

PPD Myths	PPD Facts
PPD is normal. -All new mothers feel tired and depressed.	New mothers often feel tired and overwhelmed. However, the feelings that go along with PPD are stronger and longer lasting. A mother w/PPD may not want to play with her baby. She may have trouble paying attention to things and may not be able to meet her baby's needs for warmth and affection. She may feel guilty and worthless.
If you don't get PPD right after you give birth, you won't get it at all.	PPD can happen any time in the first year after a woman gives birth.
You can just "snap out" of your depression.	If you are having moderate to severe PPD, you need to be treated. Antidepressant medication often helps to shorten the amount of time you feel this way and also makes the symptoms less intense.
Only "weak", "lazy" or "bad" mothers get depressed.	Major depression is a biological illness (chemical imbalances in the brain) than can be inherited. You may not know you are depressed because you are so busy caring for your newborn. Depressed moms cannot just change their symptoms. Having PPD is not a reflection of your mothering skills.
Women with PPD can't take antidepressants if they are breastfeeding	If it is necessary for a woman with PPD to take an antidepressant, her doctor will carefully choose one that is most likely to help her and least likely to affect her baby.

Medication Myths	Medication Facts
Antidepressants are addictive and you'll have to take them for life.	Unlike sleeping pills, antidepressants are not addictive. With a new onset of depression, most women can discontinue them after approximately 1 year. However, severity and duration of the depressive episode will decide how long you need to take antidepressants.
You can't breastfeed while taking an antidepressant.	You can breastfeed when taking SSRIs. A small amount of medication does get into the breast milk. No short or long-term effects are noted in the breastfed infants exposed to these medications.
Antidepressants are "uppers" or "happy pills".	Antidepressants are not "uppers" like amphetamines. Antidepressants improve sleep, appetite, and energy level thus improving your mood. Ideally, medication should be used in conjunction with "talk therapy", psychotherapy, and support.
Antidepressants will change your personality.	Antidepressants do not affect personality. They simply balance your mood.
Antidepressants have horrible side effects.	Like other prescriptions medications, antidepressants carry the risk of side effects – they are not life threatening. There is a range of side effects and since everyone is unique, side effects will differ. Most lessen or disappear after a few weeks and are not significant. You should report all adverse events to your healthcare provider.
Antidepressant medications do not get at the root of the problem.	The medication helps relieve the depressive symptoms so that you are able to pursue counseling, make lifestyle changes, and improve the quality of your life.

You should check with your healthcare provider for further detailed information about the medication(s) prescribed to you. You should not stop your medication(s) abruptly without consulting your provider. Do not be shy about asking questions!

Self-Care Options:

Things you can do to cope with stress:

- Maintain proper nutrition and diet by eating more vegetables, fruits, vitamin-rich foods, and drinking more water.
- Avoid drugs and alcohol.
- Get rest and regular exercise that produces endorphins (mood enhancers) to help combat fatigue, lethargy, sleep disturbances, etc.
- Try to sleep when the baby sleeps. Use stress management techniques such as yoga, relaxation, time management skills, etc.

Note: *These strategies alone may not be enough to cope and recover from postpartum depression. You may need psychotherapy, counseling and/or medication.*

Psychotherapy & Counseling

Cognitive Behavioral Therapy (CBT) - is based on the fact that, the way we think affects the way we behave. Depressed women may experience a lot of negative thoughts. CBT helps women identify these thoughts, teaches them to challenge them and replace them with positive thoughts. The resulting thought patterns changes from their earlier ones.

Light Therapy:

Postpartum depressed mothers have experienced improvement in their symptoms after exposure to bright artificial light (10,000 lux) for 30 minutes every morning for 4 weeks. Although further research needs to be conducted this may be an option especially for those women with a history of low mood during the dark winter months. Consult your healthcare provider before using light therapy, particularly if you are already taking medication.

Alternative Therapies:

Some people prefer to use herbal products for mild depressive symptoms. Note that the benefit claims of most herbal formulations or alternative remedies are not as well supported by research or regulated by the Food and Drug Administration (FDA). Check with your treating healthcare provider and pharmacist when considering alternative treatments. Do not use in conjunction with prescribed medications unless directed.

Elliot Hospital Maternity Center
Manchester, NH

Is it Baby Blues or Something More?

Understanding Postpartum Depression and Mood Disorders



**Trust your instincts.
If you think something is wrong,
it probably is.
If you think you need help,
you probably do.**

Phone: 603-663-8927

What is the Postpartum Blues?

Within the first three to five days after delivery, up to 80% of mothers can experience temporary emotional distress or the "postpartum blues." These changes in mood may be due to the rapid hormonal changes after delivery, lack of sleep, emotional letdown and the stresses of being a new mother. These women find themselves experiencing rapid mood swings from happiness to sadness. They may feel restless, irritable, tearful, discouraged, depressed, or helpless. Usually, "the blues" resolve without treatment within a week or two. If your mood does not improve you may be experiencing postpartum depression.

What is Postpartum Depression (PPD)?

Postpartum Depression (PPD) is an "umbrella term" used to cover a variety of emotional problems that can affect the mother after giving birth. It is described as a group of symptoms that can negatively affect the mother once her baby is born. These symptoms change her mood, behavior, and outlook. Depression can begin in pregnancy, right after birth, or anytime within the entire first year. The symptoms range from mild blues to total despair. Serious depression or anxiety—constant, intense feelings of sadness, worry, nervousness, and emptiness that lasts 2 weeks or more and affects areas of your life like sleep and changes in eating habits, is an illness that requires medical help. The new mother should be reassured that Postpartum Depression is a treatable condition and that with treatment she can function in all areas of her life.

Postpartum Depression can affect between 10-25% of women.

You may:

- Not feel like yourself
- Be sad and tearful
- Feel exhausted, but unable to sleep

- Have changes in eating or sleeping patterns
- Feel overwhelmed and can't concentrate
- Have no interest or pleasure in activities you used to enjoy
- Feel hopeless or frustrated
- Feel restless, irritable, or angry
- Feel extremely high and full of energy
- Feel anxious – you may feel this as aches, chest pain, shortness of breath, numbness, tingling, or "lump" in the throat
- Feel guilty and ashamed, thinking you are not a good mother
- Not be bonding with the baby, or be afraid to be alone with the baby
- Have repeated scary thoughts about the baby
- Have thoughts about harming yourself or the baby

Obsessional Thoughts:

Sometimes women with Postpartum Depression also have disturbing thoughts, ideas or images that are recurrent and time-consuming. These are called obsessions and they create discomfort or distress such as anxiety, guilt or shame; an example of an obsession is the fear that harm will come to the woman, her infant or a family member. Because obsessions lead to high levels of anxiety and distress, many people attempt to block the obsessions or distract themselves. Most people also try to feel safe by engaging in compulsive behaviors or mental rituals. This type of anxiety is called Obsessive Compulsive Disorder or OCD. The intensity and frequency of obsessions and compulsions often go up and down and are most likely to worsen when experiencing life stress or symptoms of depression.

What Causes Postpartum Depression?

Certain women are more vulnerable to experiencing a postpartum depression. These include women with a previous history of major depression or mood disorder and/or a family history of major depression or psychiatric illness. Women with a history of thyroid abnormality are also at increased risk of developing PPD. Women with perfectionist or obsessive-compulsive personality traits are also at risk. They want to be perfect mothers and see themselves as defective if they have children who are difficult or colicky. Psychosocial factors that may contribute towards a PPD include having an unwanted pregnancy or being in a relationship that is perceived as unsupportive. Negative life events like the death of a parent or moving home may also contribute to the development of PPD.

What does Postpartum Depression Feel Like?

"It feels scary."

"It feels out of control."

"It feels like I'm never going to feel like myself again."

"It feels like each day is a hundred hours long."

"It feels like my relationship cannot survive this."

"It feels like I'm a bad mother."

"It feels like I never should have had this baby."

"It feels like if I could only get a good night's sleep everything would be better."

"It feels like I have no patience for anything anymore."

"It feels like I'm going crazy."

"It feels like I will always feel like this."

Postpartum psychosis affects only about 1 in 1,000 women and most often occurs during the first four weeks after delivery. Patients with postpartum psychosis (PPP) are severely impaired and may have paranoia, mood shifts, or hallucinations that often command the patient to hurt herself or others. This condition requires immediate medical attention, and usually hospitalization

Why Treatment of PPD Is Important

Postpartum Depression is a serious illness that, if not treated, can have long-term consequences for both the mother and her infant. The woman whose PPD is not treated may go on to develop a chronic mental illness thus lowering her quality of life. If the PPD is severe and associated with psychotic symptoms, she is at increased risk of suicide or infanticide, both tragic consequences of untreated illness. Infants are sensitive to the emotional states of their mothers. The infant of a chronically depressed mother may cry more, look away or show less emotion than infants of mothers who are not depressed. These infants may develop insecure attachment to their mothers.

Depression affects your body, mind, thinking, emotions, behavior, and habits. Research supports the idea that a combination of medication, counseling, support groups, and lifestyle changes (such as regular exercise) is often the most effective way to treat a depression.

Antidepressant Medications:

Antidepressant medications act on the neurotransmitters, such as serotonin, noradrenaline, and dopamine, which act as "chemical messengers" between the brain cells. There are different groups of antidepressants, each having a unique effect of its own. Your obstetric, primary care, or psychiatric care provider may prescribe these medications if you are experiencing moderate to severe depression. It may take 4 to 6 weeks to know if the antidepressant you are taking will work for you.