



Postpartum Depression and Post-Traumatic Stress Disorder

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Published: May 2 2008 - 6:41pm

White Papers

Emotional Recovery: Postpartum Depression and Post-Traumatic Stress Disorder

Emotions vary widely after birth. Mothers may experience many normal emotions. Some might be excitement and bewildered, joy and worry, uncertainty and confident. A good postpartum plan can help you deal with these emotions.

Postpartum Plan:

- Remember to take care of yourself
- Be realistic and forgiving
- Develop a support system before delivery
- Make a list of things others can do to help
- Grocery shop/cook meals ahead of time but be sure not to tire yourself before delivery



We will be focusing on negative feelings since there is no need to feel concern over positive feelings after a birth. Each woman is affected differently by postpartum adjustment with symptoms ranging from mild to severe. The mild condition is called "The Baby Blues", the moderate condition is known as Postpartum Depression, and the severe form is called Postpartum Psychosis. We will look at Post Traumatic Stress Disorder, in relationship to birth.

Baby Blues

The baby blues are experienced by 50 to 75% of new mothers. This is the most common and least severe of the postpartum reactions. Symptoms include:

- Crying for no apparent reason
- Impatience; loneliness
- Irritability; loss of identity
- Restlessness; sadness
- Anxiety; low self-esteem
- Increased sensitivity and vulnerability

These symptoms are unpleasant, but manageable. They often start around the third to fourth day after delivery and last for a week or two. A woman often experiences a sense of disorientation. Highs are followed by lows. Gather your support around you. Share your feeling with your partner, another mother, or a professional. If the symptoms persist and interferes with your ability to care for yourself or your baby, then you may have postpartum depression.



Postpartum Depression

Postpartum Depression affects at least one in ten new mothers. Some within days of delivery, for other moms the symptoms come on gradually, up to a year or more later.

Symptoms include:

- Sadness, depression, hopelessness
- Sluggishness, fatigue, exhaustion
- Poor concentration, confusion
- Appetite and sleep disturbances
- High anxiety levels
- Memory loss
- Over concern for the baby
- Uncontrollable crying, irritability
- Lack of interest in the baby
- Feelings of guilt, inadequacy, worthlessness
- Fear of harming yourself
- Fear of harming the baby
- Exaggerated highs and/or lows
- Lack of interest in sex



Most women are unprepared and feel bewildered when these symptoms are experienced. PPD does not take the same form for every woman. If you have several of these symptoms, ranging from mild to severe, you could have postpartum depression. You may have alternating "good" and "bad" days. Any of these symptoms can be reason to seek professional help.

Postpartum Distress

Some women may not feel depressed, but instead may feel anxious. Postpartum anxiety or panic disorder is characterized by:

- Intense anxiety and/or fear
- Rapid breathing
- Fast heart rate
- Sense of doom
- Hot or cold flashes
- Chest pain
- Shaking, dizziness

Postpartum distress may include obsessive-compulsive symptoms; such as:

- Intrusive, repetitive thoughts
- Repeated thoughts of harming baby
- Anxiety, depression



These thoughts are scary and out of character for the woman experiencing them.

Post Traumatic Stress Disorder

Connie Banack, past national ICAN president, talks to us about Post Traumatic Stress Disorder: PTSD has only recently been attributed to birth trauma. It's important if you have any symptoms to acknowledge that you need more support. I would recommend a postpartum support group.

Post Traumatic Stress Disorder is a severe anxiety reaction to a traumatic event that occurs outside the range of usual human experience.

PTSD can occur as an acute disorder soon after the trauma, or have a delayed onset in which the symptoms occur more than six months after the trauma. It can occur at any age and can follow a natural disaster such as flood or fire, a man-made disaster such as war or imprisonment, rape, or assault (such as a traumatic birth experience, often without acceptable informed consent). Such events produce stress in anyone, but not everyone will develop PTSD. The cause is not known, but psychological, genetic, physical, and social factors may contribute to it. In studies of Vietnam war veterans, those with strong support systems were less likely to develop PTSD than those without support systems. People with PTSD persistently re-experience the event in at least one of several ways: recurrent distressing dreams; recurrent recollections of the event; a sense of reliving the experience (flashbacks); and intense distress at events that symbolize an aspect of the event (such as anniversaries).

Post Traumatic Stress Disorder symptoms include:

- Recurrent distressing memories of the event



- Recurrent dreams of the event
- Flashback episodes
- Inability to recall aspects of the trauma
- Lack of interest in activities
- Feelings of detachment
- Sense of foreshortened future
- Sleeping difficulties
- Irritability or outbursts of anger
- Difficulty concentrating
- Exaggerated startle response
- Sense of guilt about the event

Additional symptoms that may be associated with this disease:

- Excessive sweating
- Paleness; headache
- Heartbeat sensations
- Fever; fainting; dizziness
- Agitation; phobia
- Anxiety, stress, and tension
- Alcohol and/or drug abuse



It might be helpful in preventing PTSD for those who have experienced extremely stressful situations to seek counseling or other psychiatric intervention as soon after the event as possible. Characteristic symptoms that persist after a history of unusual trauma lead to the diagnosis of PTSD. A psychiatric examination is often done.

The aim of treatment is to reduce the symptoms by encouraging the affected person to express grief and complete the mourning process (a very important first step). Support groups are effective at providing a setting where people who have had similar experiences can share feelings. Treatment for depression, alcohol use or substance abuse, or associated medical conditions may need to take place before psychological problems can be effectively addressed. Behavior therapy can be used to treat avoidance symptoms. Behavior techniques used include the graded exposure and flooding technique (frequent exposure to an object that triggers symptoms). Anti-depressive and anti-anxiety medications are sometimes used. These medications act on the central nervous system to reduce the feelings of anxiety and associated symptoms.

The best prognosis (probable outcome) is associated with symptoms that develop soon after the trauma, and with early diagnosis and treatment. Go to the emergency room or call the local emergency number (such as 911) if you are feeling overwhelmed by guilt, if you are impulsive and unable to contain your behavior, or if you are experiencing other symptoms of PTSD. Know that you are not alone- that there are people who understand and who can help.

Canada has recognized PTSD in relationship to birth for several years. The United States has just begun to do so as of 1999.

Contributing Factors

Any woman who is pregnant, had a baby, miscarried, or even recently weaned a child from breast-feeding can be affected, regardless of how many previously uncomplicated pregnancies or postpartum adjustments she has made. There are contributing risk factors; biological, psychological, and in your relationships, that might predispose you to suffering in your postpartum period. These



include:

- History of personal or family depression, anxiety, panic, mania, obsessive thoughts, or behavior
- Feelings of inadequacy; low self-esteem
- Martial conflict; Single parent
- Lack of support
- Super woman syndrome
- Hormonal risks; thyroid imbalance, PMS
- Physical exhaustion; lack of sleep

Rebounding From Childbirth

Lynn Madsen does a wonderful job helping women work through their emotional recovery. She shows how traumatic childbirth can be healed. The following is taken directly from her book, *Rebounding From Childbirth*:

From Part One: Acknowledging the pain.

Chapter One: Denial and affirmation of the impact of birth. To affirm birth in any form, its power and life-giving force for all involved requires acknowledgment of all kinds of impact- positive and negative, loving and hateful, painful and pleasant.



Question One: What do I do when I am told something I don't want to hear?

Question Two: How have I been told to ignore my baby's birth experience?

Question Three: How am I aware that my birth experience may be more important than I have yet acknowledged?

Chapter Two: Cesareans and Major Interventions. Each mother can decide if how she gave birth was traumatic or not. One essential guideline is that if she feels traumatized, she was.

Question One: Do I doubt that what happened to was traumatic?

Question Two: What messages do I receive from others, either now or voices from the past that can still be heard in my head, that encourage me to minimize or completely discount the trauma?

Question Three: How am I afraid of my own responses to the trauma?

Question Four: Have I ever related all remembered details of my baby's birth to another person?



From Part Two: Picking Up the Pieces, Accepting the Gifts of Birth, and Moving Forward

Chapter Six: Affirm All Attempts at Self-Empowerment. Any movement toward healing, no matter what its outcome, will make a difference. Movement towards health is movement away from the sinkhole of depression, denial, and self-hate.

Question One: Have you ever abandoned a goal for fear of not completing it? If you gave yourself permission to begin the goal and take only the first step, would that make the fear smaller?

Question Two: Perhaps a goal's results have turned out differently than planned and you feel disappointment. Do you negate the entire experience? Is there a way to affirm the results?

Chapter Seven: Maybe Another Baby. With the decision to have another baby, commitment to taking all the risks along with all the joy is made.

Question One: What are your fears of a past birth repeating itself?

Question Two: If you have decided to have another baby, in what ways are your plans different from the first birth? In what ways are they similar to the first birth? Do you believe there is a need for different plans?

Chapter Eight: Feelings, Those Suckers. Every feeling about birth matters, no matter how long that



feeling lasts or what it is about, no matter how unreasonable, irrational, or out of proportion it seems. Any feeling, no matter how strong is easier to live with once it is named.

Question One: Are you aware of an entire range of feelings?

Question Two: You'll have to read the book.

Question Three: If you picked colors to represent feelings, what would they be?

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8/20/2002

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