

Here we are again, another issue of the Pediatric Partners electronic newsletter. We hope you and your families are keeping well during this season. This issue is the first of three that will feature articles by our three newest providers. Today, Jill Pankus reviews the important subject of post partum depression. Although pediatricians do not treat mothers, they can play an important role in this problem as they are often the first to identify depression in new mothers, and to counsel them on getting appropriate therapy.

**Postpartum Depression**  
**By Jill Pankus, APN, CPNP**

Postpartum Depression or PPD is a treatable and under recognized illness that affects 10% to 20% of new mothers. PPD is not the same as the “maternal blues” that 50% to 80% of mothers experience in the ten or so days after birth. The “blues” that so many women experience consist of transient symptoms of depressed mood, irritability, anxiety, and increased crying spells. These symptoms most often resolve without any intervention.

Some mothers go on to experience varying degrees of depression which can occur up to a year or more after giving birth. A women suffering from PPD usually has several symptoms from the following list:

- Sluggishness, fatigue, exhaustion
- Sadness, hopelessness, depression
- Poor concentration, confusion
- Over concern for the baby
- Uncontrollable crying, irritability
- Lack of interest in the baby
- Guilt, inadequacy, worthlessness
- Fear of harming the baby
- Fear of harming yourself
- Exaggerated highs and/or lows

Some women may experience anxiety instead of depression. Some of the symptoms of Postpartum Anxiety and/or Panic Disorder are intense anxiety, rapid heart rate, rapid breathing, and a sense of doom. Also, Obsessive Compulsive Disorder (OCD) can occur for the first time after childbirth. Some of these symptoms are intrusive and repetitive thoughts, avoidance behavior, and anxiety/depression.

The medical community does not know what causes PPD. Some researchers suggest that the rapid change in hormone levels such as progesterone, estrogen, and thyroid can have a profound effect on the mother’s mood.

Treatment for these disorders depends on the type and severity of the symptoms. First, the mother should have a complete medical evaluation to rule out physical causes such as a thyroid problem. The mainstay of treatment for PPD currently consists of psychotherapy and/or pharmacological management. Some of the professionals involved might be a psychologist or a social worker, your OB-GYN MD, and a psychiatrist. Pediatric providers here at Pediatric Partners are always available to provide you with an

appropriate referral. Lastly, two helpful websites are [www.postpartum.net](http://www.postpartum.net) and [www.depressionafterdelivery.com](http://www.depressionafterdelivery.com).