Could It Be More Than Baby Blues?

Dr Roshan Jain

Typical features of post-partum depression include marked sleep disturbance and early morning waking, impaired appetite, reduced energy levels and exhaustion

Having a baby is undoubtedly stressful and new mothers have described experiencing a range of emotions from joy to tearfulness. Bearing a child is one of the most significant life events in a woman's life. Adaptation and ensuing responsibilities require readiness and psychological investment. Some describe this critical time similar to a 'emotional rollercoaster,' particularly since one experiences sleep deprivation on the backdrop of expectation, responsibilities and some degree of self-doubt (of being a good mother).

Post-partum Depression (PPD)

Between 15 and 25 per cent of women develop a mental illness during pregnancy or within the first year after having a baby. Conditions range from postpartum depression to obsessive compulsive disorder and psychosis. Depression and anxiety are the most common mental health problems in pregnancy. For many, they may start as baby blues but the symptoms of mental illness in pregnancy are similar to symptoms you have at other times.

Difference Between Baby Blues And PPD

The term 'baby blues' is used to describe an emotional disturbance with associated anxiety, irritability, unhappiness and fatigue that many women experience after having a baby. Which means, you prepared for

joy and celebration, but instead feel overwhelmed and tearful!

Many factors like post-delivery hormonal changes, sheer exhaustion and stress of the process and sleep deprivation contributes to baby blues. Baby blues is known to occur between the third and fifth post-delivery (post-partum) day and resolves spontaneously within 24 to 72 hours.

Baby blues affects up to 80 per cent of mothers. Since it's so common, it is considered as a 'normal phenomenon' and thereby ignored by the individual and health care professionals alike. But if symptoms don't go away after a few weeks or get worse, further exploration is warranted as one may be suffering from post-partum depression.

Remember, baby blues and post-partum depression share many symptoms, but differ in severity and duration. Typical features of post-partum depression include marked sleep disturbance and early morning waking, impaired appetite, reduced energy levels and exhaustion.

Alongside, one may experience suicidal ideas and an inability to care for the newborn. Some may also lose confidence in caring and fear harming the child. Other features include lack of bonding with the baby, feeling withdrawn, excessive guilt or worthlessness. For a diagnosis of PPD, the above symptoms will be present for two or more consecutive weeks and significantly impair functioning and child care.

Risk Factors For PPD

A family history of depression or other mental illness increases susceptibility. Also, a history of depression in a previous pregnancy significantly enhances the risk of a similar episode in subsequent ones by nearly 50 per cent.

Other risk factors include non-pregnant mental illness episode, unplanned pregnancy with limited emotional support, lack of confiding and worse, an abusive relationship, financial uncertainty, pregnancy complications and detection of foetal anomaly. Risk multiplies if pre-existing medicines for depression is discontinued abruptly before or during pregnancy.

Impact Of Untreated Depression During Pregnancy

- Poor compliance with prenatal care
- Poor self-care and nutrition with detrimental effects on health and the developing foetus
- Self-medication with over-the-counter drugs, or worse with alcohol or illicit substances
- Adverse effects on prenatal development of the child
- Newborn is likely to be low birth weight or born prematurely
- Higher risk of post-partum depression with reduced bonding
- Behaviour and temperamental problems in the infant
- Importantly, there is an escalated risk of suicide and infanticide

Why PPD Is Not Diagnosed

The stigma of mental illness with an associated feeling of shame and embarrassment drives self-denial, especially in pregnancy where one is expected to be happy. Lack of awareness amongst healthcare professionals as well as the primary care physician's central focus on the baby's welfare leads to a missed diagnosis and loss of opportunity to help. Also, sufficient time is not commissioned to address the emotive aspects of pregnancy and childbirth.

The Solution

Early identification is the key and this is done via an informal inquiry or a formal questionnaire such as Edinburgh Postnatal Depression Scale (EPDS).

Baby blues is transient in nature, therefore only requires supportive care and education.

If sleep disturbance is significant, then a brief course of hypnotics may be warranted but avoided if the mother is breastfeeding.

Mobilization of support from spouse, family, and friends plays a vital role in the management.

A safe and mindful prescription of low dose antidepressant may be necessary in some cases.

Footnote

Childbirth is a significant physical, psychological and social stressor in a woman's life and a risk factor for the development of mental illness. Remember, post-partum depression is common, frequently unrecognized and can have devastating consequences for the mother and child. It also affects bonding between the two.