

Postpartum Mood Disorders

Common Symptoms

Symptoms of PPMD can range from mild to severe, manifesting in far-ranging ways and may include any combination of these overlapping warning signs.

Depression

- Feelings of despair and hopelessness
- Crying, tearfulness, despondency
- Feeling unable to cope
- Anger and irritability, mood lability
- Unable to concentrate, impaired memory
- Sleep disturbances (too much/little); fatigue
- Loss of energy and interest in usual activities
- Loss of interest in sex
- Physical signs: *clumsiness, slowed speech, agitation*
- Suicidal thoughts
- Unusual weight gain or loss
- Feelings of guilt, shame, inadequacy, worthlessness
- Hypochondria, excessive worries about self, baby
- Low self-esteem; feels she is a bad parent, can't do anything right; feels the baby doesn't like her

Anxiety or phobia

- Consistent moods of worry, dread, or trepidation
- Agitation/restlessness
- Intrusive fear of dying
- Fear of going crazy
- Faintness
- Irritability
- Anger/rage
- Fear of being alone: agoraphobia
- Feeling trapped, immobilizing guilt
- Constant fears for baby's health

Acute panic or stress

- Racing heartbeat
- Hyperventilating
- Muscle tension: chest pain
- Shortness of breath: choking sensation
- Hot/cold flashes
- Tingling hands/feet
- Nausea/vomiting
- Diarrhea or incontinence
- Dizziness or vertigo
- Intense feeling of imminent death or loss of consciousness

Obsessive-Compulsive Disorder

OCD brain imbalances (often serotonin deficiencies) are found in areas such as the anterior cingulate, caudate nucleus, and putamen. OCDs are often self-aware—they know they are not being “rational” but can't help it.

- Recurrent, intrusive, and persistent thoughts, ideas, or images that mother cannot shift or control with conscious volition
- Thoughts can be fearful and disturbing (scary images of accidents, abuse, harm to baby, self, or family members)
- Internally-driven ritual behaviors performed repeatedly to create protection for baby (Constantly checks the baby or house, only wears white, never leaves the house, etc.)
- Performs compulsive actions to avoid harming baby: For example, she puts all knives away in the kitchen because she visualizes stabbing herself or her baby and keeps checking if they are still in the drawer; or fears dropping the baby down the stairs, so develops a ritual when going down stairs to feel safe.
- Mother understands that to act on “bad” thoughts would be wrong. OCD sufferers would never hurt the baby, they just are afraid that they will.

Mania

Mania is often one of the stages of bipolar disorder. It can also be a precursor to psychosis or indication of organic illness.

- Feels undue euphoria/excessive high energy
- Irritability
- Decreased need for sleep/insomnia
- Feeling “speedy”
- Easily distracted
- Mind racing: cannot shut off thoughts
- Pressured, fast speech

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Postpartum Psychosis

Postpartum psychosis (PPP) is a distinct illness, and not just a severe form of PPD. It is a very rare, but serious medical emergency, requiring immediate treatment, often including hospitalization and medication. Both the mother and child are at risk of harm, due to delusions and powerful urges.

There is a higher risk of postpartum psychosis if genetic bipolar or schizoaffective disorders are found in self or family.

Some Warning Signs

Having frightening thoughts about the baby or other family members, which she may not admit to for fear of being reported to authorities.

- Paranoia
- Delusions (about baby)
- Hallucinations (visual, auditory, olfactory)
- Irrational thoughts
- Impulsivity
- Refusal to eat
- Poor judgment
- Lack of decision-making
- Break with reality
- Severe insomnia
- Confusion

Post-Traumatic Stress Disorder

PTSD usually emerges within a short time after birth. It can be acute, chronic, or delayed. It is diagnosed after a month with no relief of symptoms. Otherwise, shorter-term symptoms are diagnosed as *Acute Stress Disorder*.

PTSD occurs when a person's individual stress threshold has been crossed and normal resilience is damaged. Overuse of stress hormones leads to depletion of cortisol and adrenaline. PTSD lowers immune system responses and has other physiological ill-effects.

PTSD is correlated with changes in brain activity found in the amygdala, hippocampus, hypothalamus and other areas of the limbic system.

PTSD is often triggered by traumatic events of birth, recent trauma or past trauma that has been rekindled, past abuse, accidents, etc.

Some Warning Signs

- Sleep disorders: disruption of body clock
- Hypervigilance (can't sleep for fear that something will happen to baby)
- Remains in constant "fight or flight" mode
- Startle response (jumps at slightest sudden noise)
- Intrusive thoughts, nightmares, flashbacks of events, sensations of being in the trauma now
- Numbing, avoidance of anything related to trauma, detachment, depersonalization
- Hyper arousal and anxiety when reminded or exposed to situations similar to the trauma
- Kindling: easily retriggered

Note: PTSD can include symptoms of other mood disorders, including depression, anxiety, obsessive-compulsive, fear, panic, irritability