Why Do Mothers Get Depressed After Giving Birth?

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How Do You Know If You Are Suffering From Postpartum Depression?

Having a new baby at home is stressful. There is sleep deprivation, new responsibilities, and very little time for yourself, so it is no surprise it feels like you are on an emotional rollercoaster.

The baby blues, the least severe form of postpartum depression, are normal and affect 70 to 80 percent if new mothers, this according to the American Pregnancy Association. But when mood swings and depressive symptoms don't go away after several weeks or get worse, you might be suffering from full-blown postpartum depression (PPD).

Here is everything you need to know about PPD, including prevalence, symptoms, coping, treatment, and so much more.

What Is Postpartum Depression?

Postpartum depression (PPD) is a mood disorder affecting women after childbirth. It causes symptoms of extreme sadness, anxiety, and exhaustion, and all these make it hard for new mothers to care for themselves and their babies.

PPD is different than the baby blues because lingers on and worsens. While the baby blues resolve within a couple of weeks after they start, which is usually within a few days after giving birth, PPD is long-lasting and can be harmful if not managed and treated.

According to the American Psychological Association, one in seven new mothers will experience PPD. According to the Centers for Disease Control and Prevention (CDC), the number of women affected by PPD differs depending on a new mother's age or race–as some groups have a higher risk.

How Is Postpartum Depression Diagnosed?

There is no one test to make a diagnose PPD. Your doctor will rely on your family history, your health history, and current symptoms you are experiencing.

Your doctor also wants to determine the severity of symptoms and will ask whether you have had feelings of hurting yourself or others.

Your doctor may order tests, including lab work, to rule out other conditions. Your doctor will also want to confirm that you are not suffering from another mental health condition, such as postpartum psychosis.

Postpartum psychosis is a rare psychiatric emergency that causes racing thoughts and elevated mood, depression, severe confusion, hallucinations, and delusions, setting in during the first two weeks after childbirth.

Treatment usually requires hospitalization, antipsychotics, and mood stabilizers.

Postpartum Depression Does Not Discriminate

Although certain groups of people are at a higher risk for depression, PPD does not discriminate. It does not care if new mothers are rich or poor, healthy or have health issues, have had other pregnancies, or how old new mothers are.

PPD arrives unannounced, bringing with it sadness, hopelessness, and anger, driving a wedge between you and the people you love. And this was the case for celebrity mothers, Brooke Shields, Drew Barrymore and Chrissy Teigen.

Celebrities Affected by Postpartum Depression

- **Brooke Shields:** Model and actress, Brooke Shields was one of the first celebrities to speak up about PPD. In her 2005 book, *Down Came the Rain: My Journey Through Postpartum Depression*, and she shares that after giving birth to her daughter in 2001, she found herself staring out a window thinking that she didn't want to live anymore.
- **Drew Barrymore:** In a 2015 interview with People magazine, Drew Barrymore revealed that she struggled with postpartum depression after the birth of her second child. The experience lasted about six months, and she described it as being "under the cloud."
- **Chrissy Teigen:** Model and wife to the singer, John Legend, is the latest celebrity voice for postpartum depression. In a 2017 essay in Glamour magazine, she shares that PPD does not discriminate and can affect any new mother.

Who Is Most at Risk for Postpartum Depression?

There are specific risk factors associated with an increased risk of PPD. Risk factors of PPD include:

- Living in poverty
- Previous history of mental health difficulties, especially depression
- Lack of emotional support
- A difficult or painful birth
- Previously having suffered from PPD
- Being a young or teen mother
- Fearing childbirth
- Having a special needs child
- Having an emergency Caesarean section (C-section)
- Having multiples or a premature birth
- Having depressive symptoms during pregnancy that go untreated
- Stressful life events during pregnancy or shortly after giving birth (i.e., the death of a loved one or personal illness)

How Do You Prevent Postpartum Depression?

Researchers do not have an exact way determine how new mothers will respond to childbirth and the challenges of motherhood. Therefore, there are no specific ways to prevent PPD.

However, there are things women can do during pregnancy, and after their child is born to lessen the chance they will develop PPD, or in the least, play a role in the number of symptoms they have.

Researchers think certain emotional fluctuations increase a woman's risk for PPD and managing those can reduce the potential for its development or significance.

One 2016 study led by researchers from the University of Antwerp, suggests that assessment of emotional factors

during pregnancy can help obstetricians and nurse practitioners assess pregnant women for prenatal depression, ease their symptoms, and decrease risk for development of PPD during pregnancy.

Next page: the symptoms of postpartum and the difference between the baby blues and postpartum.

Understand the Symptoms of Postpartum Depression

Every mother has bad days and experience depressive symptoms now and then, and especially when you are a mother. However, PPD isn't one or a bunch of bad days, and women with PPD experience symptoms most of the time.

And symptoms of PPD go on for two or weeks or longer. They make it harder to live your life and care for your loved ones almost every day.

You may have PPD if you had had a baby within the last 12 months and experience***some*** of the following symptoms:

- **You often feel overwhelmed.** This isn't just general exhaustion from the demands of motherhood. You are often struggling to be a mother and often wonder why you wanted to be a mother in the first place.
- **You feel guilty.** You feel like you should be handling motherhood better, you cry often, and you don't feel happiness or a connection with your baby like you should. You may also wonder whether your baby is better without you.
- **You are irritated and angry.** Your patience is short, everything seems to annoy you, or you may even feel all-out rage. You may also feel resentment towards your partner, baby, and friends who do not have babies.
- **You feel emptiness and numbness.** It is like you are just going through life's motions.
- **You feel sadness that is unending.** You are always crying even when there is nothing to cry about.
- **You feel hopelessness.** It is as if nothing will ever get better. You feel as if you are failing and cannot change your circumstances.
- You are **not eating, or you are eating to feel better**.
- **You cannot sleep at night because your mind is racing or maybe you sleep all the time.** Your sleep is off, and it is not because you have a newborn to care for.
- **You are in a fog.** You can't focus or concentrate, and you always forget things. You can't find the words and your decision making is off.
- **You are feeling a disconnection.** You are not connecting with anyone, including your baby, and you don't feel anyone understands what you are going through.
- **Nothing seems to fix what you are feeling even though you are taking your vitamins, exercising, and practicing stress management.** And you can't just can't snap out this.
- **You think about running away and leaving your family behind.** Or you have even thought about taking too many pills or finding some other way to end it all.
- **You know something just isn't right.** You may not know what it is, but it makes you feel as if you are going crazy.
- **You are afraid this is how it is from now**, and you will never be your old self ever again.
- You are afraid that **you will be judged for seeking help** or that **your baby could be taken away** from you.

You may not experience all or most of the symptoms of PPD. This is because PPD is not a one-size-fits-all condition and your experience may include a few symptoms, or there may be symptoms that don't and never will affect you.

Baby Blues vs. Postpartum Depression: The Difference Between Baby Blues and Postpartum

It is important for women and their partners to know the signs and symptoms of the baby blues and postpartum depression before their baby is born, so they are aware of all the changes that may affect them after their baby

arrives.

Most women experience the baby blues for a short period, while others experience PPD, which is more severe, persistent and requires treatment.

Here is how to recognize the difference between the baby blues and postpartum depression:

Baby Blues

- You will feel weepy and emotional.
- Your symptoms start around a couple of days after giving birth and last no longer than two weeks.
- You may also experience mood swings, irritability, anxiety, and struggle with your focus and concentration for short periods throughout your day.

Postpartum Depression

- Your symptoms last more than two weeks, are severe and affect your ability to care for yourself and new baby and/or other children.
- Feelings of anxiety, sadness, irritability, guilt, lack of interest in your baby, changes to your sleep and diet, concentration and focus issues, thoughts of hopelessness or harming yourself and others, raging thoughts, fatigue and excessive worry.
- PPD often emerges weeks after giving birth, rather than days, but it is not unusual for it to occur earlier.

The general rule is any symptoms of depression and/or anxiety lasting two or more weeks should be brought to the attention of your doctor. Your doctor will attempt to make a diagnosis and may prescribe treatments or refer you to a therapist or other mental health professional.

Next page: what to expect from postpartum treatment.

What Does Treatment for Postpartum Depression Looks Like?

You didn’t get depressed overnight, so treatment won’t quickly get you better. The good news is you will start to see improvement within a few weeks.

Symptoms of PPD can resolve and worsen again, but eventually, you will get to a point where symptoms are managed and don’t adversely affect your ability to care for yourself and your children. You may also experience symptom flare-ups during your menstrual period due to hormone fluctuations.

Medications. Your doctor may prescribe an antidepressant. If you are breastfeeding, there are antidepressants available that pose little risk of side effects your baby. Work with your doctor to determine the potential risks and benefits of taking an antidepressant to treat PPD.

Psychotherapy. Also called talk therapy, psychotherapy can help you to talk through your worries and feelings about motherhood. Therapy can help you find ways to cope, solve problems, set goals and learn to respond in positive ways.

Support Groups. If you would like to find a support group for PPD, Postpartum Support International is a good place to start. Support groups can offer helpful information and ideas to coping better and managing your parenting with PPD.

Natural Treatments. If you do not want to take antidepressants for treating PPD, you may want to discuss natural remedies with your doctor. There are many options but is important to remember PPD isn’t a condition to treat without the assistance of a doctor or a mental health provider, so it is important to tell your doctor about any natural treatments you are considering trying.

Lifestyle Changes. Lifestyle changes may also help relieve symptoms of PPD. Here are some changes to incorporate daily:

- Take care of your body. Try taking walks with your baby in a carrier or a stroller. Make healthy diet choices and get as much sleep as you can. Last, avoid drug and alcohol use.
- Don't forget your basic needs. It is easy to forget about your own needs with a new baby at home. Make sure you are taking regular showers, getting dressed, running errands and visiting with family and friends.
- Be realistic. The dishes in the sink can wait. If you can ask for help, ask for it, and if not, make a list of practical goals and check them off as they get done.
- Don't isolate yourself. Depression feeds on isolation so surround yourself with loved ones and people to talk to. If you cannot get out of the house, pick up the phone and call a friend or get involved in an online support group.

Recovery

It is possible for PPD to resolve without treatment, but the more serious symptoms are, the less likely someone will recover fully from PPD.

How long it takes to recover depends on various factors, including the severity of symptoms, how long you have had symptoms, any previous history of depression, what your home environment is like, how much support you have, and how determined and focused you are with treatment.

Postpartum Depression Doesn't Just Affect Mothers Who Give Birth

Biological mothers aren't the only mothers who are affected by PPD. Adoptive mothers have the same stressors and life challenges as biological mothers, and they can experience the same symptoms of PPD that biological mothers do.

Adoptive mothers with a history of infertility may have an increased risked for PPD, this according to researchers out of the University of Iowa. The researchers noted, "the effects of infertility are thought to be long-lasting and may continue during the post-adoptive period."

There is a belief only mothers can get PPD and men cannot experience similar depression because they have not given birth or been pregnant. However, research shows men's hormones can shift when their partner is pregnant and also after the birth of their child for reasons not understood.

Can a Man Get Postpartum Depression?

Paternal postnatal depression (PPND) is common in new fathers. And according to researchers from Cornell University, PPND affects up to 25 percent of new fathers.

Stress, little sleep, financial problems, relationship and health issues and history of depression are all risk factors for the development of PPND in new fathers.

Postpartum Care for New Moms

Here are some things you can do during pregnancy and after your child is born to reduce your risk for PPD:

Prioritize Your Needs

A well-balanced diet plays a significant role in your emotional well-being. There has also been evidence showing a connection between mood and dehydration, and anyone who is pregnant, postpartum, or breastfeeding has an increased risk of dehydration.

Your baby needs you to be well so taking care of your needs is important. Take breaks and baths, spend time with adults, and do anything that helps your brain and body to feel grounded.

Sleep

Sleep might be in short quantity with a newborn at home, but you should still try to get as much as you can. Studies have shown the quality of sleep in new mothers is the biggest predictor of PPD.

As a general rule, try to sleep anytime you can get a block of sleep. For example, most healthy babies sleep for about four to five hours chucks of time, and if you can get a nap in as well, go for it.

Activity

New mothers who get some mild to moderate exercise throughout their day are less likely to develop PPD.

Obviously, you cannot make time to go to the gym or take a yoga class, but something as simple as taking a walk around the block with your baby in a stroller or a carrier does wonders for increasing feel-good endorphins and reducing stress hormones.

Support

New mothers need all the support that they can get, and inadequate social support is a leading risk factor for PPD. Connect with family, friends, your church, and other pregnant mamas before the birth of your child, so you have these connections available when you need support, help or a listening ear.

Know Your Risk

Women who understand what PPD is and who know their risk factors are less likely to find themselves dealing with unexpected episodes of PPD. Knowing what your risk factors are, your vulnerabilities and triggers, and what you need to do to feel better will make a difference in your PPD recovery.

And because fathers have similar risk factors, it is important they are aware of those too, so they are not surprised when they arise and affect emotional health.

Lean on Your Partner

Research has shown couples who discuss emotional struggles and fears and the responsibilities of their children before the birth of their baby and after are more equipped to deal with the challenges that come their way. Lean on your partner and keep the lines of communication open.

Stress Reduction

Being a new mother is stressful, and there is nothing you can do to change that. What you can do is find ways to manage stressful emotions.

Moms who practice stress reduction strategies – anything from relaxation to visualization to deep breathing and yoga – are less likely to become depressed than mothers who do not.

How New Dads Can Help

New fathers can help by stepping up and helping with the baby’s care, coordinating outside help from family and friends, giving emotional support to their partner, and making sure the new mother is eating and sleeping. While new fathers can be a great support to their partner, it is important for them to take care of their own needs as well.

If you suspect your partner might have PPD, don’t wait to get help. There are warning signs and symptoms of

PPD, but the number one sign is not acting like themselves.

If you feel that something is wrong and has been going on longer than two weeks, ask your partner about what they are feeling and encourage them to get help.

The Takeaway

With treatment, most mothers recover from PPD within six months to a year. Not getting treatment or stopping treatment may cause a relapse or turn into a chronic depression.

The best thing you can do for your family and yourself is to get help. Talk to someone and get the help that you need and deserve.