



Postpartum Depression: Not Your Normal Blues

When the wonder of giving birth and the novelty of a newborn in the house wear off, the reality of parenting sets in. It's not surprising that many new mothers feel overwhelmed, let down, and anxious beginning 3 or 4 days after birth. This is normal 'baby blues'. For the vast majority of mothers, baby blues resolves untreated in a week or so. But

when the blues escalates to full blown depression, it is not normal. The depressed mother is legitimately ill and the entire family needs extra support. Beyond depression is a rare severe disorder—postpartum psychosis.

([see page 83 of the *Beginnings Pregnancy Guide*](#))

Baby Blues is common, short-lived, self-limited

Mothers Experiencing Baby Blues:	50—80%
Characteristics:	Sadness, crying, irritability, anxiety
Unusual Onset:	<3 or 4 days after birth
Duration:	1 day or 2 weeks
Cause:	Shifting hormone levels, stress, lack of sleep
Risk Factors:	Marital problems, financial strain, newborn problems, toddlers
Treatment:	Self care, stress management



Postpartum depression needs professional attention

Baby blues that does not resolve in 2 weeks is postpartum depression. Or depression may set in anytime during the child's first year. Depression is more severe than the blues. A depressed mother may lose interest in the baby or become overly concerned. She might report 'going crazy' or feeling 'out of control.' She may believe she is a 'bad mother.' Her despair presents an extra burden on the family, especially the father. Mother needs professional attention. The whole family needs social support.

Mothers Experiencing Postpartum Depression:	10-30%
Characteristics:	'Blues' plus panic, despair, extreme anxiety or loss of interest in the baby. Thoughts of hurting the baby or herself. Fear of being a 'bad mother' and losing the baby may lead her to deny or hide symptoms.
Unusual Onset:	Anytime in child's first year; usually early months
Duration:	2 weeks to months
Cause:	Shifting hormone levels, stress, lack of sleep
Risk Factors:	Previous depression or baby blues, health concerns with newborn or older children, lack of support, chronic marital problems, financial strain, closely spaced pregnancies.

Treatment:

Self care - extra sleep, exercise, healthy diet;
counseling antidepressants (caution if breast feeding)



Repeated studies show that primary care providers recognize only about half of depressed patients. Several brief (2 to 5 minutes) questionnaires detect depression in adults with reasonable accuracy.

Postpartum psychosis is rare, dangerous

Mothers Experiencing Postpartum Psychosis:

Variously reported - 10-30%

Early Signs

Restless, irritable, disturbed sleep

Characteristics:

Depression or mania, extreme confusion, disorganized behavior, hallucinations, paranoia, suspiciousness, suicidal. Risk of infanticide is high in extreme cases.

Unusual Onset:

Within 2 weeks of birth; evolves rapidly; major

	symptoms manifest 6-12 weeks after birth
Duration:	Months
Cause:	Shifting hormone levels, cumulative severe stress
Risk Factors:	Previous depression, health concerns with newborn or older children, lack of support, chronic marital problems, financial strain
Treatment:	Drug therapy, psychotherapy, hospitalization, intensive family support services

Postpartum psychosis is much more severe than depression. Danger results from the mother's impaired judgment and significantly diminished ability to parent. Medical and social interventions are imperative.

Sources:

Mkee MD, Cunningham M, Jankowski K, Zayas L. (June 2001) Health-Related Functional Status in Pregnancy: Relationship to Depression and Social Support in a Multi-Ethnic Population. *Obstetrics & Gynecology*, (97)6: 988-93

US Preventative Services Task Force, Screening for Depression, Chapter 49, Guide to Clinical Preventive Services, 2nd edition, Washington, DC, DHHS, OPHS, ODPHP