

SUFFERING IN SILENCE – A MIDWIFE GIVES A VOICE TO PERINATAL DEPRESSION

By **Maria Fisher**

You've just given birth to beautiful baby. The baby is healthy, you're healthy, your family is thrilled, yet you ask yourself, "Why do I not feel happy? Why do I not feel 'myself'?" You may be secretly crying on a regular basis, yet you shrug it off with excuses: "I'm just tired...the baby isn't sleeping well... its part of the adjustment of motherhood..." You keep your feelings to yourself, for fear of the responses you may get from family or friends, such as, "That's normal" or, "What do you have to be sad about – you have a healthy baby!" or "Just deal with it – this is motherhood!" One woman told me her mother's advice

toms is longer (see insert for a list of postpartum depression symptoms). So how do you know if what you are experiencing is just "the blues" or something more serious that you should try talking to someone about? The most important factor is time – ask yourself how long you have been feeling this way. The "Baby Blues" are defined as feelings of sadness, fear, anger, or anxiety occurring about 3 days after childbirth and usual fades within 1-2 weeks postpartum. Postpartum Depression is more intense feelings of sadness, anxiety despair after childbirth that interfere with a new mother's ability to function and *do not go away after a few weeks.*

If left untreated, a postpartum depression can progress into a less common but severe postpartum psychosis, which occurs in 1-2 mothers for every 1,000 women. The onset is usually 2-3 days postpartum (but may occur much later) and includes hallucinations (hearing or seeing things that aren't there), insomnia, agitation, irritability, anxiety, delirium, confusion mania, suicidal or infanticidal thoughts or bizarre delusions. This disorder has a 5 percent suicide and a 4 percent infanticide rate. Risk factors include a personal or

family history of psychosis, bipolar disorder, or schizophrenia.

While postpartum depression can happen to any one of us after any number of pregnancies, there are risk factors that make some more prone to depression. They include previous experience with depression or a family history of depression, having feelings of depression during the pregnancy, and having a particularly difficult pregnancy or birth experience, especially those that end by an unplanned cesarean section. The massive hormonal shifts that occur after birth may set off a chemical imbalance leading to depression. A lack of family support or a high-stress family situation, such as a lack of financial resources, also put women at risk for depression.

Midwives are in a unique position to help women recognize and talk about their feelings. The midwife-patient relationship is an intimate one, due in part to spending more time with patients at prenatal visits and caring for women continuously throughout their childbearing years. Because of this special relationship, midwives are often more comfortable asking hard but honest questions. Sometimes it comes out in a conversation about breastfeeding difficulties which bring women back into the office long before the usual 6-week postpartum visit. Kliot Obstetrics & Gynecology, a physician-midwife team in Brooklyn, has been screening the women in their practice for many years using a simple tool which consists of 10 questions. Their experience with screening for depression made them a natural selection to participate in a state-wide research study on perinatal depression sponsored by the American College of Obstetrics & Gynecology. The tool helps to initiate conversation that a woman may be embarrassed to start herself, or more

commonly, a conversation that a woman may not even know she needs to have because she is doesn't recognize the signs. Sometimes all it takes is one person asking the right questions to get a woman who is suffering silently into the caring hands of a therapist or support group to talk about her feelings and to help find ways to cope. Sometimes a woman may need medication to get her through this period. This is a big fear among many because of the stigma of having a mental illness, or because of concern about taking medications during pregnancy or breastfeeding. The good news is that there are many medications for depression that are safe to use both in pregnancy and breastfeeding, so this is no longer a reason not to seek help. Additionally, the utmost of discretion is used in selecting and referring women into psychiatric care.

As you read this article, you may be thankful that you have not suffered from perinatal depression, or even a light case of the blues. But perhaps a neighbor or co-worker or relative comes to mind; perhaps you've noticed that you rarely see that person shopping, socializing, or enjoying life. This is your opportunity to help: call her for a cup of coffee, ask her how she's doing. Encourage her to talk to her health care provider if you do suspect a problem. Tell her that help is available and that we need not suffer the burdens of motherhood alone.

POSTPARTUM DEPRESSION SYMPTOMS

- feeling irritable, angry nervous or exhausted all the time
- not enjoying life
- feeling guilty or worthless
- feeling like you're a bad mother
- crying uncontrollably
- being unable to sleep when the baby sleeps
- having trouble concentrating
- eating too much or too little
- feeling "low energy"
- having anxiety, bizarre thoughts and fears
- becoming fanatical about infant safety
- poor bonding with infant or family, feeling "numb" or detached"
- thoughts of death or of harming yourself or your infant



to her was, "Fake it 'till you make it!" As you spiral down deeper into your secret sadness, you begin to lose perspective that this is not how you normally feel, and you retreat further from people. Everything may look fine on the outside, but inside you feel alone, and work to just get through your day until you can safely hide in bed... only to be awakened by the cries of your baby.

Some may describe these types of feelings as the "baby blues" and consider them a normal rite of passage of motherhood. And this is partly true: nearly 80 percent of women in the United States will experience some form of the "baby blues," but many as 14.5 percent will go on to develop major depression, which means nearly 2 out of every 10 women.

The onset of depression is often seen in the second half of pregnancy. One study shows as many as 11.5 percent of women exhibiting symptoms. The vast majority of women (66.5 percent) develop symptoms in the first 2 weeks postpartum, while another 22 percent develop a late postpartum onset.

In pregnancy, symptoms of depression may be subtle, like missing appointments for prenatal care, having poor weight gain or a loss of weight, or difficulty sleeping. Any of these things can be rationalized away..."I'm too busy with the other children to make an appointment... I'm so big I have no appetite... Of course I can't sleep – I'm pregnant!" But the consequences of major depression in pregnancy are real and can manifest in a low birth weight baby, a premature baby or a child with developmental delays. Plus, having a baby with health challenges early on can only worsen the depression for the mother unless she seeks help. Furthermore, a depressed mother often results in a depressed child. In the postpartum period the list of symp-

making dreams
come true one
miracle at a time



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