

# What we need to know: POSTPARTUM DEPRESSION

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# Definition & Prevalence

- \* PPD is defined as a non-psychotic depressive illness that can occur any time within the first postpartum year (SIGN, 2002).
- \* PPD has been identified as a major public health issue, (Leahy-Warren & McCarthy, 2007)
- \* PPD affects as many as 10% to 15% of new mothers (Gavin et al., 2005).
- \* Overall, 19.2 % of women suffer with depression during the postpartum period (Mann, Gilbody, & Adamson, 2010).
- \* Women with a history of depression have a 30% risk of developing PPD.
- \* Women who have experienced (PPD) in the past have a 70% likelihood of a subsequent episode (Weissman & Olfson, 1995).

# Symptoms of Postpartum Depression/What to look for....

- \* Depressed mood
- \* Diminished interest in pleasure
- \* Significant weight loss when not dieting or weight gain.
- \* Insomnia or hypersomnia
- \* Psychomotor agitation
- \* Fatigue or loss of energy
- \* Feelings of worthlessness, excessive or inappropriate guilt
- \* Diminished ability to think, concentrate or indecisiveness
- \* Recurrent thoughts of death
- \* If five (or more) of the following symptoms are present during 2-4 weeks after birth and there is a change from previous functioning/behavior of the mother. Mother may be suffering from PPD and need to seek help.
- \* It can happen anytime within the postpartum year.
- \* It covers a wide array of social class (low income, middle and high status women) can suffer from PPD.

# Interpersonal & Environmental Predictors of PPD

- \* Poor infant and maternal health.
- \* Poor/low income women.
- \* Young/teen mothers.
- \* Major changes in motherhood over the last century (Women's role have changed). More women are working in addition to having children. Many single parent households contributes to lack of support.
- \* Acute stressors, including events specific to motherhood (e.g., child care stressors) and other stressful events such as (e.g., Death of a loved one, Domestic Violence).
- \* Marital status predicts PPD (Beck, 2001; Segre, O'Hara, Arndt, & Stuart, 2007).
- \* PPD and social relationships, such as low support or lack of support from spouse/family.
- \* The presence of a supportive partner during pregnancy has been shown to be positively associated with a woman's mental health (Deklyen, Brooks-Gunn, McLanahan, & Knab, 2006).
- \* The stress of a new child, in combination with the expectations and reality of motherhood is a risk factor as well.

# Biochemical & Genetics Predictors of PPD

- \* A decline or fluctuation in reproductive hormones such as estrogen and progesterone can predict depression in susceptible women.
- \* El-Ibiary reported that during the immediate postpartum period, there is an abrupt decrease of serotonin which along with stressors increases a woman's risk for developing PPD (El-Ibiary et al., 2013).
- \* A personal or family history of depression.
- \* Murphy reported that low levels of vitamin D and PPD scores on the Edinburgh postnatal depression scale were statistically significant ( $p=.05$ ) in his study. Women with lower levels of vitamin D had higher EPDS scores than women with higher vitamin D levels therefore, indicating that there is a relationship between low EPDS scores and PPD (Murphy et al., 2010).

# The Confusion?

## Postpartum Psychosis

Rare illness, occurs in first 3 weeks (as soon as 1 to 2 days) after childbirth, 1 to 2 out of every 1,000 deliveries, or approximately in 1% of births.

### Symptoms include:

- \* Feeling removed from your baby, other people, and your surroundings (depersonalization). Not bonding
- \* Disturbed sleep, even when your baby is sleeping.
- \* Extremely confused and disorganized thinking, increasing your risk of harming yourself, your baby, or another person.
- \* Drastically changing moods and bizarre behavior.
- \* Extreme agitation or restlessness.
- \* Hallucinations. These often involve sight, smell, hearing, or touch.
- \* Delusional thinking that isn't based in reality.

## Baby Blues

80% of women will experience.

Goes away within 2 weeks

### Symptoms Include:

- \* Feelings of sadness
- \* Feeling irritable
- \* Feeling confused
- \* Some trouble sleeping,
- \* Crying and Cranky
- \* Tired
- \* Goes away within 10 days of onset.

# PPD and Breastfeeding

- \* Given that antenatal depression or depression during pregnancy is the best Predictor of PPD it is important to concurrently consider both pregnancy and PPD in relation to breastfeeding (Figueiredo et al.,2007; Milgrom et al., 2008; Yonkersetal., 2001).
- \* Zurbaran found in his study that a shorter breastfeeding duration is associated with higher rates of PPD (Zubaran, C.,Foresti,K.,2013).
- \* Misri, Taj and Sikander found in their studies that PPD symptomatology during the postpartum period were associated with early breastfeeding cessation (Misri et al., 1997; Taj & Sikander, 2003). When a mom is depress she is most likely to stop breastfeeding or opt out of breastfeeding.
- \* Additionally, negative breastfeeding attitudes, breastfeeding difficulties and low breastfeeding confidence (Tamminen,1988, Flores-Quijano et al., 2008) are all associated with a higher incidence of PPD.
- \* Furthermore, women who breastfeed their babies had lower PPD symptomatology (Mezzacappa & Endicott, 2007).

# PPD and Babies

- \* Maternal depression is a serious mental illness that not only concerns the affected mother, but also impacts the fetus and child. Dubbar suggest that depression during pregnancy can potentially disrupts that mother/fetal bonding which can influence mother/infant bonding relationship in the post partum period (Dubber et al., 2014).
- \* Antenatal depression can result in re-programming of the fetus brain (Buss et al., 2012; Sandman et al., 2011; Welberg and Seckl, 2001)
- \* Depression during the postpartum period have a significant negative impact on not only the woman but also the offspring and the family (Dietz, Jennings, Kelley, & Marshal, 2009; Kingston, Tough, & Whitfield, 2012).
- \* PPD can interfere with the child's maturation in a way that includes direct interactions with caregivers.
- \* PPD prevents the development of secure attachment needed in infancy for emotional regulation.
- \* Women with depression have a hard time providing emotional support to their babies. (Still face Experiment by Dr. Edward Tronick) provides a good indication of what happens when babies don't get emotional cues from their mothers.
- \* Infants may have adverse cognitive, behavioral and emotional outcomes, as well as long-term developmental disturbances as a result of poor mother-child interactions (Cryan et al., 2001; Rahman, Iqbal, & Harrington, 2003).



# Treatment

- \* Successful prevention strategies can include ensuring social support from other mothers, friends, and relatives; getting sufficient rest and sleep.
- \* Cutting down on less important responsibilities (without giving up outside interests).
- \* It is essential that mothers with PPD be provided adequate and timely mental health care.
- \* To obtain help, mothers should consult their primary health care providers, clinical social workers/MSW's, OBGYN, or midwife.
- \* Research indicates that a variety of effective psychological treatments exist to address PPD, including cognitive-behavioral (CBT) and interpersonal psychotherapy (IPT).
- \* Medications
- \* Support Group.

# PPD Support Group

- \* ARMC PPD Support Group
- \* 3<sup>rd</sup> Tuesdays of Each Month
  
- \* 400 N. Pepper Av(3<sup>rd</sup> fl. PP Conference Rm)
- \* Colton CA 92324
  
- \* Kendra Carter, MSW
- \* 909-580-3530

Questions?