



Make Prevention a CHOICE

Postpartum Depression

Definition:

The condition most often referred to by the lay community as *postpartum depression* has many different names: postpartum panic attacks, postpartum distress, postpartum anxiety and stress, postpartum emotional syndrome, postpartum emotional difficulty, baby blues, maternity blues, major postpartum depression, postpartum psychosis, postpartum psychotic depression, and puerperal psychotic depression. Those within the field cannot decide on what to call it. Because there has not been an agreement on what to call the condition, defining it has also been troublesome. The definition most commonly used is: *an umbrella term used to refer to a variety of postpartum psychiatric disorders.*

Symptoms:

- ♦ Generally, don't feel well
- ♦ Despondency
- ♦ Crying
- ♦ Not wanting to touch the child
- ♦ Fear of harming oneself
- ♦ Anxiety
- ♦ Fear of harming the baby
- ♦ Exhaustion
- ♦ Agitation
- ♦ Fear (something might happen to the child)
- ♦ Feelings of sadness
- ♦ Lowered Self-Esteem
- ♦ Mood Swings
- ♦ Depression
- ♦ Want to Disappear
- ♦ Confusion, Disorientation
- ♦ Eating Disorders
- ♦ Obsessive Thoughts

Causes:

- ♦ Hormonal Imbalance
- ♦ Sleep Deprivation
- ♦ Lack of structure to the day
- ♦ Pregnancy experiences and labor and delivery fears

- Personality type (i.e., factors such as how much they were inclined to worry, or how “perfect” they felt they had to be)
 - Unfinished business (from earlier in their lives, i.e., alcoholic family, incest, child abuse)
 - How much your partner participated in having and caring for the child.
 - An unrealistic picture of motherhood.
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- Whether or not interest outside of child care could be maintained.
 - Whether the person could call on a network of friends and relations for help and advice.
 - Whether or not she lived in housing that cut her off from other adults.
 - How much control she had over pregnancy and birth.
 - Pressure of trying to rearrange and balance the demands of work, finances, and the frequent lack of adequate support in the form of parental leave, job security, and child care.

Treatment:

- Warmline for information or hotline for a crisis situation and immediate support or referral.
- Individual sessions with a psychiatrist who is familiar with PPD.
- Individual support or counseling with a practitioner (a Registered Nurse Counselor, a Psychologist, or Social Worker) who understands PPD and who works interactively with other care givers.
- Join a PPD support group.
- A support network to help manage daily chores and routines while going through recovery and/or adjustment.
- Educate Yourself. Read as much on the subject as you can, and talk with other mothers who have had similar experiences.
- Medication in conjunction with other pieces of treatment.
- Support and information meetings or groups for partners, grandparents, older siblings, and other family members who are involved and/or affected by mom’s recovery process.

*Postpartum depression is 100% treatable.
Each situation is unique and must be thoroughly assessed.*

How to Contact Us

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