

Adjusting to a New Life: The Post-Partum Period
by Deena Solwren, LCSW

Myths of Motherhood

Bliss, joy, fulfillment, utter happiness, bonded in a maternal cocoon of love... this is what new motherhood is “supposed” to be. At least, that’s the message we still continue to absorb from the ethers of society. Maybe some of us even received that message directly from our own families and friends. For some women, the experience of pregnancy and new mothering really does match this utopian description. But, for too many of us, being pregnant and then a mother to a wholly dependant, crying, needy, demanding, preverbal infant all day, every day, falls far short of our fantasy expectations.

We enter the world of motherhood as soon as we become pregnant. From conception to the development and birth of a whole human being, provides a magical and mystical experience. Other people comment on how we “glow” – and we do. How wonderful that some people may find us exceptionally beautiful. We may also view ourselves and our new form as the most wonderful and awesome event in the universe. For some women, pregnancy and parenting an infant may provide the ultimate fulfillment of oneself as a full-fledged, feminine woman. Yet, many women feel invaded by their neonate as an alien life form that sucks away at her very essence. We may want the baby, but not the extreme discomfort that some pregnancies produce - weeks of “morning” sickness that lasts all day and night, back pain, swollen feet, difficulty sitting down and standing up, weight gain and the concern over losing our “baby weight”.

We may read copiously while pregnant to learn about our baby’s development as she grows inside our ever expanding body. In our birth classes, we learn about the stages of labor and techniques to help us through delivery. Even in the hospital, we may take an introductory class on baby-care. Throughout it all, we receive both direct and indirect messages that this is supposed to be the happiest time of our lives – swaddled in the symbiotic essence of mother’s and baby’s co-existence.

Compared to the amount of time we spend preparing for the birth, we spend very little time preparing for the actuality of mothering a newborn infant. Just like the implementation of a birth plan, even with all the planning in the world, we can never fully know just what it’ll be like to be a new mother until we actually experience it. Once the baby is born and we’re home alone with this fragile, new life, we may be overwhelmed not with the anticipated awe and joy, but rather with strong feelings we never expected. We wonder, “Is this normal or is there something wrong with me?”

Post-Partum Mood Disorders

The range of post-partum mood disorders commonly includes Post-Partum Depression and/or Anxiety, Obsessive/Compulsive Disorder, Panic Disorder, and Psychosis. Other preexisting conditions may be provoked following the birth of a baby. While post-partum depression (PPD) is the most common, post-partum psychosis tends to grab the public’s attention and receive the most press. Do you remember Andrea Yates? The Texas mother who drown her 5 children in the bathtub. Tragically, she suffered from an undiagnosed, untreated and very rare, postpartum psychosis.

All of these syndromes pose very serious threats. If left untreated, they can be extremely severe and lead to catastrophic consequences for the mother, child and family. Some untreated suffers do commit suicide and/or infanticide. These tragedies don’t have to happen. Fortunately, treatment by a knowledgeable professional is effective and can help women recover.

Baby Blues

We find ourselves frequently crying for no apparent reason, we have difficulty concentrating, our moods may swing from overjoyed to sad to worried to irritable, and we feel scared and needy.

This describes the “baby blues”. Nearly 80% of new mothers experience these feelings. Because the baby blues are so common, they are considered a **normal** reaction to having a baby. It usually starts within the first week postpartum, around the time one’s milk comes in. The baby blues may last for a few weeks and then, the symptoms evaporate.

60-80% of new mothers experience the “baby blues”.
The symptoms go away by themselves in a few weeks.

Biological, psychological and social influences contribute to the baby blues. Hormone levels are changing dramatically and quickly. New mothers are still enduring the uncomfortable physical aftereffects and stress of birth. We’re coping with sleep deprivation and fatigue. We’re faced with the emotional letdown after the high level of attention and energy focused on pregnancy and birth. We may be confronting disappointments about the birth, the baby, our partner, or nursing complications. We may be struck with the realization of the tremendous responsibility we now have for the rest of our lives. We may be overwhelmed with phone calls, well-wishes and visitors or overcome with a sense of isolation and loneliness.

Stephanie’s Story:

I was completely overjoyed with my new son. The birth went as expected and my milk came in the day I left the hospital. Even though I had a lot of experience with babies before having my own, I was surprised by how anxious I was having my very own infant at home alone without the safety and support of the nursing staff at the hospital. A visiting nurse came to check up on the baby and me – which was a huge relief. A few friends stopped by and gave me a lot of support and encouragement. And, fortunately, I wasn’t inundated with a lot of unwanted visitors. I was thoroughly happy to simply sit and hold him and look at him all day long. I remember that sometime during that first week, I kept busting out crying for the stupidest reasons. My brother called and asked how I was and I started sobbing – but I was still happy. I felt so emotional and so silly. The tears would stop as quickly as they started. Thankfully, this uncontrollable behavior stopped, although, I wasn’t even aware of when. It just was gone.

Since the baby blues are normal and goes away by themselves in a few weeks, no specific treatment or intervention is necessary. Still, it helps to have social and emotional support. Supportive friends and family can help you through this initial transition. To minimize the fatigue and effects of sleep deprivation, it’s important to nap when the baby does even though you may want to try to get things done around the house and enjoy some “alone” time. Be sure to feed yourself throughout the day to keep your energy up. Work out a plan of sharing childcare and household responsibilities if you have an available partner. And, do allow yourself some “personal” time. Sometimes, it’s hard to take care of oneself when mothering a newborn.

Post-Partum Depression (PPD)

If experiences that seem like the baby blues don’t go away or get worse, you may have a post-partum depression. PPD affects 10-20% of all new mothers. If one’s previously experienced PPD, she has a 50-80% chance of a subsequent episode. It may begin gradually and worsen, or come on suddenly anytime during the first year post-partum. Symptoms may include:

- irritability and being short-tempered,
- finding fault in everyone and everything,
- difficulty concentrating and making decisions,
- feeling overwhelmed, worthless, hopeless, and inadequate
- excessive and inappropriate guilt,
- thinking the baby and your family would be better off without you, fear of harming yourself or your baby, recurrent thoughts of death,
- insomnia or hypersomnia along with fatigue,
- lack of interest in or concern about the baby,
- loss of interest or pleasure in things you use to enjoy,
- significant weight gain or loss.

Debra's Story:

I had PPD with my second child. She was unplanned, though not unwanted. I was depressed and stressed at times throughout the pregnancy. Then, I was terribly stressed after she was born. We'd just bought a new house and moved in 2 weeks after her birth. My mom was staying with us and she meant to be helpful, but I'm sure her presence contributed to my difficulties. The depression was terrible. It probably started around 1 week post-partum and just got worse and worse. I cried some, but mostly I was very short-tempered. I was yelling at my older children and husband all the time. I didn't care if the baby was crying. I'd just leave her in her crib. Thank God, my husband stepped up and took care of her and all of us. I felt so, so extremely guilty about the way I was treating everyone. I couldn't handle anything. I had thoughts of wanting to die. It just wasn't like me.

So what helped? My OB/GYN was great! At my 6 week visit, she saw I was a wreck. She prescribed me anti-depressants and I started counseling. Plus, I hired a mother's helper for a few hours a week so I wasn't alone so much and some household chores got done. I spoke with friends about how I was feeling all the time. It was hard to expose myself that way, but it really helped to talk. Everyone was very sympathetic. Slowly, I started to feel better, and now, I feel better than ever!

Obsessive-Compulsive Disorder (OCD)

Someone with a pre-existing personal or family history of obsessive-compulsive disorder is at a greater risk of developing OCD post-partum. Only 3-5% of new mothers develop symptoms.

- recurrent thoughts or images about harm coming to the baby by yourself or someone else,
- these thoughts or images are experienced as intrusive and inappropriate
- other behaviors are employed to counteract the anxiety produced by the initial thoughts/images (such as hiding knives, keeping windows locked and drapes drawn, avoiding strangers)
- repetitive and compulsive behaviors (such as counting diapers, repeatedly checking locks or the stove).

Mother's with OCD do not end up hurting their babies. The thoughts and images are abhorrent to them.

Carolyn's Story:

I started getting scared of strangers and danger coming to me and my baby when I was pregnant. It was weird because I use to be so adventurous. Then after I had my baby, I got even weirder. I was afraid someone was going to break in and hurt us and there was nothing anyone would be able to do to help me. I installed new lighting all around the house inside and out. I kept all the doors and windows locked, I kept the shades drawn. I was hyper-vigilant even when I had guests over. None of these things really helped; I still felt scared and did more and more things to try and make the worries go away. Finally, I started therapy. My therapist recommended medication and gave me some homework assignments. I skipped the drugs, but the assignments really made a big difference. It only took a few sessions and my fears were gone; my behavior was back to normal. I could go on with my life.

Post Partum Panic Disorder

Panic attacks are very scary to experience. Approximately, 10% of postpartum women experience panic. People who suffer panic are often afraid they are having a heart attack or actually going crazy. Some people restrict their activities because of worry about having another attack. Panic attacks come on suddenly for no apparent reason. Panic attacks are discrete periods of deeply intense fear which reaches its peak within 10 minutes though the attack may last significantly longer. During a panic attack the following symptoms may develop:

- ___ fast, pounding heart beats,
- ___ sweating or shaking
- ___ difficulty breathing
- ___ dizziness, fainting
- ___ numbness or tingling sensations.

Mary's Story

I had a few panic attacks before I ever got pregnant, but I could still function. I had a job, I enjoyed going out to clubs, and had a real life. After I had my baby, my panic attacks got worse. I got them more often and they lasted longer. I had a hard time breathing, my heart pounded so I had I thought it would burst. It was even worse when I nursed. I got tingling sensations and numbness in my hands. I'd pound my hands together or on my leg, but it was kind of out of control, like I couldn't help it. It got to the point I didn't want to go out by myself. I always needed some one with me. Even at home, I felt uncomfortable by myself, but I managed. My boyfriend didn't help. He just got mad at me and made me feel worse about myself. Sometimes, I really worried I was going crazy. My mom was supportive though because she's suffered from panic attacks her whole life. I got back into therapy and started medications. I enjoyed the therapy a lot. It helped me feel better about myself. At least I know I'm not crazy. I've learned to differentiate between high anxiety and panic, and developed some techniques to calm myself a little. So, not every situation escalates into a full blown panic attack. But, it's a slow process.

Post Partum Psychosis

This extremely rare condition presents the gravest and most immediate threat. It occurs in once out of 1,000 births and it's onset usually occurs within 3-14 days following the birth. There is a 5% suicide rate and a 4% infanticide rate from those who develop this disorder. The symptoms include:

- ___ delusions and/or hallucinations,
- ___ extreme confusion, irrational and incoherent thoughts and speech, bizarre beliefs, losing touch with reality
- ___ severe agitation and hyperactivity

Immediate medical intervention is mandatory! As soon as the husband or family member suspects or realizes that the new mother suffers from delusions and/or hallucinations, she needs to be hospitalized. Medications for stabilization and psychotherapy are necessary.

Edith's Story

Right after giving birth, it was like I felt something click inside of me. I knew something was wrong, but I also was suspicious, paranoid, which was part of the disease, so I didn't say anything. But I got worse really fast. I was completely delusional and hearing things that weren't there. My brain created this crazy war. I thought we were under attack. I couldn't take care of myself or my girls. I called my mom on the phone and she knew right away that I was not o.k. She called the police and they came and took me to the hospital. Of course, I didn't want to go. The cops became drawn into my delusional story. My kids went into foster care for the few days I was getting myself back together. They came home shortly after I did. I take medication for my bipolar and I'm still in therapy. I'm just glad it wasn't worse and my family is intact.

The Partner

The partner may feel concerned, confused, scared, and possibly even angry when he sees his wife behaving in unexpected and unexplainable ways. Simultaneously, he confronts his own transitional adjustment issues of being a new father to an expanding family. Similarly to the new mother, his life changes significantly, too. It's possible for fathers and adoptive parents to experience a mood disorder following the homecoming of the new family member. Although no hormonal shift occurs, all the same psychological, emotional and social constraints exist. He assumes more responsibilities and has less time for himself; he may feel exhausted and overwhelmed. Pre-existing depression, anxiety, or other conditions may be exacerbated for him, as well.

In this critical time, it's essential to be as loving, accepting and gentle with the mother and yourself as you are of the new baby. Be attentive to the mother's needs. Sometimes, the partner is the only one to recognize that something is wrong. If this is the case, he must ensure that she gets help. The mother needs to be mothered so she can do her best to recuperate and mother the baby. The co-parent needs to actively participate in primary parenting. Take responsibility for aspects of baby care including changing diapers, giving baths, and nighttime feedings so she can get at least 5 hours of continuous sleep. Be positive and hopeful, reassure her that she will get better; offer support, listen actively and non-judgmentally and ask what you can do to help. For yourself, try to exercise, eat right – minimize caffeine and sugar – sleep, and take breaks for personal time and get support.

The mother needs to be mothered so she can mother the baby.

Effects on Children

A mother's untreated postpartum depression can have long lasting effects on her children. Infants and babies need their caregivers' responsiveness in order to regulate their own emotions and physiology to support appropriate development. If a mother is emotionally unavailable and unresponsive or even rejecting of the baby's emotional needs, the baby becomes more passive in his own responsiveness to emotional cues. Basically, the baby learns that his needs will not be met, and so he gives up trying to connect. The long term effects on children of their mother's untreated post-partum mood disorders can lead to delayed social and emotional development and higher rates of aggression. Ultimately, the child will not seek adult comforting which is a positive, help-seeking behavior and a protective factor for long-term resiliency.

Fortunately, children respond well to responsive, loving care from any source. Fathers, siblings, extended family members, nannies and day care providers can provide the attention, emotional sustenance, and stability a baby needs to develop secure and healthy attachments while his mother is healing. As the mother recovers, her baby will lovingly, unquestioningly, joyfully and securely attach with her.

Treatment and Recovery

People who experience postpartum mood disorders need to seek support to address the biological, psychological and social aspects of their condition. First, speak with your doctor to rule out any medical complications such as thyroiditis. Thyroid disease can cause depression and anxiety. Consider joining a support group specifically designed for postpartum depression. A “regular” new mom’s support group is often not appropriate and may contribute to the depressed/anxious mom’s negative feelings. Postpartum adjustment brings up its own distinct set of challenges and needs. For women with postpartum mood disorders besides depression and anxiety, a preexisting mood disorder, deeper underlying issues or complications stemming from dealing with the postpartum adjustment, then, individual psychotherapy should be engaged in with someone who specializes in this area and is sensitive to these unique difficulties. In all cases, medications, though controversial, are often extremely helpful and can be a crucial part of the treatment process. Ultimately, the most important thing is to discover what works for each individual woman.

We all want the welcoming of a new life and the transition to parenthood to fulfill our sweet dreams and fantasies. Unfortunately, post partum mood disorders are more common than we care to admit. Fortunately, this issue is coming out of the closet. More and more women are publicly sharing their stories. We learn that we are not alone and help is available. People who experience postpartum mood disorders do not need to bear their pain silently and shamefully. Sufferers do get better, they love and care for their children just as their children love and need them.

Resources

Web Sites:

Postpartum Support International: www.postpartum.net

Depression After Delivery: www.depressionafterdelivery.com

Books:

Beyond the Blues – A Guide to Understanding and Treating Prenatal and Postpartum Depression; by Shoshana S. Bennett, PhD and Pec Indman, Ed.D, MFT; Moodswings Press, 2003.

This Isn't What I Expected – Overcoming Postpartum Depression; Karen R. Kleiman, MSW, and Valerie D. Raskin, M.D.; Bantam Books, 1994.

The Mother Trip – Hip Mama's Guide to Staying Sane in the Chaos of Motherhood; Ariel Gore; Seal Press, 2000

Local Therapists/ Groups and Individual Treatment

Lee Safran, MFT offers 2 separate Postpartum Stress Support Groups. One meets every other Saturday in North Berkeley, the other meets every Wednesday for 6 weeks. \$30.00 per group. For more information call: 496-6096

Deena Solwren, LCSW offers individual therapy, couples counseling and intimate, post-partum support groups for 4 mothers without their babies for an 8 week period. \$25-\$45 per group/sliding scale. In Rockridge; Days/Times TBD. For more information call: 594-8224

Hotline Telephone Numbers:

San Francisco Bay Area Postpartum Hotline: 1(888)773-7090

Crisis Support Services of Alameda County: 1(800) 309-2131

Upcoming Conference

Postpartum Support International's 19th Annual Conference
Doubletree Hotel, San Jose, Ca; June 23, 24, &25, 2005.

Contact: www.postpartum.net email: PSIOffice@earthlink.net

Deena Solwren is a licensed clinical social worker (LCSW) and a mom who's been there. She has a private psychotherapy practice in Rockridge. Her work focuses on "All Things Maternal". This includes post-partum adjustment, changing roles & changing self image, balancing work & family life, parenting 0-5 year olds, infertility, pregnancy, and mother/daughter relationships.

She is currently forming small (limited to 4) post-partum depression support groups, and accepting new clients into her private practice. She works with women and couples. She may be reached at (510)594-8224.