

Postpartum Depression

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New mothers can be taken aback by feelings of depression in the weeks following the birth of a child. “Why do I feel so sad when this should be one of the happiest moments of my life?” The fact is that the postpartum period is marked by powerful hormonal changes that, intersecting with new child care responsibilities, increased financial pressures, or latent family tensions, may precipitate a serious depressive state.

Postpartum depression occurs in one out of eight women, affecting approximately one-half million women annually in the United States. The onset is within the first three months after delivery (although the stricter definition in DSM-IV, the diagnostic and statistical manual used by mental health professionals, sets a limit of four weeks). Postpartum depression is indistinguishable from what professionals call “major depression” and is marked by sadness, crying spells, the loss of interest in previously pleasurable activities, and disturbances in sleep, appetite, and concentration. Thoughts of suicide are sometimes, but not always, prominent.

Postpartum depression should be distinguished from normal “baby blues,” which commonly occur three to seven days after giving birth, are relatively mild, and spontaneously resolve without the need for treatment.

So what should a new mother do if she begins to experience the signs and symptoms of depression? First, talk to family and friends about how you feel. Mobilizing the support of others is very important. Comparing experiences with other mothers can be particularly helpful.

If your mood does not improve within two weeks or if you begin to experience suicidal or homicidal thoughts, you should consult with a health care professional as soon as possible. You may talk with a primary care provider (internist, gynecologist, or pediatrician), or you may call the Psychiatry Department directly for an appointment. If you are having thoughts of hurting yourself or others, you should come to the Emergency Room immediately.

If an evaluation establishes the need for treatment, an individualized plan will be developed to meet your needs. This may include one or more of the following treatment modalities: short-term individual or family crisis intervention, ongoing group treatment (a new mothers’ support group), psycho-education, and antidepressant medication.

Using medication in the treatment of postpartum depression needs to be considered with particular caution in mothers who are breast-feeding. All antidepressant medications have been found to show up in breast milk, and therefore they are absorbed by the infant. The long-term effects, if any, on the development of the baby’s central nervous system are as yet unclear. Unfortunately, studies are few and incomplete. Furthermore, at least in the first ten weeks of life, a baby’s liver has not yet matured to the point that these medications can be efficiently metabolized. This may result in medication build-up and consequent side effects (such as drowsiness, poor feeding, and colic).

Thus the potential risks and benefits of antidepressant medication therapy must be weighed carefully since such medications impact both mother and baby. Medicine should be reserved for the more severe forms of depression that do not respond to non-pharmacological therapies. In such cases, an untreated depression may adversely affect both mother and baby. If parental-child bonding is impeded in the first months of life, the long-term negative effects on psychosocial development may be enormous. If left untreated, major depression with postpartum onset does self-resolve eventually, but only after an average of seven months.

The good news is that postpartum depression responds well to the various treatments outlined above. It is vital that a new mother avail herself of help early in the process. Do not feel alone. Call and get the help that will benefit both you and your baby.