Healthy MOM™

Postpartum depression

by Dr. Ilana Dickson

Postpartum Depression (PPD) is a common perinatal mood disorder that is too often either not diagnosed, or not adequately treated. PPD affects seven to 17 percent of adult mothers and can affect up to 26 percent of teenage moms.

Within the first 24 to 72 hours after delivery, it is quite common and normal for mothers to feel "down and out," so to speak. Hormones are raging and they've just been through a life-changing experience. The needs of a newborn can be physically and emotionally draining—leading to transient symptoms of depression including excessive crying and irritability. The onset of sleep-deprivation can exacerbate this feeling of psychological unease. This is referred to as "postpartum blues," which usually lifts gradually by week one or two weeks of baby's life without intervention.

However, when these symptoms carry on, we enter a new zone often that of PPD. Symptoms include acute depression, irritability, agitation and general dysfunction in carrying out the day-to-day regular activities of a new mom. And while very rare, one can experience postpartum psychosis, which is the most severe postpartum psychological disorder, in which symptoms include delusions, hallucinations, rapid mood changes, insomnia, abnormal or obsessive thoughts about the infant; this is a true psychiatric emergency.

PPD will usually declare itself within the first four to six weeks postpartum. However, it may occur during the pregnancy as well, with duration varying up to one year depending on many factors including early recognition and therapy, medications if needed, as well as personal and/or family history of depression. Other risk factors include: young maternal age, lower education status, lower socioeconomic status, single marital status, lack of social support, psychosocial stress, marital discord, unplanned pregnancy, medical problems with baby as well as postpartum blues.

PPD can significantly disrupt the mother-child bond, which can affect early mothering capabilities thus inhibiting an infant's ability to develop a sense of attachment, self-regulation and ability to thrive. Needless to say, many mothers suffering from PPD will give up breastfeeding due to the inability to cope with all the stress and high needs this may entail early on.

Presently, only 50 percent of women with PPD are identified and treated, while the rest become at risk for ongoing depression usually associated with anxiety, while their children may suffer an increased risk of child abuse, behavioral problems, delayed cognitive development and impaired social development. Recovery comes in stages and this can be done through talk-therapy, cognitive behavioral therapy, PPD support groups and/or antidepressants.

Helping and treating these women depends much on early recognition, and we as pediatricians have the unique opportunity to screen for this condition several times within the first year of the baby's life. Although we do not actually treat this disorder, we can provide moms with the proper resources and education essentials for women to access help and understand this condition. Visit the Mid-Valley MOM Magazine blog to review some of the screening questions we as pediatricians should be asking. And can also be a helpful tool for self-assessment.

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References

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« Meet Dr. Dickson

Dr. Dickson has two kids, a husband, a dog and cat and a busy practice as a physician at Samaritan Pediatrics.

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How do you know it's postpartum depression? Visit Healthy MOM™ on the MOM Blog for questions that help determine, and to share stories with moms about experiences with PPD. We're all in this together!