

## Postpartum Depression: The Latest Information

Postpartum Depression, as it is commonly called, is the name given to a constellation of perinatal mood disorders which affect 15-20% of women during pregnancy (most often in the last trimester) and for the first year postpartum. The symptoms can start slowly or come on all of a sudden. There are actually six distinctive perinatal mood disorders: depression and/or anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, panic disorder and psychosis.

Although any woman can get a perinatal mood disorder, many factors can increase the risk:

- Family history or previous pregnancy with a perinatal mood disorder
- Stressful events such as financial problems, moving, a difficult pregnancy or birth, etc.
- Previous neonatal loss, including abortion, and infertility issues
- A baby who cries for significant periods of time and who is slow to soothe
- Unsupportive family or spousal relationships
- “Type A” personality

Many women report feeling as if their emotions are on a roller coaster. Moods and symptoms (especially anxiety) can change frequently and for no apparent reason. Some days are “good” and some are “bad”. Many women put off getting appropriate treatment because they think that the days they feel good are an indication that the situation is “not that bad,” or that they’re starting to get better. In fact, this is just the normal progression of the illness.

Other symptoms include:

- Not being able to sleep when the baby sleeps
- Eating disturbances including lack of interest in food or engaging in “comfort” eating
- Feeling disconnected from the baby, partner or family
- Difficulty with memory and focus
- Feeling overwhelmed
- Excessive worry, sometimes leading to panic and/or phobias, or chronic fears
- Inability to deal with stress as effectively as usual, feeling overwhelmed

Women experiencing perinatal obsessive-compulsive disorder see vivid visual pictures of themselves or someone else hurting their child. These women are often horrified by these images, and are afraid to tell others of their experience. No report has been made of a woman with this disorder ever harming her baby. With proper training and experience, a qualified therapist can differentiate this disorder from postpartum psychosis. A true postpartum psychosis can be treated, but requires immediate hospitalization and medication for the safety of both the mother and her baby.

Tragically, every year, women commit suicide as a result of the pain of living with perinatal mood disorders. In fact, suicide is the most common reason women die in the first year after childbirth.

Fortunately, with appropriate treatment this period of your life can be as wonderful as you had hoped it would be!

If you or someone you know is suffering please don’t assume it is “no big deal” and “will pass.” For some, without treatment a perinatal mood disorder can become a lifelong affliction.

Should you have any questions or concerns please feel free to contact me.

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