POSTPARTUM ADJUSTMENT, BLUES AND DEPRESSION

Postpartum Parent Information Booklet

Leading, Learning, Caring For You

Adapted from Health Canada and the Postpartum Parent Support Program

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ADJUSTMENT TO MOTHERHOOD

Everyone feels down or low from time to time. For some new mothers, feeling unhappy after childbirth is not unusual. The difficulty for many women lies in talking about this unhappiness. You may never have imagined being a new mother would mean such a big adjustment and require so many changes in your life. Having a new baby is a big deal, the tiredness alone is enough for a mother to feel some hopelessness and despair. At times it seems like this will never end. You may even be saying to yourself, “this isn’t what I expected” or “why did I ever get pregnant and have this baby”. About eighty percent of women experience a range of difficulties coping in their first days and weeks after childbirth. Most mothers agree that knowing more about the “ups and downs” of postpartum helps them to manage better.

As a first time mother, you may not know what to expect after taking your baby home. With the maternity stay in the hospital shorter than in the past, you will likely still feel pretty uncomfortable physically and may be quite tired from your labour and birth. If you are breastfeeding, your milk may just be starting to “come in” and this causes new physical sensations, and, for some, a bit of discomfort. Your immediate challenge will be trying to find a balance in taking care of yourself and meeting the needs of your baby. For some mothers, this can be overwhelming. It is very important that you have help and support at home during these first days.

THE BLUES

In the first few days it is common for some women to experience “baby or maternity blues”. These blues are feelings that range from tearfulness, unexplained crying, fatigue, irritability and anxiety to a general sense of unhappiness. The blues may last for as little as a few hours during your hospital stay or up to a week or two after you are at home.

Most people attribute blues on hormones which change quickly after birth as part of your body returning to normal. Added to this is that some mothers are depressed that their bodies have not returned more quickly to normal – they feel they have not “bounced back” the way that they had hoped. You may also experience that motherhood has not resulted in you feeling an immediate bond or attachment to your baby and this may add to your unhappiness and make you feel you are not a good mother. Getting to know your baby takes time.
THE BLUES (CONTINUED)

The good news is that the blues disappear without any treatment. What will help is getting plenty of rest, limiting unnecessary visitors, and gaining confidence in caring for your newborn. Keeping open communication with your partner and letting them know how you are feeling is an important part of the adjustment to parenthood.

POSTPARTUM DEPRESSION

Postpartum Depression of PPD is also called postpartum mood disorder. The exact cause of PPD is unknown, but again, changing hormones are suspected as a part of the condition. Postpartum depression seems to occur more often if there is a family history of depressive illness, but it can also come straight out of nowhere and with no warning.

Postpartum depression may occur within 2 to 3 weeks postpartum or many months later – even up to two years. It can happen to mothers who adopt babies. This depression may be defined as continually feeling sad, unhappy and anxious for more than two weeks. The feelings and symptoms are similar to the “blues” but are more extreme and last much longer. Generally, PPD requires treatment.

The following emotional checklist are common signs of postpartum depression:
- Irritability
- Frequent crying or tearfulness
- Anxious and worried
- Fear, panic or anxiety attacks
- Anxiety with rapid heart beat and breathing
- Can’t cope
- Can’t “feel”
- Feeling guilty, ashamed
- Problems sleeping
- No energy, motivation, enthusiasm
- Not interested in baby/being a mother
- Poor appetite/increased appetite
- Loss of weight/gain weight
- Lonely and withdrawn
- Feeling unattractive
- Uninterested in sex
- Poor communication with your partner
- Scary thoughts of harming your baby or yourself
GETTING HELP FOR PPD

If you are experiencing these symptoms most of the time over a long period you may have PPD and should seek professional help. Sometimes close family members cannot imagine you are really having such difficulty and they may tell you to “snap out of it and be grateful for a healthy infant”. These or similar statements may prevent you from getting the help you need. It is important that you follow how you feel and tell someone about your experience. Your physician, midwife or public health nurse is the best place to start.

PPD can be treated and overcome through one or a combination of the following:
- Counselling,
- Group therapy (with a physician, psychologist or psychiatrist),
- Psychotherapy (you may need to be referred to a psychiatrist – a medical doctor with special skill in treating depression),
- Antidepressant medication (this would need to be prescribed by a doctor),
- Self help support groups (usually led by women who have experienced PPD).

Mothers with PPD usually find great comfort and healing through the mutual help of other mothers experiencing PPD. Knowing you are not alone with your thoughts and feelings is a big step in the recovery process. Your community health department will know if there is such a program in your area. There are also many excellent books that may be of help. (See Resource List).

MEDICATIONS

The need for medication for PPD will be up to you and your doctor to determine. In most instances antidepressants (i.e. Prozac, Zoloft, Paxil) are used as a last resort when the benefits outweigh the risk or side effects. Most doctors feel six months of treatment is necessary and new studies show that some medications are safe to use while breastfeeding. Some women report that taking medication lifts the burden of depression enough to feel human again. At this point joining a support group may help smooth the way.
WOMEN TELL US WHAT HELPS:

1. Knowing you are not alone with these feelings and experiences (they are pretty normal).
2. Being with other moms experiencing the same feelings.
3. A support network/counselling (plan this during pregnancy). Someone always available by phone.
4. Rest, rest, rest!
5. Exercise, exercise, exercise!
8. Choosing your infant feeding method and not feeling guilty – “breast may be best for baby but is it for me?”
10. A best friend.
11. Try not to make major decisions or changes.
12. Plan child care well in advance of returning to work.
13. Return to work gradually (negotiate this).
15. It is not a sign of weakness to take prescribed medication (antidepressants).
16. It is not a sign of weakness to seek professional help or a psychiatrist.

POSTPARTUM PSYCHOSIS

The is a rare (2 in 1000 births), but very serious illness postpartum. It is a state of being out of touch with reality. Symptoms range from extreme hyperactivity to hallucinations. Hospitalization and medication is always required as a woman with a psychosis may unknowingly harm herself or her baby.
FEELING GOOD AGAIN

With the right treatment a full recovery from PPD can be expected. Knowing how to reach the resources that can help you is the most important. Knowing about the emotional ups and downs also lets you know it will eventually end and that you will soon experience the joys of motherhood.

SUGGESTED RESOURCES FOR POSTPARTUM ADJUSTMENT AND DEPRESSION


Placksin, Sally: Mothering the New Mother, Key Porter Books Ltd., Toronto 1994

Watson, Driscoll, J: Postpartum: A Bittersweet Experience Diapers and Delirium (these videos usually available through your community health unit or public library)
