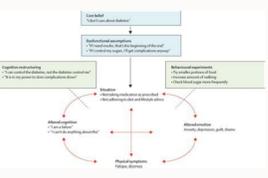


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HOW DO THE EFFECTS OF POSTPARTUM DEPRESSION MANIFEST? – PART 2

MANAGEMENT OF POST-PARTUM DEPRESSION



Postnatal depression



FACT SHEET 22

Adjusting to life as a mother can be difficult. In fact, for many women, having a baby is the most significant life-changing event they will ever experience. Adjusting to this major life change, as well as coping with the day-to-day demands of a new baby, can make some women more likely to experience depression at this time, particularly if they've experienced depression in the past.

HOW COMMON IS POSTNATAL DEPRESSION?

Postnatal depression (PND) affects almost 16 per cent of new mothers in Australia. As with depression, PND is common. One in five females and one in eight males. Around one million Australian adults and 160,000 young people live with depression each year.

WHAT CAUSES POSTNATAL DEPRESSION?

Like depression which occurs at any other time, postnatal depression doesn't have one definite cause – but it's likely to result from a combination of factors including:

- a past history of depression and/or anxiety
- a stressful pregnancy
- depression during the current pregnancy
- a family history of mental disorders
- experiencing severe "baby blues"
- a prolonged labour and/or delivery complications
- problems with the baby's health
- difficulty breastfeeding
- a lack of practical, financial and/or emotional support
- past history of abuse
- difficulties in close relationships
- sleep deprivation
- being a single parent
- having an unsettled baby (e.g. difficulties with feeding and sleeping)
- having unrealistic expectations about motherhood
- moving house
- making work adjustments (e.g. stopping or re-starting work).

HOW DO YOU KNOW IF YOU HAVE POSTNATAL DEPRESSION?

Postnatal depression has the same signs and symptoms as depression. Women with PND can experience a prolonged period of low mood, reduced interest in activities, tiredness and disturbance of sleep and appetite and negative thoughts and feelings. To find out about the general symptoms of depression, go to the series of depression checklists at www.beyondblue.org.au.

The Edinburgh Postnatal Depression Scale (see below) is a set of questions designed to see if a new mother may have depression. The answers will not provide a diagnosis – for that you need to see a doctor or other health professional. The answers will tell you however, if you or someone you know, has symptoms that are common in women with PND.

If you have concerns that you or someone you know has PND, please consult a doctor.

To complete this set of questions, mothers should circle the number next to the response which comes closest to how they have felt IN THE PAST SEVEN DAYS.

- 1 I have been able to laugh and see the funny side of things.**
 - 0 As much as I always could
 - 1 Not quite so much now
 - 2 Definitely not so much now
 - 3 Not at all
- 2 I have looked forward with enjoyment to things.**
 - 0 As much as I ever did
 - 1 Rather less than I used to
 - 2 Definitely less than I used to
 - 3 Hardly at all
- 3 I have blamed myself unnecessarily when things went wrong.**
 - 3 Yes, most of the time
 - 2 Yes, some of the time
 - 1 Not very often
 - 0 No, never

For more information www.beyondblue.org.au or **beyondblue** info line 1300 22 4636

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It's normal to have mixed feelings about becoming a parent. You may be excited to get to know your newborn, but also overwhelmed, irritable, sad or anxious (or all of the above). Sometimes, these "baby blues" linger and grow worse, developing into a more serious condition called postpartum depression (PPD). This depression screening test, which is based off the Edinburgh Postnatal Depression Scale (EPDS), may help you determine whether you're experiencing symptoms of PPD. The test is free and your results are confidential. This is not an official diagnosis, and regardless of your score, you should call your health care provider if something doesn't seem right. Always remember that if you're diagnosed with PPD or another perinatal mood and anxiety disorder, you're not alone, it's never your fault and help is available. Contact Arkadium, the provider of these games. Built by trivia lovers for trivia lovers, this free online trivia game will test your ability to separate fact from fiction. Instantly play online for free, no downloading needed! URL of this page: It's normal to have mixed emotions after having a baby. Along with excitement and joy, many new mothers feel anxious, sad, irritable, and overwhelmed. This is known as the "baby blues." It's a common condition, affecting up to 80 percent of new mothers. Symptoms of the baby blues usually get better within two weeks. Postpartum depression (depression after birth) is more serious and lasts longer than the baby blues. Women with postpartum depression may have intense feelings of sadness and anxiety. It can make it hard for a woman to care for herself or her baby. A postpartum depression screening can help find out if you have this condition. Postpartum depression is often caused by changing hormone levels. It may also be caused by other factors, such as lack of family or social support, being a teen mom, and/or having a baby with health problems. Most cases of this type of depression can be treated with medicine and/or talk therapy. Other names: postpartum depression assessment, EPDS test The screening is used to find out if a new mother has postpartum depression. Your obstetrician/gynecologist, midwife, or primary care provider may give you a postpartum depression screening as part of a routine postpartum exam or if you are showing signs of severe depression two or more weeks after giving birth. If your screening shows you have postpartum depression, you may need treatment from a mental health provider. A mental health provider is a health care professional who specializes in diagnosing and treating mental health problems. If you were already seeing a mental health provider before giving birth, you may get a depression screening during pregnancy or after delivery. You may need a postpartum depression screening if you have certain risk factors and/or are showing signs of the condition two or more weeks after giving birth. Risk factors for postpartum depression include: Signs of postpartum depression include: Feeling sad most of the day Crying a lot Eating too much or too little Sleeping too much or too little Withdrawing from family and friends Feeling disconnected from your baby Difficulty completing everyday tasks, including caring for your baby Feelings of guilt Fear of being a bad mother Excessive fear of hurting yourself or your baby One of the most serious signs of postpartum depression is thinking about or attempting to hurt yourself or your baby. If you have these thoughts or fears, seek help right away. There are many ways to get help. You can: Call 911 or your local emergency room Call your mental health provider or other health care provider Reach out to a loved one or close friend Call a suicide hotline. In the United States, you can call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) Your provider may give you a questionnaire called the Edinburgh Postnatal Depression Scale (EPDS). The EPDS includes 10 questions about your mood and feelings of anxiety. He or she may ask you other questions in addition to or instead of the EPDS. Your provider may also order a blood test to find out if a disorder, such as thyroid disease, may be causing your depression. During a blood test, a health care professional will take a blood sample from a vein in your arm, using a small needle. After the needle is inserted, a small amount of blood will be collected into a test tube or vial. You may feel a little sting when the needle goes in or out. This usually takes less than five minutes. You usually don't need any special preparations for a postpartum depression screening. There is no risk to having a physical exam or taking a questionnaire. There is very little risk to having a blood test. You may have slight pain or bruising at the spot where the needle was put in, but most symptoms go away quickly. If you are diagnosed with postpartum depression, it's important to get treatment as soon as possible. In addition to medicine and talk therapy, self-care strategies may help you feel better. These include: Asking your partner or other loved one to help care for the baby Talking to other adults Taking a little time for yourself every day Getting regular exercise Going outside for fresh air when weather permits A rare but more serious form of postpartum depression is called postpartum psychosis. Women with postpartum psychosis have hallucinations (seeing or hearing things that aren't real). They may also have violent and/or suicidal thoughts. If you are diagnosed with postpartum psychosis, you may need to be hospitalized. Some facilities offer supervised units that allow mother and baby to stay together. Medicines, known as antipsychotics, may be part of the treatment. Learn how to cite this page Who Is This Quiz For? How Accurate Is It? FAQs Could you have postpartum depression? Many women experience feelings of sadness, mood swings, crying spells, and stress after having a baby, often due to the dramatic hormonal changes taking place in the body following childbirth. It's normal to experience the "baby blues," as they are commonly known, during this time, but these feelings tend to subside within a week or two. However, for some women, these feelings can be more severe and long-lasting, resulting in depression, anxiety, and worry for months or longer. This is known as postpartum depression, or major depression with peripartum onset. Below is a list of questions that relate to life experiences seen in women diagnosed with postpartum depression. Please read each question carefully and indicate whether you have experienced these thoughts or behaviors during pregnancy or in the four weeks after childbirth. You should only answer "true" if you have been experiencing the symptom nearly every day for at least 2 weeks. This quiz is NOT a diagnostic tool. Mental health disorders can only be diagnosed by a licensed mental health provider or doctor. Psychom believes assessments can be a valuable first step toward getting treatment. All too often people stop short of seeking help out of fear their concerns aren't legitimate or severe enough to warrant professional intervention. Your privacy is important to us. All results are completely anonymous. What percentage of women get postpartum depression? The incidence of postpartum depression is 12% among healthy mothers with no previous history of depression, according to a research study. 1 "I would say that up to 70% of all women experience postpartum blues, and a smaller percentage experience postpartum depression," says Maureen Whelihan, MD, a gynecologist in Palm Beach County, Florida. The baby blues are much different. They can occur two or three days after childbirth, when a woman starts to feel anxious, depressed, and upset. The new mom may have trouble eating, sleeping, and making choices, and question whether she can handle caring for a baby. The baby blues gets better within a week or two, and does not require treatment. 2 Postpartum depression, on the other hand, is more serious and requires treatment. What causes postpartum depression? "Postpartum depression is caused by a combination of factors," says Dr. Maureen Whelihan. "These factors include the significant loss of hormones after the delivery of the placenta." The levels of estrogen and progesterone in a woman's body decrease sharply in the hours following childbirth. These changes in hormone levels can trigger depression in much the same way that smaller changes in hormone levels can trigger mood swings as well as tension before a woman gets her period. 2 Factor in some lack of sleep, body image concerns, and maybe an underlying mood disorder, Dr. Whelihan says, and a new mom may begin to feel depressed. Also, she may feel a lack of support at home and anxiety about this new responsibility, and she may be struggling with breastfeeding. How can you help someone with postpartum depression? If you are concerned that someone close to you may have postpartum depression, suggest that she see her obstetrician-gynecologist as soon as possible. Tell her that she should not wait until her postpartum checkup. 2 "Recognize postpartum depression and normalize it," Dr. Maureen Whelihan says. "Encourage the woman to talk to her OB-GYN and offer to babysit while she goes or go with her." Above all, offer her a lot of support. "Even four hours of continuous sleep can make things better," she says. What do you do to treat postpartum depression? Postpartum depression is treatable. Typically, it is treated with antidepressants, medications that can balance the brain chemicals that control moods. There are various types of antidepressants. It can take three to four weeks of being on an antidepressant before the woman starts to feel better. Antidepressants can be transferred to the baby during breastfeeding, but the levels found in breast milk are generally quite low. A woman should talk about the potential risks and benefits with her OB-GYN before making a decision about whether to breastfeed. Talk therapy also is used to treat postpartum depression, and frequently, talk therapy and an antidepressant are used together. 2 The mom and a mental health professional may talk about feelings and how to manage them. Some women may also benefit from a support group. The hospital where a woman gave birth or her doctor may be able to help locate a support group. 2 When does it manifest, and why is it unreported? Postpartum depression can occur up to one year after having a baby, but it most commonly starts about one to three weeks after childbirth. 2 Postpartum depression, which can affect people from all cultures, races, ethnicities, and educational and economic backgrounds, is probably much more common than statistics show. The rate of postpartum depression may be at least twice as high as what is reported. 3 "Everyone dismisses the symptoms as 'overtired' or 'overwhelmed,'" Dr. Maureen Whelihan says. "Most women are told that everyone has it so they don't speak up." When should I get help for postpartum depression? "Women should discuss their feelings with their OB-GYN as soon as they notice any symptoms of fatigue, tearfulness, anxiety," Dr. Maureen Whelihan advises. A woman who isn't sure if she has postpartum depression should not wait to ask her OB-GYN until her six-week checkup. If you believe that you may have more than just a case of the "baby blues," call your OB-GYN or another health care professional. Depression What is Postpartum Depression? Postpartum Depression Test

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