

# Is It Baby Blues or Postpartum Depression?

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Boulder Community Health

- Terminology/definitions
- Identification and Diagnosis
  - Clinical features
  - Screening
- Risk Factors
- Management

- Postpartum period
  - Defined as the first 12 months after birth
- What is the 4<sup>th</sup> trimester?
  - Defined as the 12 weeks following birth
- Postpartum Blues
  - Depression that is during the puerperium and lasts no more than 2-3 weeks
  - Mild and transient depressive symptoms
- Postpartum Depression and Anxiety
  - Depression and/or anxiety that begins within 12 months of childbirth
  - Mood or anxiety disorder but occurs during a specific time
- Postpartum Psychosis
  - Severe medical condition
  - Can occur at any time but symptoms often show up in the first hours or days after birth

## Symptoms:

- Crying
- Overwhelmed
- Fatigued
- Irritable



## Statistics:

- **85%** of women experience baby blues

## Risk Factors:

- Anyone


## Symptoms:

- Feeling sad
- Loss of interest or pleasure in activities
- Changes in appetite
- Sleeping issues
- Loss of energy
- Feeling worthless or guilty
- Difficulty thinking, concentrating, or making decisions
- Lack of interest in the baby



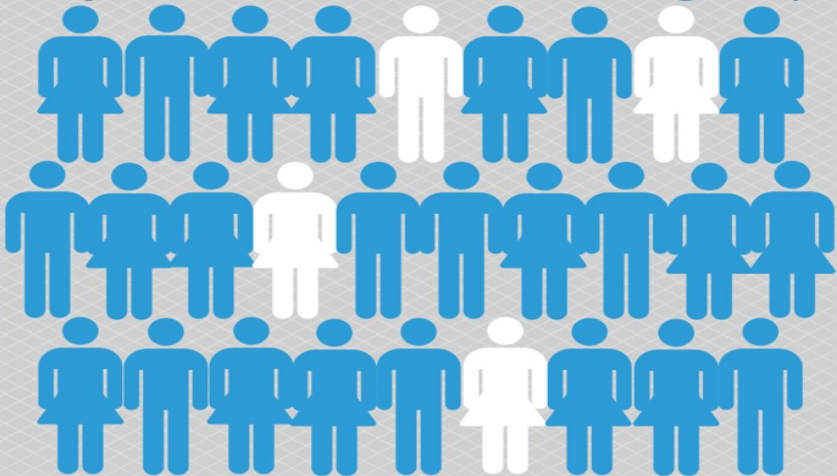
- Increase in purposeless physical activity
- Worry that does not go away with reassurance
- Scary thoughts of harm coming to one's baby (PPOCD)
- Feeling guilty much of the time
- Difficulty thinking, concentrating, or making decisions
- Difficulty sleeping/insomnia
- Panic attacks possible
- OFTEN, SYMPTOMS OF DEPRESSION/ANXIETY WILL COINCIDE
- SYMPTOMS OF DEPRESSION/ANXIETY CAN START IN PREGNANCY

1 in 7



experience postpartum depression

214 moms  
in your favorite Facebook group



are battling postpartum depression

thirdcoastbirth.com

## WHAT IS POSTPARTUM DEPRESSION

### POSTPARTUM DEPRESSION

Postpartum depression (PPD) is a mood disorder that affects some women after childbirth. Mothers with PPD can experience feelings of extreme sadness and anxiety, which can make it difficult to complete daily activities and could have significant consequences for both the mother and family.

### SYMPTOMS


- Severe mood swings
- Intense irritability and anger
- Feelings of shame, guilt or inadequacy
- Withdrawal from family and friends
- Difficulty bonding with the baby
- Overwhelming fatigue
- Insomnia
- Loss of appetite
- Loss of interest in sex

### THE BABY BLUES

The "Baby Blues" is a lot more common than PPD, and the symptoms of this condition usually happen in the first few days following childbirth, and are a lot less serious than PPD and normally don't need treatment.

### SYMPTOMS

- Sadness
- Changes in sleeping and eating patterns
- Reduced libido
- Crying episodes
- Impatience
- Restlessness
- Irritability
- Anxiety



**1 IN 7** WOMEN THAT GIVE BIRTH EXPERIENCE POSTPARTUM DEPRESSION

**FIRST TIME MOTHERS ARE 7.3 TIMES MORE AT RISK FOR PPD**

WOMEN WHO HAVE ALREADY EXPERIENCED POSTPARTUM DEPRESSION HAVE A **50%** CHANCE OF EXPERIENCING IT AGAIN IN ANOTHER PREGNANCY

PPD AFFECTS **10% - 15%** OF MOTHERS IN THE **1ST YEAR** FOLLOWING CHILDBIRTH

PPD CAN AFFECT AS MANY AS **10%** OF FATHERS WITHIN THE 1ST YEAR

**PPD CAN PERSIST FOR MONTHS OR YEARS WITHOUT TREATMENT**  
**PPD IS USUALLY TREATED WITH COUNSELING AND/OR MEDICATION**

Counseling treatment entails talking to a mental health professional such as a psychologist, psychiatrist, therapist or social worker. Postpartum depression counseling strategies proven to be effective are interpersonal therapy and cognitive behavioral therapy.

Medication treatment entails the use of antidepressants which act on mood regulation brain chemicals. These medications will however be ingested by the baby if breastfeeding.

ahealthblog.com



## Risk Factors:

- First time parent
- History of depression or anxiety or mental health disorder
- Family history of depression or anxiety
- History of trauma
- Past or current alcohol or drug abuse
- Inadequate social support
- Previous hormonal challenges (PMDD, challenges with birth control pills, depression/anxiety during puberty)
- Previous miscarriage or loss
- Fertility challenges
- History of trauma/abuse

## Symptoms:

- Insomnia
- Excessive energy
- Agitation
- Hallucinations (hearing voices, paranoia, etc.)

## Statistics:

- Only one or two out of every 1,000 deliveries

## Risk Factors:

- Personal or family history of psychosis. Untreated bipolar disorder

- First...talk with your provider
- Your provider will be screening for signs and symptoms of postpartum conditions
  - Answer questions truthfully/honestly
  - Know that women who are not well enough supported biologically, psychologically, and/or socially will struggle with mood issues

# Treatment



- Postpartum Depression can:
  - Create issues for maternal health/quality of life
  - Affect baby well-being (This is a big one! Untreated maternal depression/anxiety can contribute to learning, behavioral, emotional, and social challenges in babies and children.)
  - Inhibit bonding with baby
  - Cause sleeping and feeding problems (mom and baby!)
  - Contribute to challenges in marriage and partnership

- How can you help?
  - Know the signs
  - Listen
  - Give support
  - Encourage seeking help

- <https://pwcbooulder.com/>
- [www.who.int](http://www.who.int)
- [www.psychiatry.org](http://www.psychiatry.org)
- <https://postpartumstress.com/>
- <https://www.ahealthblog.com/digital-version-of-cbt-may-help-to-prevent-postpartum-depression.html>
- <https://thirdcoastbirth.com/2016/05/31/real-talk-tuesday-instincts-saved-my-life-part-2/>

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Thank You!

# Questions?



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