

Understanding the symptoms of post partum depression research paper

[Health & Medicine](#), [Pregnancy](#)



Introduction

One of the most debilitating conditions women (and some men) experience in life is post partum depression (PPD) after giving birth to a child. Ongoing research of this emotional and mental disorder continues providing medical and psychological professional practitioners with tools for earlier diagnosis, identifying women and mothers to be more prone to this condition, prevention, and intervention options. This academic exploration of PPD provides discourse on these characteristics connected to a better understanding of this affliction effecting women's health including emotional signals, biological factors, and other pertinent indicators. The discussion includes symptom identification, unexpected dynamics, as well as prevention and interventions in place today.

Some Main Symptom Characteristics of PPD

Crying and Emotional Signals

Nykliet, Temoshok, and Vingerhoets (2004) explain how emotional expression including crying among women after delivery represents a specific group for identifying the functions of crying. In the case of PPD, health professionals. Crying remains one of the symptoms of PPD most often recognized by health care professionals when treating women health care issues. providing a gauge for focusing on other symptoms connected to negative behaviors among new mothers. The authors emphasize how the effects of crying connected to post partum well-being signals distress needed health professional attention (p. 5).

Iron Deficiency

Long understood women and children have tendencies to have iron deficiencies; pre and postnatal iron deficiency contribute to PPD in some new mothers according to the Nutrition Health Review (2005) article "Iron-Deficient Mothers May Be Less in Tune with Their Babies." Previous research shows anemia in new mothers as well as moderate iron deficiencies effect thinking and memory accuracy and therefore may provide healthcare providers and insight to a cause of PPD behavior in new mothers (p. 16).

Implications of Antenatal Depression

Literature provided from a study by Faisal-Cury, Savoia, and Menezes (2012) discusses depressive symptomolgy during pregnancy and the effects on PPD. The findings show the connection to the relationship between symptoms of antenatal depression (AD) connected to coping strategies and styles addressing life events (p. 295).

Anderson, Sundstrom-Poromma, Wuff, Astrom, and Bixo (2004), Chung, Lau, Yip, Chiu, and Lee (2001); Heron et al., (2004), Huizink, Robles de Medina, Mulder, Visser, and Buitelaar, (2003), Patel and Prince (2006), Rahman, Bunn, Lovel, and Creed, (2007), and Ferri et al., (2007) find, "Emotional distress in women during pregnancy has been shown to increase the risk of adverse outcomes, including post-partum depression (as cited by Faisal-Cury, Savoia, and Meneze, 2012, p. 295)".

The 312 women participants represented a cross sectional study in a private clinic from 1998 to 2002. Findings included 21. 1 percent of the pregnant women experienced AD. These findings also attributed the extent of post

partum depression connecting to the number of pregnancies, household income, marriage status, as well as previous abortions. The research concluded higher prevalence of AD connected to maladaptive coping styles (Faisal-Cury, Savoia, and Meneze, 2012, p. 295).

Faisal-Cury, Tedesco, Kahhale, Menezes, and Zugaib (2004) found some other research agreement that AD remains " a multi-factorial problem demanding a psychosocial approach." Risk factors contributing to pregnancy related mood disturbances may include individual coping styles connected to dealing with stress (as cited by Faisal-Cury, Savoia, and Meneze, 2012, p. 295)."

In addition, according to several studies Faisal-Cury, Tedesco, Kahhale, Menezes, and Zugaib (2004) describe the participating new mother's revealed the symptomology of PPD aligns to individual abilities for coping with the stress connected to post partum realities both physiologically and psychologically. Prior to this study, another research sampling of early PPD new mothers experienced showed the normal coping they used for life events (LE) did not work (p. 295). Demyttenaere, Maes, Nijs, Odendaal, and Van Assche (1995) defined LE as those situations representing " a number of common experiences which are relevant to the majority of people" requiring adapting through coping skills (as cited by Faisal-Cury, Savoia, & Menezes, 2012, p. 295).

Behavioral attempts through cognitive focus mastering, tolerating or reducing both internal and external conflicts and demands constitute coping according to Folkman and Lazarus (1980). " The purpose of these efforts is to manage or alter the source of stress (problem focused) or regulate the

stressful emotions (emotion-focused) (as cited by Faisal-Cury, Savoia, & Menezes, 2012, p. 295)" Other researchers explain emotion-focused coping remains maladaptive and only a strategy of problem-focused coping has adaptive characteristics when an individual's psyche evaluates " that nothing can be done to reduce threat or damage(Bjorck, Cuthbertson, Thurman, & Lee, 2001 as cited by Faisal-Cury, Savoia, & Menezes, 2012, p. 295)."

PPD - Feeding Choices Provide Clues

Another study of Hispanic women after delivery by Bates (2008) focusing on " understanding post partum depression in new mothers is the focus on how culture may affect certain behavior. Findings from the 201 participating Hispanic mothers revealed prevalence over participating non-depressed Hispanic mothers using watered down flavored tea supplementing breastfeeding with four to six week old babies. By six to 12 months of age, these same babies' mothers " the instances of giving their babies syrup-flavored cow's milk, chips, and sodas proved prevalent." Early after delivery, feeding norms among depressed new Hispanic mothers showed increased rates of development health, and body size of their babies as well as some babies possibly affected in the same areas later (p. 24).

Unexpected Dynamic of PPD

Dads Get the Blues Too

Not as commonly understood, Habib (2012) explains the occurrence of paternal perinatal depression (PPND) lacks any literature addressing the issue. Their report provides evidence on PNND based on empirical findings for guiding a wider preliminary intervention model for PNND development.

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Describing PPND connected to psychosocial conceptualization, including father related familial issues, as well as maladjustment to parenthood, the author suggests multi-level intervention education for fathers for further discussion (p. 4).

Preventions and Interventions

Strategies

Despite increased efforts over the past decade, the opportunities for interventions for identifying pregnant women at risk of developing PPD remains an unrealized potential according to Mallikarjun and Oyebode (2005). " This is due to the lack of an accurate predictive index for postnatal depression, which has further prevented development of a screening instrument for the same." While varieties of psychosocial and psychological attempts for interventions focused on at risk mothers proved mixed results. " Individually based interventions targeting at-risk mothers initiated in the postnatal period seem to be beneficial, but this needs a further evidence base before being advocated for routine clinical practice (p. 221)"

A Blood Test May Tell

McCrae (2013) reports that within two years, pregnant women having a simple blood test checking for two genes found in DNA samples may indicate prevalence after delivery of developing post partum depression. Early trials of the study give 85 percent accuracy. Early warning of this condition causing irritability, loss of appetite, debilitating sadness, as well as feelings of worthlessness affecting one in five of women after delivering babies within weeks would allow early treatment. In doing so, women afflicted with the

condition would experience reduction in the severity of symptoms or even preventing the condition (p. 25).

In some cases according to McCrae (2013) PPD " can last more than a year in some cases and the children of some sufferers can be at higher risk of mental illness and other problems" with the most extreme but atypical PPD cases resulting in new mothers killing themselves or their children. The Johns Hopkins University-Baltimore based research identified " two genes which, when present in certain forms during pregnancy, seem to foretell the onset of depression (25)."

Non-Drug Treatments

Sherman (2005) explains a different approach to addressing the PPD condition with nonpharmacologic treatments. Discussion of this option counter to standard medications at a obstetrics symposium cosponsored by Columbia University and New York Presbyterian Hospital stressed in no way was this an advocacy for the dismissal of the medication option Noting pregnancy remains a particular condition where lack of mental-well being and the onset vulnerability affect 20 percent of women stresses the condition causing mood and anxiety disorders (p. 41).

The post partum period in particular commonly reveal a range of severity from " baby blues" to more critical and dangerous psychosis. Surveys, according to Sherman's (2005) article, reveal, " about 20% of women suffer from mood or anxiety disorders at this time, essentially the same proportion as women in general." This aligns to how " pregnancy itself appears to be neither a time of particular mental well-being nor vulnerability (p. 41)."

Further, the Sherman (2005) explains the commonality of such a lack of emotional and mental health occurring during the PPD period runs " along a spectrum of severity from 'baby blues' to psychosis." Typically, the PP " blues" affect as many as 50-80 percent of new mothers that include " mood lability, anxiety, irritability, and difficulty in eating, sleeping, and caring for oneself and the baby." While problematic, nonetheless these symptoms " do not interfere markedly with functioning; they usually peak 4-5 days post partum and resolve by day 10." However, any persistent difficulties lasting longer than two weeks then call for the more serious PPD condition. Close to 1/4 of new mothers experiencing PD blues " later develop clinically significant depression (p. 41)."

Non-pharmacological PPD treatments depend on the individual and the severity. " For mild to moderate symptoms, certain types of psychotherapy seem as effective as medication and are preferred by many women, particularly those who are breast-feeding." A particular intervention therapy proving as effective as the prescriptive fluoxetine for treating PPD is cognitive-behavioral therapy. Another is interpersonal therapy for individual women with mild to moderate PPD. Other non-pharmacological intervention include group and couple therapies as well as promising results for at risk pregnant women participating in psycho-educational group work for preventing PPD (Sherman, 2005, p. 41).

Social support as well as childcare help underpin psychosocial management interventions when using non-pharmacological therapies. " Light therapy appears to be effective for depression during pregnancy, and may be helpful in the postpartum as well." New mothers preferring or needing conventional

interventions with drugs including standard doses of antidepressants include, " Selective serotonin reuptake inhibitors are the agents of choice, and benzodiazepines may be added for concurrent anxiety, particularly in the first weeks of treatment." Sherman (2005) clarifies how, " The addition of psychotherapy makes medication more effective (p. 41)."

Protein Treatment

According to the Sullivan (2011) article, the future may reveal the day when adding tryptophan and tyrosine to the diet of pregnant women may avoid or lessen postpartum depression. Eggs contain this protein same as poultry, some varieties of seed and nuts, as well as dairy products. The protein contributes to regulating serotonin, monoamines dopamine as well as norepinephrine connected to mood produced in the brain. By boosting levels of these proteins in pregnant women before giving birth, the goal looks at countering the unwanted postpartum depression mood by altering the affects of increases in monoamine oxidase A (p. 1).

The research examines how tyrosine and tryptophan proteins affect breast milk. Findings of individual mothers breast milk having insignificant levels of the proteins comparative to plasma leads to further investigation whether giving the mothers the two will assuage PPD. During the research, participants received a powder form of the two proteins. Sullivan (2011) explains the researchers intend developing specific dietary interventions with such recommendations for pregnant women rich in tyrosine and tryptophan (p. 1).

The desirability of a dietary intervention skirts all stakeholder concerns with

taking medications leaking into the milk. While diet of lactating mothers affect the content of milk the body process foods in different ways than it does drugs. Prior studies " show a precipitous drop in plasma estrogen within 48 hours of birth." At the same time, in fact, " Almost simultaneously and nearly in concert MAO-A levels begin to rise. Plasma estrogen reaches its nadir around day 3, while MAO-A peaks around day 4." The fact this process coincides with new mothers experiencing irritability, mood changes, sadness, and sleeplessness adds to the significance of the findings and the need for dietary intervention replenishing the two identified proteins. The study involved 15 immediate new mothers matching 15 age-matched controls undergoing " positron emission tomography with the radiotracer carbon 11-labeled harmine." Use of this compound surrounds its extreme reliability " for identifying brain levels of MAO-A, and has a 20-minute half-life, making it a good choice for lactating women" in the study. " The new mothers all were scanned on postpartum days 4-6--the most common time for symptoms of postpartum sadness to appear (Sullivan, 2011, p. 1)."

Findings of this study connected to existing literature confirm, " the relationship between depression, low neurotransmitter levels, and MAO-A levels, Dr. Meyer noted, as well as with an entire class of antidepressants aimed at inhibiting the enzyme." While researchers do not point this as the only factor affecting PP mood changes, nonetheless the identification of the two proteins' effect with MAO-A affecting PP mood in new mothers understandably looks to more research (Sullivan, 2011, p. 1).

Community Intervention

Recognized as a social issue because of the mental and emotional health aspects of PPD, LeFevre (2007) reports how community based organizations increasingly support and sponsor training mothers to be on PPD. According to the author statistics, prove within two weeks of delivery of post partum " blues" 80 percent of new mothers resolve the symptoms. The comparative data reveals nearly one-fifth of post partum issues develop into post partum depression. The statistics show three per 1000 new mothers experience postpartum psychosis. Psychosis symptoms aligned to post partum depression include manic delusions, hallucinations, euphoria, and racing thoughts. The New Jersey Catholic Conference of Trenton sponsored the program recognizing it as " the first statewide initiative in the nation" involving Trenton, Metuchen, Paterson and Camden archdiocese. "" New Jersey became the first state in the nation last year to require health care providers to screen new mothers for postpartum depression and educate them about it (2a)."

Conclusion

As the thesis of this academic exploration states, one of the most debilitating conditions women (and some men) experience in life is post partum depression (PPD) after giving birth to a child. Increasingly, healthcare providers, researchers, social scientists, and the psychology community realize the dynamics of PPD on individuals as well as new mothers as a group susceptible to this condition affecting well being and good health.

While some areas of this condition provide a wealth of literature as some of

the references in this paper reveal, at the some time others make it clear there remains much needed further research of biological and socio-relational implications of the underlying causes making new mothers emotionally and psychologically susceptible to the symptoms of PPD. The fact the increase in attention to the existence of the condition exists proves the best hope for further research for causes and interventions for treatments.

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