

Perinatal/Postpartum Depression

- Perinatal/postpartum depression is a complex combination of biological, emotional, situational and behavioral changes that occurs during pregnancy or within a year after delivery.
- Depression can be described as an ongoing feeling of sadness, hopelessness or loss of interest in life accompanied by other symptoms such as anxiety or nervousness, appetite change and sleep disturbance.
- The course of PPD can be very changeable and inconsistent. A woman might feel incapacitated by anxiety and hopelessness one day and then feel relatively symptom free for some time, only to feel bad again with no apparent trigger or explanation.
- Researchers believe that depression is one of the most common complications during and after pregnancy:
 - As many as 70% of women have some depression symptoms during pregnancy and 10-15% meet the diagnostic criteria for minor or major depressive disorder.
 - It is generally agreed that postpartum depression occurs in 10-15% of women in the general population and up to 4% of new fathers. Postpartum depression is not the same as the baby blues, which affects between 70 percent and 80 percent of women and normally go away within a few days to a week.
 - In urban, high-risk populations of mothers, depression rates may reach upwards of 40%.
- Approximately 50% of women who have had postpartum depression have a recurrence of depression. The symptoms of PPD can be relieved and diminished within one to six months. But sometimes, depression can become chronic.
- 80% of women go undiagnosed. Often, the depression is not recognized or treated, because some normal pregnancy changes cause similar symptoms and are happening at the same time. Tiredness, problems sleeping, stronger emotional reactions, and changes in body weight may occur during pregnancy and after pregnancy. But these symptoms may also be signs of depression.
- Studies show that prenatal depression and anxiety have been linked to premature birth, low birth weight, developmental delay and increased risk of postpartum depression.
- Untreated depression can interfere with a woman's ability to care for herself during a pregnancy. It can impair nutrition, sleep and ability to follow medical recommendations. Some women with depression increase their use of substances that have a negative impact on pregnancy (tobacco, alcohol, illegal drugs).
- Depression may interfere with prenatal bonding feelings with the fetus and can disrupt maternal-child interactions once the baby is born. Postpartum depression has been linked to attachment disorder, delays in cognitive, language and social skills, and behavioral problems.
- Women with prior history of depression or family history of a mood disorder are at increased risk for postpartum depression.
- Women of low socioeconomic status (SES) have double the rate of depression of those of higher SES. It has been shown that maternal depression in lower SES women can lead to greater problems in infants in all areas of their growth and development.

Info at: <http://www.crn.net/Perinatal%20Depression.html>; <http://www.perinataldepression.org>