

Talking postpartum depression and exercise with kinesiology expert

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Beth Lewis, Ph.D. Credit: University of Minnesota

May is Maternal Mental Health Awareness Month. The Centers for Disease Control and Prevention estimate that one in nine mothers in the U.S. will experience symptoms of postpartum depression.

Beth Lewis, Ph.D., is a professor in the College of Education and Human Development and director of the School of Kinesiology. In addition to her research tied to [exercise](#) and [mental health](#), Lewis is also conducting studies tied to high-intensity interval training (HIIT) for improving physical activity adherence. Lewis, who researches the intersection of exercise and postpartum depression, answers questions about what postpartum depression is and how exercise could be beneficial for new mothers.

Q: What is postpartum depression?

Prof. Lewis: Postpartum depression occurs following childbirth and can present itself differently depending on the person. Common postpartum [depressive symptoms](#) include loss of pleasure in life, bouts of crying, difficulty in day-to-day functioning, insomnia, and/or feelings of guilt, fear or anxiety.

Q: How can exercise during and after pregnancy affect the well-being of mothers?

Prof. Lewis: The postpartum phase is a very busy and stressful time of life and, often, exercise is the first thing that can get crossed off the priority list. However, exercise may be exactly what the new mother needs to decrease stress, anxiety and depressive symptoms. Several studies have indicated that exercise is helpful for both preventing and treating postpartum depression.

Q: Are there exercises that appear to have the most impact?

Prof. Lewis: The best exercise for preventing postpartum depression is any exercise that will increase the likelihood of adhering to an exercise

routine. Staying consistent with an exercise routine can be difficult given the stress and time constraints related to having a baby. Therefore, it is important for [postpartum women](#) to pick an exercise routine they can stick with in the long term. We remind our postpartum research participants that three 10-minute bouts of exercise are just as helpful as a single 30-minute bout and may fit better with a hectic schedule.

Q: What is the difference between prevention versus treatment and where does exercise fall into that equation?

Prof. Lewis: Exercise can be used for both the prevention and treatment of postpartum depression. Postpartum women who have a history of depression are approximately three times more likely to develop postpartum depression than women without a history. Therefore, prevention efforts are particularly important for this population. Exercise can play a primary role in prevention efforts given it can act similarly to antidepressants by increasing serotonin levels in the brain. Exercise can also play a role in treating depression once diagnosed and in many cases may be combined with other therapies.

Q: What is next for your scholarship and research in this space?

Prof. Lewis: We are currently conducting a randomized controlled trial examining the efficacy of a home-based [exercise intervention](#) for preventing postpartum [depression](#) among women at risk. We are enrolling low-income women during pregnancy (less than 20 weeks) and then following them through three months [postpartum](#) to determine if exercise can help prevent [postpartum depression](#). The intervention is being delivered in both English and Spanish in order to reach a wider range of individuals.

Provided by University of Minnesota

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