Postpartum Depression:
Help is Only a Call Away

By Annette Benedetti

You've been waiting nine months to meet your baby. You've read every pregnancy book that exists under the sun; you've considered every bite of food and sip of beverage you've consumed; you've taken your prenatal pills and attended your child birthing classes, and you've never even considered skipping a scheduled appointment with your doctor. You've heard about postpartum depression, but you've done everything right—there's no conceivable way you'll be anything but happy after your child is born.

However, according to the Oregon Health Authority (OHA), 50-80% of new mothers experience some amount of moodiness and anxiety throughout their pregnancy and after giving birth. This condition is often referred to as the "baby blues." While mild bouts of feeling down or anxious are common and quickly pass, one in seven women experience some form of postpartum depression (PPD), a condition where these symptoms along with others, intensify and do not go away.

Even when providers take the time to inform new mothers and fathers about postpartum depression, the symptoms often go unrecognized. Midwife and owner of Bend Birth Center, Jannette Gyesky is familiar with the risk that this silent disorder poses to her patients. "Prior to birth, we sit down with both new mothers and fathers and discuss signs and symptoms of postpartum depression and anxiety," says Gyesky, "we discuss and give a hand out for local resources in Deschutes County."

One of the reasons that PPD may go undiagnosed is that it's hard to distinguish between it and the less threatening baby blues. According to the American Psychological Association, two factors that differentiate PPD from the baby blues are:

1. It can appear days or even months after delivering a baby
2. It doesn't go away on its own and can last for many weeks or months if left untreated.

Gyesky says, "One of the unfortunate things I've noticed about postpartum depression and anxiety is that sometimes it hits women at six to nine months when they

are out of our care or no longer seeing their OB, nurse, midwife or another care provider." She goes on to explain that this is also the same period of time when a new mother's support system including family, friends, and postpartum doulas tend to dwindle.

Know the Signs and Symptoms of PPD

PPD is a serious and even life-threatening condition that parents-to-be and their support system need to be aware of. The biggest step towards being able to identify PPD in a new mother is understanding the signs and symptoms and when they might occur.

The following are some of the most common symptoms of PPD. They may occur in the mother at any time during the first year (and rarely, into the second year) after a child has been born:

- Severe mood swings
- Uncontrollable and excessive crying
- Difficulty bonding with baby
- Change in appetite and sleep patterns
- Intense irritability or anger
- Feeling severely overwhelmed
- Confusion and difficulty focusing
- Severe anxiety and panic attacks
- Thoughts of suicide or death

A postpartum condition that is related to but less common is postpartum psychosis. This is a severe and highly dangerous version of PPD. Postpartum psychosis typically occurs in the first week after delivery and symptoms may include:

- Confusion and disorientation
- Paranoia
- Obsessive thoughts
- Hallucinations and delusions
- Sleep disturbances
- Attempts to harm self or baby

If any of these symptoms occur, help and treatment should be sought out immediately.

Who Gets PPD?

Anyone can get PPD. In fact, there are new studies that show that fathers can experience their own symptoms. Gyesky says that the combination of a newborn's shorter sleep cycle and the frequent need to feed can affect both parents. "As adults, we take hours to get through the many stages of sleep required to get the nutritive REM sleep… that replenishes serotonin, a hormone that directly affects our mood." According to Gyesky, newborns' erratic sleep cycles can keep both moms and dads from replenishing the serotonin levels that regulate their moods.

Some risk factors for PPD include:

- A history of depression or mental illness
- Previous bout of PPD
- Family members with depression or other mood disorders
- Life stressors and lack of support
- History of trauma
- Hormone changes

How to Help

If you think you or a loved one has PPD, seek help immediately (See info box). If someone you know has been diagnosed with PPD, the following are some useful tips for supporting them while they get better.

1. Reassure the new mother that she is not at fault and will get better
2. Lighten her load so that she has less work on her plate
3. Encourage her to talk
4. Offer comfort and compassion
5. Support and encourage her to reach out for help

It is important for both those suffering from PPD and those supporting them to understand that it is a temporary condition that can be treated. Having both a newborn and PPD in your family's life can feel overwhelming, but there is help readily available. If you reach out and get the support and treatment that is necessary, your family will heal and enjoy feeling happy and whole again.

Postpartum Depression Resources

Central Oregon Crisis Line:
1.866.638.7103

National Suicide Prevention Lifeline:
1.800.273.8255

Postpartum Support International FB Group:
postpartum.net

Postpartum Support International (PSI) Warmline:
541.728.3427

Information for Oregon Women:
healthoregon.org/perinatalmentalhealth