

Recognizing the Difference Between Postpartum Depression and the Baby Blues

Lisa Levens, MA, LCPC

Having a baby can be a very exciting yet scary time. In the best of circumstances a woman is managing multiple changes in her life. Some of these include but are certainly not limited to: Lack of sleep, hormone adjustment, identity, body image, lack of independence, relationship changes, time management, pain, work situation, and sexual desire. Adding depression or anxiety to this mix can intensify the experience to the point of debilitation. Knowing the difference between postpartum depression and the baby blues can make all the difference in relief of symptoms.

The baby blues is a phrase coined to describe intense emotions within the first three weeks of delivery.

Signs of the baby blues are:

- Symptoms peak at 3 to 5 days post-delivery and may last for about 2 weeks.
- It is present in all cultures studied.
- Symptoms are unrelated to environmental stress or any previous psychiatric history.
- Up to 80% of new moms will experience the baby blues.
- A new mother will feel intermittent joy during this period, something a mother with postpartum depression may not experience.

Signs of postpartum depression are:

- Excessive worry about the baby or feelings of great insecurity
- Guilt, sadness, fear of being alone, irritability
- Unable to sleep even if the baby is sleeping
- Difficulty concentrating
- Feelings of panic or anger
- Distorted, frightening, negative thoughts
- The same thoughts over and over again
- Change in appetite, weight loss or weight gain
- Onset is typically within the first year after birth

For new mothers who may wonder what is meant by “scary or disturbing thoughts,” Sarah Best, LMSW of the Seleni Institute describes: “Some find themselves worrying about medical crises like SIDS or whooping cough. Others have thoughts – or even images – of accidents such as house fires or car crashes. And...some women fear that they themselves might hurt their baby.” But it must be emphasized that the vast majority of new mothers do not act upon those thoughts, the thoughts are merely a reflection of the mother’s reasonable desires to protect her baby’s health and safety.

Postpartum depression is not to be confused with postpartum psychosis or any postpartum anxiety disorder. Postpartum depression does not turn into postpartum psychosis. They are distinctly separate illnesses. Postpartum depression mothers with disturbing thoughts or obsessive compulsive disorder symptoms are extremely troubled by these thoughts and will often go very far out of their way to avoid the situations that create the anxiety. This is in sharp contrast to a mother with psychosis who does not have the ability to distinguish from what is real and what is part of her delusion.

Postpartum psychosis is considered to be one of the rarest psychiatric disorders and affects only one or two in 1,000 mothers. Of those mothers diagnosed with postpartum psychosis, about 4% may hurt their babies and about 5% result in suicide. Many women with psychosis will have a history or family history of bipolar disorder, psychosis or schizophrenia. Almost all cases of postpartum psychosis emerge by the first two to three weeks postpartum.

Postpartum psychosis symptoms include:

- Any delusional thinking (A false belief or opinion)
- Any hallucinations, visual but especially auditory telling her to hurt herself or the baby
- Obsessive thoughts
- Variable sleep patterns
- Delirium and/or mania

Postpartum psychosis is always an emergency situation that would require a medical intervention by a psychiatrist and typically hospitalization. Seek help immediately.

Most women will experience the baby blues or some similar related change at different points post-delivery. 20% of all women experience a postpartum reaction greater than the baby blues. It is important to take note that symptoms can occur anytime during the first year, not only shortly after the birth of your baby. Women with postpartum depression and their partners should know that it is not uncommon or pathological to have a low sex drive the first year after giving birth. Signs of postpartum depression can occur after any child, but a woman is more likely to experience a relapse of postpartum depression or depression if she has already struggled with it.

There is no one clear indicator of what causes postpartum depression or similar postpartum illnesses. It is a complex combination of hormones, genetics, and interpersonal stressors. If you or a family member have a history of depression or other mental illness, you may be at higher risk. Previous miscarriages or stillbirths also put a woman at high risk. If you are a single parent or have financial stressors, if you lack a support system, you may be at risk for postpartum depression. Keep in mind though, with proper planning and prophylactic treatment, many of the symptoms can be prepared for and minimized beforehand.

Ask yourself these questions during and up to a year after your pregnancy.

Do you . . .

- Have trouble sleeping?
- Find you’re exhausted most of the time?
- Notice a decrease in your appetite?
- Worry about little things that never used to bother you?
- Wonder if you’ll ever have time to yourself again?

Continued on back

Interested in submitting a question or comment?
Send an e-mail to aharkleroad@ers-eap.com.
Your feedback is greatly appreciated!



Recognizing the Difference, Continued

- Think your children would be better off without you?
- Worry that your partner will get tired of you feeling this way?
- Snap at your partner and children over everything?
- Think everyone else is a better mother than you are?
- Cry over the slightest thing?
- No longer enjoy the things you used to enjoy?
- Isolate yourself from your friends and neighbors?
- Fear leaving the house or being alone?
- Have anxiety attacks?
- Have unexplained anger?
- Have difficulty concentrating?
- Think something else is wrong with you or your marriage?
- Feel like you will always feel this way and never get better?

Karen Kleinman of The Postpartum Stress Center states:

"Many new mothers will experience some of these feelings. If you answered yes to more than three of these questions, you may have postpartum depression. PPD is a real illness. It is very treatable. Do not deny yourself the opportunity to feel good again. Do not let misinformation, uncertainty, shame, finances, embarrassment, or denial get in the way of you getting the help you need."

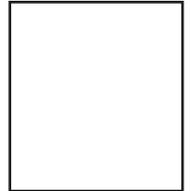
Postpartum depression affects the entire family. If someone you love has postpartum depression, educate yourself on what it is

Continued below

ERS Press

A Publication of
Employee Resource Systems, Inc.
An Employee Assistance Program

29 East Madison Street, Suite 1600
Chicago, Illinois 60602



Feeling anxious or worried?
Call the Employee/Member
Assistance Program (EAP/MAP)
for free and confidential support
and resources.
1-800-292-2780

and stay involved in her treatment and progress. Remember you did not cause her illness and can't "fix" it. Try not to take it personally. Get the support you need. A study by Paulson in 2006 reported that 10% of all new dads experience symptoms of clinical depression after the birth of a baby. Take care of yourself with breaks from taking care of your family. Put someone in place for her while you are gone, her mother, your mother, sister, babysitter or someone who can help her while you recharge yourself. Lower your expectations, the house may not stay clean, dinner may not be on the table but your family can emerge from this crisis stronger than ever. Seek help for yourself from professionals if necessary and keep in mind this is temporary.

If you or your partner are concerned that you have postpartum depression or something greater than the baby blues, seek help from a trained professional. With proper treatment the symptoms of postpartum depression can be relieved and diminished within 1-6 months. Without proper treatment postpartum depression can last from 1-2 years. (O'Haram 1987).

Transitioning into parenthood isn't typically easy under the best of circumstances. Providing a safe, compassionate atmosphere combined with accurate information, solid resources and support can transform one of the most difficult and confusing times into one of self-awareness and strength.

If you would like more information about

postpartum depression or the baby blues, please contact your Employee Assistance Program (EAP) at 1-800-292-2780.

Lisa Levens, MA, LCPC is a licensed clinical therapist specializing in perinatal mood disorders and new family adjustment. She has been in private practice for 15+ years. Currently, she works in Park Ridge at Marks and Associates and is an affiliate of Employee Resources Systems.

Contact the Employee Assistance Program at 1-800-292-2780 for more information and to schedule an evaluation.