

POSTPARTUM DEPRESSION

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MayoClinic.com notes “The birth of a baby can trigger a jumble of powerful emotions, from excitement and joy to fear and anxiety.” The early days of motherhood are meant to be happy ones. We imagine that new mothers spend blissful days getting to know their babies, yet for 10% of Canadian women this is not how motherhood unfolds. Although postpartum depression (PPD) is the most common mental problem diagnosed in women, it is often unrecognized and untreated. PPD is not a character flaw or a weakness. Sometimes PPD is simply part of giving birth. Ten percent of new mothers experience a more severe form of emotional depression, more serious than the “baby blues”. There is no single cause for PPD. Physical, emotional and lifestyle factors may all play a role.

MayoClinic.com also notes, “If a woman has a history of depression, especially PPD, she should mention it to her doctor as soon as she finds out that she is pregnant. Her doctor will monitor her closely for signs of depression. Sometimes mild depression can be managed with support groups, counselling, or other therapies. In other cases, antidepressants are recommended even during pregnancy.” Many times, the victim goes to the doctor and puts on “another face” and seems to be perfectly normal and does not seem to be suffering from any psychoses. Too often when this happens, extended families suffer hurtful and abusive behaviour on the part of the victim because her condition has gone undiagnosed. In order to help this woman, the husband should consult the doctor to present the true scenario so that help can be initiated by whatever means the doctor is able to prescribe.

The Canadian Psychological Association warns, “PPD can have a dramatic impact on both the parents and the baby. Husbands often feel burdened by their wives’

depression and unable to help, which can have a negative impact on the marriage for years afterwards. The babies of mothers with PPD are more irritable and difficult to soothe, and they tend not to develop as well. Women with PPD can be impatient, distant, or insensitive with their babies, which may affect the mother-child bond and have consequences for their future relationship. When older, these children can be at risk for emotional and behavioral problems.”

“Some of the signs and symptoms of PPD are: loss of appetite, insomnia, intense irritability and anger, overwhelming fatigue, loss of interest in sex, lack of joy in life, feelings of shame, guilt or inadequacy, severe mood swings, difficulty bonding with the baby, withdrawal from family and friends, and thoughts of harming herself or the baby.” (MayoClinic.com)

The onset of PPD can occur from the moment of birth to up to a year, it can last from weeks to months and treatment is generally required. Untreated PPD may interfere with the baby’s social development. Safe and effective treatment for PPD is available and getting professional help is important. Community health nurses routinely ask new mothers about their mental health. A quick screening test can be done to see if mothers have symptoms of depression. Many mothers find support in attending a new moms’ group at a community health centre. A mental health nurse can offer advice and referral for couples counselling. Family doctors and pregnancy care providers can also provide guidance. Antidepressant medications are available if necessary. Many are safe to use while breastfeeding if a family doctor or psychiatrist does advise taking them. Breastfeeding may be more difficult for a woman with PPD, but it is still encouraged. Some mothers find behavioural therapy a useful tool. Friends and family can provide an important role in recovery from postpartum depression by providing meals



and care for older children, which will be appreciated and can lower stress. Women with this disease need rest, a healthy diet and moral support.

Accepting difficult feelings can be a challenge, especially if a new mom is frightened or overwhelmed by her feelings. She may think that because she is feeling sad, irritated, resentful, frustrated, or angry then she is a bad person or an unfit mother. All emotions are acceptable and genuine. New moms need to find ways to express their emotions safely so that they can move on to other experiences.

Since most mothers with PPD recover completely, the prognosis is excellent. This is especially true if the illness is diagnosed and treated early. About 50% of women who recover from PPD develop the illness again after future pregnancies. To decrease the high risk

of recurrence, some doctors suggest that prophylactic antidepressants (given to prevent PPD) should be started immediately after the baby is delivered. According to some studies, this prophylactic treatment reduces the risk of the illness to about 7%.

What can League members do to raise awareness of postpartum depression? Invite guest speakers to meetings; have members with experience discuss pre and postpartum incidences; host a forum/discussion on awareness of PPD for men and women; check out programs offered on PPD, and contact public health offices and inquire what services are offered to new mothers. †

Gratitude is sent to Manitoba Provincial Council for bringing this important information forward.

MY EASTER MIRACLE

Keri Kotyk

St. Anne Parish Council, Saskatoon, Saskatchewan

I held in my hands a letter that informed me that the biliopancreatic diversion with duodenal switch surgical procedure would no longer be performed in Saskatoon, and that I should consult with my physician regarding other avenues for weight loss. I had waited for the surgery for three years. I felt I had hit a dead end – a brick wall.

I weighed 394 pounds, suffered from chronic knee and back pain, sleep apnea, high cholesterol and diabetes, for which I took five pills and two doses of insulin each day. I could walk, but only with great difficulty and shortness of breath. I feared an early death, leaving behind my husband of 22 years, my daughter and my son.

Inspired by the wonderful mission in St. Anne's Parish before Easter of 2007, I sat before the crucifix in our bedroom and prayed fervently for some way to have the surgery I so badly needed.

Two days later, I received a phone call from a friend who had heard there was a cancellation for surgery within the week, and the spot remained open. Without much hope, I called my surgeon from work the next morning to inquire about the cancellation and within a half-hour I was off to City Hospital for a pre-operative assessment. My God had done it! I was scheduled to have my surgery on the following Monday.

Part of that assessment was fasting blood work – which could have been a problem as I had eaten breakfast that day. As God would have it, I happened

to have just had my semi-annual fasting blood work done, and virtually everything needed to confirm my assessment was already in the system. Isn't God amazing?

“... I sat before the crucifix in our bedroom and prayed fervently for some way to have the surgery I so badly needed.”

My husband had seen me through surgery five times since we were married, but never had we both felt such amazing peace going into surgery. We saw the hand of God at every turn and knew we were exactly where we were meant to be. Traditionally, the stay in hospital for this surgery was ten days. Once again, with God on my side, I was released after only five days on Good Friday.

Now, almost three years later, I have lost over 180 lbs; the sleep apnea is gone; all the knee and back pain is gone; and the diabetes is gone. I am free of prescription medication. I can go for walks with my family, dancing with my husband, shopping with my daughter and get down on the floor to play trucks with my son. I am alive!

The miracle of my life and God's hand in it is amazing to me. Now, when someone asks me how I am, I tell them... “I'm amazing!” †