

## Postpartum Depression

By Elaine Stillerman, LMT

A friend of mine recently admitted that she suffered with postpartum depression (PPD) after the birth of her twins. It wasn't so much her emotional state that took her off guard, she said. But rather that her depression began when they were 5 months old.

She was unaware, as are so many new mothers, that the onset of PPD can begin as long as a year after childbirth. All too often health care providers fail to connect a woman's depression with labor and birth after several months have passed since delivery - leaving the mother even more despondent.

It is not at all unusual for most new mothers to experience mood disorders after the birth of their child. The dramatic shift in hormones, the labor and birth, and general fatigue all contribute to fleeting feelings of sadness. As many as two-thirds of new mothers worldwide experience postpartum blues, also known as "baby blues." The onset generally occurs at about day three and the duration of these transient feelings of sadness is about a week or two. The blues are characterized by weeping, insomnia, fatigue, moodiness, and anxiety but is self-limiting. With some rest, support, sunshine, and compassion, these feelings recede without lasting effects.

Since the blues are short-lived, **a nurturing massage can be profoundly relaxing and help speed up the emotional healing.**

*Points of a nurturing massage:* Include stimulation to Spleen 3 (Sp 3), under the balls of each foot on the arch, to help balance hormones. Press this point for a count of 6 and repeat a total of 6 times. Sp 6, the uterine tonifier, should also be stimulated. Measure approximately 2 1/2 - 3 cuns (width of a fingertip) from the medial ankle bone posterior to the tibia. The point should be sensitive.

However, for 10 percent to 20 percent of new mothers, the emotional symptoms are more severe and can be debilitating. These women may suffer from postpartum depression, the most common complication of pregnancy, which has a later onset and more exaggerated symptoms. In these instances, massage practitioners should work together with a mental health professional to provide the most supportive environment for the new mother.



### Symptoms of PPD

The etiology of PPD is unclear and is varied from woman to woman, but certain factors are suspected to contribute to its development: hormonal fluctuations, any preexisting medical problems, personal or family history of depression, marital dysfunction or general lack of support and social network, immaturity and low self-esteem, negative feelings about the pregnancy, lack of sleep, financial concerns, premature or

special needs child, multiple pregnancy, traumatic birth, chronic stress factors, and neurotransmitter deficiencies.

*Some important statistics:* Teenage mothers are depressed 2.5 times more than older women and African American women suffer from PPD twice as often as white women. Nursing mothers may fare better in avoiding PPD or have less severe symptoms. And for celebrity mothers, PPD is often dismissed or overlooked; it takes a celebrity mother's willingness to discuss her depression before people acknowledge how serious it can be.

The symptoms of PPD almost seem like a typical reaction to childbirth: fatigue, sleep disturbances, and appetite and weight changes. But the red flag should go up when these responses are accompanied by feelings of anxiety, dysphoria, social withdrawal, cognitive disturbances, guilt, hopelessness, helplessness, a sense of worthlessness, or suicidal thoughts.

For women, the symptoms of PPD are similar to major **depressive episodes unrelated to childbirth**. (New fathers can also experience a form of PPD, as we'll discuss later in this article.) It is also important for the care provider to rule out postpartum metabolic disorders, such as thyroid disease, when assessing PPD because many of the symptoms are similar. Autoimmune thyroid disease can affect up to 10 percent of all women and is often suppressed during pregnancy but is exacerbated during postpartum. Postpartum thyroiditis (PPT) initially presents with a transient hyperthyroid phase 6 weeks to 6 months postpartum. So it appears that the new mother is losing weight in a typical manner. However, this is followed by a hypothyroid phase that can last as long as 1 year. Nearly 6 percent to 9 percent of women develop PPT and manifest symptoms that can readily be construed as depression: fatigue, hair loss, depression, impairment of concentration, inability to lose weight, lethargy, and dry skin.

Both depression and PPT are common reactions to childbirth. As many as 38 percent of women with PPT are also clinically depressed, so it is understandable how difficult it is to determine the cause of the depression. While it is certainly beyond the scope of a massage therapist to make a diagnosis, suggesting that her depression might have hormonal causes that are readily resolved with proper medication may provide support and make her feel less helpless. Regardless of the cause, a client who is depressed should be referred to a doctor or mental health professional who can determine the most appropriate course of treatment.

In the United States, it is estimated that half million women suffer from PPD yearly and that most of them have a history of a mood disorder. The risk of recurrence in a subsequent pregnancy is 25 percent. It is vital that practitioners working with this population recognize the signs and intervene early by referring the client to a mental health professional. **One study of PPD found that the depression was less severe for those women whose partners provided them with emotional support.** That can extend to include a sensitive massage practitioner. It is interesting to note that in traditional societies where new mothers were celebrated with rites of passage and healing ceremonies, PPD was rare.

#### **Sheila Kitzinger offers several suggestions for new mothers to help them treat PPD.**

First of all, don't be afraid to ask for help. Make a plan to get out of the house first thing in the morning when symptoms are usually worse; get some exercise, fresh air, and sunshine. Sleep when the baby does and don't try to get everything done all at once. Contact other new mothers and talk with them; seek help if needed.

Although it is not as common or known as women's mood disorders, some new fathers experience their own form of PPD after the birth of their child. These feelings are brought on by fears of becoming a parent, rigid expectations of themselves, feeling ignored by their partner in favor of the baby, and lack of sleep. Manifestations of male (this could also affect the non-birthing female partner) depression might be escaping into work, denying their

emotions, outwardly expressing anger at the baby, or complete withdrawal from parenting and relationship responsibilities.

Fathers, often overlooked, also have an adjustment to make to the new member of the household and the better informed they are, the easier this period will be for all concerned. Fathers also need emotional support, for themselves and to be a better support for their partners.

Even more dire but less common is postpartum psychosis (PPP). Affecting 1 percent to 2 percent of the puerperal population, PPP is a clinical emergency requiring immediate intervention because of the heightened risk of infanticide or suicide (especially among young mothers). This psychotic condition has additional symptoms that include sleep disturbances, dissociative behavior, depersonalization, confusion and extreme disorganization, bizarre behaviors, delusions, and unusual visual and/or aural hallucinations. These symptoms can also be an underlying manifestation of bipolar disorder that has a high frequency during postpartum recovery. A woman who suffers from PPP has a 33 percent to 40 percent chance of experiencing it again with subsequent pregnancies. Early intervention dramatically improves the prognosis and prevention of this potentially devastating condition.

Practitioners who massage postpartum women must be on the lookout for any emotional signs that may be troublesome to the new mother. Recognizing these problems early can mean the difference between continued despair or a healthy new lease on life.

#### *Resources*

1. Kitzinger S. **The Year After Childbirth**. New York: Simon & Schuster, 1994.
2. Romm AJ. **Natural Health After Birth: The Complete Guide to Postpartum Wellness**. Rochester, VT: Healing Arts Press, 2002.
3. Small R, et al. "**Depression after childbirth. Does social context matter?**" *Med J Aust*, Oct. 17, 1994; 161(8): 473-7.
4. Stillerman E. **Prenatal Massage: A Textbook of Pregnancy, Labor, and Postpartum Bodywork**. St. Louis: Mosby, 2008.