

## Postpartum Depression Social/Emotional Aspects

If there is a prior history of depression or anxiety your chances of postpartum depression are higher.



### **What is Postpartum Depression?**

Postpartum depression (PPD), also called postnatal depression, is a form of clinical depression which can affect women, and less frequently men, after childbirth. For women there are also hormonal and dietary factors. For the purposes of this article, there are suggestions made to possibly offset some of the potential factors that may contribute to PPD depression. Planning and good communication are key elements.

### **Symptoms**

Symptoms of PPD can occur anytime in the first year. The following are some possible postpartum symptoms, but are not limited to, the following:

Sadness, Hopelessness, Low self-esteem, Feeling overwhelmed, Sleep and eating disturbances, Inability to be comforted, Exhaustion, Emptiness, Social withdrawal, Low or no energy, Becoming easily frustrated, Feeling inadequate in taking care of the baby, Impaired speech and writing, Spells of anger towards others, Increased anxiety or panic attacks, Decreased sex drive. (1)

### **Risk Factors**

While not all causes of Postpartum Depression (PPD) are known, a number of factors have been identified as predictors of PPD (Beck, 2001) (2,3,4,5)

- Formula feeding rather than breast feeding
- **A history of depression**
- Cigarette smoking
- **Low self esteem**
- Childcare stress
- Prenatal depression during pregnancy
- **Prenatal anxiety**
- **Life stress**
- Low social support
- Poor marital relationship

- Infant temperament problems/colic
- **Single parent**
- Low socioeconomic status
- Unplanned/unwanted pregnancy

**The following are some considerations that may help to alleviate some of the potential Mental Health Aspects of PPD.**

### **How will you deal with the loss of independence?**

Your prior freedom will be gone. There will only be glimpses of it when the baby is not actually with you, but even then, you will feel some sense of responsibility for your baby's care. If not, you may be experiencing PPD.

### **Who will be present to take care of the baby?**

Recognize you are not able to take care of your baby 24 hours/day 7 days per week and maintain good mental health no matter how great of a parent you are.

Your spouse/ partner/family or friend needs to agree, ahead of time, their level of involvement in the care of your baby. Agree upon which shift you each will be responsible for.

Remember that just because your spouse works does not mean you should take on all of the evening shifts so they can rest. Whoever has the baby for the majority of the day will be on duty all of the time they are alone with the baby.

This will be tiring. You do not want to get the point of Postpartum Exhaustion.

Both of you will need a break from the baby on occasion, so seek out alternative care arrangements even for even 3 hours/week. If you both are at home on the weekends, give each other time away from the baby. If there are too many visitors initially, limit your availability so you are not overextended. If you are a single parent, you will need more alone time arrangements just to rest and to fulfill your every day responsibilities.

Ask for help!

### **Talk about expectations regarding responsibilities.**

Do not assume involvement of others in the care of your baby. ASK!

Talk about the expectations of duties ahead of time. Who is going prepare the bottles, bathe, feed, dress, change, bring the baby to the Dr., buy baby supplies, and call regarding baby-sitting arrangements. Clearly state what is needed and expected including how often.

Agree upon a back up plan just in case one of the primary care providers is not participating up to par or is experiencing postpartum depression where the involvement in the baby's care will be minimal.

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Remember there is no perfect parent. Each person will care for the child a little bit different and there may initially be some awkwardness. Be patient with each other and encourage each other. Do not impatiently take the responsibility away from the one having some difficulty. It is a learning experience.

**If your depressive symptoms persist see your Doctor  
and follow up with counseling.  
There is help available.**



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**References:**

1. <sup>^</sup> <sup>a</sup> <sup>b</sup> <sup>c</sup> <sup>d</sup> <sup>e</sup> <sup>f</sup> <sup>g</sup> <sup>h</sup> <sup>i</sup> <sup>j</sup> <sup>k</sup> <sup>l</sup> <sup>m</sup> <sup>n</sup> <sup>o</sup> <sup>p</sup> <sup>q</sup> <sup>r</sup> <sup>s</sup> The Boston Women's Health Book Collective: Our Bodies Ourselves, pages 489–491, New York: Touchstone Book, 2005
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