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Health and wellness tips for your work, home, and life—brought to you by the insurance and healthcare specialists at TJ&S.

Pregnancy: Postpartum Depression

The birth of a baby can trigger a jumble of powerful emotions, from excitement and joy to fear and anxiety. However, it can also result in something you might not expect: depression.

Causes

Postpartum depression (PPD) can affect a new mom for up to a year following the birth of her baby. Experts agree there's no single cause, but rather a combination of hormonal, biochemical, environmental, psychological and genetic factors that contribute to PPD.

Symptoms

Symptoms of PPD include:

- Insomnia
- Weepiness or sadness
- Diminished interest in once pleasurable activities
- Difficulty concentrating
- Change in appetite
- Anxiety
- Moodiness and irritability
- Withdrawal from family and friends
- Excessive guilt
- Panic attacks
- Suicidal, scary or constant negative thoughts

The frequency, intensity and duration of these symptoms are what distinguish normal "baby blues" from postpartum depression. The "baby blues" also occurs within just a few days to a week following the birth of a baby, and symptoms are not as severe as PPD. Other clues that one is suffering from PPD include:

- Not being able to sleep when the baby sleeps
- The belief that one cannot adequately care for the baby
- Thoughts of harming the baby

- Concern from loved ones on the mother's condition

Women may also suffer from postpartum psychosis within the first six weeks after giving birth. Women who suffer from bipolar disorder or schizoaffective disorder are at a higher risk of developing postpartum psychosis. Symptoms may include delusions, hallucinations, sleep disturbances and obsessing about the baby. This condition is extremely rare and occurs in only one or two out of every 1,000 births.

Diagnosis & Treatment

A healthcare provider can diagnose symptoms, provide a specialist referral, and recommend treatment for PPD. Generally, a combination of psychotherapy and medication are used to reduce symptoms. An ideal treatment plan for PPD includes a medical evaluation to rule out physiological problems; psychiatric evaluation; psychotherapy; medication; and involvement in a support group.

Coping

In addition to getting expert help, there are some ways to cope with PPD:

- Be good to yourself – Make sure your own basic needs are met; try to sleep and eat well, and try not to feel guilty about the way you feel.
- Ask for support – Part of being a

good mother is knowing when to ask for help.

- Share your feelings with others – Tell someone you trust about how you feel. Call a sympathetic friend, join a mothers' group or chat with moms on bulletin boards.
- Don't neglect your appearance – Taking care of your physical self can sometimes help you feel better inside.
- Sleep when your baby sleeps – Have a relative or friend watch your baby – even if only for an hour – and sleep. If no one is available, consider hiring a postpartum doula or a sitter experienced with newborns.
- Venture outdoors – Fresh air, sunshine, and company will do you and your baby a world of good.
- Slow down – Your baby's arrival is a good reason to take it easy. Resist the temptation to do chores while your baby is sleeping.

Remember, the best way to take care of your baby is to take care of yourself.



Did you know...?

Too often, depressive symptoms are dismissed as normal for a woman who has just experienced childbirth. If you have had depression in the past, or have risk factors for depression, talk with your doctor either before getting pregnant, or early in your pregnancy.