

Postpartum depression: causes and treatments



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Postpartum depression (also known as postnatal depression) is a form of depression that can affect women and, less frequently, men after the birth of a child. It is widely regarded as treatable. Studies show between 5% and 25% prevalence and the methodological differences of these studies makes the true prevalence rate not clear. The postpartum depression (PPD) is a form of depression that affects women after giving birth to a baby. It is estimated that about 60% of new mothers experience a strong melancholy after delivery internationally known as baby blues. It is common that parents also have symptoms of depression in 25. 5% of cases. The Edinburgh Postnatal Depression Scale (EPDS) can be used to identify the presence of PPD.

The postpartum depression, as well as most psychological disorders as causes, has biological, psychological and social. If the mother already has depression before the birth, it is likely to get worse. Major hormonal changes during pregnancy and decrease after birth are a major contributor but there is a clear relationship between social support mainly from partner and family, planning of pregnancy, child health problems, difficulty getting back to work, difficult socio-economic and marital status with the presence and severity of depression.

Some of the most common symptoms are:

Sadness, Desperation, Low self-esteem, Guilt, Anhedonia, Sleep problems, Eating disorders, Tiredness and lack of energy, Sexual disinterest, Low self-esteem, Increased anxiety, Irritability, Feelings of incompetence and Social isolation.

For example, postpartum depression can be compared to the character in the Yellow Wallpaper, the woman said: " I've got out at last," said I, " in spite of you and Jane. And I've pulled off most of the paper, so you can't put me back!" A woman identifies herself with the trapped woman in the wallpaper. The doctors believe that Jane has " slight hysterical tendency".

Treatment. It can be treated with inhibitor selective serotonin reuptake but like most antidepressants pass into breast milk is necessary to use substitutes. Soon psychotherapy is the most prescribed treatment. For mothers, who prefer faster results cognitive-behavioral therapy and behavior analytic, it takes around six months. Adequate food, rich in Omega 3, minerals, and exercise are also important to improve mood and overall health.

Postpartum psychosis. There is also the risk of postpartum psychosis, estimated between 2 and 4 per 1000 births. Much more severe depression is the psychosis in the loss of contact with reality which can include hallucinations, delusions, disorganized speech, mood swings, and pathological fear of violent behavior against themselves and against others. You may be required hospitalization.

In the " Yellow Wallpaper", since the woman's husband repeatedly treats her like a child, the narrator begins reverting to childlike fancies. " I never saw so much expression in an inanimate thing before, and we all know how much expression they have! I used to lie awake as a child and get more entertainment and terror out of blank walls and plain furniture than most children could find in a toy-store."

For mothers, who suffer from a lack of social support or other stressful or challenging circumstances, negative emotions directed towards a new infant to be a key feature designed to get the mother to reduce his investment in a “ costly” infant and thus reduce their own costs. Numerous studies support the relationship between postpartum depression and lack of social support or other stress factors related to child care. Mothers with postpartum depression can unconsciously display fewer positive emotions and more negative feelings toward their children, be less responsive and less sensitive to infant signals, less emotionally available, have a less successful attainment of the mother’s role, and have children who are less well-connected, and in more extreme cases, some women have thoughts of harming their children.

There are many difficulties faced by women , and as a example, in the “ Yellow Wallpaper” a woman expresses her own opinion, John treats the narrator as though she were crazy. This leads to actual mental illness.” Better in body perhaps-” I began, and stopped short, for he sat up straight and looked at me with such a stern, reproachful look that I could not say another word. “ My darling,” said he, “ I beg of you, for my sake and for our child’s sake, as well as for your own, that you will never for one instant let that idea enter your mind! There is nothing so dangerous, so fascinating, to a temperament like yours. It is a false and foolish fancy. Can you not trust me as a physician when I tell you so?”

Effects on parent-child relationship. Postpartum depression can make mothers inconsistent in relation to child care. Women diagnosed with postpartum depression often focus more on the negative events in child

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care, resulting in poor coping strategies. Mothers who resort to avoidance coping and not responsive to their children's needs, can make the child feel unsafe. According Edhborgs article on long-term consequences, uncertainty can lead to stress in infants and infant avoidance, where the child can be so uncomfortable that it will not interact with the mother or other adults. This is a concern because the time from two to six months in a child's life is very important, in these months children develop important coordination and cognitive skills. Parent-child interaction is most crucial at this time because it builds the connection not only with the mother but also with other people. The lack of interaction can lead to difficulties in parent-child communication and result in poorer performance in infants. Several factors must be considered when evaluating the capacity of a severely depressed mother to provide a safe-enough care environments that can support a healthy development for the infant and the mother's relationship to the child. Such factors include the mother's attachment history, current social support, insight, and ability to accept help. These conditions can often best be evaluated by multidisciplinary professional management team that includes specialists in infant mental health or other mental health professionals with experience in working with children and families.

Experienced psychologists scored then the interaction between mother and child. The first two situations were filmed scored on a five point scale: 1 (the area of most concern) to 5 (which is an area of strength). In the third situation was related behavior evaluated in three groups based on how the child reacted to her mother's return.

Three classified groups: Secure (safe) and joyful connection: consists of children who greet the mother with joy and being comforted by her presence. Secure attachment but limited in terms joy and pleasure: consisting of children who recognize the mother, but shows less benefit than you would normally expect in return. Insecure attachment: consisting of children who show signs of avoidance and resistance. This opposition could prove that the child would go to her mother, but then pull away and often repeat this action.

Analysis showed only a difference between the groups. In the free play situation were shown children of mothers with high scores on EDPS less interest in playing with their mothers and to explore on your own, than children of mothers with low-EDPS score. The mothers also showed only one difference. Mothers with high-EDPS score showed little maternal emotional availability to the child.

After the results Edhborg performed a cluster analysis in different interaction styles. Some children showed signs of depression, but when compared to the children, it was found that there is no significant correlation with the EDPS-scores in mothers and interaction styles. The study found that children of mothers with high EDPS scores were less involved in the free play situation than children of mothers with low-EDPS scores.

During the execution of the structured task from the first situation, it appeared that mothers with high EPDS-scores were “ aware of his unavailability for the child in the period after birth, and thus tried harder to help their children to succeed in the task”. This over-reaction shows that too

much interaction can lead to a negative mood in the child and the persistent difficulties in the parent-child communication.

All in all, postpartum depression can occur, but it is possible to overcome it with the help of family and friends. Sometimes changes cause depression, but fortunately, it is cured in the modern world. Women surrounded with love, care and support feel safer and more important and much rarely have postpartum depression.