activities.

If there is any evidence that some of your symptoms may be caused by a medical illness, such as anemia or hypothyroidism, your doctor will either order diagnostic tests or refer you to your primary care physician to rule out this possibility.

### **Expected duration**

By definition, symptoms of postpartum depression must be present for at least two weeks in order to fulfill the criteria for diagnosis. Without treatment, symptoms usually last three to 14 months.

### **Prevention**

If you are pregnant, you may be able to decrease your risk for postpartum depression by preparing yourself beforehand for the changes in lifestyle that motherhood will bring. Talk to other mothers and to your doctor about what it’s really like to care for an infant. Clear your work schedule and social commitments for the postpartum period to allow yourself plenty of hassle-free time with your newborn. Also, don’t hesitate to ask for help from your partner and others who care about you. With their support, you’ll be able to take occasional breaks from your mothering duties so that you can catch a quick nap or have a nutritious snack.

### **Treatment**

If you suffer from postpartum depression, your doctor may treat you with a form of psychotherapy, an antidepressant medication, or a combination of the two.

- ***Psychotherapy*** – This approach includes several different treatment options. For example, cognitive-behavioral psychotherapy may be used to help the new mother develop more effective coping strategies and stress management skills, as well as greater self-esteem. Support groups can allow the women to express her thought and feelings among other mothers who are facing the same types of challenges and stress. If marital problems are contributing to symptoms of postpartum depression, couples counselling may help the new parents learn to communicate better and to work out a more comfortable arrangement for sharing child-care duties.
- ***Antidepressant medication*** – Two classes of antidepressants are commonly used to treat postpartum depression. The selective serotonin reuptake inhibitors (SSRIs), including sertraline (*Zoloft*) and fluoxetine (*Prozac*), relieve depression by altering levels of serotonin, a chemical that relays messages between brain cells. The tricyclic antidepressants, including amitriptyline (*Elavil*), desipramine (*Norpramin*) and nortriptyline (*Pamelor*), are an effective older class of antidepressants.

A woman with mild symptoms of postpartum depression may improve with psychotherapy alone, but a woman with severe symptoms almost always requires an

antidepressant. If she continues breastfeeding, some of the antidepressant medication can enter her breast milk and be passed to her nursing child. For this reason, the women's psychiatrist and pediatrician will work together to find an antidepressant that is both effective for the mother and relatively safe for her baby.

### **When to call a professional**

If you are a new mother, contact your doctor if you develop any symptoms of postpartum depression, especially anxiety, feelings of intense sadness or hopelessness, or difficulty sleeping. Call your doctor immediately if you have thoughts about harming yourself or the baby, or if you feel that you can no longer cope with caring for your new baby.

### **Prognosis**

Since most mothers with postpartum depression recover completely, the prognosis is excellent. This is especially true if the illness is diagnosed and treated early.

About 50 percent of women who recover from postpartum depression develop the illness again after future pregnancies. To decrease the high risk of recurrence, some doctors suggest that women with a history of postpartum depression should be started on prophylactic antidepressants (antidepressants given to prevent postpartum depression) immediately after the baby is delivered. According to some studies, this prophylactic treatment reduces the risk for the illness to about 7 percent.

*“There is hope and there is help.”*