

NOTE: This article offers general information regarding Postpartum Depression for general educational purposes only. Consult your healthcare professional if you or someone you know is in need of health care support.

Postpartum Depression (PPD), in some areas, is also known as *Post Natal Depression (PND)*. This article uses the term *Postpartum Depression*.

The medical dictionary defines *Postpartum Depression* as: *A form of severe depression after delivery that requires treatment. It is sometimes said that Postpartum Depression (PPD) occurs within 4 weeks of delivery but it can happen a few days or even months after childbirth. A woman with PPD may have feelings similar to the Baby Blues—sadness, despair, anxiety, irritability—but she feels them much more strongly than she would with the Baby Blues. PPD often keeps her from doing the things she needs to do every day. When a woman's ability to function is affected, this is a sure sign that she needs treatment. While PPD is a serious condition, it can effectively be treated with antidepressant medications and counselling.*

Some statistics about PPD:

- one in ten new mothers suffers from PPD (a new mother being one with a newborn infant, not necessarily a first time mother)
- PPD is five times more common in mothers of multiples than mothers of singleton newborns. LaTobe Twin Study calls this *twinshock**.¹
- based on these two statistics, we can estimate that there is a greater chance that PPD will affect new mothers of multiples.
- 76% of all mothers of newborn twins felt constantly exhausted as compared to only 8% of mothers 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 mothers 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. PPD is often viewed as a stigma or as a result of the new mother's inability to cope, thus making it more difficult to seek professional help.

Depression 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 everyday, common tasks seem impossible.

Signs of PPD 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 mother 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 mother is feeling, the more likely it is that she is suffering PPD. **Consult a doctor immediately.**

Causes of PPD:

While a specific cause has not been determined, hormones in the woman'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 mother should not feel guilty if she experiences PPD. Whether or not she does 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 mother has had PPD after a previous pregnancy, she is more likely to have it in subsequent ones. Arrange appropriate support systems before the babies' arrivals.
- caesarian section is a major contributing factor to depression. Some caesarians result because something developed with the babies that required their immediate birth. It can be difficult to be excited about the babies when the mother 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 mother 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 mother.

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

- some PPD mothers having difficulty bonding and relating to their babies. Being proactive and treating the PPD 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 mother'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 of the signs and symptoms of PPD. 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 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 defense against PPD.*
- *BOTH parents need to know the signs and symptoms of PPD and, if necessary, the partner needs to take the initiative and make an appointment with the doctor on behalf of his/her partner.*
- *PPD is an illness and it can be treated.*
- *PPD affects everyone in the whole family.*
- *By looking after yourself, you are also looking after your family.*
- *Although rare, fathers can experience PPD too.*

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Psychology, Curtin University, Australia for his
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**The term 'twinshock' was originally coined by Pat
Malmstrom, founder and President of Twin Services
Inc. in California, U.S.A.*

Bibliography

1. David Hay, LaTrobe Twin Study, Australia
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

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

Other Resources

Post Natal Depression

www.be-health-smart.com
www.toltex.com

Beat Postnatal Depression

www.babyblues.co.uk

Life With New Baby (Best Start)

www.lifewithnewbaby.ca

Postpartum Support Society

www.postpartum.org

Our Sisters' Place

www.oursistersplace.ca

Postpartum Depression Support International

www.postpartum.net

For Partners

[www.yourmedicalsource.com/library/depressionpr
egnancy/DPR_how.html](http://www.yourmedicalsource.com/library/depressionpregnancy/DPR_how.html)

MBC Resources

- *Twin Care: Prenatal to Six Months*, Multiple Births Canada
- *Special Delivery: The Handbook for Parents of Triplets, Quadruplets & Quintuplets*, Multiple Births Canada
- *Various Fact Sheets from Multiple Births Canada's Fact Sheet series* including topics from prenatal to toddler stages
- *Expectant & New Parent Support Kit*, Multiple Births Canada
- *Finding Our Way*, Triplet, Quads and Quints Association, 2001 – available from Multiple Births Canada

Questions?

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