

Post-Partum Depression

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### Post-Partum Depression

The progression of pregnancy, childbirth, and the shift to motherhood is a significant yet inherently stressful event in a woman's life. It impacts the biological as well as psychosocial well-being of the woman, making her susceptible to various types of postpartum psychiatric conditions like postpartum depression (PPD). Postpartum depression is a major depressive period characterized by feelings of despair, anxiety, extreme sadness, hopelessness, loss of pleasure, indifference, anger, and irritability (Alba, 2021). It typically occurs within the initial 4 months after childbirth and continues for a few months to up to a year (Sriraman et al., 2017). According to the latest statistics of the Centers for Disease Control and Prevention, around 1 in every 8 women in the USA experience an episode of postpartum depression (CDC, 2020). However, it is something that is frequently overlooked and underdiagnosed by healthcare providers. There is no one root cause of PPD but a combination of factors such as physical, emotional, and chemical changes. Postpartum depression shares similarities to chronic depression; however, those who develop PPD tend not to express how they feel due to society's fear and pressures. Unknown to the newly delivered mother, hormonal changes happen in the body after childbirth. The levels of estrogen and progesterone drop rapidly in women's bodies. This sudden decline leads to chemical changes in the brain which may trigger emotional lability due to the changes in metabolism and fluid/blood volume.

Along with these changes, the mother may feel fatigued, sluggish, and apprehended. This paper discusses the signs and symptoms, risk factors, and effects of postpartum depression. Moreover, it also talks about the detection, treatment, and prevention of PPD in a newly delivered mother.

### **Signs and Symptoms of Postpartum Depression**

The signs and symptoms of postpartum depression are initially hard to detect as they can be misunderstood for baby blues – a postpartum psychiatric condition characterized by mild yet self-resolving emotional lability experienced by new mothers for a few days after delivering a baby. However, the symptoms of PPD are more long-lasting and intense than postpartum blues and can interfere with the mother's ability to take care of the baby and manage other everyday tasks (Mughal et al., 2021). The common symptoms of postpartum depression include the following:

- Having trouble in bonding with the child
- Increased depression
- Excessive irritation and rage
- Extreme mood swings
- Weight changes
- Appetite loss or eating considerably more than normal
- Retaining distance from family members and friends
- Excessive sleeping or inability to sleep (insomnia)
- Decreased interest and enjoyment in previously liked activities
- Excessive weariness or decreased energy levels
- Loss of sexual desire
- Feelings of worthlessness
- Increased concern that the individual is not a good mother
- Feelings of helplessness, guilt, humiliation, and hopelessness

- Restlessness
- Difficulty with memory
- Reduced capability to think properly, focus, or make judgments
- Suspicion of hurting oneself or the child
- Panic attacks and severe anxiety
- Suicidal or dying thoughts regularly

Symptoms of PPD normally appear within the first few weeks of giving birth, although they can appear earlier in pregnancy or later, until a year after childbirth. However, PPD can continue for months or even years if left untreated.

### **Risk Factors**

Although there is no one cause of postpartum depression, various etiologic risk factors, such as genetic variations, hormonal imbalances, specific personality characteristics, or a history of depression, have been discovered to cause PPD.

### **Genetic Variations**

Studies show that certain genetic mutations are associated with particular psychological diseases like major depression and bipolar depression. Likewise, women with a genetic variant of depression are more prone to develop postpartum depression. Hence, nurses must consider family history while assessing PPD. (Alba, 2021)

### **Hormonal Imbalances**

Changes in hormone levels are known to be involved in mood swings after and during pregnancy. This is because the placenta functions as a different endocrine gland throughout the gestation period, releasing large amounts of progesterone and estradiol. However, significant

decreases in each of these hormonal factors after placental delivery can lead to negative emotions and elicit latent depressive symptoms, resulting in PPD.

### **Previous Depression History**

Silverman and colleagues (2017) showed that women with a previous history of depressive disorder are more prone to postpartum depression than normal women with no previous depression history. Hence, it indicates that a history of depression precedes the development of postpartum depression.

### **Other Factors**

Other factors like low socio-economic conditions, teen pregnancies, inadequate partner support, intimate partner violence (IPV), traumatic birth experience, or unplanned pregnancies may also lead to postpartum depression (Alba, 2021).

### **Effects of Postpartum Depression**

Postpartum depression has significant effects on mothers, and the effects are even felt by newborns and their spouses as well. As the mother's psychological health deteriorates, all other aspects of her life may also be impacted. Distressed women have been reported to be less warm and sensitive to their babies and less attuned (Alba, 2021). The mother's tendency to bond with and care for her child suffers, which in turn ends up causing disruptions in the physical and behavioral development of the children. Mothers suffering from PPD are also much more inclined to stop breastfeeding early, losing all mutual health advantages. Subsequently, the infant's motor, verbal, and cognitive development may be significantly delayed (Alba, 2021). Hence, the mother generally feels worthless and considers herself a bad mother for her baby.

Moreover, suicide is a notably unfortunate result of PPD, one of the major factors responsible for maternal death, particularly within the first year after childbirth. Depressed

mothers may regard suicide as the only solution to their excruciating pain. Additionally, the mother's relationship with her partner may also suffer due to PPD, as they may feel ignored by their partner and annoyed by the baby. Hence, PPD greatly affects the mother, her child, and her spouse.

### **Postpartum Depression Screening**

The screening and detection of PPD among mothers are generally challenging as the common symptoms of PPD, like weight change, fatigue, sleeplessness, an incapability to concentrate, etc., are frequently mistaken as a part of typical parenthood adjustment. For the effective detection of PPD, various instruments based on Likert and self-reporting scales are available. The most commonly used tools include the Patient Health Questionnaire 9 (PHQ-9), Postpartum Depression Screening Scale (PDSS), Edinburgh Postnatal Depression Scale (EPDS), and the Beck Depression Inventory (BDI) (Alba, 2021). These tools serve as valuable opportunities for openly communicating with the mother regarding her experiences. BDI consists of 21 questions that primarily record women's experiences regarding their mood swings, sleep cycles, loss of libido, weight loss, decreased satisfaction levels, guilt, punishment, irritability, self-hate, and self-accusation (Alba, 2021). EPDS focuses on measuring the women's depression level after childbirth and assesses their experiences related to their ability to laugh, and look at things with delight, anxiety and depression levels, sleep disturbances, and episodes of crying and sadness (Alba, 2021). PDSS focuses on detecting PPD by asking women about eating and sleeping disturbances, feelings of insecurity, anxiety, guilt, shame, cognitive impairment, and emotional lability (Zielinski, 2021). Hence, these tools assist in the effective measurement and assessment of the symptoms and severity of PPD, which further helps in reducing depression and improving individual response to treatment.

### **Treatment of PPD**

Appropriate and timely treatment of PPD is essential for effectively managing postpartum depression. The treatment for PPD varies from individual to individual, depending upon the type and severity of the PPD symptoms. Treatment options for postpartum depression include pharmacological therapy, including antidepressant or anti-anxiety medications, psychological interventions, and other alternative therapies like yoga and meditation.

#### **Psychological Interventions**

Psychological and psychosocial interventions are the first-line treatment options for females with mild or moderate PPD, particularly when mothers intend to breastfeed the newborns and are cautious about starting on medicines (Mughal et al., 2021). In addition, psychotherapy or psychosocial interventions help women suffering from postpartum interventions to talk about their concerns with a psychologist, psychiatrist, or another psychological healthcare professional (Mughal et al., 2021). Therapy also assists women with PPD in finding better options to cope with their depressing feelings, resolve their issues, establish rational objectives and positively manage everyday circumstances.

#### **Pharmacological Therapy**

Psychological therapy in combination with pharmacological treatment is generally suggested for females with moderate or severe PPD. First-line medications for treating PPD include selective serotonin reuptake inhibitors (SSRIs) (Zielinski, 2021). SSRIs help in treating sleep, appetite, mood, and major depression. Other medications include serotonin and

norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), and Bupropion for treating the signs and symptoms of PPD.

### **Prevention of Postpartum Depression**

Postpartum depression can significantly affect newly delivered mothers; hence, appropriate interventions must be adopted to prevent postpartum depression. Significant interventions for preventing PPD in newly born mothers include parental education programs, social support interventions, early intervention programs, home-visiting interventions, etc. (Sangsawang et al., 2019). Parental education programs are critical in educating new parents, particularly mothers, about managing their new routines with their children (Sangsawang et al., 2019). It also helps the mothers by providing them with the essential knowledge for handling their emotions and feelings. Other supportive interventions also help mothers in managing the PPD symptoms. Hence, new mothers must employ the necessary interventions to prevent PPD.

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