

## IT WASN'T SUPPOSED TO BE LIKE THIS!!!

As little girls, we often dream of growing up and being a mom. Then, we do grow up, and there comes a day when the pregnancy test is positive, and the dreams start escalating... Names to pick, showers to attend, nurseries to design, and just nine more months of wondering what it will really be like to be a mom...And then one day, motherhood arrives...But wait! For some women, lifelong dreams of a wonderful, fulfilling time suddenly seem to change into totally unexpected nightmares..."I cry for no reason, for hours...I snap at my family...food has no taste...sleep when the baby sleeps? Forget it!...I'm too worried...does my baby love me?...am I a bad mom?...maybe my family would be better off without me...I don't feel connected to my baby...do I even love my baby?...if I shared my feelings with others, they would surely think I was not thankful for my beautiful baby...other moms seem so happy...Is it supposed to be like this???"

Could these statements be made by a new mom experiencing "baby blues? " Most women have been told to expect the baby blues. Hormones change rapidly during and immediately after delivery, plus, there are the major physical demands of pregnancy and recovery. Together, these often result in irritability, sadness, mood swings, anxiety, etc. About 80% of new moms will describe feelings of not acting like they normally would, especially three to five days after giving birth. If the feelings are "the blues," however, they will gradually go away by about two weeks with rest, support, and reassurance.

For about 10 to 20 percent of women, unfortunately, the baby blues do not end. Instead, depression begins. Moms with postpartum depression, which means depression that is diagnosed within the first year after delivery, often express many of the statements above. It is a scary, dark condition that has been described as a feeling of helplessness or drowning. On top of that, when asked, a mom will often describe being clouded by unwanted, illogical thoughts of hurting the baby or herself. Because of that, and not wanting to appear ungrateful for her new baby, postpartum depression often becomes a well kept secret by a mom.

It is important to note, however, that it is not common for women suffering from postpartum depression to have thoughts of intentionally harming their babies or themselves. Any woman having true suicidal or homicidal thoughts needs immediate medical evaluation for the very rare but the potentially life threatening condition of postpartum psychosis.

The number one risk factor for postpartum depression is a personal history of depression. More than half of women who have had postpartum depression will have it again with the next pregnancy. Other risk factors include substance abuse, a family history of depression, unplanned pregnancy, being a teenage mother, abuse, and life stresses such as marital, social, and financial problems.

The good news is postpartum depression is a very treatable condition when recognized. Public awareness of postpartum depression has been increasing since 2000 with the release of the Surgeon General's Report on Mental Health. The media and medical community have focused on the consequences of untreated postpartum depression. These adverse effects include long-lasting or permanent interference with bonding and child development, child behavior problems,

marital stress, long-term maternal depression, and even an increase in postpartum depression in the fathers involved. Although we do hear more about postpartum depression, the actual incidence of postpartum depression is not thought to be on the rise.

As public awareness is increasing, screening for postpartum depression is hopefully increasing. A widely used, free, readily available screening form for postpartum depression is the Edinburgh Postnatal Depression Scale (EPDS.) One may Google EPDS to see the questionnaire.

The treatment of postpartum depression ideally involves counseling and/or medications. Mothers who are breastfeeding may be able to take medications, but this needs to be addressed with their health care providers.

The bottom line is, if you are down, speak up! If the opening paragraph describes you, or someone you know, there are many local and national resources to help. Postpartum depression is very treatable, and, with the appropriate help, it really does not have to be that way!!!

Some resources:

Sheila Ward, Psychiatric Nurse Practitioner, Norton Women's Counseling Services, Louisville, KY 40207  
502-899-6220

Sheila Ward, APRN, also hosts a postpartum depression support group for women every Thursday from 11 a.m. to noon at Marshall Women's Health and Education Center at Norton Suburban Hospital. To register for the support group, call 502-899-6220

[PostpartumSupportKentuckiana.org](http://PostpartumSupportKentuckiana.org)

Postpartum Support International  
[www.postpartum.net](http://www.postpartum.net)