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Postpartum depression can bring 'frightening' thoughts: Women struggling with it may have irrational and unpleasant ideas about harming their baby

About one new mom in 10 will suffer from a form of depression known as postpartum depression. Typically, this appears within four to seven months of birth, but there is increasing evidence that it may sometimes begin even before the baby is born. Many of the symptoms overlap with those of other types of depression, including feelings of being overwhelmed and very low mood that will not lift.

There is also a lot of anxiety with postpartum depression, and women struggling with it may be very worried about their baby and about their baby's health. Women may also have unpleasant intrusive thoughts -- irrational thoughts of harming their baby-- and this is the aspect of postpartum depression that gets big media attention. In most cases, these thoughts are very unpleasant and very frightening to them.

"Women are afraid to discuss these thoughts, for many reasons," explains Dr. Diana Carter, a psychiatrist at the Reproductive Mental Health Program at B.C. Women's Hospital. "They are afraid that someone might intervene, and take their baby away, and so on. But the fact is that this is probably just a small chemical imbalance, and that's about it."

There are several factors that contribute to the likelihood of a woman developing postpartum depression.

Foremost are the hormonal aspects to pregnancy, during which a woman's female hormones will steadily climb to a level 100 times higher than normal. Then, as soon as the baby is born and the hormone-producing placenta detaches, those hormonal levels drop suddenly.

"It is a huge endocrinological issue," Carter observes. "You have this slow steady climb throughout pregnancy, to these extremely high levels, and then at birth, boom, they drop right down."

Lack of sleep is definitely another factor, and any previous personal or family history of depression. A woman who has suffered a bout of clinical depression at any time in her life goes from a one-in-10 chance of developing postpartum depression, to a one-in-five or a one-in-four chance. If there is family history of depression and a previous bout of depression of one's own, the chance can rise to one-in-three.

Postpartum depression is also variable in how long it can persist, depending on how soon a woman seeks treatment, and on what her support system at home is like. "If a new mother is alone, looking after the baby on her own, and she's exhausted, then recovery may take longer," Carter explains.

Postpartum depression is unusual in that it is tied to a common, predictable human event.

Could there be some evolutionary reason for its continuing presence? Carter prefers more conventional models for the disease, but she guesses that the heightened vigilance and fearfulness that characterize many cases of postpartum depression may have had an evolutionary purpose.

"In a way, it's almost the mother's worst fear," Carter says, "The mother has all this fear, and in a way that makes her even more intimately involved with the infant."

Two years ago, American actress Brooke Shields began to speak publicly about her own struggle with postpartum depression, an experience that she said included thoughts of suicide and delayed maternal bonding with her infant daughter.

She believes her illness was triggered by a difficult childbirth, a miscarriage, a family history of depression, the death of her father just weeks before the birth and the uncertainty and stress of in vitro fertilization.

She published a book on her experiences, entitled *Down Came the Rain*, and was famously criticized by Tom Cruise for her use of anti-depressants.

"In a strange way, it was comforting to me when my obstetrician told me that my feelings of extreme despair and my suicidal thoughts were directly tied to a biochemical shift in my body," she told the *New York Times* a few months after the birth. "Once we admit that postpartum [depression] is a serious medical condition, then the treatment becomes more available and socially acceptable. With a doctor's care, I have since tapered off the medication, but without it, I wouldn't have become the loving parent I am today."

In her book, she writes that postpartum depression causes women to feel ashamed and desolate.

"There is such a stigma around not being attached to your baby and happy with motherhood," she explains. "The image has been ingrained in our minds and our culture, and any picture less than an ideal one seems to be cause for shame."

"I hope [I can] help new moms not feel alone or desperate and know that there is no shame in their feelings. Postpartum depression is out of their control, but the treatment and healing process is not. There is help, and it works."

At B.C. Women's, Diana Carter and her colleagues prescribe a combination of medication and cognitive therapy. Many new mothers are reluctant to take drugs when they are still nursing, but as Carter points out, if someone is severely depressed, and you have to expose the baby either to a depressed mother, or to medication, then it may be better for the child to be exposed to the medication.

"In the end, forewarned, is forearmed," Carter says. "If you know that you are at risk, then you can have a much lower threshold for getting treatment. You can recognize the symptoms early and get treatment early."

Source: Vancouver Sun