



Postpartum depression is more than just the baby blues. It's a real medical condition

when sadness lingers

By Sarah Schmelling
Illustration by Gina Triplett

Any mother can tell you: Giving birth not only changes your life, it also changes how you feel. Because of a hormonal drop after childbirth, as many as 85 percent of new mothers experience the “baby blues,” a period of mood swings that can last up to three weeks.

But when these symptoms don't go away—when the bad mood lingers for months or even years—it's called postpartum depression (PPD), a more serious condition experienced by 10 to 15 percent of new mothers.

Thankfully, this once-overlooked disorder is finally in the spotlight. Recent studies point to successful treatment options, and practitioners

are finding more ways to identify and work with women suffering from PPD.

PPD vs. the Baby Blues

A starting point in diagnosing a woman with PPD is to separate her symptoms from the baby blues. Shoshana Bennett, Ph.D., a psychologist who had PPD and the author of *Beyond the Blues: A Guide to Understanding and Treating Prenatal and Postpartum Depression* (Moodswings Press, 2003), says there are two ways to differentiate the baby blues and PPD—the duration and severity of the symptoms.

“Anything past two to three weeks postpartum, even though

Signs of PPD

Whether it's you or someone you love, here are the signs of postpartum depression to look for:

- ♦ restlessness or irritability
- ♦ trouble focusing, remembering or making decisions
- ♦ sadness and excessive crying
- ♦ feelings of worthlessness, guilt and being overwhelmed
- ♦ lack of energy
- ♦ not being able to sleep when the baby sleeps
- ♦ weight gain or loss
- ♦ having no interest in the baby
- ♦ excessive anxiety about harm coming to the baby
- ♦ no interest in activities once found pleasurable

that's finally getting the attention it deserves



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the symptoms may be mild, we now call PPD,” she says.

Valerie Davis Raskin, M.D., a psychiatrist and the co-author of *This Isn't What I Expected: Overcoming Postpartum Depression* (Bantam, 1994), says another difference is that the baby blues go away on their own. “Women who have the baby blues often will say a nap helps—if they go to sleep they’ll feel better,” she says. “PPD doesn’t respond to things that would normally help a new mother, like rest or someone coming over to take care of the baby. The mood disturbance is still there.”

Facing Depression Head-On

Once a woman is diagnosed with PPD, several treatments are available. Margaret Howard, Ph.D., director of the Day Hospital at Women & Infants Hospital of Rhode Island, which treats pregnant and postpartum

women who are suffering from depression, anxiety and other mood disorders, says the best treatment is often a combination of antidepressant medication and psychotherapy.

In therapy, Bennett considers the severity and duration of the symptoms, nutrition, how much time the new mother has for herself and how much sleep she gets. Bennett then suggests ways to improve nutrition, a plan for how a spouse and family members will give the new mother breaks and let her sleep, and, if necessary, a referral to a psychiatrist who can prescribe medication.

Stopping It Before It Starts

Diagnosing PPD early is extremely important and can lessen the impact of the condition on the whole family, Raskin says. “Early identification can be the difference between preventing it and surrendering to it,” she says.

While there’s no single cure for PPD, much can be done to prevent it. For example, a woman who suffered from PPD after her first pregnancy and wants to have a second child can begin taking antidepressants as soon as the baby is born and even start therapy well before the due date, Raskin notes.

It’s also essential to establish a support system before the baby is born, she adds. Many women overlook the need to take care of themselves after childbirth, focusing instead on the new baby. “The more you can do to put yourself on the to-do list,” she says, “the better off you’re likely to be.”

Other ways to prevent or treat PPD include participating in online and in-person support groups. Bennett, the president of Postpartum Support International, a clearinghouse for PPD support groups, says it’s helpful for women to talk with others going through the same experience.

Raskin agrees. “Women often feel that they’re the only one,” she says. “And to be with a group of women who have recovered, who say, ‘It’s OK, we’ve been there,’ is just really supportive and validating.” ■

What a Partner Can Do

In her book *The Postpartum Husband* (Xlibris, 2001), postpartum depression expert Karen Kleiman, MSW, presents many things partners or spouses should not say to a woman with PPD—from “You can snap out of this” to “This should be the happiest time of your life.”

But what *can* you say? Here are a few of Kleiman’s suggestions:

- ◆ Tell her she will get better.
- ◆ Tell her you know she feels terrible.
- ◆ Tell her she is doing all the right things to get better (therapy, medication, etc.).
- ◆ Tell her to let you know what she needs you to do to help.
- ◆ Tell her you know she’s doing the best she can.
- ◆ Tell her you love her.
- ◆ Tell her your baby will be fine.

Caring for Mom

Sure, you want to care for your new bundle of joy, but don’t forget your own health.

For more information on postpartum depression, visit Postpartum Support International at postpartum.net.