Perinatal Depression.
A helpful guide to a common, and treatable illness.

Depression during pregnancy or after birth affects the mother, the newborn, the family and the community. It has been found in women of every culture, age, income level and race. It is the most common complication of childbirth. Perinatal depression can occur during pregnancy, within a few days of birth or as long as a year after giving birth—but usually occurs within the first three months after a newborn arrives. Don’t forget that dads can also experience perinatal depression: they need attention, care and support, too.

If you are or someone you know is suffering from perinatal depression, please encourage them to seek help. Perinatal depression is not a sign of being crazy or of being a bad parent. It is a treatable illness that requires help – just like any other illness. Ignoring it will not make it go away.

Facts:
- Perinatal depression is the most common complication of childbirth and affects about 15-20% of women as well as 10% of fathers of newborns
- 50% of women and most men suffer silently and alone, never seeking treatment
- Women with a previous history of depression have a high risk of developing perinatal depression but most women who suffer have no history of depression
- Perinatal depression can occur during pregnancy or anytime during the first year after a baby is born
- 60-80% of new mothers experience Baby Blues. Women with the Blues may cry a lot, may lack confidence or feel overwhelmed by their new baby and may feel exhausted because of interrupted sleep, but they are happy more than they are sad. After 2 days to 2 weeks, the Blues fades away. Perinatal depression doesn’t go away and mom is sad more than she is happy.

Perinatal Depression (also known as Perinatal Mood and Anxiety Disorders or PMAD’s) is a variety of disorders. These disorders can affect people at any time during their lives. However, these disorders are more common during pregnancy and the postpartum period. Experiencing perinatal depression can cause the person to feel hopeless and/or helpless with a sense of guilt and/or shame. She may have a lack of feelings towards the baby and/or the inability to take care of herself or her family. Many women say “This doesn’t feel like me” or simply that “something doesn’t feel right.”

Here is a list of PMADs with their most common characteristics:
- Perinatal depression includes a depressed mood or loss of interest in almost all activities for at least two weeks plus at least four of the following:
  - Decreased energy
  - Eating too much or too little with weight gain or loss
  - Sleeping too much or too little
  - Feeling overwhelmed
  - Feelings of worthlessness or guilt
  - Difficulty thinking, concentrating or making decisions
Crying, anxiety, irritability, anger and/or mood swings
Nightmares or intrusive thoughts
Recurrent thoughts of death (yours, your partner’s or your baby’s)
Suicidal thoughts, plans or attempts

Anxious Depression (may commonly be seen with symptoms above): symptoms may include:
- Extreme anxiety
- A feeling of panic (chest pain, shortness of breath, shaking, dizzy, sweating)
- Inability to sleep
- Fear of dying, losing control or going crazy
- Fear of being left alone with the baby
- Constantly worrying about the baby or mom’s health

Perinatal Obsessive-Compulsive Disorder (OCD): OCD is a disorder that includes obsessive (or continuous, repetitive) thoughts and often compulsive (or habitual) behaviors. OCD symptoms may include:
- Frightening thoughts often about the baby being harmed that play over and over in her mind. Such intrusive thoughts or mental images are disturbing and can cause irrational fears. She is very troubled by her uncontrollable thoughts but she is not in danger of harming her baby
- Compulsive or habitual behaviors she may engage in are cleaning, re-checking re-counting, placing items in a specific, very neat order, and/or a hyper-vigilance with germs causing her to wash her hands repeatedly. These behaviors help her cope by giving her a sense of control

Post-traumatic Stress Syndrome (PTS) is most often triggered by a traumatic or frightening birth experience or even a safe delivery that did not meet her expectations which she then re-experiences after the birth (through dreams, thoughts, etc.). She is at a higher risk if she has a history of PTS or sexual abuse. Symptoms may include:
- Irritability
- Difficulty sleeping
- Hyper-vigilance.
- Feeling a lack of support and/or a sense of abandonment

Bipolar Disorder: is also known as manic-depressive disorder. It is when she experiences excessive energy and feels “up” (manic) part of the time and then feels very depressed or “down” (depressive). Bipolar disorder in postpartum moms often presents as depression, making correct diagnosis challenging. 20 out of 30 women with Bipolar disorder experience a psychotic episode. 70% of women with Bipolar Disorder will relapse w/in six months postpartum.

Psychosis: A rare, life threatening illness requiring immediate hospitalization. Symptoms include:
- Delusions (strange, unrealistic beliefs), and/or hallucinations (mom sees and/or hears things that are not real).
- Onset is usually sudden with delusions and/or hallucinations
- Poor judgment in making decisions
- Inability to sleep
- Feeling very irritated
- Significant mood changes—may appear normal at times
Family members often become aware of these symptoms and/or her threat of harming herself or the baby and should contact their health care provider immediately or go to the emergency room directly.

How you can help:
Every couple who becomes pregnant needs the support of family and community during and after pregnancy to ensure that their baby is healthy and has a safe and nurturing home.

- Give mom and dad permission to rest
  - Watch other children
  - Prepare meals and snacks
  - Help with housework and errands

- Encourage mom and dad to take care of themselves
  - Eat nourishing foods: fruits and vegetables, whole grains, proteins, dairy
  - Nap when the baby naps
  - Exercise
  - Social outings

- Promote mom and dad’s self esteem
  - Praise their performance as new parents
  - Be sensitive to the needs of mom and dad vs. baby

- Provide information and offer support

- Listen actively, non-judgmentally, ask questions

- Help them make an appointment to seek help

Local resources:
- If you feel your partner or friend is an immediate danger to him or herself or others, please take them to the nearest hospital emergency room. In a life-threatening emergency call 911.

- Postpartum Support International (PSI) offers a hot line at 1-800-944-4PPD (or 1-800-944-4773) for immediate help. Their website (www.postpartum.net) offers information and support to women and families experiencing perinatal depression.

- The new mom’s doctor or midwife is an important resource. A health care provider can prescribe medication if necessary and make referrals to other specialists when appropriate. You can call and schedule an appointment for a family member or friend if they ask you to; you can call to report behavior that is a concern to you. However, a practitioner is prohibited by law from sharing information with you unless the patient has provided written permission for them to do so.

- Therapy is an important part of treating PMAD and your practitioner can provide a referral if necessary – usually you can call directly to schedule an appointment with a therapist. Check with your insurance since many insurance companies limit the choice of mental health providers, although all insurance companies have options within the Bloomington Hospital service area. A
good place to start is Bloomington Hospital’s Behavioral Health Outpatient Services at 812.353.3450 or 800.387.3440, or Centerstone at 812.339.1691 or 800.344.8802. Centerstone offers a walk-in clinic several days each week.

- Bloomington Area Birth Services offers a New Mothers’ Support Group that meets on a regular basis. It is a new mom’s group, so is not focused specifically on PMAD, but on the whole experience. The group runs an 8-week series. There is a fee and a scholarship fund to help as needed. Call 337.8121 to find out when the next group starts and to get information on cost visit www.bloomingtonbirth.org. to learn more.

- BloomingFamilies is a private practice specializing in perinatal mood disorders and parent support. In addition to providing one-on-one therapy, they have a group that is focused on PMAD contact them at info@bloomingfamilies.com. or call 812.671.0330 to schedule an appointment. Visit their website, BloomingFamilies.com for more information.

- The Monroe County Public Library offers a large collection of books and DVD’s on perinatal depression, selected with assistance from the Monroe County Postpartum Depression Task Force. A reference librarian can help you find these books or you can try searching and reserving through the online catalog. http://mcpl.monroe.lib.in.us–

Two Books recommended are:
- *Beyond the Blues: A Guide to Treating Prenatal and Postpartum Depression* by Shoshana Bennet
- *Sleepless Days: One Woman’s Journey Through Postpartum Depression* by Susan Kushner Resnick

More resources:
- Postpartum Depression Helpline 800.944.4773
- Indiana Family Helpline 800.433.0746
- PPD support Group in Indianapolis. Call 317.962.8191 for more information
- Visit postpartum.net or depressionafterdelivery.com for more information
- ptsdsupportpage.org–on-line support group for PTSD
- Indiana Perinatal Network (idianaperinatal.org)

Perinatal Depression is a serious condition that should be closely monitored. If you or someone you care about is worried about perinatal depression, please find out more and contact someone to help you through this difficult time.

Women need to know:
“Vous are not alone. Vous are not to blame. With help, you will be well”