

New treatment for postpartum depression offers hope, but the stigma attached to the condition still lingers

October 20 2023, by Nicole Lynch and Shannon Pickett



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Postpartum depression can affect anyone, and it often sneaks in quietly, like a shadow in the corners of a new mother's life. It presents significant

challenges for around [1 in 7 new mothers](#), affecting their emotional well-being and overall quality of life and that of the newborn.

Many—[if not most](#)—women experience the "[baby blues](#)," or generalized feelings of sadness, worry, unhappiness and exhaustion, in the initial days after giving birth. In most cases, these mood changes [are resolved in the first two weeks after having a baby](#). In contrast, the symptoms of [postpartum depression](#) endure for more extended periods, sometimes lingering [for up to three years](#).

[The symptoms can also start during pregnancy](#). Research shows that more than half of women who [experience depression symptoms during pregnancy](#) will develop postpartum [depression](#) too.

A much more [rare and severe psychiatric disorder](#) following delivery is called postpartum psychosis. Its onset is rapid and severe, with hallucinations, delusions and emotional distress, along with bizarre and sometimes dangerous behaviors. About one or two in 1,000 women experience [postpartum psychosis](#) after giving birth.

We are a [clinical nurse specialist](#) and a [licensed mental health counselor](#), and together we have over 45 years of experience as educators and clinicians.

With proper awareness, education and intervention, perinatal mood disorders are [nearly 100% treatable](#). We want women to realize that they are not alone, they are not to blame, and with help [they can be well again](#).

Crying, sadness and lack of bonding

Following pregnancy, many women experience normal changes that can mimic symptoms of depression, such as sadness, worry and exhaustion.

The transition to motherhood, particularly with a new baby in the home, can be overwhelming. However, it's essential to distinguish between these common adjustments and [more concerning signs of depression](#).

If you or someone you know finds themselves experiencing any of the following symptoms persistently for over two weeks after giving birth, it's crucial they reach out to their doctor, nurse or midwife. Here are some of the [most-reported symptoms](#) of postpartum depression:

- [Lack of bonding and feeling disconnected](#) from the baby or experiencing a [lack of interest in them](#).
- Restlessness or moodiness and feeling unusually agitated or irritable.
- Persistent feelings of sadness, hopelessness or being overwhelmed.
- Experiencing physical symptoms such as persistent headaches, other body aches and pains or digestive issues that don't resolve.
- A profound lack of energy or motivation, making daily tasks feel daunting.
- Significant changes in appetite and either eating too little or too much.
- Disturbed sleep patterns, such as sleeping too much or too little, even when given the opportunity to rest.
- Difficulty concentrating or making decisions, or experiencing memory problems.
- Overwhelming feelings of guilt, worthlessness or inadequacy as a mother.
- A notable decline in interest or pleasure in activities previously enjoyed.
- Isolating from friends and family, avoiding social interactions.
- [Thoughts of](#) harming the baby or themselves. These [should be taken extremely seriously](#) and [warrant immediate attention](#).

[Some risk factors](#) associated with higher likelihood of postpartum depression include life stress, [depression history](#), maternal anxiety, lack of social support, infrequent exercise, unintended pregnancy and [intimate partner violence](#).

Real-life examples

People dealing with depression not only have to manage their symptoms but may also [face the stigma](#) and discrimination that these conditions often bring. There is an expectation that new parents will be happy after delivery. Sadness, stigma, shame or guilt greatly affects a person's willingness to seek help. Studies show that many people opt not to seek treatment to avoid being [perceived as unfit parents by health care providers or family](#).

As a nurse and a mom who has experienced postpartum depression, I (Nicole Lynch) frequently share my story with others. Years ago, another mom shared with me how helpful it was to hear that she wasn't alone. Knowing that other women—dedicated parents who love their children—can feel this way and that [things can get better gave her hope](#).

Throughout my career, I (Shannon Pickett) have worked with several mothers and prospective parents who have struggled with postpartum depression. For instance, I worked with one woman for several years about her anxiety and her struggle to conceive. After years of trying, she finally became pregnant. Both she and her husband were overjoyed and could not wait to become parents.

The pregnancy went smoothly and there were no complications. She had never shown any signs of depression previously, but once the baby was born, that changed. My client had trouble bonding with the baby and did not want to hold or console her new son when he needed soothing.

Her husband would often step in to comfort the infant and would ask my client, "What is wrong with you?" It caused frustration within their marriage because the father felt as though he was doing the caregiving alone and that my client was withdrawn. She had planned to take a break from therapy for a bit after the baby was born, but her husband encouraged her to reach out to schedule an appointment.

I could tell right away that she was struggling with postpartum depression. She barely smiled, had difficulty engaging in and concentrating on our conversation and cried throughout most of the session.

We talked a lot about the guilt she felt over not wanting to be around her son or hold him, even though she had fought for so long to become a mother. After receiving a proper diagnosis and starting an [antidepressant medication](#), my client was able to recover and bond with her son. The medication did take a few weeks to get into her system, so the results were not instant. Maintaining her sessions and using her support system were [important for her recovery as well](#).

Heightened risk

While postpartum depression can affect anyone regardless of their socioeconomic status or their background, [some women affected by social inequalities](#) have increased risk of many common postpartum mental disorders and their [adverse consequences](#).

One study found that new mothers with low incomes, those who had not earned a [college degree](#), were unmarried or were unemployed were 11 times more likely than women with no [risk factors](#) to have [clinically elevated depression scores three months after having a baby](#).

Inadequate support

The Centers for Disease Control and Prevention estimates that [about 20% of pregnant women were not asked about depression](#) during a prenatal visit, and more than half of women with postpartum depression remain untreated for their symptoms.

What's worse, there is a [lack of access to mental health services](#) for women after delivery. Many promising treatments are underexplored, especially in scientific studies. While more people are talking about postpartum depression, there is [still stigma around seeking help](#).

A new medication offers hope

It's vital to remember that postpartum depression is a treatable condition. Seeking help from health care professionals is a courageous and necessary step.

In August 2023, the Food and Drug Administration [approved the first oral medication](#), Zurzuvae, [specifically intended to treat severe depression after childbirth](#). It holds promise for addressing the complex array of symptoms associated with postpartum depression and offers newfound hope for affected mothers and their families.

If you are experiencing symptoms of [postpartum](#) depression, consider [finding a therapist](#) in your community for either telehealth or in-person sessions.

There are also [postpartum support groups](#) that meet in person and online.

Supportive therapies, including counseling, medication and lifestyle adjustments, can significantly alleviate symptoms and improve overall well-being. Early intervention is key to a faster and more complete recovery, ensuring that mothers can enjoy the precious moments with

their baby and find fulfillment in motherhood.

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