Signs and Symptoms of Postpartum Mood Disorders (PPMD)

By Jacqueline Cohen, LAPC

As a survivor of postpartum depression and anxiety, as well as a therapist specializing in perinatal and postpartum mood disorders, I understand the importance of creating a dialogue among women about what they might experience during pregnancy and the postpartum period. While each woman's experience can be different in terms of severity, postpartum depression affects around 13% of women with onset any time after delivery, up to a year, and in some cases even later. Most people believe this is just about hormonal shifts and it will go away, but PPMD is more complex. If the symptoms are moderate to severe and not treated, they can turn into a major depressive or anxiety disorder.

What are Postpartum Mood Disorders?

Baby Blues

The Baby Blues affect 60%-80% of mothers. Symptoms can include tearfulness, irritability, anxiety, sadness and exhaustion. These symptoms can appear within 3 days after delivery and can last up to 3 to 4 weeks. If these symptoms persist past 4 weeks, it is no longer the baby blues, but postpartum depression.

Postpartum Depression (PPD)

Postpartum Depression affects 1 out of 10 mothers. Symptoms include feelings of loneliness and isolation, tearfulness, despondency, problems with sleeping and eating, frightening thoughts or fantasies, exhaustion, feelings of worthlessness, feeling detached from the baby, and thoughts of suicide. If a woman has a history of depression, family history of depression or PPD, or experienced symptoms of depression during pregnancy, she is at risk for PPD. Women with prior history of PPD have a 30%-50% risk of relapse; however, early intervention can help with prevention or less severe symptoms.

Postpartum Anxiety

Symptoms of anxiety are common during pregnancy and postpartum, and can present alone or with depression. The most common symptoms include nervousness, hyper vigilant concerns about the baby, extreme lability, appetite and sleep disturbances, distractibility or inability to concentrate, and a sense of memory loss. Onset of symptoms can be up to year after delivery and in some cases, even later.

Postpartum Panic Disorder

Postpartum Panic Disorder affects 1 out of 50 postpartum women.This is a more extreme version of postpartum anxiety disorder with symptoms including chest constriction, shortness of breath, heart palpitations, hot or cold flashes, excessive worry or nervousness, dizziness, fear of losing control or going crazy, and feelings of terror that a panic attack could happen while driving, holding the baby or some other perceived risky activity. Due to these symptoms appearing out of the blue, mothers are fearful of their return which exacerbates the anxiety. These symptoms can occur anytime up to a year after delivery, and sometimes later.

Postpartum Obsessive Compulsive disorder

Postpartum OCD affects about 1 out of 50 mothers. There may be a combination of depressive and anxiety symptoms. OCD symptoms include repetitive and unwanted thoughts (intrusive thoughts of harming the baby or harm coming to the baby) and behaviors. The thoughts can include stabbing, suffocating, throwing or dropping the baby, as well as sexually abusing the baby. **These thoughts are terrifying and repulsive to the mother.** The mother may engage in ritualistic behaviors such as compulsive cleaning or counting for fear of harm coming to the baby.

Avoidance of the child for fear of harm coming to the baby creates a risk of maternal attachment difficulties. It is important for moms suffering from this to know that because these thoughts are frightening to them, there is low to no risk they will act on these thoughts of harming the baby. These thoughts are the brain coming up with all possibilities of how the baby might be hurt, but they are irrational. This fear of the thoughts is what separates postpartum OCD from postpartum psychosis. With postpartum psychosis, the mother genuinely believes that whatever her thoughts are, it is in the best interest of the baby. Recurrent thoughts of hurting oneself or the baby become further convoluted by extreme and persistent feelings of anxiety, shame, and guilt. Postpartum OCD can occur up to a year after delivery, and sometimes later.

Postpartum Generalized Anxiety Disorder

Postpartum GAD affects about 1 out 50 mothers. Symptoms include intolerable worries such as, fear that she will accidentally make the baby sick or die due to contamination, that the baby will be harmed if she is not hypervigilant about details, that her stress levels during pregnancy may have harmed the baby while in utero, or that the slightest physical symptom may mean that the baby is deathly ill.These symptoms can surface up to year after delivery, and sometimes later.

Postpartum Post Traumatic Stress Disorder

Postpartum Post Traumatic Stress is triggered by a distressing experience during pregnancy, labor and delivery, or after delivery. Trauma can range from a medical emergency of mother or infant, death of infant, to a degrading labor and delivery experience.Common symptoms include intrusive thoughts, nightmares and flashbacks. The experience alone does not create the PTSD, but the emotional impact of the experience.

Postpartum Psychosis

This is a rare disorder occurring in 1 – 2% of post-delivery women. Mothers with a personal history and family history of psychosis, bipolar, schizophrenia, schizoaffective disorder are at risk. Onset of postpartum psychosis can occur 3 – 14 days after delivery. Symptoms include irrational and incoherent statements, extreme confusion, thoughts of harming self or baby based on delusional thoughts or hallucinations, agitation, and a loss of touch with reality. There is an elevated risk of suicide or infanticide when delusions or hallucinations focus on the infant believed to be evil or destined for a terrible fate.

Other Risk Factors

- History of depression, anxiety, OCD, eating disorder, panic, or mania
- Family History of depression, anxiety, OCD, panic or mania, PPMD
- Marital conflict
- Low confidence level as a mother
- Temperament- perfectionism, rigid, need for control
- Codependency – responsibility for everything and everyone without self-care
- Temperament of the baby
- Baby disability, prematurity
- Life stress and lack of coping skills
- Single Parent
- Unsure about having the baby
- Hormonal risks – infertility, PMS, PMDD, irregular periods, early onset of period

The stigma of mental health, cultural perspectives about seeking outside help, fear that their baby will be taken away, feelings of shame and guilt, fear of judgment, and lack of resources can all be barriers to seeking treatment. However, mothers don't have to suffer through this alone, and if preventative measures are taken, they can either avoid it all together, or minimize the experience. Despite belief, there is no shame in suffering from PPMD. It is common, and a lot of women experience some form of these symptoms on a continuum of mild to moderate to severe.

While having a baby can be the most wonderful time in a woman's life, it can also be the hardiest. There are physical, emotional, and psychological changes that adjusting to can often be difficult. Questioning her new identity, and longing for her old life is a normal response, but can create feelings of guilt and leave her asking herself: "why is this so hard for me when this is supposed to be the happiest time in my life?"

The myths of motherhood also contribute to depression and anxiety. These are:

- Motherhood is instinctive
- The perfect baby
- The perfect mother
- Persistent blissful happiness
- A feeling of unceasing self-sacrificing love for the child
- Mother and Father equally share caring for infant

- The supermom myth
- A sense of innate mothering competencies

When a woman becomes pregnant, it is important for her to be aware of her history. If she has had any experience with depression, anxiety, or other mental health issues, if she has a family history of mental health, or any other of the mentioned risks factors, she can be at risk for PPMD. However, just because she is at risk, does not mean she has no control over the outcome. Educating oneself on PPMD, being aware of personal history, being prepared for parenthood, seeking social support, having an action plan if addition support is needed, and being aware of resources can aid in having a positive experience during pregnancy and postpartum. The more we start talking about PPMD, the less shame and guilt moms have to feel, the stigma can be broken down, and women can be empowered to take care of themselves, so they can take care of their little angels.

For more information, please contact me at 404-822-1026 or visit my website at www.therapymama.com

Here is a video byVideo by PANDA –Postnatal and Antenatal Depression Association, Inc., an Australian organization that offers support for women and their families through a telephone help line, community education, and training.

http://www.youtube.com/watch?v=FjqOqJLkyFs

Other Available Resources

Postpartum Support International – www.postpartumsupport.net

Atlanta (and Beyond) Pregnancy and Postpartum Mood Disorder Resources:

Georgia Postpartum Support Network (GPSN)

Warm-line 1-866-944-4776

Blogs:

Beyond Postpartum: www.atlantappdmom.blogspot.com

Postpartum Progress: www.postpartumprogress.com

My Postpartum Voice: www.mypostpartumvoice.com

Support Groups:

Atlanta Postpartum Support Group: www.meetup.com/PPDAtlantaPostpartum Support Group on Cafemom (weekly chat Weds. at 1pm EST): http://www.cafemom.com/group/112425

PPDChat on Twitter (Mondays at 1 &8:30pm EST): http://mypostpartumvoice.com/ppdchat-guidelines/

Emory Women's Mental Health Program: http://www.emorywomensprogram.org/