

Baby Blues and Post Partum Depression are not the same thing !

Baby blues is a mild and transient (usually ends in a few days) condition that could affect up to 75-80% of mothers shortly after childbirth. Symptoms don't last long: typically from a few hours to a few days only, with symptoms such as mood swings, crying, some anxiety and feeling down. Baby blues is **not** postpartum depression.

Postpartum depression (PPD) also happens after giving birth but is a form of clinical depression which can affect women, and sometimes even men ! PPD in women is often accompanied by PPD in men !

For Baby Blues,

after delivery, the placental "hormone factory" shuts down causing radical changes in hormone levels, and the woman can suffer symptoms due to withdrawal from the high pregnancy levels of female hormones like estrogen and progesterone. Combined with this shift in hormone levels is the physical, mental and emotional exhaustion - as well as sleep deprivation typical of parenting a newborn. All of these factors contribute to the condition.

Symptoms of Baby Blues are mild and short lived:

- Weepiness and bursting into tears
- Sudden mood swings
- Mild Anxiety and hypersensitivity to criticism
- Low spirits and irritability
- Poor concentration and indecisiveness
- Feeling 'unbonded' with baby
- Restless insomnia

For Post Partum Depression,

It occurs in women after delivery, and may last up to several months. This is a disorder ! It needs attention and possibly treatment. It's an actual clinical depression which happens after delivery. Symptoms are more severe than in baby blues and last much longer. They include depressed mood, changes in sleeping and eating patterns, reduced sexual desire, crying spells, severe anxiety, and irritability. Hormonal treatment has not helped postpartum depression victims. Many women recover because of a support group or counseling and treatment.

Predictors of Post Partum Depression

- A history of clinical depression
- Formula feeding rather than breast feeding
- Lack of social support
- Smoking
- Prenatal depression during pregnancy
- Poor marital relationship
- Infant temperament problems/colic
- Single parent
- Low socioeconomic status
- Unplanned/unwanted pregnancy

Numerous scientific studies and scholarly journal articles support the notion that postpartum depression is treatable using a variety of methods. If the cause of PPD can be identified, treatment should be aimed at mitigating the root cause of the problem, including increased partner support, additional help with childcare, cognitive behavioral therapy ...

Women need to be taken seriously when symptoms occur.

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