

The Health of Our Mothers

Health for Life Kenya

What is Post Partum Blues?

Mothers can experience feelings of confusion, irritability, tiredness, tearfulness, mood swings within 10 days after child birth. This can be caused by hormonal and physical changes. It is quite common, occurring in 20-80% of women. It can be a risk for post- partum depression.

What is Post-Partum Depression (PPD)?

This is considered a Major Depressive Disorder. It happens within 1 month after childbirth. Mothers can have depressed mood or loss of interest or pleasure in activities for at least 2 weeks. Additionally experience:

- sleep problems - too little or too much sleep
- appetite problems
- loss of energy
- feelings of worthlessness or guilt,
- unable to concentrate
- suicidal thoughts (*usually does not predict suicide or infanticide*)



Affects on Parenting

Attachment is the emotional bond between infant and parent/caregiver. Depression in parents is associated with less healthy and adaptive attachment styles.



How Common is Post-Partum Depression?

- Occurs in 7.1-19.2% of mothers
- Most common to occur within 2 and 6 months
- Key risk factors: previous depression, current depression and anxiety, and low partner support.
- Women who experience PPD may be more sensitive to hormonal changes. May be related to difficulty falling asleep (mother) and infant sleep problems. PPD can affect a marriage and cause marital difficulties and tension . Similar amount of women are affected by PPD across western cultures; vary in other cultures but PPD is found worldwide.

Post - Partum Psychosis

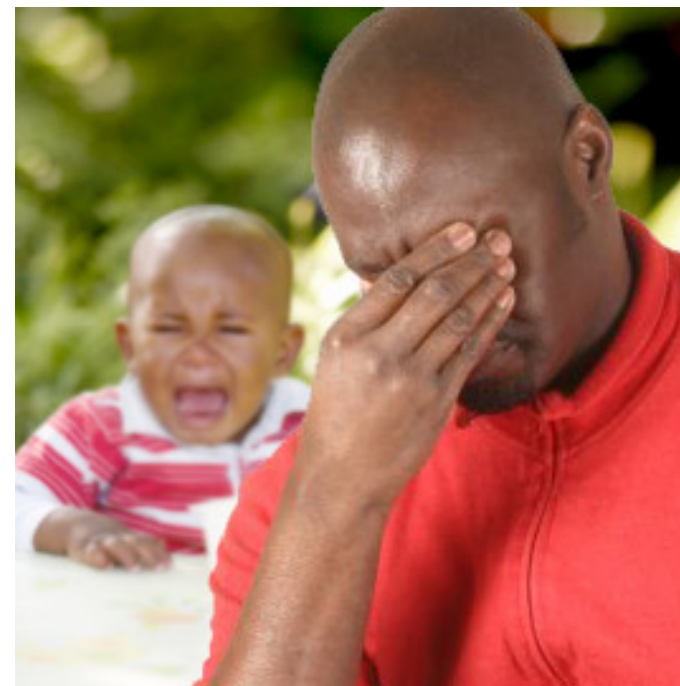
Occurs in 1/500 mothers, which is about 0.2%.

There is a quick onset 2-4 weeks after child birth.

Mothers can experience

- confused thinking
- mood swings
- delusions (hearing things that are not there) and paranoia
- disorganized behavior
- poor judgment
- impaired functioning

Inpatient hospitalization is often required. Most cases related to bipolar disorder. Risk for experiencing Post-partum Psychosis is previous hospitalization for manic or psychotic episode, discontinuing mood stabilizers, sleep deprivation, complications during pregnancy/ child birth, family history Infanticide (killing baby) is a risk.



Treatment

Psychosocial Treatments: brief interventions

Interpersonal Therapy (IPT): depression effects relationships, examines the difficulties adapting to the changes in relationships or life circumstances.

Cognitive Behavior Therapy (CBT): examines thoughts, feelings and behaviors associated with depressed mood.

Behavior Activation: increasing access to rewards in environment

Antidepressant Treatment: SSRIs (prozac, paxil) Studies show positive effects but have not reported on side effects in infants for nursing mothers

Paternal Post- Partum Depression

Affects around 6% of fathers. Rate higher in families with maternal depression. Non-depressed father is a protective factor in terms of child outcome. Also higher in men with less knowledge about postnatal period and low levels of parenting self efficacy. Additional risk factors:

- prenatal anxiety or depression
- marital tension
- other child in family.

Fathers may seem irritability and angry. Father can be less likely to interact with infant.