



Breaking the Silence

Depression
Around Childbirth

This booklet was written to inform the public about postpartum depression. It is not meant to take the place of professional help. If you or someone you know could have postpartum depression, we urge you to seek assistance from your health care provider.

Table of Contents	Page
What is postpartum depression?	2
What causes PPD?	2
Avoiding the subject	2-3
Breaking the silence: you are not alone	3-4
Who gets it?	4
Figuring out whether you have it	4-5
What factors contribute to PPD	5-6
Hormones and other contributing factors	7
Idealization of motherhood	8
The myth	8-9
Perception of failure	9-10
Dealing with guilt and embarrassment	10-11
Adjusting to motherhood	11
Motherhood is a learning process	12
Coping with losses	12-13
Bottled up resentment	13
Adjustment to your marriage	13-14
Typical PPD symptoms	14
Description of the basic PPD categories	15-16
You are not making this up	17
Physical checklist	17
How can you make it go away?	17-19
Asking for help	19-20
If your doctor won't listen	20
Helpful words for families and sympathetic listeners ...	21
How family members can help	22
A sympathetic word for dad	22
Getting professional help	21
Will you need medication?	21
Will you go through it again with another baby?	22
Planning for prevention and summing up	23-24
Looking for help on the Internet	24-26
Organizations that can help you in U.S. and Canada	27-28
Books worth reading	29

What is postpartum depression?

Postpartum depression is an “umbrella term” used to cover a variety of emotional problems that can affect the mother after giving birth. There is no single or accepted definition of “postpartum depression,” or PPD for short. Instead, it is described as a group of symptoms that can negatively affect the mother once her baby is born. These symptoms change her behavior, personality and outlook.

PPD can begin during pregnancy, right after birth, or anytime within the entire first year. The symptoms range from mild blues to total despair. Serious depression – a constant, intense, sad and empty feeling that lasts 2 weeks or more – is a problem that requires medical help. However, all forms of PPD are real illnesses that can be treated.

What causes PPD?

There is no single specific cause of postpartum depression. Instead, a cluster of symptoms *creates* PPD, in much the same way that a certain set of symptoms creates a common cold. None of the symptoms of PPD are the mother’s fault.

Avoiding the subject won’t help

Many new mothers feel terrible, but they suffer in silence. They’re often ashamed to admit their feelings or may feel like they are a “bad mother” for having these feelings. Many of them simply don’t know that their condition has a name or a cure.

Doctors often do not discuss PPD during pregnancy because they think women will get it if they discuss it. Many Lamaze and childbirth educators also gloss over the subject, afraid it might frighten or worry their classes.

However, the one wrong way to deal with PPD is by ignoring or denying it. While it's true that most pregnant women would rather not know about PPD or focus on any potential problem, it IS better to know about it in case you get it. That way, you and your partner may be able to recognize the danger signs before you get into serious trouble. Increased public awareness also reduces the shame and isolation for PPD sufferers. You do *not* need to operate in isolation, fear and guilt.

You are *not* alone

The first thing you should know is *how many* women experience depression and anxiety during pregnancy and after childbirth. An estimated 50% to 80% of new mothers get "baby blues." If the blues worsen, you may have PPD. You are not alone. It is quite common, and it is not your fault.

Psychological or emotional disorders are among the least understood in society, despite their prevalence. In fact, PPD has been around for centuries. Hippocrates observed it in Greece in the 4th century BC. Then, in France, the first study of PPD took place in 1838, revealing that many new mothers "suffered silently at home."

Breaking the silence

Today, the silence is being replaced by the voices of women talking, learning, caring, and healing. There are writers, professionals and volunteers who offer education, crisis and ongoing support, as well as plans for prevention.

If you want to feel better, you must look around for resources and take advantage of them. A good place

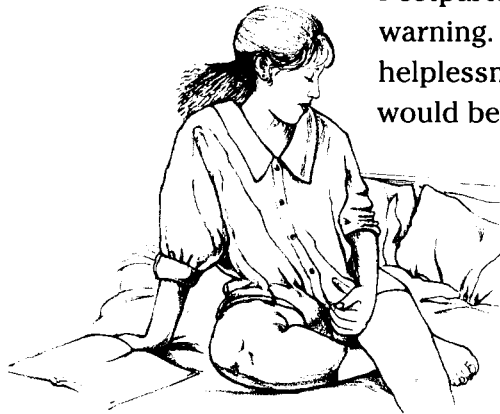


to start is by making calls or visiting your public library or local bookstore. For more references and organizations, see pages 25-28.

Do not feel embarrassed to discuss it with your health providers. They know the resources in your area and can help you find a local support group where you can share your feelings with other new moms.

Who gets it?

Depression and anxiety around childbirth can affect *any* childbearing woman, regardless of race, income, age, culture or education. It doesn't matter whether your baby is born healthy, or whether you've had prenatal medical help or taken childbirth classes. Breastfeeding does not cause PPD. Even if your marriage is happy and you've had previous babies, PPD can occur with a new baby.



Postpartum depression strikes without warning. It brings guilt, misery and helplessness at a time that you thought would be one of the happiest of your life.

You wanted to feel confident and wonderful. Instead, you feel cheated, confused and depressed, or even on the brink of despair. It's not uncommon to also feel guilty and ashamed of yourself.

Figuring out whether you *have* PPD

Some women immediately recognize that they have postpartum depression. However, most women don't recognize the symptoms – they just think they are utterly

exhausted and irritable. If you feel like you're falling apart and can't seem to "get it together," you have some symptoms of PPD.

The symptoms don't always start immediately, but can occur within a few weeks or months — **or even within the whole first year after childbirth.** When PPD is diagnosed toward the end of the baby's first year, it often turns out that the mother actually had symptoms earlier that may have even started during the pregnancy. The warning signals were denied, ignored or misunderstood.

People around you may not recognize postpartum depression as an illness. Instead, they may think you are being lazy, selfish and ungrateful. However, PPD is a very real illness. If you have symptoms, you must seek help. You are not making these feelings up, and remember that they are not your fault.

What factors contribute to PPD?

There is no single or simple reason. The following factors may cause PPD:

- a plunge in the level of your hormones
- going home from the hospital
- a birthing experience that did not meet your expectations
- chronic sleep deprivation
- your family's previous medical history
- a colicky or hard to care for baby
- medical complications for you or your baby
- changes in your lifestyle
- your need to feel in control at all times
- expectations of yourself or your partner's expectations of you
- accumulation of day-to-day hassles or

“overload factors”

- lack of support from family or friends
- previous PPD or other type of depression
- loss of freedom, loss of identity and self-esteem
- or, simply being alone.

Expectant mothers are often thrilled about having a baby. But once they bring the baby home, they are easily overcome with fear, anxiety and deep sadness about their new responsibilities and don't want to admit these feelings to themselves.

Overload factors are often the final triggers for PPD. These demands require extra work and energy from the vulnerable postpartum mother. These “overload factors” come at just the wrong time, when you do not have the physical or emotional strength to handle anything more.¹

First, a word about hormones

Your body has dozens of hormones (complex body chemicals), and each one performs a different function. During pregnancy, special hormones circulate in your bloodstream at much higher levels than normal. These hormones increase your strength and sense of well-being during pregnancy.

Within hours of birth, the level of these pregnancy-related hormones undergoes tremendous upheaval and drops drastically. Many doctors think that plunging hormones after birth greatly contribute to PPD. You simply cannot control hormone changes; therefore, you can't *control* how they make you feel.

Your hormone level is not the only thing that undergoes

¹ “The New Mother Syndrome”;

massive changes and stresses after childbirth. Other stresses and expectations can cause a temporary breakdown in the normal flow of brain chemicals that create your natural state of mental well-being.

Some studies also show a connection to PPD and the thyroid gland, located in the neck. A lack of thyroid makes a person mentally slow, sluggish, sad and highly emotional. Talk to your provider about testing your thyroid gland.

Rapid weaning from breastfeeding can create a hormonal imbalance again. Discuss the possibility of this occurring with your doctor. Also, when you stop breastfeeding completely, you can feel a sense of loss. Your baby will not depend on you in quite the same way again.



Other contributing factors

The fragile days at home with the new baby also contribute to PPD. This demanding role often brings panic, confusion, self-doubt and anxiety. Everything gets blown out of proportion and little things become very stressful.

“A woman is never more vulnerable than when she’s had a baby,” says Jane Honikman of Postpartum Support International. “Your body is going through overwhelming physical changes, your sleep pattern has been shattered, and your emotional and developmental adjustments to the new baby and your new role are just beginning. All these factors often exist in a [world that is] non-supportive, non-validating, and highly judgmental. Heaven knows you should ask for help, but it might indicate a weakness and prove to the world you weren’t up to the job.”

Idealization of motherhood

You may be feeling alone and trying to be living up to an impossible dream—a perfectionist's standard of mothering. Honikman continues, "Instead, it should be natural to say, 'My life will change, my body will change, my health will change,' and not make it a bad thing. Our culture has alienated the process of childbirth and postpartum. All of the messy parts seem to be ignored in our idealization of new motherhood. Women are told, 'it's no big deal to have a baby.' Well, it IS a big deal and you're never the same again."

Therefore, it is common for new moms to be totally unprepared for the change from pregnancy to motherhood. "You should have someone in place to remind you that you have done an extraordinary thing in creating, carrying and delivering a new life into the world, and that you deserve some special recognition and rest. You can't take care of your baby if you aren't taking care of yourself. Someone needs to nurture *you* as you love and care for the new baby."⁴

That nurturing used to come from large, extended families and close-knit communities. Far too often, fathers are now called upon to replace that entire community, or a single mother is simply alone.

The myth

Ads and magazines portray the postpartum period as a magical time. Most often, it's not! Think of all the ads you've seen for baby products in the last few months. Those glossy pictures don't show the hard reality of early motherhood. It is often **not** blissful or glamorous to be a new mom! Earlier hospital discharges have only added to the stress level. Dealing with a crying, helpless infant is

⁴ "Mothering the New Mother"; see page 29

incredibly stressful, especially if you're not getting enough sleep yourself.



A baby with colic also puts you at high risk for PPD. Lack of sleep, lack of self-confidence and lack of any private time or sense of self-identity are all major triggers of PPD. Your body and brain struggle to cope with the overload demands, especially if the baby is screaming continually.

Bringing home a newborn is hardly a magical time. It is an exhausting job, one that takes 24 hours a day, 7 days a week, with no vacations and no pay.

The perception of failure

Another big myth is that all women become mothers by instinct. We are *not* pre-programmed to motherhood. Believing that it will come automatically is a very sensitive issue after childbirth. A woman's nagging sense of not being adequate or a "real" mom often triggers PPD. If your delivery does not go as expected (like a cesarean) or if breastfeeding doesn't go well, your perception of failure can rise.

Breastfeeding does not cause PPD. But, having problems with breastfeeding can add to your perceived problem of failure. Pressure and anxiety over feeding the baby can make any new mom feel like a failure. Breastfeeding should not turn into a battle to succeed nor make you feel guilty if you quit. The baby does NOT always have to come first. Whatever feeding method *works best for you and your baby* is the best method for you.

With PPD, you may also begin to feel like you are failing in other areas and become upset by the least little thing. It becomes impossible to overcome your feelings by “counting your blessings.”

You need to know that PPD can cause you to worry about everything: caring for the baby, food, diapers, dressing properly, and behaving normally. Your worries can lead to concern for your husband, other children and your home, and make you lose confidence in handling anything. You may even become afraid of yourself and what you are doing, because you can't understand what's happening to you.

Dealing with guilt and embarrassment

Women typically don't want to talk about their negative feelings after childbirth for several reasons. One reason is all the unfair expectations our society places on motherhood. Modern moms are expected to “do it all.” And, a mother “with emotional problems” goes against everything we typically think of with motherhood.

If you're depressed, not joyous over a new baby, you may feel guilty and ashamed. And, returning to work soon after your baby is born can also trigger feelings of guilt.

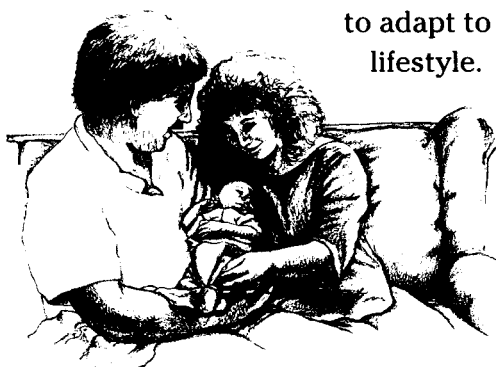
PPD is also embarrassing because our society attaches a stigma to the label “mental illness.” People don't talk about PPD because they think only “sick” people get it. As a result, mothers with PPD often don't know what's happening to them. They don't know it's happened to other women as well. They're afraid that if they seek treatment and are judged to be “crazy,” their babies will be taken from them.

If you're uncomfortable asking for help changing a diaper, it is understandable that you would not want to ask for help with any emotional problems that PPD brings on. These emotions may shock and alarm you, or make you feel unnatural and shameful.² You need to know that they are NOT uncommon. If you find a support group, or an individual to share your feelings with, you will quickly learn **you are not alone**.

Adjusting to motherhood

"The truth is that giving birth is only the first small step in your journey to motherhood. Caring for a newborn can be so physically and emotionally consuming that who YOU are seems to get lost in the shuffle," say the authors of *Postpartum Survival Guide*.² And, if your self-image begins to fail, PPD can set in.

Child and baby care books tend to make light of the change in lifestyle you will face. No matter how many of these books you may have read during your pregnancy, your baby comes out a unique little person who doesn't seem to fit any of the rules. You need to allow time to get acquainted with your baby and allow time to adapt to the change in your lifestyle. Motherhood is an



ongoing adjustment to your identity, to your sex life, and to your personal and social life. It's truly a myth to think this will all be easy.

²See page 29

Mothering is a learning process

There are so many things to learn about mothering. It is a learning process which has to be repeated with each child, since no two babies are alike. Sometimes you need time to warm up to your new baby, which is stressful in itself. Try not to be too hard on yourself and don't expect to be perfect! The sense of not being a good enough mother is one of the most common triggers of PPD.

Motherhood does take away a lot of freedom, and it's natural to feel like your life isn't the same. It isn't! You are no longer totally in control of your life. You might feel like your baby is now the center of everything and you've become a stranger to yourself. Admitting that motherhood makes you feel trapped takes a lot of courage in our society. Mothers aren't supposed to complain, so it is typical for a new mom to withdraw and keep silent. But if you do, you will feel like it's your problem alone and somehow you caused it. This is simply not true.

Coping with losses

When you give birth, you experience some very real losses. You should be allowed to grieve for those losses. Here are some things you may feel you've lost:

- freedom
- body image
- sex drive
- time for yourself and spouse
- being the focus of attention
- being pregnant
- being organized
- active friendships
- trust in yourself
- privacy
- security
- energy and enthusiasm
- sleep
- appetite
- respect
- career and old self-image

Anger often accompanies these losses because you feel as if nothing works like it did in your old life. The anger gets worse if no one allows you to express your feelings.

Bottled up resentment

A new baby, let alone PPD, can put tremendous pressure on a marriage because the new parents can't cope with the overwhelming changes and limitations. Often, resentment begins to build. The mother may resent the burden of domestic and baby care and her altered sense of identity. Women say they wish their partners knew what they expected in the year after the baby's birth. Meanwhile, the father resents the burden of supporting the family. Moms often miss their old work or routine, feel as if they have no control or purpose in life, while their partner gets to go out into the world everyday with relative freedom.

Adjustment to your marriage

The baby can be an intruder on the marriage. A "blame game" often begins, like, who wanted the baby in the first place. Coupled with the building resentment, it can become hard to find the motivation or energy to even discuss your problems. Your marriage can then withdraw into silence.

Men may undergo their own suffering in the process of becoming a parent. All the focus seems to be on the mother and baby. Usually no one thinks to ask him how *he's* doing.

Before the baby, you may have



pampered and enjoyed catering to your husband. With the baby, you don't want to mother him anymore and might even resent his need for it, since now you crave the nurturing for yourself. For many men, the new baby is competition, which can add extra strain to your relationship. All too often, you're torn between loyalty to the baby and loyalty to your husband. He may feel cast out.

Little help exists for learning how to be a parent. You need to allow for a healthy "parent development" period once the baby comes. It should be a period of self-growth, not one filled with guilt or distress.

Consider a trip to your public library. There are many good books and videos on parenting.

Typical PPD symptoms

There can be a wide range of PPD symptoms. They basically fall into the following 4 categories. They are not absolute and can overlap a lot. Use these as a check list.

1. <i>Baby Blues</i>	2. <i>Symptoms at left, plus</i>	3. <i>Symptoms at left, plus</i>	4. <i>Symptoms at left, plus</i>
<input type="checkbox"/> sad <input type="checkbox"/> weepy <input type="checkbox"/> guilty <input type="checkbox"/> isolated <input type="checkbox"/> angry <input type="checkbox"/> resentful <input type="checkbox"/> exhausted <input type="checkbox"/> anxious <input type="checkbox"/> tense <i>(Normal and ok feelings to have)</i>	<input type="checkbox"/> ashamed <input type="checkbox"/> "not yourself" <input type="checkbox"/> overwhelmed <input type="checkbox"/> drained <input type="checkbox"/> excessive crying <input type="checkbox"/> lonely <input type="checkbox"/> helpless <input type="checkbox"/> mood swings <input type="checkbox"/> full of doubts <input type="checkbox"/> appetite changes <input type="checkbox"/> physical symptoms	<input type="checkbox"/> hopelessness <input type="checkbox"/> worthlessness <input type="checkbox"/> low self-esteem <input type="checkbox"/> oversensitive <input type="checkbox"/> distracted <input type="checkbox"/> confused <input type="checkbox"/> extremely agitated <input type="checkbox"/> panic attacks <input type="checkbox"/> inability to laugh	<input type="checkbox"/> loss of control <input type="checkbox"/> loss of confidence <input type="checkbox"/> thoughts of hurting yourself <input type="checkbox"/> thoughts of hurting your baby <input type="checkbox"/> scary fantasies <input type="checkbox"/> hallucinations

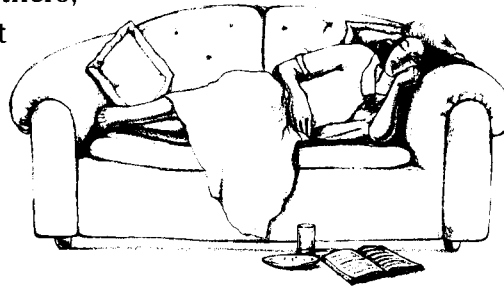
If you have symptoms in 2, 3 or 4, get help right away

Description of basic PPD categories

1. Baby blues or maternity blues

Baby blues are the most common form of postpartum depression. They are short-lived and mild. Usually the blues go away within 2 weeks and don't interfere with your life too much.

The pain of baby blues comes and goes along with periods of feeling fine. Baby blues can usually be shaken off with help from others, a nap, or getting out of the house. It is often confused with more serious PPD, since sadness and crying are the same in other categories. It's ok to cry! In fact, if you lie back and kick and scream like your baby, and identify with the baby's vulnerable state, you may get momentary relief.



2. Postpartum Stress Syndrome

(also called Adjustment Disorder)

It's the most common kind of *persistent* depression and anxiety after childbirth. The word "blues" doesn't begin to explain how terrible you feel. You can function pretty well from day to day with others hardly noticing how bad you feel. However, you have a constant sense of feeling bad about yourself, and only your inner strength gets you through the day. It typically lasts up to 2 months, with good days mixed in with bad days.

Some women call this condition "normal crazy," since all these feelings are normal for a new mom who is exhausted and overwhelmed by the new job of

motherhood. Most of these problems *are* normal during the transition into parenthood or an expanded family.

This syndrome varies a lot among women, depending on the type of stress they have and what their resources are. The stresses can include such factors as other children, relationship with your partner, a new job or new home, or financial problems.

It would help if you seek professional help.

3. Postpartum Mood/Anxiety Reactions

The feelings are the same as in the first two categories, but worse. The symptoms interfere with your ability to get daily tasks done, and last 6 weeks or more. You need to seek professional help.

This category can also include “Obsessive Compulsive Disorder.” This uncommon disorder involves recurring disruptive ideas or repetitive compulsive acts that cause you a great deal of distress or take up a great deal of time.

4. Postpartum Psychosis (sy-kó-sis):

This is an emergency

The category is very rare, affecting only 1 or 2 women in 1000. It involves all of the symptoms in the other categories, plus a life-threatening confusion. It poses great danger to you and your baby. Therefore, you need immediate professional help. Since it is biological, you will not be able to help yourself. **If you are having difficulty taking care of yourself or the baby, it is time to get help.**

Most women with PPD never have emergency symptoms. If you aren’t certain what symptoms you have, get a mental-health professional to help you figure it out.

You are not making this up

It is important to remember that your negative feelings are a *result* of PPD and that you are not *making* yourself depressed. Childbirth is a huge, life-altering event. Not only has your body gone through enormous physical changes, having a baby changes the way you see yourself and your life forever.

The range and intensity of emotions you feel with PPD are often powerful and overwhelming. Small decisions can become major dilemmas. Tell someone who will listen what is happening to you. If any of your feelings scare you, you must seek professional help immediately.

Physical checklist

Once you begin to accept that postpartum depression is a real illness, you need to accept that many of your feelings are PPD symptoms. Because PPD IS a real ailment, you may also have specific physical symptoms such as these:

- headaches
- difficulty breathing
- palpitations
- fatigue
- hot flashes/chills
- panic attacks
- nausea/constipation or diarrhea
- extreme agitation
- difficulty sleeping or excessive sleeping
- shakiness or trembling
- dizziness
- loss of appetite or overeating
- lack of energy
- poor concentration
- nightmares

Can you make it go away?

The first big step is to ADMIT you feel bad. Sometimes, it is possible to get rid of some symptoms of mild PPD

by yourself.³ Here are some guidelines to follow:

- Get as much sleep as you can.
- Accept your need for help. Turn to friends, neighbors, family or pay for a sitter or household help. Just because women in the past were able to do it all doesn't mean that you can.
- Accept being less than perfect.
- Accept your feelings as normal.
- Do not let motherhood take over your entire life. Try to keep some aspects of your old life. A little selfishness can be a good thing.
- Find time for yourself without guilt and learn to relax into motherhood. For example, take a bath and lock the door.
- Avoid overloading factors.
- Read all you can on the subject.
- Express your feelings. Write them down. Get them out.
- Find a sympathetic listener, especially someone in the same situation. Sometimes just *talking* about it helps.
- Join a group of new mothers, parents or parenting classes. Talk about and share your difficulties with those who will not judge you.
- Avoid isolation.
- Eat a good, healthy diet. Eat small, frequent meals.
- Exercising will give you more energy. Fresh air and exercise are good for both you and your baby.
- Make a real effort to communicate openly with your partner. Hold on to the affection and companionship you've shared.
- Solve the problems you can and accept the rest.

The support and love of your partner, family and friends are essential in maintaining your sanity and self-esteem.

³ "This Isn't What I Expected"; see page 29

Allow yourself to cry! Vent your feelings. Try deep breathing with your eyes closed. Remind yourself that mothering is really hard work. Take it a little at a time; it **will** get easier, and you **will** get through it.

Taking care of YOURSELF should also be a top priority. Admit that you CANNOT do it alone. Pay attention to what YOU need so that you aren't easily drained. Needing your own space does not make you a weak or selfish mother. You have to get replenished and feel good about respecting your own needs.⁴ If you have overload factors, try and unload some of them. Remember, you can't take care of someone else if you haven't taken care of yourself first.

Your adjustment period will be easier if you can express your real feelings. Find a support network. The earlier you get proper treatment and support, the quicker you will feel better.

Asking for help

There is the potential for help all around you. Find a sympathetic listener. This could be your partner, your family, his family, a friend, your health provider, a therapist, counselor, social worker, minister, a new-mother's group at your church or temple, and perhaps even a local self-help PPD group. Do not feel bad about asking. Do it for your own health! It is ok to ask for and receive help from others. YOU would help THEM, if they asked YOU.³ You will be helping each other if you join a support group.



Many women with PPD are far more comfortable at giving support than asking for it. They are used to being strong

³ and ⁴ see page 29

for themselves and everyone else. Let your family and friends read this booklet so they better understand what PPD is all about and that you need help.

If your doctor won't listen

Sometimes your own family doctor or OB/GYN is not sympathetic. In that case, find out if the OB/GYN department works with a psychiatrist (someone with an MD degree,) or a psychologist, (someone with a PhD degree.) You deserve good treatment, so don't give up.

Educate yourself. See the list of resources and books on pages 26-29. Reading about PPD will help you keep sane during this difficult time. It will also allow you to make informed choices on how to cope.

Help may also come from a telephone help line or a referral for support; see pages 26-29.

Helpful words for family members or sympathetic listeners

How does the average person help the depressed new mother? *Listen* to her. Resist criticizing or judging her. Do *not* deny her problem or try to cheer her up, even if it seems like the logical thing to do. Don't tell her how lucky she is and to "snap out of it." She *would* if she *could*. These words will only make her feel worse. Mothers are all too keenly aware of the expectations put on them. Since it's such a difficult subject for a mother to admit at all, DON'T talk her into believing nothing is wrong.

Allow her to express herself. Tell her you will support her no matter what. Encourage her to seek help from a supportive health provider, a professional or anyone else she is able to confide in. Tell her you believe she will get better and you will figure this out together.

How dad and other family members can help

- Sometimes PPD symptoms can take a period of time to disappear in the new mother. The seriousness and length of time it lasts greatly depends on the people around her. The more *you* learn about PPD, the quicker she'll be on the road to recovery.
- If your loved one is unable to look into help herself, do it for her. See suggestions on pages 26-30. Reassure her that PPD is very common, very treatable and that she will eventually recover.
- Dads: help with the baby and the household jobs as much as you possibly can. Ask for help and baby care advice from family and friends. Be patient and do this until your wife feels better and is able to do her share. Your own life may have to be put on hold for a while.
- Explain what is happening to your families. Most people do not understand PPD problems. Don't let them criticize or judge the new mom. She cannot help how she's acting.
- Support mom in what ever treatment she chooses. Help her find compassionate health professionals. Go *with* her and be there for her. Parent support groups and mothers' discussion groups are also available in many towns and cities around the country. Being able to share her problems with other mothers may be the most helpful thing of all.

A word of sympathy for dad

PPD drastically affects family members, especially fathers. If dad is now the one struggling to take care of the baby *and* his wife's frightening depression, he has a right to feel overwhelmed, angry, exhausted, worried and stressed out.

Dads easily feel drained and resentful during all of this, and might consider seeing a therapist or marriage counselor. It's good for dad to talk about what he's going through, too.

* *"Overcoming Postpartum Depression & Anxiety"* is one of several books with good advice for families. See page 29.

Seeking professional help

If your case of PPD is more severe, and you are really suffering, you must consider seeking professional help.³

Most women who haven't been to a therapist before will put off seeking outside help. Chances are you won't want to see anyone or ask for anyone's help.



However, sessions with a psychiatrist, psychologist or social worker who is familiar with PPD can be *invaluable*. A professional will help you learn to take care of yourself. Each woman's situation is unique and must be thoroughly assessed on an individual basis.

Recovery can be hard work and may take up to a year for you to feel like your old self. As you do, you will begin to understand and move beyond the losses you've had with PPD and feel like a strong, new woman.

Will you need medication?

Maybe. Do not feel ashamed to take it if your doctor recommends it to you. An anti-depressant medicine might be all you need and might greatly reduce your suffering.*

Take the pills with careful monitoring and support from your health provider.



PPD is not something you have to learn to live with. It's a very real illness. You would take medication for other forms of illness. Also, don't rule out the need for hospitalization if you require a controlled environment for a time.

* "When Words are Not Enough" has very clear, understandable information on various medications, their side effects, as well as other forms of treatment. See page 29.

You will get better and feel like yourself again

Right now, you need to accept your suffering and stop pretending it will go away by itself. As you begin, be aware that the road to recovery is not smooth. There will be good days and bad days. Eventually, the number of good *hours* in a day will increase. Then, the number of good *days* will increase.

You are not crazy. Be patient. Take one day at a time.

Will you go through this again if you have another baby?

Maybe. If you've had it once, you are more at risk.

But learning to *plan* for the possibility of PPD greatly reduces the likelihood or intensity of it. It can be helped if recognized early and treated, and often can be somewhat prevented in your later pregnancies.

Can you plan for prevention?

You can't totally prevent PPD in the future because you cannot control your hormones. But, you CAN lessen the effects. Several of the books listed on page 29 have whole chapters on how to deal with the possibility of getting PPD for your next pregnancies. They advise:

- accepting that PPD is a real illness.
- planning time for yourself. Write lists of what you will miss and line up friends and family to help you with babysitting.
- keeping your options open if you work full time; try not to commit to leaving or returning.
- discussing money issues, support systems and

possible overloading factors with your family or partner.

- getting phone numbers in advance of people to contact in case of doubt, distress or depression. The numbers should include local parent support groups, hospital social workers, and therapists who work with PPD mothers.

In summing up

Don't be afraid to acknowledge your feelings. Seek the information you need and deserve, especially if you feel like something "isn't right." Jane Honikman of Postpartum Support International stresses, "*You are not alone, you are not to blame, you WILL feel better, and this is treatable.*" Remember:

- Seek out sensitive, up-to-date informed answers.
- Caring, competent help **is** available if you think you are experiencing PPD. *You do not need to operate in isolation, fear and guilt.*
- Having negative feelings does not mean you are a "failure" as a mother.
- At the end of this dark tunnel you will be able to enjoy your life with your child and family.
- Other women have been there before and have fully recovered.
- It won't last forever.

Looking for help on the Internet

There are growing numbers of PPD self-help support groups in the U.S. and Canada. They provide you with a direct line into sharing and support with other mothers. They are also good places to start because they can pass you on toward local professionals and volunteers who will be able to listen with knowledge, compassion, and expertise.

These days, you can find support groups and a wealth of other PPD information on the Internet. When you open up the World Wide Web (the Internet), try typing in "postpartum blues" or "postpartum depression" into a search engine. There is so much information available. You will see that PPD is a very common subject! Allow yourself some time to look up and read a variety of sites.

Your public library has computers you can use for free and will show you how to log on and use the Internet.

Take this booklet with you.

Have a librarian sit down with you and:

1. show you how to get on the Internet (also known as the Web), and look up a search word, subject or a website.
2. show you how "scroll," how to click on underlined subjects, where to click to go to the next page, or where to click to go back to a previous page.
3. stay with you until you have found some sites or material that can help you.
4. show you how to print out the pages that interest you.



One helpful website

One of the most helpful postpartum depression websites is: www.postpartum.net.

Once you are there, scroll down the left side and click on subjects that may interest you. Some of the most helpful options are:

- For Moms & Families

You might want to take the Postpartum Assessment Test

- Postpartum Resources

- PSI Bookstore

You might want to print out all of these pages.

This website is compiled by Larry Kruckman, an expert on PPD. If you have trouble reaching the site, e-mail him and ask him for the current "url" (website address) at:
kruckman@grove.iup.edu

Organizations that can help you

If you can't get on the Internet, here are some places for you to contact immediately.

UNITED STATES

Postpartum Support International (PSI)

Santa Barbara, CA

(805) 967-7636 (7am-10pm, Pacific time)

Jane Honikman, Founder and Executive Director

E-mail address: jhonikman@earthlink.net

What happens when you call:

The phone is answered by staff persons who will listen to you, advise you and "mother you." They will provide emotional support and talk as long as you want to. They also will tell you about resources available in your area.

Depression After Delivery (D.A.D.)

PO Box 278

Belle Mead, NJ 08502

Joyce Venis

1-800-944-4773

<http://www.depressionafterdelivery.com>

What happens when you call:

You will get a recording that asks you to leave your name and address. Within 3-5 days, you will receive a pamphlet on PPD Disorders, as well as a list of people in your region or state to call.

CANADA

ces.

le

Pacific Postpartum Support Society (British Columbia)
(604) 255-7999

What happens when you call:

You'll be able to speak to someone if you call on Tuesday through Friday between 10:30 a.m. to 2:30 p.m., Pacific time. All other times, the phone is answered by a recording that tells you their business hours, then asks you to leave your name and phone number, including permission to call you back "collect." The message also gives you their fax number, as well as a crisis number to call in case of emergency.

Finding helpful phone numbers in your local telephone book.

The first few pages of your white pages might have a few pages of “Community Services.” There might be several organizations to call for starters. Also try your yellow pages to assist you in finding the help you need.

Look under headings like:

- Children’s Services
- Child Care Referral Services
- Counseling Services
- Human Services
- Social Services
- Marriage and Family Counselors
- Mental Health Services
- United Way First Call for Help, etc.

Remember, you can also call people who are already helping you. They could include your childbirth educator, doctor, WIC counselor or home visiting nurse.

Read more about it

There are a number of good books on postpartum depression. Many of them highlight experiences of women who have suffered with PPD symptoms.

The books starred (*) were used as references for this booklet.

*Dunnewold, Ann PhD and Sanford, Diane PhD

* ***Postpartum Survival Guide***

It wasn't supposed to be like this...

New Harbinger Publications, Oakland, CA 1994

*Kleiman, Karen MSW and

Raskin, Valerie D. MD.

* ***This Isn't What I Expected***

Bantam Books, New York, NY 1994

Kleiman, Karen MSW

The Postpartum Husband

A hands on guide for fathers, 2001

Misri, Shaila

Shouldn't I Be Happy: Emotional problems

of pregnant and postpartum women. Free Press, 1995

Osmond, Marie

Beyond the Smile

My Journey Out of Postpartum Depression, 2001

*Placksin, Sally

* ***Mothering the New Mother***

Your Postpartum Resource Companion

Newmarket Press, NY 1994

Raskin, Valerie D., MD.

* ***When Words are Not Enough***

Broadway Books, New York, NY 1997

Sebastian, Linda

* ***Overcoming Partpartum Depression & Anxiety***

Addicus Books, Omaha, NE 1998

Roan, Sharon L.

* ***Postpartum Depression***

Every Woman's Guide to Diagnosis, Treatment and Prevention

Adams Media Corp., Holbrook, MA 1997

NOODLE SOUPTM

OF WEINGART DESIGN

4614 PROSPECT AVE.

CLEVELAND, OHIO 44103

216-881-0083

Editor: Cydney Weingart,
with invaluable input from
Jane Honikman, PSI, Santa Barbara, CA and
Ann Trudel Patnaude, RNC, BSN, Merrimack, NH

© 2002 revision. Noodle Soup of Weingart Design. All rights reserved. Product code #1900