UNC-CH School of Social Work
Clinical Lecture Series
presents

The Many Faces of Post-Partum Depression: Risk Factors, Diagnosis and Treatment

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- To what extent do “the blues” and mid-level postpartum depression represent a culture-bound syndrome?

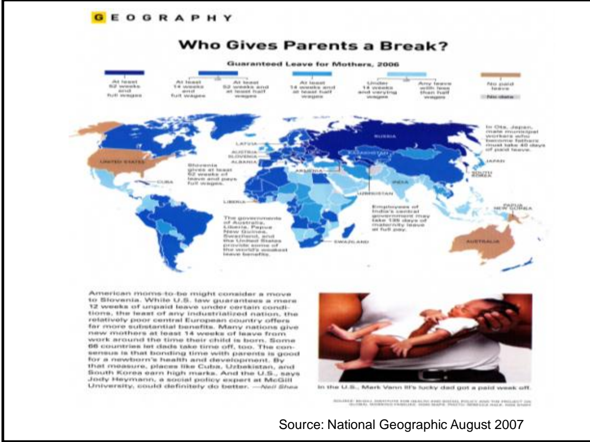
- Cross-culturally, birth is almost universally treated as a traumatic life event. A time of vulnerability for mother and child.

In cultures where postpartum depression is rare, one finds the following cultural characteristics:

- Structure of a distinct postpartum period
- Protective measures for the presumed vulnerability of the new mother
- Social seclusion
- Mandated rest
- Assistance in tasks from relatives/midwives

National maternity leave

- Out of 168 nations studied, 163 had some type of paid maternity leave.
- The only industrialized countries that do not provide national paid leave for new mothers: **the United States and Australia**
  - In the US: larger companies now provide 12 weeks of unpaid, job-protected leave for new mothers
- The remaining countries in the study without national leave: Lesotho, Papua New Guinea, and Swaziland.



Source: National Geographic August 2007

In Holland, for example

- New moms are assigned a nurse 8 hours per day, for 8 days, to help with postpartum care, including breastfeeding, diaper-changing, etc.
- They must quit working 4-6 weeks before their due date
- Mothers get 16 weeks of paid maternity leave at 100% of their salaries.
- Company will pay half of day-care costs
- Fathers urged to take parental leave after the birth of their babies.

In Britain

Every mother and baby is visited daily by a community midwife for 10 days.

This may be extended if the midwife feels that her presence is required medically or if she feels that the mother needs a sympathetic ear.

In most provinces of Canada

- **50 weeks of combined maternity and parental benefits can be shared between a mother and her partner.**
  - If employed and paid into system, individuals may earn 55% of their average earnings up to $413 per week, Canadian. (If you make less than $25,921 per year, you might receive more.)
  - Entitled to work while receiving this benefit.
    - Can earn additional 25% of weekly pay before it affects their benefits.

Historically

- At the beginning of the 20th century women were hospitalized often for a period of six weeks, the first two of which were often spent in complete bed rest.

What's wrong with this picture?

- As estimated by British researchers:

  The average child dribbles 32 gallons of saliva before its first birthday.

1991 Study
(96 mothers, 6 months postpartum)

Percentage	The first six months were:
45%	"more difficult than I expected"
26%	"about the same as I expected"
29%	"easier than I expected"

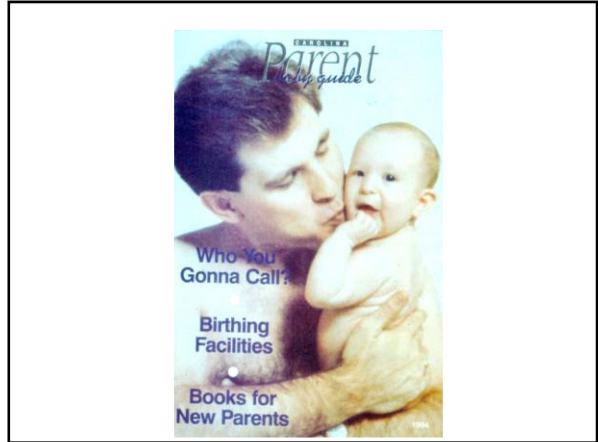
1991 Study, cont.
(96 mothers, 6 months postpartum)

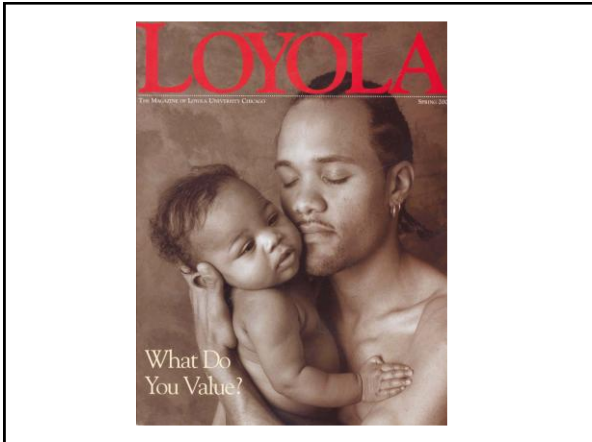
Percentage	What I would have done differently:
13%	"I would have taken a longer maternity leave"
14%	"I would have planned to do less"
22%	"I would have had more household help during the postpartum period"

1991 Study, cont.
(96 mothers, 6 months postpartum)

Percentage	Affect on Relationship:
12%	"suffered a severe decline"
38%	"suffered a moderate decline"
30%	"no change"
19%	"marriage improved in postpartum period"

- Most significant sources of conflict
  - Housework and Childcare
- Characteristics of improved marriages
  - They had the ability to:
    - Surrender individual goals and needs and work as a team
    - Resolve differences about division of labor
    - Realize that a good post-baby marriage will be significantly different than a pre-baby marriage





Postpartum Disorders:
Typically divided into three categories

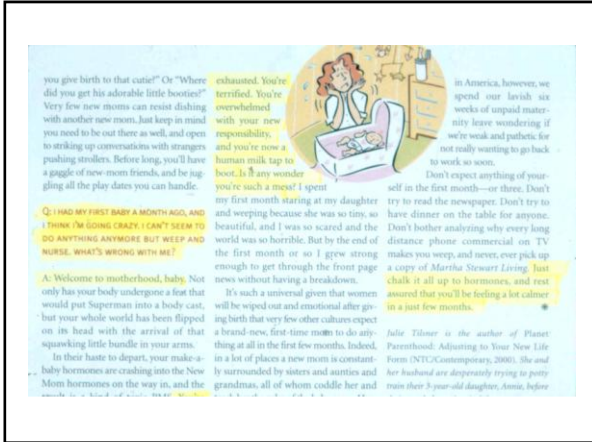
- Maternity "Blues"
- Postpartum Depression
- Postpartum Psychosis

Maternity Blues

- Symptoms: Feeling "down in the dumps"; sadness; irritability; crying and anxiety.
- Severity: Mild.
- Onset: Symptoms peak about the 4th – 5th day after delivery and typically subside by the 10th day.

Maternity Blues

- Treatment:
  - Time
  - Support of Friends and Family
- Prevalence: 26 – 85%
- Risk Factors:
  - Depressive symptoms during pregnancy
  - Previous episode of depression
  - Pre-menstrual depression according to self-report



you give birth to that cutie!" Or "Where did you get his adorable little booties?" Very few new moms can resist dishing with another new mom. Just keep in mind you need to be out there as well, and open to striking up conversations with strangers pushing strollers. Before long, you'll have a gaggle of new-mom friends, and be juggling all the play dates you can handle.

Q: I HAD MY FIRST BABY A MONTH AGO, AND I THINK I'M GOING CRAZY. I CAN'T SEEM TO DO ANYTHING ANYMORE BUT WEEP AND NURSE. WHAT'S WRONG WITH ME?

A: Welcome to motherhood, baby. Not only has your body undergone a feat that would put Superman into a body cast, but your whole world has been flipped on its head with the arrival of that squawking little bundle in your arms.

In their haste to depart, your make-a-baby hormones are crashing into the New Mom hormones on the way in, and the

exhausted. You're terrified. You're overwhelmed with your new responsibility, and you're now a human milk tap to boot. Is it any wonder you're such a mess? I spent my first month staring at my daughter and weeping because she was so tiny, so beautiful, and I was so scared and the world was so horrible. But by the end of the first month or so I grew strong enough to get through the front page news without having a breakdown.

It's such a universal given that women will be wiped out and emotional after giving birth that very few other cultures expect a brand-new, first-time mom to do anything at all in the first few months. Indeed, in a lot of places a new mom is constantly surrounded by sisters and aunties and grandmas, all of whom coddle her and

in America, however, we spend our lavish six weeks of unpaid maternity leave wondering if we're weak and pathetic for not really wanting to go back to work so soon.

Don't expect anything of yourself in the first month—or three. Don't try to read the newspaper. Don't try to have dinner on the table for anyone. Don't bother analyzing why every long distance phone commercial on TV makes you weep, and never, ever pick up a copy of *Martha Stewart Living*. Just chalk it all up to hormones, and rest assured that you'll be feeling a lot calmer in a just few months.

Julie Tilsner is the author of Planet Parenthood: Adjusting to Your New Life Form (NTC/Contemporary, 2000). *She and her husband are desperately trying to potty train their 3-year-old daughter, Annie, before*

Postpartum Depression

- Symptoms
  - **Depressed mood with clear evidence that symptoms are substantially interfering with functioning**.

At least four of the following:

Difficulty with concentration
Agitation or psychomotor retardation
Self-deprecation or guilt
Appetite disturbance
Suicidal ideation
Loss of interest
Fatigue
Sleep disturbance

". . . I had a baby approximately 10 weeks ago and don't feel as bonded to her as I had hoped. I often am resentful towards her for needing so much from me so constantly. And I feel angry at her at the moments when she's crying, wanting to be fed when she just ate recently.

I do love her and have had no thoughts of harming her or myself, but I feel guilty about my feelings and want so much to be as happy about being a mother as I thought I would be.

Please feel free to call me to discuss . . ."

Postpartum Depression other features

- Severity: Estimates are that half of these suffer from a minor, as opposed to a major, depression – less suicidal ideation, more guilt, agitation, and irritability
- Treatment: Dependent on severity of symptoms. Support from family & friends; psychotherapy, perhaps medication; professional assessment strongly recommended.

Postpartum Depression Risk Factors

- Marital tension
  - Highest risk were women whose spouses were rated "low" in caring or who were rated as over-controlling
- Low levels of social support
- Negative life stress during pregnancy and the postpartum, particularly a move or the loss of a loved one.
- Difficult infants; temperament/health problems

Postpartum Depression
Additional Risk Factors

- History of depression or other psychiatric illness.
  - (Yet most women with a history of depression do not become depressed)
- A mother who had postpartum depression
- A troubled childhood with little love
- Poor self-esteem as an adult – high interpersonal sensitivity
- An unsupportive extended family.

- Depression level during pregnancy showed the strongest association with postpartum depressive symptomatology.

There are two conditions that promote the quality of the mother's experience of bonding. One is that she has *an inner life of well-being*, having experienced "good-enough" mothering through her own development …

"Every mother contains her daughter in herself and every daughter her mother, and every woman extends backward into her mother and forward into her daughter."
Carl Jung
(cited in Balsam, R. H., 2003).

This fluid triple sense of identity – I am my mother, my baby, and myself is not unusual.

We identify with our parents and we see ourselves in our children.

and second is that she has *external stability and support*…

For our supported mother, in an unrealizable ideal -

Her pregnancy is:

- Planned and wanted.
- She feels supported - especially by partner.
- She lives in familiar surroundings, cared for by friends and family.
- The people in her community are rejoicing about her pregnancy.

- She is confident that others, and her mother in particular, will provide her with ample material and emotional support while in postpartum.
- Her health is good. While there are bodily changes, they are not threats to health and well-being of her baby or herself.
- Absence of previous pregnancy losses or memories of trauma associated with pregnancy, labor, or delivery.

- All basic needs of food, shelter, safety are met.
- She has thought through and feels good about her plan concerning breast or bottle feeding.
- She can exercise personal choice in planning for whatever mix of staying at home or working outside the home suits her circumstances.
- She has an array of high quality child-care options should she wish to utilize them.

"A middle class clinician coming to work in an inner city community can barely begin to imagine the sense of deprivation that comes with trying to live and raise children on a poverty level income."
(Neil Altman)

The prevalence of loss, of histories of child neglect and sexual abuse, of neighborhood violence, staggers the sensibilities of the uninitiated clinician.

Our unsupported mother is often:

- Young and uneducated
- Her pregnancy was not planned
- The father of her baby is unavailable, maybe incarcerated
- She may have other young children and everyone she knows is furious with and disappointed in her that she is pregnant, whether it is her first time or her fifth.
- Her own mother is deceased or unavailable.

- There are drugs and gun-fire in her housing project.
- She cannot imagine how the minimum wage of her fast-food job will provide for her growing family.
- Quite simply, she is frightened and alone.
- She does not believe in abortion. Although she will consider adoption, she will almost always decide to take the baby home from the hospital, not wanting her baby to experience maternal rejection, which she may know well.

For a good number of our Latina pregnant patients, we can *add* to the above:

- The stress of living immersed in a foreign culture, and all that that entails - unfamiliar foods, smells, customs, language, rhythms, etc.
- In addition, many undocumented women were sexually assaulted or physically traumatized as they were smuggled across national borders.

- They came to the US with the hope of working to send money home to their mothers and their other children, family members with whom they have little contact, yet they now have no viable source of legal income.
- They are pregnant and alone in a strange land, often completely dependent on a man they may disrespect, distrust and even fear.

- Women with complications during pregnancy are three times more likely to suffer from postpartum depression, or the baby blues.
- They are almost two times more likely to persistently worry about their children's health.

Teen Mothers

- In one study, 42% of teen mothers had significant depressive symptoms in the third trimester. Over one third were depressed at two and four months postpartum.

(Barnet et al, 1996)

Single Parents

- Have realistic expectations – "Supermom" is a myth.
- If the child's other parent is not around, "adopt" an uncle, sister, grandparent, or friend.
- Establish a good support network.

Garbarino (1999) writes of his experience with high-risk inner city teenage girls who said that “having a baby ‘someone that was crazy about them’ motivated them to turn their lives around, [and gave] a purpose to a life that had previously been experienced as meaningless.”

(p. 163)

Infants of depressed mothers are at special risk

Such babies are more prone to:

1. Difficult temperaments
2. Cognitive deficits
3. Strained interpersonal relationships

Infants of depressed mothers have an urgent need for additional loving care from others while mother is recovering.

- Some depressed mothers, although symptomatic, function satisfactorily as parents. They are closely and affectionately involved with their child, who may be a haven in an otherwise joyless life.

- DEAR ABBY:
  “After six years of marriage I am seven months pregnant. I never wanted children and did not expect this to happen. I am determined to be an excellent mother, but it's an intellectual exercise for me. I feel nothing for this baby and I have a hard time imagining our future. I also hate being pregnant.”
- “I can't find any websites for women like me -- they're filled with women cooing over their bellies and fantasizing over their babies-to-be. I mentioned my feelings (or lack thereof) to my husband and he became furious with me. Is there something wrong with me?”
- - LACKS THE MOTHERING GENE

DEAR LACKS:

No, there's nothing “wrong” with you. You're just not particularly maternal. I'm sure many women have felt as you do because more than half the pregnancies in the U.S. are “unplanned.”

Discuss this with your obstetrician to be sure you're not suffering from pre-partum depression. When your baby arrives I am sure that you will fall in love with him or her as many other mothers have.

Your husband may have reacted the way he did because he felt it was in some way a rejection of him, or because he *does* want children.

- Abby

Dear Abby,

I was saddened to see the struggle of the woman who was seven months pregnant, feels nothing for her baby, and whose husband is furious with her for feeling as she does. You told her that she should discuss this with her obstetrician and said that you were sure that once delivered, she would fall in love with her baby.

There are, in fact, many situations, where mothers do not fall in love with their babies, and I think your response may only add to the

guilt and isolation of the many mothers who do not feel motherly.

As someone with expertise in this area, I would have told her that she should see someone professionally trained in working with women who are psychologically distressed during pregnancy and the postpartum.

I would have told her that there are sometimes multiple, complex reasons why women do not feel positively toward their babies and what she needs is a place in which she can talk about such matters with a non-judgmental professional or in a support group.

I would have told her of my admiration for her, because in spite of her lack of feeling at this time, and in spite of her husband's anger, she is still determined to be an excellent mother. And I have every confidence that with the proper support, she can be.

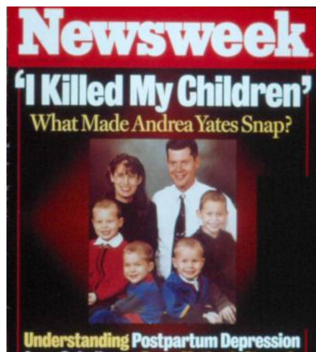
Sincerely,

William S. Meyer, MSW

Case Discussion

Postpartum Obsessive Compulsive Disorder
(A report on 15 women)

- Symptoms mostly of disabling intrusive thoughts to harm the baby, typically within two weeks postpartum.
- No subject was psychotic, nor were any thoughts ever acted upon.
- Patients frequently developed secondary depression.
- Patients appeared to be exquisitely responsive to SSRI's.



Andrea Yates

- Had always been the perfect child, eager to please. Valedictorian of her high school class. Home filled with swimming trophies.
- Father had suffered from Alzheimer's. She did everything for him – changed his clothes, washed him, fed him. At the same time, Andrea was often pregnant and caring for her own growing family.
- She gave up job as nurse in a cancer clinic, and provided home schooling for her children.
- After birth of her 4th boy, treated with antidepressants and antipsychotics.
- In 1999 she overdosed.
- After the birth of her 5th child, her father died. According to her husband, "she became robotic."

Anna Quindlen – *Newsweek* Columnist

"I'm imagining myself with five children under the age of 7, all alone after Dad goes off to work. And they're bouncing off the walls in the way that little boys do, except for the baby, who needs to be fed. And fed. And fed again. And changed. The milk gets spilled. The phone rings. Mommy, can I have juice? Mommy, can I have lunch? Mommy, can I go out back? Mommy, can I come in? And I add to that depression, mental illness, whatever was happening in that house. I'm not making excuses for Andrea Yates. I love my children. But just because you love people doesn't mean that taking care of them day in and day out isn't often hard, and sometimes even horrible."

"The great motherhood friendships are the ones in which women can admit this quietly to one another."

Postpartum Psychosis

- Prevalence – 1 to 2 births per 1000
- Risk factors
  - Previous episode of psychosis
  - Especially, postpartum psychosis
  - Bi-polar affective disorder
  - Family history of bi-polar affective disorder or postpartum depression.

Postpartum Psychosis

- Severity – severe – a medical emergency
- Onset – typically within several days to two weeks. Early onset and lucid intervals may be confused with "baby blues"; 75% of admissions within the first two weeks.
- Treatment – skilled professional intervention, usually hospitalization.

In one study of 86 women who were not previously ill, but then suffered postpartum psychosis:

- In more than ¾ of cases of postpartum psychosis, it occurred after the birth of the first child.
- Over 36% of mothers had no further episodes of illness.
- 45.9% had 4 or more subsequent episodes of illness.

Symptom picture which requires evaluation

- Marked anxiety, sadness or irritability which seems to be progressing or does not get better by 2 weeks postpartum.
- Inability to sleep, even when baby sleeps.
- Emotional difficulties which prevent mother from caring for self or baby.
- Suicidal feelings; thoughts of self-harm.
- Fears of hurting baby.

Questions for pediatricians

- "How are you?"
- "How are things going in your family?"
- "Are you getting enough rest?"
- "Are you enjoying the baby?"
- "Is the baby easy or difficult to care for?"
- "Who helps you care for the baby?"

Edinburg Postnatal Depression Scale (EPDS)

most widely used and validated scale

CDC – April, 2008

1) "Since your new baby was born, how often have you felt down, depressed, or hopeless?" and
2) "Since your new baby was born, how often have you had little interest or little pleasure in doing things?"

Because of their high sensitivity (96%), these two questions have been recommended as a depression case-finding instrument by health professionals

"Our family doctor, a thoughtful man, listened carefully. When I broke down in his office, he did not brush it off as another case of an overtired mother, but instead took the time to hear what I had to say. Although I felt embarrassed, ashamed, and weak, it was *a tremendous relief to talk to him about my symptoms and have him just listen*."

Ode of the "good-enough" mother

My mother (although she did the very best she knew how to do) was not perfect.

I wanted her to be but, of course, she was human also.

She probably took the best of what her mother gave her, improved on it, and gave it to me.
Guide me to do the same.
Let me take the best of her,
improve on it, and pass it on to my baby.
Let my baby do the same.