

## Post-Partum Depression

By Dr. March

MICHAEL R. MARCH, M.D., P.A.

Obstetrics and Gynecology

POST PARTUM EMOTIONAL CHANGES

Postpartum Blues, also called "baby blues" or "postpartum reactivity", refers to commonly occurring mood swings, or mild feelings of sadness after childbirth. Over half of new moms feel some of these symptoms, but they are usually transient, short lived, and resolve on their own. These feelings usually peak about 3-5 days postpartum and disappear within the next week or two. Postpartum blues can produce quite severe levels of sadness and emotional strife, but are typically reasonable responses to the challenges facing the new mother. Effective strategies to prevent further slipping into depression include getting enough rest (if that's possible!), family support, eating a well-balanced and regular diet, getting exercise (discuss with your doctor), and seeking the advise and comfort of other new mothers or a postpartum support group In the Triangle area is a group called "Moms Supporting Moms". Other good resources include:

1. NC Postpartum Depression [www.behavenet.com/ncdad](http://www.behavenet.com/ncdad)
2. National PPD website [www.depressionafterdelivery.com](http://www.depressionafterdelivery.com)
3. International postpartum support [www.chss.iup.edu/postpartum](http://www.chss.iup.edu/postpartum)

Postpartum Depression (PPD) is a more serious disorder. This usually develops within the first one to three months postpartum but may rarely develop up to one year later. It is estimated to occur in 15-20% of postpartum women. PPD is characterized by feelings of hopelessness, anxiety, insomnia (even when baby is sleeping), irritability, and even panic, which interferes with normal daily activities. Some woman may even feel worthless and suicidal as this disorder progresses. A woman who has a history of depression, bipolar disorder, anxiety disorder or other mental illness, a woman who has been previously treated using an anti-depressant medication, who has had PPD in a previous pregnancy, has marital strife or lack of social support, is in her teens or who is experiencing a significant change from previous lifestyle is at greater risk for the development of PPD. Thyroid gland dysfunction can also play a role. Fatigue, infant temperament, and ill-defined female ?hormonal changes? may also be contributory. New mothers and their husbands should immediately seek professional help, from the obstetrician or a mental health professional, should signs of PPD arise. Some woman

may feel guilty or embarrassed over this situation, which can delay diagnosis, delay the arrival of helpful counsel and treatment, delay recovery and make the progression of PPD worse than if it were caught early.

Postpartum psychosis usually develops within the first few weeks after delivery. Onset is sudden, characterized by hallucinations, delusions (beliefs that are contradicted by reality), agitation, and other psychotic symptoms. It is estimated to occur in about 1 to 3 in 1000 postpartum women. A woman experiencing postpartum psychosis has lost her ability to recognize reality due to delusions, and can become dangerous to herself and her baby. Usually, when a new mom is voicing suicidal, homicidal or frankly delusional thoughts, it is necessary for her husband or family to recognize these problems and get in touch immediately with the doctor. Hospital care under a psychiatrist is mandatory.