

DEPRESSION DURING PREGNANCY AND POSTPARTUM

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SPECIAL POINTS OF INTEREST

- Clinical depression is common among reproductive-age women and is the leading cause of disability in women in the US each year.
- Between 14%-23% of pregnant women will experience depressive symptoms during pregnancy and an estimated 5%-25% of women will have postpartum depression.

(American Academy of Obstetricians & Gynecologists, Released Jan. 21, 2010)

POSTPARTUM DEPRESSION

Many women can experience symptoms of depression, whether during pregnancy or post-pregnancy. It can be very difficult both mentally and emotionally for women to feel down during what they hoped would be an exciting time in their life. This can lead women to feel shame and guilt and increase underlying feelings of worthlessness that is often associated with depression.

Clinical depression ranges in severity from mild to severe and thus postpartum depression also ranges in severity. Some persons can benefit from hospitalization if symptoms are so severe that they want to hurt themselves or are unable to effectively care for their infant. However, often symptoms can

be minimal enough that these new moms can learn to manage symptoms on a daily basis.

Depressed moms will typically feel “numb” or a lack of connection with their infant. They can feel sad, guilty, less energy and find very little motivation to get out of bed. Due to the unique factors that surround the postpartum period it is often normal for moms to experience “baby blues” due to the significant life change of being a new mother, hormonal changes and adjusting to lack of sleep. However, these symptoms will typically be mild and go away after a couple of days or even just a couple of weeks. If symptoms persist it is important to talk to your physician and seek treatment.

Often it can be difficult for new mothers to admit that they feel depressed, which is the first step towards taking care of yourself and your infant. Women with postpartum depression typically notice symptoms one to three weeks after birth, while it can occur any time after delivery. Symptoms can worsen or last longer if the mother doesn't seek treatment.



DEPRESSION VS. NORMAL SADNESS “BABY BLUES”

The difference between normal feelings of sadness and depression can be difficult to distinguish between. Often one can overlap the other and so it can be helpful to ask yourself a couple of questions: Am I having trouble managing my day-to-day activities? Do I feel less energy than usual for me? Do I

have a change in appetite or insomnia? Am I crying a lot more than is usual for me? Have I had feelings of worthlessness or guilt? Do I feel a lack of interest in activities I used to enjoy and lack of interest in my infant? Have I had any thoughts that my life does not seem worthwhile? Do I feel

sad and down more days than not? If you are able to say yes to many of these questions than you may be experiencing depression. It can be helpful to talk to a professional for healthy ways of coping and managing your symptoms. Medication can often be helpful in conjunction with therapy.

DEPRESSION DURING PREGNANCY

Women can experience depression during the course of their pregnancy. For some women the initial stress of being pregnant can be enough to create symptoms, especially if the pregnancy was unplanned or she feels unsupported. These factors could contribute to a situational depression where the pregnant woman can benefit from learning to manage her relationship problems as well as learning healthy self-care. Women can begin to enjoy aspects of having life inside of

them and even look forward to the birth of their baby, despite difficult circumstances.

For other women, depressive symptoms may have already been present before pregnancy or symptoms develop despite healthy support and wanting to get pregnant. These women may have a family history of depression and may feel confused as to why they feel sad, down, and a lack of interest in activities they once enjoyed. Often, they may benefit from antidepressant medication or

already be on medication and need to consider if they want to continue. Many of the SSRI medications are still considered a class C medication and could lead to such risk factors as premature birth, while, at times not being on medication can also lead to similar risk factors if more severe depression is untreated. Regardless, women can benefit from taking care of themselves physically and mentally to improve symptoms of depression even while they are pregnant.



COPING WITH DEPRESSION

It is important to take care of yourself before and after the birth of your baby. An overall healthy and active lifestyle along with a good support system can play a vital role in helping to manage depressive symptoms.

Many factors can impact the onset and severity of depression including a family history of depression, a history of having had depression yourself, hormonal changes, sleep deprivation as well as lack of a healthy support system.

Being aware of the demands of motherhood and adjusting to these demands with flexibility and realistic expectations is indicative of a more positive outcome.

Seeking support from other moms as well as from your

spouse and/or loved ones is essential. While some persons may not understand how you are feeling it can be helpful just to talk with them. You may need to force yourself to seek support since people often withdraw and isolate themselves when they are feeling depressed.

Getting out of the house is also important including getting fresh air and at least 15 to 20 minutes of sunlight a day.

Breaking tasks down into smaller increments that are more manageable can be helpful.

Remember to accept yourself and your situation instead of being overly critical. Let go of rigid thinking that says you or your infant have to be or “should” be a certain way.

This can help you adjust to changes more effectively.

It is helpful to sleep during times that your infant sleeps. Adjusting to a different sleep pattern can prove difficult, but new moms need to try to get as much sleep as possible.

Make sure you are eating regularly, especially if you are nursing. Frequent small meals and good nutrition will help with managing your mental and physical health.

Spend time with your infant and get to know them, regardless of how distant and overwhelmed you may feel. It will take time for your symptoms to improve, but depression always gets better and there is always hope despite your current feelings.

“Many new moms can feel overwhelmed and feel doubt or inadequacy. They do not need to feel like a failure because of this.”

DEALING WITH LOSS AND MISCARRIAGE

Dealing with the loss of a baby can be one of the most difficult life situations a woman can find herself in. Grieving the loss of a child, whether in the womb, or after birth, can often lead to a deep sense of pain that is associated with the normal process of grieving and often can feel overwhelming. Many different emotions can be involved in the grieving process and can occur several

times a day such as the following: denial, anger, bargaining, depression and acceptance. Feelings of inadequacy or self-blame can lead to a greater sense of depressed feelings and feelings of worthlessness. Anger towards God or towards one's spouse can be present. It is important for women who have recently lost an infant to allow themselves to grieve and to also make sure they

are continuing to take care of themselves and manage simple day-to-day activities. If these become increasingly difficult therapy can be beneficial along with seeking a healthy support system. The process of grieving is often lifelong and women will always remember their little ones, who can hold such a precious and beautiful place in their hearts.



The loss of a baby can lead to a deep sense of pain and feelings of depression that can be a part of the grieving process.

FOCUSING ON YOUR INFANT DURING DEPRESSION

When mothers of infants experience depression this can have a negative impact on the infant due to their being dependent on their mom for care, nurturing and emotional development. One of the symptoms of postpartum depression that can be very troublesome to new moms is the lack of attachment or closeness they feel with their infant. At times moms can even feel increased irritability towards their infant. Thus, it is extremely important for moms with postpartum depression to seek professional help as well as to have support during their depression.

When symptoms are mild to moderate moms can still manage daily functioning and will need to force themselves to engage in certain behaviors despite their "numb"

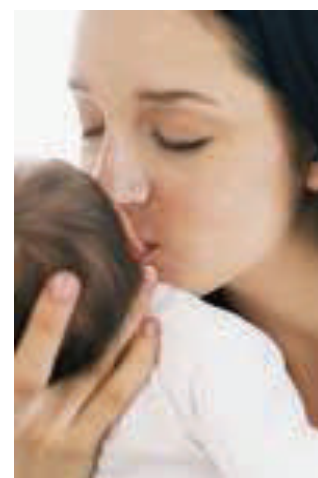
feelings to ensure healthy development of their infant. The following are recommended:

- Regular gentle touching and holding, softly caressing your infant
- Looking at your infant and smiling
- Reciprocal interaction such as gentle cooing sounds
- Speaking in a tender, kind voice frequently and/or singing softly

Because moms with postpartum depression may not have positive feelings associated with these behaviors they will often not engage in them. Remember, it is important for you to do these behaviors intentionally and to do them often. Write them down or ask a loved one to remind you. Moms can even "pretend they are acting."

Picture a nurturing mom bonding with her baby. You are acting in a movie and need to play this role. Smile at your baby often while making eye-contact and speaking in soothing tones. You may not feel like smiling, but you will need to force yourself to do this. In this way your infant will create an attachment with you, despite your depressive symptoms and neurological development is less likely to be impaired. Developmental studies have shown that mothers who "acted" like they were bonding with their babies several times a day, despite postpartum depression, had more securely attached children compared to postpartum mothers who were disengaged. Coaching from a professional who can help you interact with your infant can often be helpful.

Developmental studies have shown healthier infant development when mothers "acted" out healthy bonding behaviors with their baby regardless of the moms feelings of closeness.



A CHRISTIAN PERSPECTIVE ON POSTPARTUM DEPRESSION

Postpartum depression is difficult for women to admit to or even to accept. In particular, Christian women may feel a sense of spiritual failure along with shame for even feeling depressed. This can often compound depressive symptoms and lead to a greater sense of worthlessness. Often women can feel they are “lacking in their faith” if they are depressed. It is important for women that feel this deeper sense of spiritual shame to remind themselves of several factors that can help them manage the turbulent waters of depression. Christian women

need to remember that their significance and worth comes from being rightly related to Christ because of what He has done for them, rather than based on their performance or feelings. This truth can help moms stop trying to be more “spiritual” by denying depression and stop gauging their worth on these feelings.

Also, remember how the Psalmist David displayed significant symptoms of clinical depression, while God described him as a man after God’s own heart. David was able to share his feelings

with God, rather than ignore or pretend that these feelings did not exist. Women can be reminded of God’s comfort and strength in the midst of intense feelings of despair.

God has not left new moms and is not punishing them or upset with them due to depressed feelings. Depression does not mean someone is less spiritual, but that in the midst of struggles and difficulties women can seek Christ and confide in a God who deeply cares and loves them passionately, without reserve.

“In the midst of depression women can confide in a God who deeply cares and loves them passionately, without reserve.”

DR. BETH REINERS, PSY.D LICENSED CLINICAL PSYCHOLOGIST



Dr. Reiners enjoys working with and helping women of all ages, including new moms. Women can struggle with mood related problems that can impact their relationships and interfere with their quality of life. Dr. Reiners encourages women in whatever life stage to apply practical strategies to their daily lives. She uses primarily cognitive behavioral and solution focused approaches to counseling.

In this way, women can increase their coping skills and learn more effective methods to manage current problems. Dr. Reiners creates individualized treatment plans based on each woman’s main concerns.

The following are particular areas of specialty:

- Mood disorders (e.g., depression, postpartum, grief)
- Anxiety Disorders (e.g., OCD, stress management)
- Marital or relationship problems
- Parenting
- Eating Disorders
- Christian-focused counseling
- Life Skills Coaching (enhancing current life skills)

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