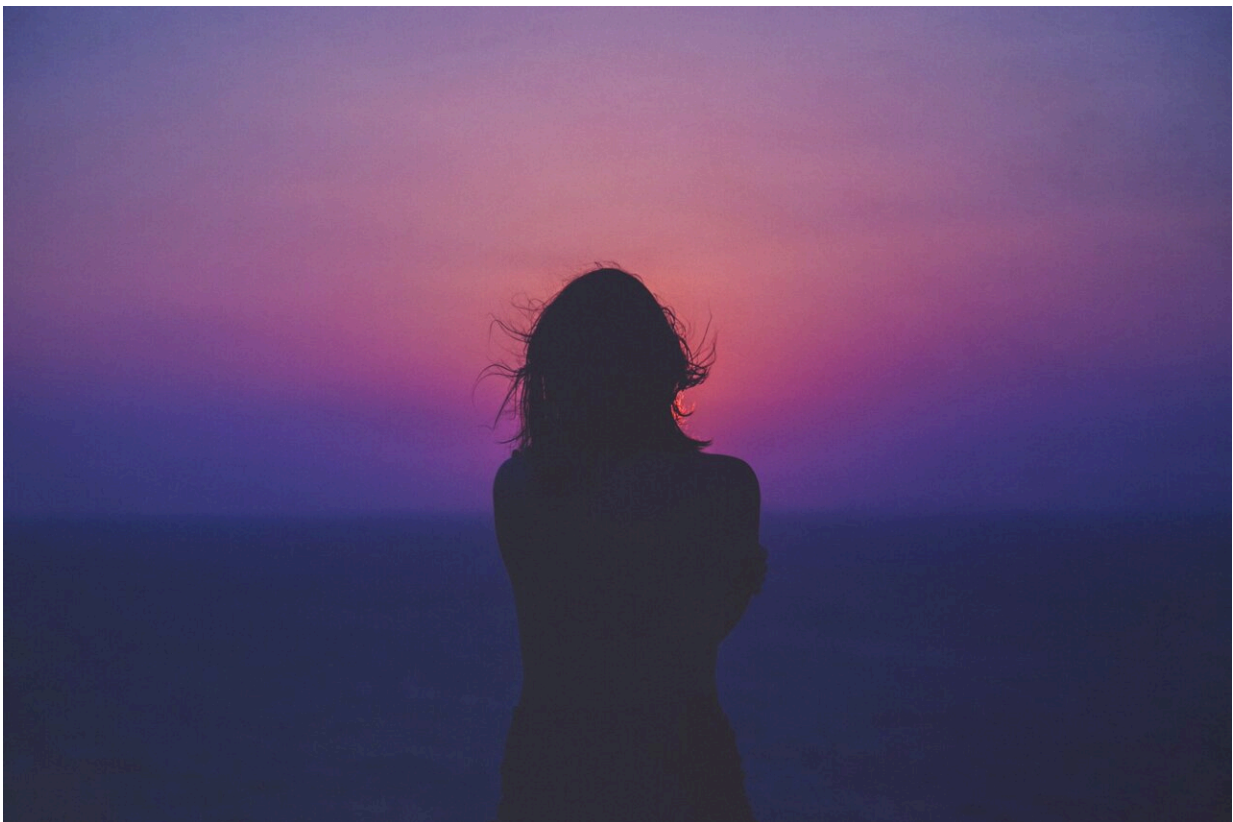


A young mother is accused of killing her children. What is postpartum depression and psychosis?

January 27 2023, by Cynthia McCormick Hibbert



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A Massachusetts woman is accused of killing her three- and five-year-old children, and injuring her seven-month-old baby, raising questions

how an apparently loving mother could turn on her young family.

Authorities say Lindsay Clancy of Duxbury jumped out of a second-story window in an apparent suicide attempt after allegedly strangling her children Tuesday. The Boston Globe reported that Clancy opened up on social media in July about suffering from postpartum anxiety.

Northeastern University psychology professor Laurie Kramer spoke to Northeastern Global News about how reemergent or new mental health issues can cause mothers to use violence against their children, often in the name of deluded love.

Kramer, who works in the department of applied psychology, also describes interventions that can help protect mothers and their children and work to prevent tragedies of the kind that occurred in Duxbury. Comments have been edited for clarity and brevity.

How common is postpartum depression and what are some of the symptoms?

Postpartum depression is common. It occurs in about one to two out of every 10 women who give birth. They could be experiencing a sense of sadness, low mood, unhappiness and being really confused by the fact they had expected to be euphoric and really happy at the birth of their baby.

New mothers may have a great deal of fatigue, feel kind of hopeless and have difficulty sleeping.

Postpartum depression can be very serious and require intervention. It may also dissipate over time, especially if the woman gets enough sleep and has someone who can help take care of the baby.

How is postpartum psychosis different from postpartum psychosis?

Postpartum psychosis is very, very rare. It's also much more serious. Mothers with postpartum psychosis may also feel depressed and hopeless, but it's coupled with confusion and disordered thinking.

In severe cases, sufferers may experience hallucinations, especially auditory hallucinations. When they are not thinking straight and hearing voices, maybe becoming paranoid and having some delusions, they can act in ways that could be dangerous to themselves or to others.

It could be voices telling them to do things that are dangerous, to drive off a cliff. They're just not able to test and dismiss some of those intrusive thoughts, delusions or hallucinations.

Who is most at risk for mental health issues in the postpartum period?

We don't have a lot of predictors of who is more vulnerable, who is most at risk. There is some thought that women who have a history of any kind of psychotic disorder, such as [bipolar disorder](#) or schizophrenia, are more at risk of postpartum psychosis.

But it can happen to women who don't have any psychiatric history. Researchers at Massachusetts General Hospital estimate that about half the cases of [postpartum psychosis](#) happen with people who have no history of mental health disorders—it really comes out of the blue.

What can be done to prevent postpartum depression and postpartum psychosis from having negative

effects on women and their children?

Understand that the months after a child's birth are considered the "fourth trimester" and make sure mothers of newborns have plenty of support. Women's bodies go through so many changes and there are many different hormones at play.

Make sure the new mother is eating and getting adequate sleep. Lack of sleep is a huge predictor of a lot of [mental health issues](#).

A lot of us would like to see expansion of home visiting programs for new mothers, especially those who may be living alone and struggling with income, food and housing insecurity. All of those factors make people more vulnerable to bad mental health outcomes.

There is a growing movement to provide women with doulas who assist them not only during the birth but in the postpartum period.

How seriously should friends, family and medical professionals take suicidal ideation or disordered thinking in parents of newborns and dependent children?

Very seriously. Don't wait, don't try to test if this is a one-time occurrence. Contact the woman's obstetrician or internal medicine physician or bring her to the emergency room to get her checked out.

There are medications that can be administered right off the bat that can be very useful. Hallucinations and delusions should be understood as a medical problem and a mental health problem. There is treatment.

For the safety of the mother and for the children, it's imperative that any

person in that woman's life take action and make sure that everyone is protected.

Are women sometimes afraid to reach out for help?

I think women are very afraid of being seen as a bad mother, despite the fact [postpartum depression](#) is a worldwide phenomenon. In addition to medical intervention and psychological support, being in contact with other women who have been through similar experiences and found their way out of this can be helpful.

They can see this may be temporary; they are not going to feel this way the rest of their lives. Counseling and therapy can be extremely helpful.

Provided by Northeastern University

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