

WHAT SHOULD YOU DO NOW?

If you're feeling overwhelmed or depressed, you should mention it to your doctor. There are also several steps that you can take to improve your life right now (8):

1. Talk with others (partner, family, and friends) about how you are feeling.
2. Get as much rest as you can while caring for your new baby.
3. Ask for help from your partner, family members and friends
4. Join a support group of new mothers or talk with other moms
5. Get dressed and leave the house. Run an errand or take a short walk
6. Make time for yourself alone with your partner.

WHAT ELSE SHOULD YOU KNOW?

You are not alone in your struggle. For more information about how to get help:

1. National Institute of Mental Health: www.nimh.nih.gov
2. Postpartum Support International: www.postpartum.net
3. National Women's Health Info Center: 1-800-944-9662 www.4women.gov

References

1. Wisner K, et al. Postpartum Depression. New England Journal of Medicine 2002;347:194-9.
2. Miller L, et al. Postpartum Depression. JAMA 2002; 287: 762-5.
3. Bernazzani O, et al. Psychosocial predictors of depressive symptomatology level in postpartum women. Journal of Affective Disorders 1997;46:39-49.
4. Howell E, et al. Racial and Ethnic Differences in Factors Associated With Early Postpartum Depressive Symptoms. Obstetrics and Gynecology 2005;105:1442-50.
5. Appleby L, et al. A controlled study of fluoxetine and cognitive-behavioural counselling in the treatment of postnatal depression. BMJ 1997; 314:932-6.
6. Wisner K, et al. Pharmacologic Treatment of Depression during Pregnancy. JAMA 1999;282: 1264-9.
7. Whitby D, et al. Use of Tricyclic antidepressants and SSRIs in women who are breastfeeding. Pharmacotherapy 2005;25:411-25.
8. The National Women's Health Information Center, U.S. Department of Health and Human Services; www.4women.gov

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Postpartum Depression

What you should know

about the "baby blues"



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DO YOU HAVE THESE SYMPTOMS?

Do you cry daily or feel like you worry constantly? Do you have difficulty sleeping even when your baby is asleep? Is your appetite not what it should be or are you not eating regularly? Do you feel like you're not yourself? If you have several of these symptoms, you may be suffering from Postpartum Depression (1).

POSTPARTUM "BLUES" ARE VERY COMMON.

Postpartum (after giving birth) depression is the most common complication of pregnancy (1). During the period immediately after delivering a baby, up to 85% of women experience some type of disturbance of their mood. For most women, these symptoms are usually mild and go away on their own. However, some women may experience more serious symptoms and 10-20% may meet criteria for postpartum depression or postpartum psychosis (2).

1. Postpartum "blues": Also called "the baby blues," normally go away within a few days to a week.
2. Postpartum depression: Usually develops over the first 3 months after birth. Symptoms include depressed mood, insomnia, fatigue, tearfulness, and recurrent thoughts of death.
3. Postpartum psychosis: This rare condition usually has a rapid onset and may include symptoms of irritability, rapidly shifting mood, or auditory hallucinations that instruct the mother to harm herself or her child.

WHY DOES IT HAPPEN?

During the time immediately after birth, the body undergoes rapid hormonal changes to adjust for no longer needing to support a baby. It is thought that these hormone changes can make women more vulnerable to depression (2). Social factors, such as family problems, economic difficulty, lack of support and other daily stressors can also contribute to the challenges of the postpartum period and increase the risk of depression (3).



WHO DOES IT HAPPEN TO?

Postpartum depression can happen to anyone, but certain ethnic groups are at a higher risk. Hispanic mothers in particular have been shown to report higher rates of early postpartum depressive symptoms as compared with Caucasian mothers (4). In addition, previous episodes of depression and a family history of depression or bipolar disorder may increase the risk of experiencing postpartum depression (1).



POSSIBILITIES FOR TREATMENT

Treatment for postpartum depression focuses on either psychosocial therapy, medication therapy, or a combination of both. Psychosocial therapy is the first choice for mothers with mild or moderate symptoms of depression and may involve support groups, family and marital therapy, or psychotherapy with a psychiatrist. This type of therapy is aimed at reducing stress in the new mother's life and helping her to develop coping skills to prevent becoming overwhelmed (2). These therapies are often extremely effective and may offer symptom relief as potent as that from antidepressant medications (5). The combination of both therapy and antidepressant medication is viewed as the most effective, but medications taken during pregnancy or immediately afterward do have some additional risks.

ANTIDEPRESSANT THERAPY AND BREAST FEEDING

Just as medications taken during pregnancy can affect your child, all antidepressants taken while a mother is breast feeding are excreted in her breast milk (6). It is therefore important for breast feeding mothers to talk to their doctor and to use only the smallest effective dose of whatever medication she may be taking. SSRI antidepressant medications like Prozac, Zoloft, and Paxil have been recommended as the first-line therapy for breast-feeding mothers because of their relatively mild side-effects (7).