

Postpartum Depression

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ARTICLE ID: 38

What is Postpartum Depression?

Postpartum depression (PPD), also called postnatal depression, is a serious mood disorder that affects women after childbirth. Postpartum depression creates feelings of sadness, anxiety, depression and exhaustion that can greatly inhibit their ability to care for their newborn child. According to World Health Organization (WHO), about 22% of Indian mothers suffer from postpartum depression (PPD).

According to the Cleveland clinic, postpartum blues also called 'baby blues' impacts approximately 50% to 75% of new mothers. Postpartum depression affects roughly 15% of women after childbirth. Postpartum psychosis, a more severe form of postpartum mood disorder, occurs in about 1 to 2 per 1,000 women following childbirth. Postpartum psychosis is one of the leading causes of the murder of children less than one year of age, which occurs in about 8 per 100,000 births in the United States.

Postpartum Depression Symptoms

It affects each person in a different way and to a different degree. Some women experience rare but extreme cases of the condition known as postpartum psychosis. On the other hand, some women experience a milder and more short-term type called "baby blues".

Symptoms include:

- Anxiety
- Crying
- Irritability
- Restlessness
- Tiredness
- Hallucinations, delusions and confusion
- Extreme paranoia and suspicions
- Expressing thoughts of self-harm

- Expressing thoughts of harm toward the baby
- Any suicidal thoughts or actions
- Any thoughts or actions about killing the baby

Because postpartum psychosis presents a serious risk of suicide or infanticide, hospitalization usually is required to keep both the mother and baby safe.

Postpartum Depression Causes

Potential causes include genetic predispositions, the mother's health history and countless other environmental, physical and emotional factors.

Physical Causes of Postpartum Depression

It is most commonly believed that postpartum depression stems from the drastic hormonal changes that take place during and after childbirth. Decreased estrogen and progesterone levels place the body into a sudden hormonal shift. This is thought to trigger emotional repercussions. However, many non-depressed women experience the same drop in hormones and have the same estrogen levels as women who do have PPD.

Sleep deprivation may also play a large role in causing postpartum depression. Following childbirth, women often do not get enough sleep due to their new responsibilities caring for their child. A lack of sleep can greatly impact how a woman functions, feels and handles situations. Without proper and consistent sleep, women may start to exhibit signs of postpartum depression.

Emotional Causes of Postpartum Depression

In addition to hormonal changes and sleep deprivation, there are other emotional triggers that can cause postpartum depression. These types of emotional situations may include complications faced during childbirth, as well as general feelings of being overwhelmed by new motherhood.

Postpartum Depression Risk Factors

It is difficult to identify any one particular cause of postpartum depression, it is better to isolate certain factors that put woman at a greater risk of developing PPD.

Risk factors that may contribute to postpartum depression include genetics and environmental, emotional and physical influences. Other risk factors include a combination of emotional, physical and psychological health issues.

Genetic and medical history risk factors

Women with one or more family members who have suffered from postpartum depression have a greater risk of developing it as well. Those who have struggled with mood disorders like depression or anxiety or more significant mental illnesses like bipolar disorder are 30% to 35% more likely to face postpartum depression in their lifetime. Women who have experienced postpartum depression in previous childbirths are also much more likely to experience it again. Recent studies have shown that there is a possible genetic factor in developing postpartum depression. According to Johns Hopkins researchers, there are possibly two different genetic alterations that, when present during pregnancy, may predict whether a woman will develop postpartum depression. These genetic alterations were discovered through blood tests.

Emotional risk factors

Women who face emotional and mental stress before, during or right after pregnancy may be at a greater risk of developing postpartum depression. Stressors may include job loss, financial burdens, the death of a friend or family member, the end of a relationship or any other type of stressful life situation. Women may also feel anxious and depressed after childbirth due to new responsibilities or the feeling that they have no time for themselves or social activities. Additionally, women who lack the support of a partner, family members or friends during pregnancy may be more likely to experience symptoms of postpartum depression. Women in abusive domestic situations may also be at a greater risk of developing depression during and after pregnancy.

How is PPD Diagnosed?

Postpartum depression presents different signs and symptoms that may change throughout the course of the disorder. Because the symptoms of are numerous and broad, it can be difficult at first to achieve a diagnosis.

There is no single diagnostic tool or test that physicians use to reach a postpartum depression diagnosis or a diagnosis of any other type of postpartum mood disorder.

Instead, doctors will diagnose a mother with PPD by:

- Assessing the patient's signs and symptoms
- Interviewing their patient
- Performing initial psychological screenings
- Testing for other medical conditions or physical ailments



- In addition to the diagnostic process used by the family doctor, women can seek the support of a mental health professional who can conduct a psychological assessment and reach a diagnosis.

This tool is the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which is published by the American Psychiatric Association.

Screen for postpartum depression

It can be hard to detect mild cases of postpartum depression. Healthcare providers rely heavily on your responses to their questions.

There are several tools available:

- Many healthcare providers use the Edinburgh Postnatal Depression Scale (EPDS) to screen for postpartum depression. It consists of 10 questions related to symptoms of depression such as feeling unhappy, anxious or guilty. Can be completed in approx. 5 minutes. It reviews the feelings the previous 7 days. Scored 0-3 depending on symptom severity. A higher score indicates possible postpartum depression. If a person have signs of postpartum depression, they will recommend an appropriate treatment.
- The Mills Depression & Anxiety Checklist
- The Centre for Epidemiological Studies Depression Scale (CES-D)
- Others, often on various websites for mental health

How is postpartum depression treated?

- Anti-anxiety or antidepressant medicines, psychotherapy (talk therapy or cognitive behavioral therapy) and support group participation.
- If the patient is breastfeeding, talk to your healthcare provider about the risks and benefits of taking an antidepressant.
- Treatment for postpartum psychosis include medication to treat depression, anxiety and psychosis. Patient also be admitted to a treatment center for several days until they are stable. If the patient doesn't respond to this treatment, Electroconvulsive therapy (ECT) can be effective.
- Recommendations regarding non-pharmacological treatments (e.g. CBT, IPT)
- Referral to support services within the community.

Reference

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