

# [Postpartum depression and postnatal depression psychology essay](https://assignbuster.com/postpartum-depression-and-postnatal-depression-psychology-essay/)

Presently at hand there is a reoccurring social problem that is alarming to pregnant women collectively. The social dilemma is identified as postpartum depression otherwise to some as postnatal depression. Postpartum is a significant type of clinical depression that inhibits women emotionally and physically following childbirth. Postpartum depression is a form of depression that follows child birth in particular mothers. Cases can be mild or severe enough to be labeled psychosis and require hospitalization ( ). When people contemplate desolation, many assume depression as just erratic mood swings, anxiety, or guilt which is self inflicted. However depression is beyond mood swings and impulsive emotions. Depression is the fourth leading cause of global disease burden for individuals and society (Brundtland, 1998). Depression is a clinical diagnosed ailment that hinders the world population. Depression can be treated and alleviated, although overlooked may develop into severe mental and physical problems. Postpartum depression is a grave illness that requires immediate attention by qualified physicians. Those who are diagnosed with depression often encounter symptoms similar to guilt, anxiety, sleeplessness, and constant thoughts of suicide. PPD is a serious social predicament that should not be ignored, if manifested PPD can be very detrimental to the welfare of families and children.

Although men can develop PPD, typically PPD troubles women who undergo the early phases of childbirth usually proceeding three months of delivery. Women are more vulnerable to PPD given that their bodies undergo extreme psychological, physical, and developmental change in such a short duration. There are various explanations and diagnosis into why PPD develops within women post birth. Some of these reasons include Hormonal change, sudden vary of lifestyle, mental illness, along with stress. Furthermore PPD is not just an obstacle that occupies a few; PPD is universal and in fact common in many child births. One in six women is affected by mental distress during pregnancy or postpartum, and was found to be the leading cause of maternal death between 2000 and 2002 (Lewis 2004). Some intellects may regard these manners simply as the baby blues; nevertheless expert studies have revealed that PPD is indeed a well documented illness that inhabits women of every populace. Furthermore this research paper will confer the issues of postpartum disorder along with providing adequate information concerning the causes, symptoms, impact on child development, and methods for treatment.

Now that I have identified postpartum depression, let’s acknowledge as well as analyze the causes and symptoms of PPD. It is often difficult to diagnose or even pin point the sources of PPD; however several doctors explicate that PPD may be triggered by unexpected change in hormones, sudden adjustment of lifestyle, mental illness, or stress. Postpartum depression occurs in 10-15% of women in the general population ( ). Women who undergo pregnancy usually encompass higher levels of hormones which in essence can alter cognitive behaviors and emotions. All women are unique; many go through intense body and hormonal changes. Subsequent to birth it is common for women to have decreased levels of estrogen and progesterone which can instigate mood swings, nervousness, as well as extreme fatigue. Following pregnancy, mothers who experience PPD frequently endure the postpartum blues; moreover 85% of women experience some type of mood disturbance. For most women, symptoms are transient and relatively mild, however 10-15% of women experience a more disabling and persistent form of depression and 0. 1-0. 2% of women experience postpartum psychosis ( ). The postpartum depression or baby blues traumatic symptoms include of anxiety, sleeplessness, loss of energy, guilt, and at some levels severe mental psychosis.

Another cause of PPD is the abrupt change of daily routine. The change of lifestyle from time to time may be overwhelming or even too demanding for newborn families. Mothers and Fathers are sometimes unaware the drastic lifestyle changes a baby initiates. In other words some families are unprepared for the consequences and responsibilities of nurturing a newborn. This is particularly true when it comes to younger couples who engage in unplanned pregnancies. You see this scenario all too often, couples who lack maturity, experience, as well as responsibility do not understand what it takes to be a suitable parent. This is why education plus counseling is crucial to counteract PPD. Many families who lack the resources, education, healthcare, or economic means are further susceptible to PPD; as a result the lower class citizens usually suffer largely. Additional contributing factors to PPD consist of patients who suffer from substance abuse, unplanned pregnancy, financial problems, poor relationships, and those who already endure a history of mental illness or depression. If this problem is left untreated, postnatal depression can last for months or even years, therefore endangering yourself and your child’s welfare.

Next I plan on discussing the impact that postpartum depression has on newborn babies and child development. The early stages of child maturity is significant, otherwise health problems may transpire. Children of mothers with postpartum depression are more likely than children of non depressed mothers to exhibit behavioral problems (e. g., sleep and eating difficulties, temper tantrums, hyperactivity), delays in cognitive development, emotional and social deregulation, and early onset of depressive illness( ). Implying families who bear post partum depression may in fact negatively affect parent-infant relations. Newborn babies require constant attention and nurturing, however if the family is experiencing PPD, this may result in neglect ion of the Childs physical and emotional upbringing. The mother and infant bonding is essential for childhood growth, furthermore PPD could hold a profound impact on the Childs well being. Untreated postpartum affective illness places both the mother and infant at risk and is associated with significant long-term effects on child development and behavior therefore, appropriate screening, prompt recognition, and treatment of depression are essential for both maternal and infant well-being and can improve outcome ( ). If the symptoms of PPD persist, the child may unconsciously withdraw or reject the mother’s parenting.

At this point we have recognized Post partum depression as well as documented the cause and effects of PPD. Therefore let’s focus on the process for treating PPD. No two women are alike, so treating PPD can be tedious even overwhelming sometimes. The most important factor for treatment of PPD is early detection. Realizing there is a problem and early treatment is crucial for reducing PPD. And though PPD is categorized as a disorder, there are several affective methods for healing. A number of techniques used to counter PPD include counseling, antidepressant drugs, and importantly education. Post natal depression is in fact a curable illness but it takes time along with education which is the crucial. It is also essential to surround yourself with quality caregivers. In addition it’s vital to encompass a good support system like family, friends, collegues, or even co workers to help ease the symptoms of depression. Medication and professional counseling can often be successful for reducing or eliminating the symptoms of PPD. Many doctors believe that counseling plus anti depressants including nortriptyline, paroxetine, and sertraline will help counter the symptoms of PPD. And I know this day and age drugs are not always the answer; however experts agree that antidepressants along with therapy plus counseling are well documented for alleviating PPD.

As you can observe postpartum depression is as significant illness that plagues women of all stature. Postpartum depression has been established in numerous studies to have a negative effect on a mother’s ability to provide optimal care for her infant ( ). One in six women is affected by mental distress during pregnancy or postpartum, and was found to be the leading cause of maternal death between 2000 and 2002 (Lewis 2004). PPD is a serious social issue that needs further attention. This is not a dilemma that discriminates between race, gender, or age. Everyone is susceptible to PPD and this illness is increasing with the hardship of times. There is a dire need of education and healthcare for families that experience PPD.