



**Improving
Mental Health Services
for Perinatal Women**

Types of Depression

FACT SHEET

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There are three commonly recognized types of postpartum depression. The most common, usually referred to as the 'baby blues' affects approximately 40-70% of women. Women with the baby blues typically have intense feelings, are irritable, anxious and may have trouble sleeping. The baby blues typically begins within a few days of delivery and subsides in about 2 weeks.

The second type of depression is known as postpartum depression. This type of depression affects from 10-20% of new mothers. The symptoms can begin at any time within the first year after birth and usually include fatigue, loss of interest, feeling of worthlessness and excessive anxiety over their child's health.

The most devastating and rarest type of depression is postpartum psychosis (or puerperal psychosis). This only affects about 0.1-0.2% of women but can have severe impacts on the family. Symptoms usually present within the first 4 weeks but can occur anytime during the first year after birth. Mothers with postpartum psychosis are severely impaired, suffering from hallucinations and delusions, and are at high risk of suicide and/or infanticide.

Another category of maternal depression that is usually overlooked is prenatal depression. Women with prenatal depression display different brain activity and elevated levels of stress hormones, which can lead to poor pregnancy outcomes and increased cost of care.

There are two mechanisms that could affect newborn neurobehavioral functioning. The first is a direct mechanism that involves hormonal changes and the second is indirect mechanisms that might include poor health behavior such as smoking.

This study concluded that men in non-traditional families were more likely to suffer from depression than men in traditional families. The higher levels of depression correlate with higher rates of depression in the partners, less education, and less social support.



Depression & Comorbidity

FACT SHEET

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Depression is commonly associated with other conditions such as anxiety, personality disorders, alcoholism, drugs, and post traumatic stress disorder. It may be these conditions and not depression that are the main risk to children.

Women who experience depression and other comorbid illnesses such as anxiety, substance abuse or eating disorders, displayed poorer play interactions with their 4-month-old infants than mothers with depression only or mothers who had no psychological problems. These same infants with comorbid mothers at 14-months-old were at higher risk for attachment insecurity.

The infant-parent dyad may be able to buffer long term effects on the family if depression is the sole risk factor.

When combined with depression, social conditions such as poverty, single parenting, family conflict and dangerous environments may interfere with developmental progress.

Marital problems may heighten problems in the child's emotional and social functioning.

Co-occurring illnesses can include: anxiety, obsessive-compulsive disorder, abuse, chronic medical illness, low self-esteem, alcoholism, and eating disorders. Co-occurring life experiences may include: lack of education, living on public assistance, homelessness, unemployment, living in poverty, perceived lack of support, decreased family cohesion, and lower levels of marital satisfaction.

Antenatal substance abuse combined with a psychiatric disorder may lead to poor pregnancy outcomes and an increase in cost to care for the infant.



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Risk Factors & Symptoms of Depression

FACT SHEET

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Detecting postpartum depression can be difficult because its symptoms are similar to patterns seen in normal pregnancy and childbirth.

The most common risk factors for postpartum depression include:

- Personal history of depression
- Family history of depression
- Unplanned pregnancy
- Poor partner support
- Single parent
- Prenatal depression
- Complicated pregnancy and/or delivery
- Pre-term delivery
- Poor social support
- Multiple or stressful life events
- Severe PMS, menstrual disorders, and/or difficulty becoming pregnant (hormone induced)
- History of childhood abuse
- Thyroid problems
- Frequent yeast infections
- Poor diet or severe morning sickness
- Poor relationship with mother

Symptoms of postpartum depression include:

- Depressed mood
- Lack of interest or pleasure in activities
- Lack of appetite or pleasure in eating
- Sleeping too much or not at all
- Fatigue
- Feelings of guilt or worthlessness
- Poor concentration
- Forgetfulness
- Persistent anxiety
- Thoughts of death or suicide



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"Depression is a very treatable illness. Even women with severe depression respond positively to treatment..."

The two most common forms of treatment are psychotherapy and antidepressant medication. The choice of treatment depends on the mother's preference and the severity of the depression. Most breastfeeding mothers are wary of taking medications and therefore choose psychotherapy. Other methods of treatment include massage therapy and electroconvulsive therapy.

It is important to include interventions that target mother-child interaction as well as the mother's depression.

Research has also indicated the value of intervention with infants of depressed mothers. One study concluded that by providing natural buffers (i.e., non-depressed fathers and nursery school teachers) infants received better interaction ratings. Massage therapy for infants has also been shown to lower stress, improve emotionality, sociability, and soothability temperament than infants who were rocked.

Another form of treatment includes the use of bright lights to treat postpartum depression. Light therapy has been used to treat seasonal affective disorder and premenstrual dysphoric disorder successfully. Preliminary data suggests that light therapy also has an antidepressant effect on postpartum depressed mothers.

Recent attempts to prevent maternal depression from recurring have been successful. When progesterone was administered immediately after childbirth to mothers with a history of postpartum depression, the rate of prevention was between 90 and 92%.



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Interaction Styles & Parenting Behavior

FACT SHEET

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RESEARCH

There are two predominant interaction styles associated with depressed mothers, withdrawn and intrusive. Infants whose mothers are depressed and show these interaction styles demonstrate signs of disturbance.

Infants exposed to withdrawn or intrusive mothers show an increase in avoidance and distress.

Mothers with withdrawn behaviors are characterized as being disengaged, understimulating, underinvolved, show less positive response to their infant and provide less teaching. Infants of these mothers show the same pattern of diminished responding.

Intrusive mothers are overstimulating and overly-involved with their infants. These infants may demonstrate deficits in academic performance, diminished cognitive functioning, fussiness, and may experience more anger and anxiety.

Assessing how maternal depression impacts parenting behavior is difficult due to the various experiences of the individual. Three areas of parenting behavior have been identified; negative or coercive behavior, disengagement, and positive behaviors. Negative behavior is associated with parental irritability and hostility, while disengaged mothers provide inadequate stimulation. Somewhat rare, are those mothers who show positive play or social interactions.

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RESEARCH

Maternal depression that is unrecognized and untreated can have detrimental effects on children. They are at higher risk for developing serious developmental, behavioral, and emotional problems.

Effects on infants:

- Less active
- Fussier
- Less responsive to others
- Slower to walk
- Fewer facial expression
- Have higher heart rates and lower vagal tone
- Vocalize less frequently
- Difficulties engaging in social and object interactions
- Weigh less

Effects on toddlers:

- Higher risk for affective disorder
- Exhibit problem behaviors
- Neurological delays
- Attention problems
- Poor peer relationships
- Problems with self-control
- Develop symptoms that mimic mother's depressed behavior

Effects at 36 months:

- Less cooperative
- More aggressive
- Show brain activity that suggests chronic depression
- Demonstrate less verbal comprehension
- Lower expressive language skills
- More problem behaviors
- Perform poorly on measures of school readiness