

An Ounce of Prevention: Steps You Can Take Now To Avoid Postpartum Depression Later

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Sitting in a circle, surrounded by other pregnant couples, Samantha and her husband sat quietly. "Irritability, sadness, guilt, exhaustion," a childbirth educator at their birthing class described the symptoms of postpartum depression. The list continued, but Samantha was only half listening. "How could I ever get postpartum depression?" she asked herself. Samantha overcame a rough first trimester, but now in her seventh month, she felt great. "That won't be me," she thought confidently.

Unfortunately, many couples experience a kind of magical thinking when it comes to unpleasant possibilities following the birth of a child. They hope that by not thinking about it, postpartum depression (PPD) won't happen to them. And yet, one in five postpartum women experiences a mood disorder more serious than the baby blues, such as PPD. The term "postpartum depression" is an umbrella term that includes depression, anxiety, panic disorder and obsessive compulsive disorder following the birth of a child. Symptoms can be mild to severe. So while it's startling to hear how common these illnesses are, it's more shocking how often they go undiagnosed. More than half of women with PPD do not get treated. All too many women suffer in silence, either because of shame and stigma or ignorance as to the symptoms and treatment available. So looking around her birthing class, Samantha was surely seeing one if not more future sufferers of PPD. Maybe it would even be her.

In her memoir of her experience with postpartum depression, Down Came the Rain, Brooke Shields wrote, "if I had been better informed, I might not have considered myself candidate [for PPD], but at least I would have been armed with some important information. I...recognized early on that something was wrong and that I was able to find help. I hate to think about the women who endure this type of depression for long periods of time without knowing that there is assistance available." The good news is that PPD is extremely treatable, particularly when therapy and or/medication are started early. Therapists and doctors who specialize in working with new moms are well worth seeking out, as they understand the unique needs of

postpartum women. Associations such as Postpartum Support International (www.postpartum.net), and The Postpartum Resource Center of NY (www.postpartumny.org), are excellent sources of information about where to go for help.

And yet, as a therapist who treats pregnant women, as well as new moms with PPD, I'm sometimes asked if there are ways to prevent PPD. While I can offer no magic bullet, there are definitely ways to minimize the risk of experiencing PPD. And the best part about taking these steps? You'll also be making the transition to parenthood much easier by preparing yourself and your partner for the huge changes ahead.

Here are six things you can do before and after baby arrives:

- **Line up as much postpartum support as you need, and then some.** I tell my pregnant clients to prepare as if they were having twins. Somehow the idea of having two babies really motivates parents! Get family, friends, neighbors, postpartum doulas, and anyone else you can think of, ready to help you with chores and caring for the baby in the first months. There is no such thing as too much help and no shame in accepting it.
- **Schedule a mental health "check up."** If you have a history of depression or anxiety, schedule a session with a therapist or psychiatrist before the baby arrives to discuss a postpartum plan in case of a relapse. Talk about what worked best to overcome the depression or anxiety the last time you got treatment and look at ways to incorporate these tactics after you give birth. It can be a huge relief to know you have a plan prepared in advance, just in case. Early intervention also results in a faster recovery, should PPD occur, so don't wait to get help.
- **Don't isolate yourself.** Many new parents are surprised at how lonely and isolating it can be when you have a baby. This is particularly true if you are the first among your friends to have a baby, or you live far from family. The internet can be a real lifeline for new parents looking to avoid isolation. Sign up for one of the local yahoo parenting groups in your neighborhood (groups.yahoo.com) to find out news and information about parent gatherings. Look for new parent support groups and "baby and me" classes at the library, religious center or baby gym, all great places to meet other parents. The sooner you develop a network of other new parents to commiserate with, the more connected you'll feel.
- **Nurture yourself with quality, nutritious foods.** New parents are sleep deprived as a rule and most don't have time to cook or eat elaborate meals. Oftentimes, they end up relying on caffeine and unhealthy snacks as a crutch. Caffeine can seriously exacerbate anxious feelings and sharp spikes in blood sugar can contribute to moodiness. Make sure you have healthy, quick meals and snacks on hand and minimize or avoid caffeine altogether.

- **Begin gentle exercise once you get medical clearance.** Exercise has been shown to be as effective as antidepressants in some studies. Once you get the green light from your healthcare provider, begin gentle exercises, outside if possible. Sunshine and fresh air are great mood boosters as well. Note: if you are prone to panic attacks, avoid strenuous exercise, which can trigger an attack.
- **Put off big life changes.** Stress is a PPD risk factor, so try to avoid major life stressors, such as changing jobs or moving, until you get settled as a family, if at all possible.

But even with all the preparation possible, some women will still fall victim to postpartum depression through absolutely no fault of their own. Stress, isolation and fatigue are all contributing factors to PPD, but so is biology or a family history of depression and anxiety, which is completely out of our control. However, armed with the knowledge of where to go and what to do, new parents can get treated and go on to experience the joy they always hoped a child would bring. By seeking help early, new moms can give themselves and their new baby the best gift of all: a happy, healthy parent.

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Name:

Date:

The Edinburgh Post Natal Depression Scale (EPDS)

(J.L. Cox, J.M. Holden, R. Sagovsky, Department of Psychiatry, University of Edinburgh)

The Edinburgh Postnatal Depression Scale (EPDS) was developed in 1987 to help doctors determine whether a mother may be suffering from postpartum depression. The scale has since been validated, and evidence from a number of research studies has confirmed the tool to be both reliable and sensitive in detecting depression. During the postpartum period, 10 to 15% of women develop significant symptoms of depression or anxiety. Unfortunately, many moms are never treated, and although they may be coping, their enjoyment of life and family dynamics may be seriously affected.

If you feel that you might be suffering from postpartum depression, it could be helpful to complete this interactive quiz and share the results with your therapist and healthcare provider.

Instructions: Please select the answer which comes closest to how you have felt in the **past 7 days** – not just how you feel today.

Here is an example, already completed:

I have felt happy:

a. Yes, all the time

b. Yes, most of the time

c. No, not very often

d. No, not at all

This would mean "I have felt happy most of the time during the past week."

Please take a pen and paper and answer the following 10 questions by choosing the appropriate response. Then add your score up.

In the past 7 days:

1. I have been able to laugh and see the funny side of things -

- a. As much as I always could
- b. Not quite so much now
- c. Definitely not so much now
- d. Not at all

2. I have looked forward with enjoyment to things -

- a. As much as I ever did
- b. Rather less than I used to
- c. Definitely less than I used to
- d. Hardly at all

3. I have blamed myself unnecessarily when things went wrong -

- a. Yes, most of the time
- b. Yes, some of the time
- c. Not very often
- d. No, never

4. I have been anxious or worried for no good reason -

- a. No, not at all
- b. Hardly ever
- c. Yes, sometimes
- d. Yes, very often

5. I have felt scared or panicky for no good reason -

- a. Yes, quite a lot
- b. Yes, sometimes
- c. No, not much
- d. No, not at all

6. Things have been getting on top of me -

- a. Yes, most of the time I haven't been able to cope at all
- b. Yes, sometimes I haven't been coping as well as usual
- c. No, most of the time I have coped quite well
- d. No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping -

- a. Yes, most of the time
- b. Yes, some of the time
- c. Not very often
- d. No, not at all

8. I have felt sad or miserable -

- a. Yes, most of the time
- b. Yes, some of the time
- c. Not very often
- d. No, not at all

9. I have been so unhappy that I have been crying -

- a. Yes, most of the time
- b. Yes, quite often
- c. Only occasionally
- d. No, never

10. The thought of harming myself has occurred to me -

- a. Yes, quite often
- b. Sometimes
- c. Hardly ever
- d. Never

Scoring: 1. A) 0; B) 1; C) 2; D) 3

2. A) 0; B) 1; C) 2; D) 3

3. A) 0; B) 1; C) 2; D) 3

6. A) 3; B) 2; C) 1; D) 0

7. A) 3; B) 2; C) 1; D) 0

8. A) 3; B) 2; C) 1; D) 0

4. A) 3; B) 2; C) 1; D) 0

9. A) 3; B) 2; C) 1; D) 0

5. A) 3; B) 2; C) 1; D) 0

10.A) 3; B) 2; C) 1; D) 0

TOTAL SCORE: _____

Scoring: A score of 10 or more may require a repeat assessment, as depression symptoms may be present. A score of 12 indicates that depression is likely and further assessment by a trained healthcare provider is recommended. If any number other than "0" is circled for item 10, further assessment is required right away. Please contact your healthcare provider immediately.

The EPD is an assessment tool and should not override clinical judgment. A comprehensive clinical assessment should confirm the diagnosis.