

Postpartum Depression

What You need to Know

Postpartum depression affects upwards of 15-20% of women, and is significantly different than the “baby blues” experienced by most (75+%) of mothers. 50% of women with postpartum depression experience depression during pregnancy. General symptoms of clinical depression include: lack of energy, poor or excessive sleep, poor or excessive appetite, impaired concentration and/or decision making, lack of motivation, lack of interest in activities. With postpartum depression, additional specific symptoms occur. Mothers may feel as if they cannot be separated from their baby or conversely, grow irritated and want to be away from their baby. Generalized anxiety is also quite common, and may include feelings of panic. Suicidal thoughts and psychotic symptoms (e.g., hearing voices, paranoia) may also occur.

Taking an active approach is essential to treating postpartum depression. It is not something that can be willed away; it is a clinical condition requiring treatment. **Antidepressant medications** help to balance brain chemistry which is altered in all depressions, and intensified by the great hormonal surges occurring in the new mother’s body. **Psychotherapy** can be beneficial in helping you to understand your own experience of postpartum depression, discuss coping strategies, and provide individual support. **Support groups** help reduce the alienation and stigma that you feel, and provide support in coping both with being a new mother and having depression.

The following are common sentiments experienced by new mothers with postpartum depression along with coping strategies to address them.

- ✦ **“I’m all alone.”** – Know that up to 1 in 5 women experience postpartum depression.
- ✦ **“What’s wrong with me?”** - This is not your fault; it’s a biological condition that occurs because of the vast hormonal changes occurring in your body
- ✦ **“I’m a bad mother.”** – The overwhelming majority of women who experience postpartum depression continue to parent effectively when they get the right help and support.
- ✦ **“I hate my baby.”** – Your world has just been taken over by this tiny little creature who is literally sucking the life out of you, and your hormones aren’t helping. To have passing negative thoughts like this is a typical part of the depression. It doesn’t mean you don’t love your child. (If you do feel you might act on these thoughts and physically hurt your baby, then get help immediately. This can occur in severe depression but it too can be treated.)
- ✦ **“I can’t leave my baby.”** – You’ve just begun the toughest job on earth and nobody gave you an orientation manual. Allow your husband, family, close friends or trusted others to help caretake and give you a break. You and your baby need it.
- ✦ **“It means I’m weak if I need treatment”** – Seeking treatment simply means you’re smart and want to minimize the effect of a blameless condition.
- ✦ **“Medication will harm my baby.”** – Evidence suggests that the use of certain antidepressants does not harm the babies of breastfeeding mothers. Leaving your depression untreated does.
- ✦ **“I need to deal with this by myself.”** – Support groups can provide a wealth of information and emotional support. Check out Postpartum Support International (PSI) at www.postpartum.net.

For more education, see the Massachusetts General Hospital’s Center for Women’s Mental Health website at www.womensmentalhealth.org.

For help, contact the Women’s Life Clinic at UCLA - www.semel.ucla.edu/mood/womens-life.