

MYTHS, FACTS AND POSTPARTUM DEPRESSION

For hundreds of thousands of women, the excitement of having a new baby is marred by overwhelming feelings of anxiety and helplessness caused by postpartum depression. The condition robs new parents of happiness during what they rightly expect to be a joyous time.

Sadly, many women experiencing postpartum depression will not receive a medical diagnosis or treatment. Often new moms or their health care providers don't know the signs of postpartum depression—or don't recognize them. And most hospitals do not yet have screening policies in place.

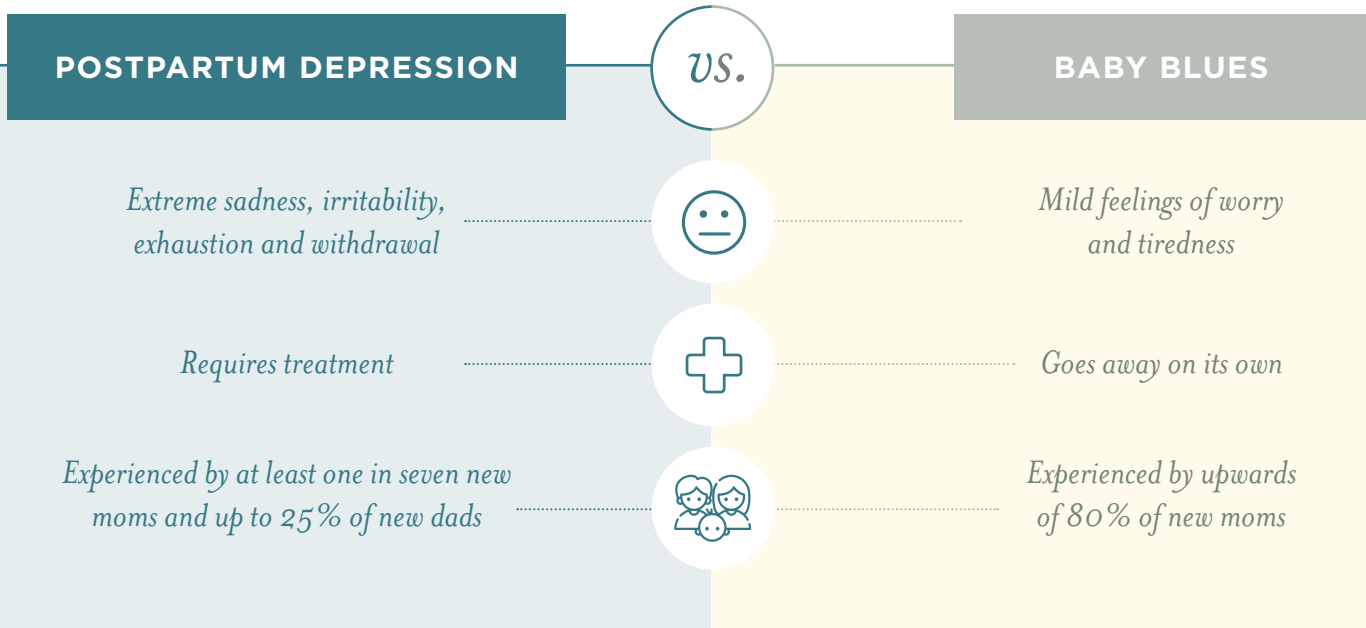
In some cases, when new moms know something isn't right, they feel embarrassed, ashamed or too overwhelmed by the responsibilities of new motherhood to take time to get or ask for help. This is not healthy for them or their babies, which is why it's important to know the facts about postpartum depression.



Myth: Postpartum depression is just the “baby blues.”

Fact: **Postpartum depression is a mood disorder that affects approximately 600,000 women each year.**¹ It is most likely caused by a combination of physical and emotional factors.² Common symptoms like extreme sadness, irritability, exhaustion and withdrawal are often dismissed as just the “baby blues.” While the “baby blues” and postpartum depression have some commonalities, they are not the same.

Mild feelings of worry and tiredness are common when caring for a new baby; upwards of 80 percent of new mothers experience the “baby blues.” But these feelings typically subside on their own in a matter of days or weeks for most new moms.² Approximately one in seven women experience the more extreme feelings of postpartum depression,³ though experts believe the incidence is probably much higher.⁴



Myth: Postpartum depression will go away on its own.

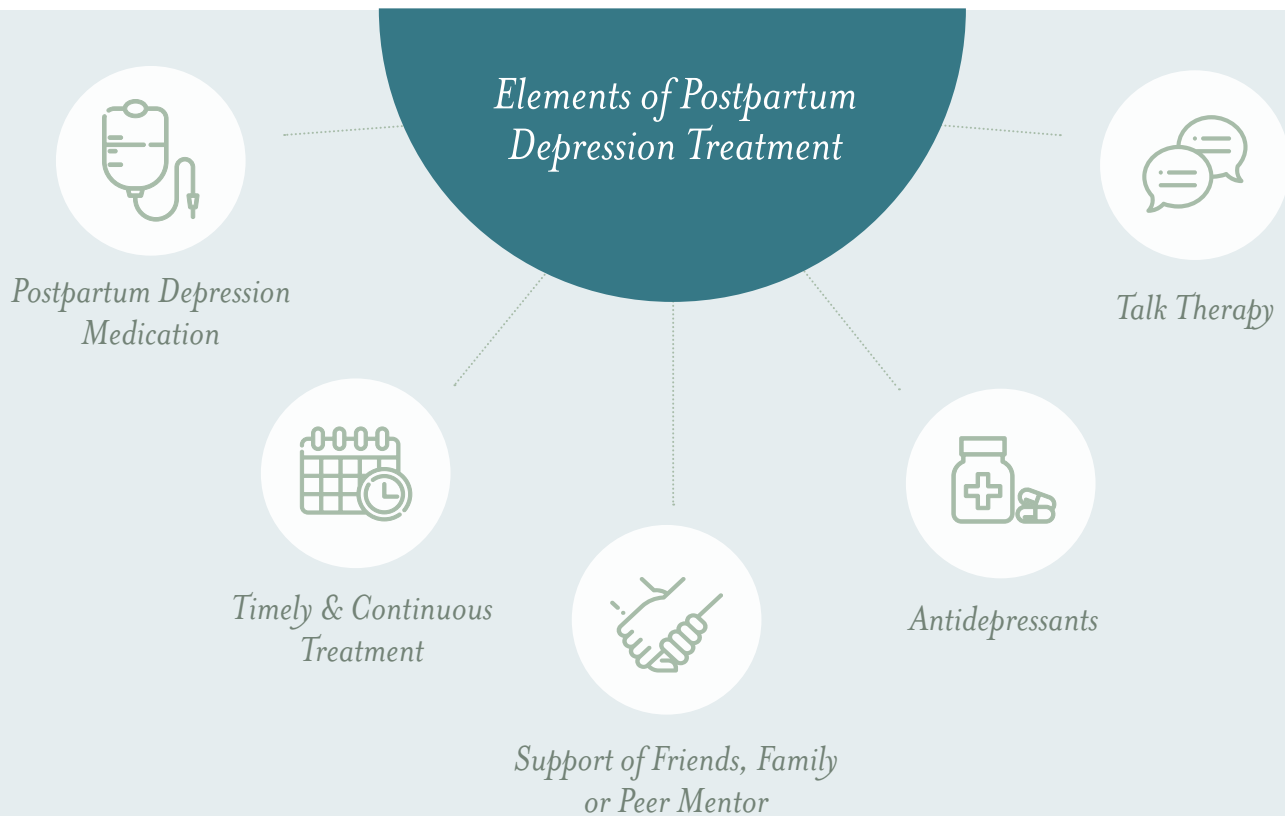
Fact: **If postpartum depression symptoms haven't subsided in a week or two, or if they are interfering with caring for the baby or everyday tasks, treatment may be necessary. The two most common treatments are talk therapy and medication.²**

Engaging with a mental health professional can help new moms recognize and overcome harmful symptoms and behaviors. Antidepressants are the most common pharmacologic treatment. The medicine can help with regulating chemicals in the brain and stabilizing the mother's mood, although it may take a few weeks to become fully effective.

Just this year, the Food and Drug Administration approved the first medication specifically for postpartum depression.⁵ Researchers are continuing to investigate additional therapies.

It's important to start and continue treatment as prescribed because the ramifications of leaving postpartum depression untreated can be serious. It can interfere with self-care and relationships, and mothers can become more anxious, ambivalent or detached from their infant, potentially leading to long-term adverse effects on the baby's ability to sleep, eat and develop. In extreme cases, postpartum depression can lead to suicide or harming the infant.²

Family and close friends may be the first to recognize the signs of postpartum depression in a new parent. They should speak up and encourage the new mom or dad to seek help quickly. Family and friends can also assist with caring for the baby, helping with other children or tending to household tasks.



Myth: All new moms are equally susceptible to experiencing postpartum depression.

Fact: **Certain women are more likely than others to experience postpartum depression, with the highest risk in those who have previously experienced depression or postpartum depression.**

Research shows moms who gave birth to low birthweight babies and those who had babies requiring admission to the neonatal intensive care unit have higher rates of postpartum depression. Parents who are 24 years of age or under, unmarried or less educated also experience higher rates of postpartum depression.⁶

Myth: Only women are affected by postpartum depression.

Fact: **Just like new moms, new dads may also experience extreme sadness and fatigue, and feel overwhelmed by caring for their new baby.**

Research shows depression among new dads is increasing,⁷ and as many as 25 percent of new dads experience paternal postpartum depression in the two months following the birth of their child.⁸

Fathers of preterm infants can become emotionally disconnected and reluctant to express their feelings in a neonatal intensive care unit setting.⁹ Dads experiencing postpartum depression symptoms should also see a health care provider so they can begin treatment quickly,¹⁰ before depression has a negative impact on parenting behaviors.¹¹



Myth: Only psychiatrists can recognize postpartum depression.

Fact: **All health care professionals, including those who work in primary care, pediatrics, labor and delivery, the neonatal intensive care unit, and other specialties, should be screening new parents for postpartum depression.**

The patient's past medical history and family health history should be reviewed. Additionally, factors that increase risk, such as stressful life events, history of depression, complications during childbirth and strength of the parent's psychosocial support networks should also be considered.²

A positive screen using a tool such as the Edinburgh Postnatal Depression Scale should prompt a referral for further evaluation. Proper diagnosis may include symptom assessment, an in-person interview and testing for other medical conditions.¹²

Myth: If a new parent develops postpartum depression, it will happen quickly after the baby's birth.

Fact: **Postpartum depression symptoms typically develop within a week or two after the baby is born. But for some new parents, it may not emerge for months, or even up to one year later.**¹⁰

This is especially true for parents of babies admitted to the neonatal intensive care unit.⁶ There is so much competing for parents' attention while their baby is being cared for in the NICU that moms and dads may not show any signs of postpartum depression until after the baby goes home.

CONCLUSION

Left untreated, postpartum depression can have dire consequences for new moms, dads and their babies. Yet many people wouldn't recognize the signs.

The American College of Obstetricians and Gynecologists, the American Academy of Pediatrics and the U.S. Preventive Services Task Force all recommend universal screening for postpartum depression. Following this directive, obstetricians, pediatricians and hospital staff are increasingly adopting this practice, but more can be done to encourage it.

Lawmakers and health care administrators have the opportunity to lessen the devastating effects of postpartum depression by broadening awareness, adopting supportive policies and increasing funding for screening of new parents, especially those most at risk.

An investment in early identification and treatment of postpartum depression has the potential to improve the lives of hundreds of thousands of new parents and their children each year.

REFERENCES

1. Postpartum Depression. (2019, January 24). Postpartum depression statistics. Retrieved from <https://www.postpartumdepression.org/resources/statistics>
2. National Institute of Mental Health. (n.d.). Postpartum depression facts. Retrieved from <https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml>
3. Rope, K. (n.d.). New study reveals disturbing PPD statistics. Retrieved from <https://www.seleni.org/advice-support/2018/3/16/new-study-reveals-disturbing-ppd-statistics>
4. Wolfberg, A. (2019, February 22). Are we massively underestimating how many women have postpartum depression? *Center for Health Journalism*. Retrieved from <https://www.centerforhealthjournalism.org/2019/02/21/are-we-hugely-underestimating-how-many-women-have-postpartum-depression>
5. U5. U.S. Food and Drug Administration. (2019, March 19). *FDA approves first treatment for post-partum depression*. [Press release]. Retrieved from <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm633919.htm>
6. Ko JY, Rockhill KM, Tong VT, Morrow B, Farr SL. Trends in postpartum depressive symptoms — 27 States, 2004, 2008, and 2012. *MMWR Morb Mortal Wkly Rep*. 2017;66:153-158. <https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a1.htm>
7. Garfield CF, Duncan G, Rutsohn J, McDade TW et al. 2014. A longitudinal study of paternal mental health during transition to fatherhood as young adults. *Pediatrics*, 133(5). Retrieved from <https://pediatrics.aappublications.org/content/133/5/836>
8. Kim, P, and JE Swain. 2007. Sad dads: Paternal postpartum depression. *Psychiatry*, 4 (2): 35-47. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2922346/>
9. Hugill K, Letherby G, Reid, Lavendar T. 2013. Experiences of fathers shortly after the birth of their preterm infants. *Journal of Gynecology & Neonatal Nursing*, 42: 655-63.
10. Mayo Clinic. (2018, September 1). Postpartum depression. Retrieved from <https://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617>
11. Davis RN, Davis MM, Freed GL, Clark SJ. 2011. Fathers' depression related to positive and negative parenting behaviors with 1-year-old children. *Pediatrics*, 27 (4): 612-18. <https://doi.org/10.1542/peds.2010-1779>
12. Postpartum Depression. (2019, January 23). Postpartum depression diagnostics. Retrieved from <https://www.postpartumdepression.org/postpartum-depression/diagnosis/>

NCfIH National Coalition for Infant Health

Protecting Access for Premature Infants through Age Two

The National Coalition for Infant Health educates and advocates on behalf of premature infants from birth to age two. NCfIH envisions safe, healthy infants whose families can access the information, care and treatment their babies need.



InfantHealth.org



@coalitionforinfanthealth



@InfantCoalition