



Myths and Facts about Postpartum Mood Disorders

Pregnancy is a time when women are immune from the effects of Depression or other mental health conditions.

Pregnancy does not protect a woman from mental illness. Studies show that the opposite is actually true. The childbearing years are the time when a woman is *most likely* to experience Depression and other mental health issues, more so than at any other time in the course of her life.

A Postpartum Mood Disorder always begins within four weeks of giving birth.

A Postpartum Mood Disorder can actually begin at any time in the first year and a half after the baby arrives. Certain things may be triggers for the onset of symptoms, such as the cessation of breastfeeding, the resuming of menstrual cycles, or a significant life stressor. Depression, Anxiety, and Obsessive-Compulsive Disorder can also begin during pregnancy.

Postpartum Depression is a relatively “normal” experience. All new mothers feel tired, worn out, and overwhelmed.

It is true that new mothers often feel tired and overwhelmed, and that many (up to 80 percent) experience the “Baby Blues,” a collection of symptoms that include such things as feeling tearful, anxious, and lacking in energy. The “Baby Blues” will typically go away on its own within two to three weeks of giving birth. Postpartum Depression is more severe and longer lasting. Mothers with Postpartum Depression may not wish to engage with others or their babies, lack concentration and focus, and may feel worthless, hopeless, guilty, and sad.

Postpartum Depression will go away on its own without treatment.

The “Baby Blues,” a set of symptoms common in up to 80 percent of women following childbirth, usually goes away on its own within 2 to 3 weeks of giving birth. However, Postpartum Depression, a more serious mental health condition, almost never goes away on its own without treatment. In fact, the longer treatment is delayed, the longer it will take for symptoms to resolve once treatment does begin. The positive news is that there are many forms of treatment that are effective in resolving the symptoms of Postpartum Depression.

If a woman has a Postpartum Mood Disorder it will be obvious. She will clearly look sad or depressed to outside observers.

There is no way to tell if a woman has a Postpartum Mood Disorder by just looking at her. She may outwardly look fine to everyone around her, and may in fact go to great lengths to take extra care with her appearance so that she can hide her symptoms, which often cause guilt and shame, from those around her.

A woman who has a Postpartum Mood Disorder must have done something to bring it on herself.

No one is ever at fault for having a Postpartum Mood Disorder. There is nothing a new mother could have done to prevent it, and she most certainly did not ask for it. And she cannot simply will it away. Postpartum Mood Disorders do not discriminate. They can impact any woman, regardless of age, ethnicity, or socioeconomic status. They can happen with any pregnancy, whether it is the mother's first baby or baby two, three, or four. For example, it may happen with her first and third, but not her second and fourth. While there are certain risk factors for acquiring a Postpartum Mood Disorder, there are no definitive ways to predict whether or not they will occur with certainty, and therefore, there is no way a mother could have "brought it on herself."

Postpartum Mood Disorders are caused by a mother's ambivalence. If the baby was wanted, or if the couple tried for a long time to conceive, there is no way a mother could possibly be depressed.

The causes of Postpartum Mood Disorders are multiple, varied, and complex. Postpartum Mood Disorders are not caused by internal psychological conflict. Disconnection and withdrawal are *results* of having Postpartum Moods Disorders, not the causes of them.

A woman who has not had a live birth cannot experience a Postpartum Mood Disorder.

Mothers that have experienced pregnancy terminations, miscarriages, stillbirths, and other neonatal losses can all experience a Postpartum Mood Disorder. This is also true for adoptive mothers. Fathers can experience Postpartum Mood Disorders too.

Women who have thoughts or images of hurting their babies are always at risk for acting on them.

Media coverage of Postpartum Psychosis—often mislabeled as Postpartum Depression—has created a climate of misunderstanding and fear about postpartum mood disturbances. Unfortunately, this has prevented many women who need help and support from reaching out for the resources they need to get better, and they have instead suffered alone in shame and silence. There are several different Postpartum Mood Disorders that need to be carefully understood and which require different types of treatment.

Women with Postpartum Obsessive-Compulsive Disorder find the scary and disturbing images and thoughts they have to be terrifying, and go to great lengths to avoid the thoughts or the possibility of acting on them. They clearly know that these thoughts are wrong, and often feel great shame or fear that these thoughts continue to occur despite efforts to control them.

Women with Postpartum Psychosis—a rare disorder, affecting only 1 or 2 in every 1000 new mothers—believe that the thoughts and images (delusions) that they are having are essential to their reality; in other words, they believe they are real. Women with this condition are at great risk of actually carrying out the actions and harming themselves or their babies. *Postpartum Psychosis is always considered to be a psychiatric emergency*, and needs to be immediately treated by a healthcare provider who is familiar with Postpartum Mood Disorders. Postpartum Psychosis often requires hospitalization, and nearly always requires psychotropic medications.

Women who are dealing with Postpartum Depression or other Mood Disorders are inherently bad mothers.

There is no correlation between having a Postpartum Mood Disorder and being a bad mother. In fact, reaching out for help and support when needed is actually a sign of health and good judgment.

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