



Postpartum Depression

Postpartum Depression (PPD) is a serious mental health problem characterized by a prolonged period of emotional disturbance, occurring at a time of major life change and increased responsibilities in the care of a newborn infant. PPD can have significant consequences for both the new mother and family.

How Common Is PPD?

- An estimated 9-16 percent of postpartum women will experience PPD.
- Among women who have already experienced PPD following a previous pregnancy, some prevalence estimates increase to 41 percent.

What Are the Symptoms of PPD and Who Is affected?

For mothers, PPD can:

- affect ability to function in everyday life and increase risk for anxiety, cognitive impairment, guilt, self blame, and fear;
- lead to difficulty in providing developmentally appropriate care to infants;
- lead to a loss of pleasure or interest in life, sleep disturbance, feelings of irritability or anxiety, withdrawal from family and friends, crying, and thoughts of hurting oneself or one's child;
- be particularly problematic because of the social role adjustments expected of new mothers, which include immediate and constant infant care, redefining spousal and familial relationships, and work role.

Children of Mothers with PPD Can:

- become withdrawn, irritable, or inconsolable;
- display insecure attachment and behavioral problems;
- experience problems in cognitive, social, and emotional development;
- have a higher risk of anxiety disorders and major depression in childhood and adolescence.

Fathers Can Also Be Depressed in the Postpartum Period, Especially If:

- the mother is depressed or if the father is not satisfied with the marital relationship or with life after the birth of the child.

What Factors May Be Associated with the Development of PPD?

PPD may be associated with:

- a decline or fluctuation in reproductive hormones such as estrogen and progesterone which can predict depression in susceptible women;
- previous experience of depression and anxiety; a personal or family history of depression; marital dysfunction; and younger motherhood;

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What Factors May Be Associated with the Development of PPD? (continued)

- acute stressors, including events specific to motherhood (e.g., child care stressors) and other stressful events (e.g., death of a loved one);
- exposure to toxins; crowding; air pollution; poor diet; low socioeconomic status; and low levels of social support;
- the stress of a new child, in combination with the incongruity between the expectations and reality of motherhood;
- difficult infant temperament through erosion of the mother's feeling of competence as a caregiver.

PPD Can Be Effectively Prevented and Treated:

- Depressive symptoms during pregnancy have been suggested to predict PPD, and half of the cases of diagnosable PPD may actually start during pregnancy. PPD may in some cases constitute a recurrence or exacerbation of illness, rather than the onset of a new disorder.
- Successful prevention strategies can include ensuring social support from other mothers, friends, and relatives; getting sufficient rest and sleep; and cutting down on less important responsibilities (without giving up outside interests).
- It is essential that women with PPD be provided adequate and timely mental health care. To obtain help, women should consult their mental health care provider. If they do not have a mental health care provider, a referral can be obtained from a primary health care provider, ob/gyn, midwife, internist, or APA's website can be used to find a local psychologist (<http://locator.apahelpcenter.org/index.cfm>).
- Research indicates that a variety of effective psychological treatments exist to address PPD, including cognitive-behavioral and interpersonal therapy.

The Melanie Blocker-Stokes Postpartum Depression Research and Care Act

The American Psychological Association (APA) urges Congress to support the *Melanie Blocker-Stokes Postpartum Depression Research and Care Act* (H.R. 20). This legislation would authorize:

- the National Institutes of Health to expand and intensify research and related activities on postpartum depression and postpartum psychosis;
- grants to establish, operate, and coordinate effective and cost-efficient systems for the delivery of essential services to individuals with postpartum depression and their families; and
- the provision of technical assistance to grant recipients.

