

PPD

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condition, on this level, can disappear as quickly as it appeared, and usually, on this level, the mother does not need treatment.

Hagler said that according to the National Mental Health Association, up to 80 percent of new mothers have baby blues. If a mother continues to experience mood swings or feelings of depression for more than two weeks after childbirth, it may be more serious than the baby blues and it may be the next level, which is postpartum depression.

Hagler said that according to the Office on Women's Health, roughly 10 percent of pregnancies result in postpartum depression. This is a major form of depression and is less common than the baby blues. Postpartum depression includes symptoms of depression but occurs only after childbirth.

Symptoms of clinical depression include: persistent sad, anxious or "empty" mood; sleeping too much or too little, waking in the middle of the night or in the early morning; loss of appetite or reduced appetite and weight loss or increased appetite and weight gain; loss of pleasure and interest in activities once enjoyed, including sex; restlessness and irritability; persistent physical symptoms that don't respond to treatment, such as chronic pain or digestive disorders; difficulty concentrating, remembering or making decisions; fatigue or loss of energy; feeling guilty, hopeless or worthless; thoughts of suicide or death. If people have five or more of these symptoms and the symptoms persist for two weeks or more and/or if the symptoms interfere with one's daily life or work, the person may be suffering from clinical depression and needs to see his or her doctor or a mental health professional.

In addition to suffering from symptoms of clinical depression, the person with postpartum depression may have specific fears such as excessive preoccupation with the child's health or may have intrusive thoughts of harming the baby. Given the stressful circumstance of caring for a new baby, the mother will be more tired and irritable, but if the mother experiences drastic changes in motivation, appetite or mood, she may need to seek help from a mental health professional. For a clinical diagnosis, postpartum depression must be present for more than two weeks after childbirth.

Hagler said that according to the Office on Women's Health, if postpartum depression is left untreated the symptoms may worsen and may linger for as long as a year. But this condition can be diagnosed, treated and the symptoms can be alleviated, Hagler said.

An estimated 10 percent of new mothers experience various degrees of postpartum depression. Symptoms can occur within days after childbirth or up to a year or so later. Symptoms can range from mild to severe, and the mother may have good days and alternating bad days. The symptoms can be quite distressing, where the woman needs to seek help quickly. "With good medications and psychiatric intervention, it can be very treatable and the prognosis is very good," Hagler said.

The third level of postpartum condition, according to the Office on Women's Health, is known as postpartum psychosis, Hagler said. "This is serious mental illness. According to the Office on Women's Health, it affects one in 500 to 1,000 new mothers. The onset is severe and quick, usually within the first three months after delivery. Women who suffer from psychosis may completely lose touch with reality, often experiencing hallucinations and delusions."

"Hallucination" means seeing, feeling, hearing and/or smelling something that does not exist. Delusions are false ideas, Hagler said.

Other symptoms of postpartum psychosis, according to the Office on Women's Health, include insomnia, agitation, bizarre feelings and behavior, Hagler said. Postpartum psychosis should be treated as a medical emergency. People suffering from postpartum psychosis need immediate medical assistance, which almost always includes medication. Often women suffering from postpartum psychosis are hospitalized.

Who's at risk?

Hagler said that according to the Office on Women's Health, any woman who is pregnant and has had a baby within the past several months or miscarried or any woman who recently weaned a child from breast feeding is at risk. A woman can experience postpartum depression regardless of age, socioeconomic status or the number of children she has given birth

do. Postpartum depression may be due in part to hormonal changes.

According to the Office on Women's Health, postpartum depression is more likely to occur if the woman has had previous postpartum depression, depression not related to pregnancy, severe premenstrual syndrome, a nonsupportive partner or stress related to the family, marriage, occupation, housing and other events during pregnancy or after childbirth, Hagler said.

According to the Office on Women's Health, women with a history of mood disorder such as depression are at an increased risk of relapse after delivery, Hagler said. Thirty-three percent of women who have had postpartum depression have a recurrence of symptoms after a subsequent delivery. As many as 60 percent of women with bipolar disorder (formerly known as manic depression) have a relapse after childbirth. Prenatal screening can identify these women during pregnancy.

"Some women may not be depressed during pregnancy or after childbirth but may feel very anxious, and instead these women might suffer from postpartum anxiety or anxiety disorder," Hagler said. "The symptoms of this can include intense anxiety, fear, rapid breathing and accelerated heart rate, hot or cold flashes, chest pain, shaking or dizziness, according to the Office on Women's Health," Hagler said.

According to the National Mental Health Association, after childbirth, women may experience birth-related post-traumatic stress disorder, Hagler said. Post-traumatic stress disorder includes these symptoms for anyone (not just new mothers): witnessing an event involving actual or threatened danger to the person or others; responding with intense fear, helplessness or horror. Symptoms of birth-related post-traumatic stress disorder also may include: obsessive thoughts about the birth; feeling of panic when near the site where the birth occurred; feelings of numbness and detachment; disturbing memories of the birth experience; nightmares; flashbacks; sadness; fearfulness; anxiety or irritability.

Causes or factors relating to PPD

Hagler said, "The causes or factors are not quite clear, but research suggests that it's a complex mixture of biological, emotional and behavioral changes."

A variety of hormonal changes may trigger the symptoms of postpartum depression, Hagler said. For example, estrogen and progesterone levels increase during pregnancy to accommodate the growing fetus, and drop after childbirth. "These decreases in hormonal (levels) after childbirth may trigger depression just as smaller hor-

monal changes can affect women's moods (during) menstruation."

Thyroid levels also may drop after childbirth, and thyroid deficiency can trigger symptoms that mimic depression such as mood swings, severe agitation, fatigue, insomnia and anxiety, according to the Office on Women's Health, Hagler said. A thyroid test can determine if this condition is causing the woman's postpartum depression.

According to the National Mental Health Association, a variety of physical, psychological and environmental factors can lead to postpartum depression, Hagler said. "Childbirth is a major life change...Big changes can cause a great deal of stress and can result in depression," Hagler said. "Broken sleep patterns, insufficient rest can often prevent (the new mother) from regaining her strength for weeks," Hagler said. Often, the new mother experiences fatigue after delivery and she may feel stress from taking on the responsibility for a new life. "If the family is expanding, it can just be overwhelming," Hagler said. Also, new mothers can experience stress because of changes of home and work routines. The added stress from all these factors can lead to postpartum depression.

Another stress is that parents of newborns may find that their free time is suddenly restricted. "Mothers (may be) confined indoors for long periods of time and ... because of the demands of being a mother and taking care of the baby, now the mother may be less likely to have time to spend with the baby's father. Depending on how that is handled, that can lead to stress in the marriage and other stresses that can lead to postpartum depression," Hagler said.

Treatment

He said that postpartum depression is treated much like other types of depression. The most common treatment is taking an antidepressant. "Taking medication should be in combination with counseling with a therapist, and, very important, get counseling with a therapist who is trained in issues surrounding childbirth," Hagler said.

Women who breast-feed, according to the Office on Women's Health, should talk to their doctors to determine the most suitable medication for postpartum depression, Hagler said. He said that one source he read said certain antidepressants can contaminate breast milk, but that another source said there were no side effects.

Hagler said, "Treatment is going to depend on the nature and severity of postpartum depression, but it is very important, though, to recognize that postpartum depression is treatable...."

According to the National

Mental Health Association, when a new mother has depression, the mother-child relationship can become strained. A mother suffering from postpartum depression or severe depression will be less able to respond to the child's needs. "Studies have shown the more depressed the mother is, the greater the delay in the infant's development," Hagler said. "A new mother's attention to her newborn is important because we all know the first year of life is a critical time in the baby's cognitive development," Hagler said.

According to the National Mental Health Association, in most cases postpartum depression is preventable in the respect that early identification can lead to early treatment, Hagler said. "A major part of prevention is being informed about the risk factors. The medical community can play a role in identifying and treating postpartum depression," Hagler said.

Early identification can reduce risk

According to the National Mental Health Association, women should be screened by their doctors for risk of acquiring postpartum depression, Hagler said. Mothers also need to seek social support from physicians, partners, friends, co-workers, etc. - for example, someone to confide in or to talk with about problems or someone to help the mother so that she can take a nap or have some free time.

Strategies for new mothers

Hagler said the Office on Women's Health suggests these strategies for new mothers with postpartum depression:

- Rest is important. Take a nap during the baby's nap time.
- Relieve some of the pressure that you may be feeling. Do as much as you can and leave the rest. If possible, ask your husband or partner to share in household chores and in night-time feeding duties.
- Seek out emotional support from your husband, partner, family and friends.
- Get dressed and leave the house for at least a short time if someone you trust can watch the baby, or take the baby out for a walk in the park if it's a nice day.
- Make time to spend alone with your husband or partner. Your husband or partner can feel alone because of the demands on the mother of taking care of the



File photo
Andy Hagler, executive director of the Mental Health Association of Forsyth County, said postpartum depression is treatable, often by using medication in combination with counseling with a therapist.

- Ask your doctor or primary health care provider about possible treatments for postpartum depression.
 - Talk with other mothers so you can learn from their experiences. See if there are any support groups or hotlines or access to information and service.
- Resources**
- Hagler gave these sources for additional information about postpartum depression:
- The National Mental Health Association's Web site at www.nmha.org or call 1-800-969-6642.
 - The Office on Women's Health Web site at www.4woman.gov or call the National Women's Health Information Center at 1-800-994-9662.
 - The Web site for Depression after Delivery at www.depressionafterdelivery.com or call 1-800-944-4773.
 - Postpartum Support International Web site at www.postpartum.net
 - Visit obgy.net (a physician-reviewed network).
- Hagler said, "I hope this (the Andrea Yates case) is another time and another opportunity for people to realize that mental illness is real, it is common and that mental illness affects or will affect one in five people in the United States. As a community we need to educate ourselves as much as possible about mental health and mental illness, of the signs and symptoms of mental illness and where people can get help."

Get HeartSmart

Cooking Demonstrations

- ♥ **Beyond Tofu**
Tuesday, April 16, 5 p.m.
BestHealth at Hanes Mall
Already know how to cook with tofu? Then this class is for you! Join nutritionist Donna Ziobro and chef Jo Pelligra of Salem College to learn ways to cook with less familiar soy products, such as miso and tempeh. Recipes and samples provided.
- ♥ **Early Spring Dinner**
Saturday, April 20, 3 p.m.
BestHealth at Hanes Mall
Chef Garren Brannon prepares dishes using recipes from the American Heart Association's cookbooks.

Seminars & Events

- ♥ **CPR Class**
Monday, April 8, 10 a.m.
BestHealth at Hanes Mall
Save a life by learning cardiopulmonary resuscitation (CPR). This free four-hour class, taught by WFUBMC Life Support Education, includes CPR for adults, children and infants. Class cannot be taken for professional certification.
- ♥ **Don't Sweat the Tax Stuff**
Monday, April 15, 10 a.m. to 9 p.m.
BestHealth at Hanes Mall
Stop by BestHealth for tips on coping with Tax-Day stress and enjoy some tasty treats.

Call the Heartline at 1-800-716-7730 to register for these programs.

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