



Postpartum Depression (PPD)

As if giving birth wasn't enough of a challenge, a new mom has several new tasks, jobs and other things that she must adjust for. This can be overwhelming and stressful. You must care for a tiny human being and deal with an absurd lack of sleep, welcome visitors and perhaps care for older children as well, and to top it off, your hormone levels are all over the place.

All this can cause a new mom to have an emotional pain that comes after child birth. The "baby blues" is the least severe form of postpartum depression (PPD) and may occur shortly after birth and last for a few one to two weeks. Approximately 50 percent to 75 percent of all new mothers will experience some form of sadness and/or negative feelings after childbirth. PPD happens when the "baby blues" continue for several weeks or months after birth and only worsen, at that point the mother needs to seek medical advice. Other symptoms may include:

- Crying for no apparent reason
- Mood swings with irritability and anxiousness
- Feeling overwhelmed
- Change in eating and sleeping



Not sure if you or a loved one is suffering from PPD? A good start is by taking the Edinburgh Postnatal Depression Scale (EPDS), a simple and short questionnaire. A score of 10 or higher is considered a possible case of PPD.

[CLICK HERE to print a copy of the EPDS assessment.](#)

If you think you have PPD, please call your doctor. [CLICK HERE to visit Postpartum Support International](#) and check out the "Get Help" section for additional resources for moms and dads.

To effectively treat postpartum depression, medical professionals have defined postpartum depression into different subcategories: Postpartum anxiety (PPA), postpartum obsessive-compulsive disorder (PPOCD), postpartum post-traumatic stress disorder (PPTSD), and postpartum psychosis (PPP). Definitions and symptoms on the following page were provided from American Pregnancy Association.



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Postpartum anxiety affects about 10% of postpartum women. These women may experience anxiety by itself or may also experience depression with the anxiety. Postpartum anxiety can also include postpartum panic disorder which includes having panic attacks along with feelings of anxiety. Postpartum anxiety is treatable and often will go away once the right treatment is found.

Symptoms include:

- Changes in eating and sleeping
- Racing thoughts that you have difficulty controlling
- Constant worry
- Impending fear that something bad is going to happen
- Trouble with sitting still and focusing
- Physical symptoms such as dizziness, hot flashes, and nausea

Postpartum obsessive-compulsive disorder is one of the newer disorders that is part of the postpartum mood disorders group. It is estimated that about 3-5% of postpartum women will experience some of the symptoms of PPOCD.

Symptoms may include:

- Overly occupied with keeping your baby safe
- Compelled to do certain things over and over again to help relieve her anxiety and fears—This can include counting things, ordering things, listing things, checking and rechecking actions already performed, and cleaning repeatedly. This may manifest itself in cleaning, feeding, or taking care of the baby.
- May recognize these obsessions but feels horror and shame associated with them
- Obsessions or thoughts that are persistent, are repetitive and can include mental images of the baby that are disturbing
- Fear of being alone with the baby

Women who suffer from PPOCD often know that these thoughts, actions, and feelings are not normal and do not act on them. But the obsession can get in the way of a mom taking care of her baby properly or being able to enjoy her baby. With the right treatment, women with PPOCD can experience freedom from being controlled by these obsessions and compulsions.

Postpartum post-traumatic stress disorder often affects women who experienced a real or perceived trauma during childbirth or immediately after the baby was born. It is believed that approximately 1-6% of women experience postpartum post-traumatic stress disorder after giving birth.

Traumas that might cause postpartum post-traumatic stress disorder may include an unplanned or emergency C-section or having a baby in the NICU.

Symptoms of PPTSD may include:

- Nightmares and flashbacks to the birth or trauma
- Anxiety and panic attacks
- Feeling a detachment from reality and life
- Irritability, sleeplessness, hyper vigilance, startles more easily
- Avoidance of anything that brings reminders of the event such as people, places, smells, noises, feelings
- May begin re-experiencing past traumatic events, including the event that triggered the disorder

Women who are experiencing PPTSD need to talk with a health care provider about what they are feeling. With the correct treatment, these symptoms will lessen and eventually go away.

Postpartum psychosis (PPP) is the most severe form of postpartum depression, but fortunately it is the rarest form. It occurs in 1 to 2 out of every 1,000 pregnancies. The onset is very sudden and severe, normally within 2 to 3 weeks after giving birth. Postpartum psychosis is considered a medical emergency and should be treated immediately.

Symptoms are characterized by a loss of touch with reality and can include:

- Bizarre behavior
- Suicidal thoughts
- Hallucinations and/or delusions
- Thoughts of hurting the baby
- Rapid mood swings
- Hyperactivity