

Postpartum Baby Blues Impact Majority of New Moms

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Tracy Perkins Rodriguez, 36, thought her life was finally on the upswing. When her husband returned from his third tour of duty in Iraq and Afghanistan, the couple purchased their dream home and promptly became pregnant with the child they had always hoped to conceive together. However, as Rodriguez entered her third trimester of pregnancy, she began feeling tired with little enthusiasm for everyday life.

"Before my last trimester of [pregnancy](#), I was an upbeat person who was always on the go," Rodriguez said. "After I delivered my baby and returned home, I began crying every day and found that I no longer had energy to get out of bed and leave the house."

Rodriguez is not alone. Postpartum blues impact more than 80 percent of women who give birth. Symptoms include temporarily feeling sad and weepy or anxious and moody. Other signs include being angry at the baby, husband or other children.

When Rodriguez's emotions did not subside after a short time, she contacted her obstetrician's office who quickly referred her to the Loyola University Health System (LUHS) [Postpartum Depression Screening and Treatment Program](#).

"Tracy's condition had progressed beyond the traditional post baby blues," said Mary Kenny, RN, postpartum depression coordinator, LUHS. "We quickly diagnosed her with postpartum depression and

made arrangements for her to receive mental health services."

Postpartum depression occurs in 15 - 20 percent of mothers. Symptoms include blues that do not go away and worsen into strong feelings of depression and anger. Women also may express a lack of interest in the baby, a fear of harming the baby and thoughts of self-harm or suicide.

While the state of Illinois requires that women be screened once at the time of delivery, LUHS implemented a more comprehensive program in 2007 under the direction of John Gianopoulos, MD, chair, Mary Isabella Caestecker professor and chair, department of obstetrics & gynecology, LUHS. The protocol mandates that women are now screened at 28 weeks, delivery, and two and six weeks postpartum.

"Unlike other programs, Loyola's screening protocol requires that we check in with women at four points during and after their pregnancy to detect any risk factors," said Sharon Bird, RN, LUHS. "This has allowed us to better identify women at risk and offer care to meet the medical, psychological and emotional needs of our patients."

The standard Edinburgh Postnatal Depression Scale is used to assess risk of postpartum depression. A nurse administers the screening in which the mother is asked to answer 10 short statements about her feelings. If it is determined that the mother is at risk, the nurse then works with the patient's obstetrician to coordinate care with a psychiatry team and develop an individualized plan of support. Therapeutic options and mental health services such as individual therapy, peer support groups and couples' counseling are available to all patients.

After treatment with antidepressants and more than a year in individual therapy, Rodriguez feels like herself again.

"I don't know where I would be without Loyola's Postpartum Depression

Screening and Treatment Program," said Rodriguez. "I have my life back and can now enjoy watching my baby grow and discover the world around him."

Provided by Loyola University

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