COLORADO HEALTH PSYCHOLOGY
www.coloradohealthpsychology.com

VOLUME 1, ISSUE 6 — JUNE 2008

Services Provided:

- -Individual therapy
- -Group therapy
- -Pre-surgical evaluations
- -Psychological evaluations

Current and previous issues of the CHP monthly newsletters are now on our website under "News & Info."

Postpartum Depression

www.womenshealth.gov

Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended time.

During pregnancy, these factors may increase a woman's chance of depression: history of depression or substance abuse, family history of mental illness, little support from family or friends, anxiety about the fetus, problems with previous pregnancy or birth, marital or financial problems, and young age of mother.

After pregnancy, hormonal changes in a woman's body may trigger symptoms of depression.

During pregnancy, the amount of two female hormones, estrogen and progesterone, in a woman's body increases greatly. In the first 24 hours after childbirth, the amount of these hormones rapidly drops back down to their normal non-pregnant levels. Researchers think the fast change in hormone levels may lead to depression.

Other factors that may contribute to postpartum depression include: feeling tired after delivery, broken sleep patterns, and not enough rest; feeling overwhelmed with a new, or another, baby to take care of and doubting their ability to be a good mother; feeling stress from changes in home and work routines; having feelings of loss—loss of identity of who you are, or were, before having the baby, loss of control, loss of pre-pregnancy figure, and feeling less attractive; and having less free time and less control over time, having to stay home indoors for longer periods of time and having less time to be with your partner and loved ones.

This is the sixth of our monthly CHP newsletters. Please feel free to email us with topic requests, questions, etc. for future issues.

melanie@coloradohealthpsychology.com

Baby Blues, Postpartum Depression, & Postpartum Psychosis

The baby blues can happen in the days right after childbirth and normally go away within a few days to a week. A new mother can have sudden mood swings, sadness, crying spells, loss of appetite, sleeping problems, and feel irritable, restless, anxious, and lonely. Symptoms are not severe and treatment isn't needed.

Postpartum depression can happen anytime within the first year of childbirth. A woman may have a number of symptoms such as sadness, lack of energy, trouble concentrating, anxiety, and feelings of guilt and worthlessness. The difference between postpartum depression and baby blues is that postpartum depression affects a woman's well-being and keeps her from functioning well for a longer period of time. Postpartum depression needs to be treated by a doctor. Counseling, support groups, and medicines are things that can help.

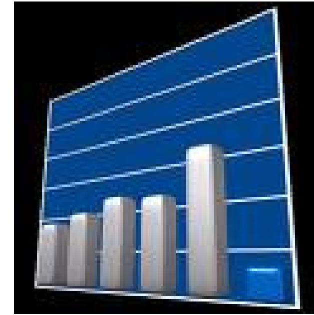
Postpartum psychosis is rare. It occurs in one or two out of every 1,000 births and usually begins in the first six weeks postpartum. Women who have bipolar disorder or schizoaffective disorder have a higher risk of developing postpartum psychosis. Symptoms may include delusions, hallucinations, sleep disturbances, and obsessive thoughts about the baby. A woman may have rapid mood swings, from irritability to euphoria (www.womenshealth.gov).

Melanie S. Weitzenfeld, Ph.D.

Contact Information

Colorado Health Psychology
7995 E. Prentice Ave, Suite 207
Greenwood Village, CO 80111
P: 303.596.0454
F: 888.299.1224

Postpartum Depression Statistics



- About 50% - 75% of new mothers experience the "baby blues" after delivery (The Cleveland Clinic, 2008)
- Postpartum depression affects 10% - 15% of women any time from a month to a year after childbirth (NIH, 2005)
- Women with postpartum depression have a 50% chance of getting it after subsequent pregnancies and may be at an increased risk for future depression not associated with pregnancy (NIMH, 2005)
- Women with a family history of depression and bipolar disorder are more likely to get postpartum depression (NIMH, 2005)
- Younger mothers and those experiencing partner-related stress or physical abuse may be more likely to develop postpartum depression (CDC, 2005)
- 75% of women who are depressed during pregnancy will also have postpartum depression (Gallagher, 2008)
- The prevalence of self-reported postpartum depression ranged from 11.7% in Maine to 20.4% in New Mexico (CDC, 2008)
- Having a low-birth-weight baby or a baby admitted to a neonatal intensive care unit was also tied to a self-reported postpartum depression (CDC, 2008)
- Postpartum depression was more often reported by teenage moms, mothers with less than 12 years of education, Medicaid patients, smokers, victims of physical abuse before or during pregnancy, and women under traumatic or financial stress during pregnancy (CDC, 2008)

Psychological Treatment for Postpartum Depression

Early treatment for postpartum depression is important for the mother, the baby, and the rest of the family. The sooner treatment begins, the more quickly the mother will recover and the less the depression will affect the baby. Babies of depressed mothers can be less attached to their mothers, and lag behind developmentally in behavior and mental ability (Wisner et al., 2002). Cognitive behavioral therapy has proven to be as effective as antidepressant medication for milder postpartum depression (Appleby et al, 1997). Cognitive behavioral therapy helps the patient take charge of the way they think and feel. Interpersonal counseling is also a good treatment choice for postpartum depression (Appleby et al., 1997; O'Hara et al., 2000). Interpersonal counseling focuses on relationships and the changes that come with having a new baby. It provides emotional support and helps with problem-solving and goal-setting. For the mother's partner, counseling may help with the demands of having a new baby. It may also help the partner support the mother.

Antidepressant medication effectively relieves the symptoms of postpartum depression for most women. Certain SSRI's and tricyclic medications are considered safe for use while breast-feeding (Whitby & Smith, 2005).

Counseling and support are considered a first line treatment for mild to severe postpartum depression. Women with mild postpartum depression are likely to benefit from counseling alone. Those with moderate to severe postpartum depression are advised to combine counseling with antidepressant medication (Altshuler et al., 2001).

Mothers may benefit from a part-time or full-time mother's helper, which is recommended for mild and more severe postpartum depression (Altshuler et al., 2001). Parent coaching or infant massage classes, for strengthening mother-baby attachment, may also be helpful.