

NOTE: This article offers general information regarding Postpartum Depression and Anxiety for general educational purposes only. Consult your healthcare professional if you or someone you know needs health care support.

Postpartum Depression (PPD) is also known as *Post Natal Depression (PND)*. This article uses the term *Postpartum Depression (PPD)*. When referring to both depression and anxiety this article uses *PPD/A*.

The Canadian Mental Health Association defines *Postpartum Depression* as: *Postpartum depression is depression that may start during pregnancy or at any time up to a year after the birth of a child.*

Depression is a mental illness that affects a person's mood—the way a person feels. Mood impacts the way people think about themselves, relate to others, and interact with the world around them. This is more than a 'bad day' or 'feeling blue.' Without supports and treatment, depression can last for a long time.

Anxiety is a general sense that something "bad" will happen. With *Postpartum Anxiety (PDA)*, parents may have an anxious response to a threat they are imagining in their minds like picturing something bad happening to their babies. Along with physical symptoms including difficulty sleeping and increased heart rate, a parent with *PDA* can experience racing thoughts, worrying and obsessing, wanting to avoid people and situations, and can be over-controlling, or feel the need to ask for constant reassurance. Symptoms of *PDD* and *PDA* can often overlap or look similar.

A parent with *PPD* may have feelings like the **Baby Blues**—sadness, despair, anxiety, irritability—but they feel them much more strongly than they would with the *Baby Blues*. *PPD* often keeps them from doing the things they need to do every day. When a parent's ability to function is affected, this is a sure sign that they need treatment.

Some statistics about **PPD**:

- One in ten new parents suffer from *PPD* (a new parent being one with a newborn infant, not necessarily a first-time parent)
- The *PDD* rate is 31.5% in parents of multiple birth children, much higher than the rate often quoted for singleton births (10-15%)¹

¹ International Council of Multiple Birth Organizations (ICOMBO)

- 76% of all parents of new-born twins felt constantly exhausted as compared to only 8% of parents of singletons.^{2,1}

It isn't uncommon to confuse the *Baby Blues* and *PPD*. *Baby Blues* is a hormonal and physical condition that often occurs within the first week or so of childbirth and lasts just a few days or weeks. Medical professionals estimate that as many as 85% of parents of multiples experience *Baby Blues* to some degree.

Baby Blues feelings can include:

- feeling tired and exhausted
- bouts of crying for inexplicable reasons
- insomnia
- feeling easily irritated

PPD can begin as *Baby Blues* and last weeks or up to two years after birth. *PPD* occurs more frequently than many other pregnancy related conditions such as pre-eclampsia, gestational diabetes and preterm labour, and yet new parents know less about *PPD* than they do about these pregnancy conditions. There is often stigma attached to *PPD/A*, or it is viewed as a result of the new parent's inability to cope, thus making it more difficult to seek professional help.

Depression & anxiety is a mental illness, which in the extreme, can render an individual's normal day-to-day coping mechanisms completely ineffective. The simplest tasks can take on enormous proportions and make every day, common tasks seem impossible.

Signs of *PPD/PPA* can include:

- crying for no apparent reason
- chronic fatigue or hypersomnia
- loss of appetite
- feeling overwhelmed and hopeless

- doubt or guilt
- compulsive over the babies' care
- ignoring the babies' care
- feeling worthless, unable to cope
- anxiety attacks
- inability to concentrate, indecisiveness
- in the extreme, thoughts of suicide

If a parent of multiples is experiencing such symptoms, don't dismiss them as being part of the extra workload due to having multiples. The more of these symptoms the parent is feeling, the more likely that they are suffering PPD. **Consult a doctor immediately.**

Causes of PPD/A:

While a specific cause has not been determined, hormones in the parent's body can trigger symptoms. During pregnancy, two female hormones—estrogen and progesterone—are greatly increased. After the birth, the levels of these hormones drop dramatically. Such changes could lead to depression.³ A new parent should not feel guilty if they experience PPD. Whether they do, and to what degree, is beyond anyone's control.

- Lack of social support from one's partner and families can be a key contributor. Before the babies arrive, it is important to have good support systems in place.
- If a parent has had PPD/A after a previous pregnancy, they are more likely to have it in subsequent ones. Arrange appropriate support systems before the babies' arrivals.
- Caesarean section is a major contributing factor to depression. Some caesareans result because something developed with the babies that required their immediate birth. It can be difficult to be excited about the babies when the parent is in pain.
- There may be a greater risk if the birth does not go as planned.
- If the babies are premature, they could be away from the parent in the Neonatal Intensive Care Unit, adding to anxiety and depression.
- Feeling guilty about not being able to cope, take care of everyone (including other children), having a preference between the babies.
- The inability to begin breastfeeding or to continue breastfeeding may cause concern in the parent.

Once diagnosed, here are some ideas for coping with PPD/A:

- Some PPD/A parents having difficulty bonding and relating to their babies. Being proactive and treating the PPD/A is helping your babies.
- Always say 'Yes' when help is offered.
- If you need help, ASK for it. Most of our family and friends are willing to help and respond favourably when asked.
- Tell your partner how you feel, keep the lines of communication open.
- If you need to, seek professional intervention by visiting your doctor regularly. You may, for a time, need counselling and/or medication. Not all people like to take medications but they can help you get back on track and make it easier to work on behavioural strategies. Counselling could be alone or as a couple.
- Keep your stress levels as low as possible, stay flexible.
- Breastfeeding can elevate a parent's spirits.
- Keep your daily activities and expectations to a reasonable level, e.g. vacuum one room of the house and not the whole house.
- Don't isolate yourself. It is important to maintain contact with others.
- Plan one night a week, or every other week, for a baby sitter to come in so you can spend time as a couple.

Hints for Partners:

- Learn all the signs and symptoms of PPD/A. In some cases, you may need to take the initiative, step in and make an appointment with your partner's doctor. Attend the appointment with your partner.
- Organize household help. Participate in baby care, ask friends or relatives to pitch in, or hire extra help for the first few months.
- Organize care for older siblings.
- Be patient and understanding. Don't take your partner's words or actions personally. PPD/A is no one's fault and to answer back may only escalate the situation.
- Listen (you don't always have to have answers), sympathize and empathize.

Remember:

- Awareness of the signs and symptoms is the best defence against PPD/A.
- BOTH parents need to know the signs and symptoms of PPD/A and, if necessary, the partner needs to take the initiative and make an appointment with the doctor on behalf of his/her partner.
- PPD/A is an illness and it can be treated.
- PPD/A affects everyone in the whole family.
- By looking after yourself, you are also looking after your family.
- Partners can experience PPD/PPA too.

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2. From work by and conversations with Alex McPhail, Ottawa
3. Article, "A common illness, not uncommonly overlooked," by Lisa Priest, The Globe and Mail, Tuesday, 14th December, 2004
4. POST-PARTUM MOOD DISORDER (DEPRESSION) – (PPMD) – IN PARENTS OF MULTIPLE BIRTH CHILDREN International Council of Multiple Birth Organizations (ICOMBO), March 14, 2014 – August 1, 2014

Emotional Health During Pregnancy & Early Parenthood: An Information Booklet for Parents of Multiple Birth Children, beyond blue: the national depression initiative www.beyondblue.org.au

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