



the secret sadness

No matter how excited you are about your baby, feeling a bit down after delivery is fairly common. Learn whether it's normal new-mom angst or postpartum depression.

becoming a parent is a thrill ride like no other, packed with highs and lows that will continue for, well, a lifetime. Yes, you may be tired, weepy, irritable, and overwhelmed, especially at first. These baby blues affect up to 80 percent of all women and typically manifest within a few days of giving birth. But if those sad feelings don't subside, or if they become worse during the first year, it could be postpartum depression (PPD), which may affect up to 1 in 4 new moms.

The symptoms can include inability to connect with your baby, insomnia, anxiety, or guilt. "I would stare off into space, disconnected from the world," recalls Julie Petty, of Golden, Colorado, who was diagnosed with PPD when her son William was 10 days old. "My mom and husband did everything to take care of William. I loved him but couldn't be near him."

So why do some new mothers get full-blown depression while others

don't? The reasons aren't entirely clear, but if you tend to be more vulnerable to hormonal changes, you may be susceptible to PPD. A personal or family history of depression or other mood disorders, such as anxiety or obsessive-compulsive disorder, can increase the odds. (Up to 66 percent of women suffering from PPD also have an anxiety disorder.) Stressful events such as the loss of a loved one or job, a relocation, or complications during pregnancy, labor, or delivery may all play a part.

Sometimes the drastic life changes brought on by baby's arrival are enough to push women past their breaking point. "When you have a baby, you lose freedom and control of your schedule," explains Birdie Gunyon Meyer, R.N., past president of Postpartum Support International (PSI). "You no longer sleep when you want, you're unsure of yourself, and you may feel overwhelmed."

Just getting a woman to admit she might have PPD can be a big hurdle to treatment. "In our culture, motherhood is portrayed as pure love and joy," says psychologist Sharon Thomason, Ph.D., owner and director of TheMomSource, a postpartum

Babies of depressed moms tend to have more difficulty sleeping until they're about 6 months old, according to a recent study in the journal *Sleep*.

By Alexa Joy Sherman

Photographs
by David Martinez

mentoring service for new parents in West Hartford, Connecticut. “Women who feel anxiety and sadness might not want to share their feelings for fear of being considered a failure as a mother.”

Catherine Connors, of Toronto, who has two children, remembers keeping quiet about her feelings: “I thought admitting I had PPD meant I was crazy, and I didn’t want to be considered an unfit mother,” she says. “I even lied to my psychiatrist about how bad it was. I was scared to acknowledge it.” When Connors shared her symptoms on her blog, herbadmother.com, she found she wasn’t alone. “That’s when I overcame my shame and fear,” she says. “Doing so saved my life.”

Because PPD can look different for everyone, plenty of sufferers don’t realize they’ve got it; at least 50 percent of cases go undiagnosed. To increase awareness, doctors have recently pushed for more screening during pregnancy and in the weeks after delivery. If your doctor doesn’t screen you but you think you may have PPD, pipe up. “Any time you’re feeling exhausted or stressed, you should speak with others about it—whether a physician, friends, family, or a therapist,” Dr. Thomason says. If it looks like PPD, see a doctor and investigate the treatment options below, stat. Your health depends on it—and so does your baby’s.

Don’t Dismiss Drugs

Many women are reluctant to take medication during or after pregnancy because they’re worried that the side effects will harm the baby. Valid as those concerns are, if you’re so overwrought that you can’t care for yourself, let alone your child, avoiding meds could be as detrimental as any side effects. In fact, research suggests untreated PPD can lead to delays in a baby’s language development, behavioral issues, and other repercussions.

Antidepressants can pass into breast milk, so most nursing moms with PPD opt for the lowest possible dosage of meds such as sertraline (Zoloft) or paroxetine (Paxil); neither appears to harm breastfed infants. Still, after discussing possible side effects with your doctor, you might decide to stop nursing altogether, as Petty did: “I realized I had a choice between giving my baby an engaged mother or giving him breast milk, and obviously a mom is what he needed most.” Whether or not you decide to take medication, the natural treatments that follow can also be effective components of a PPD-fighting plan.

Mothers of multiples are **43%** more likely than moms of single babies to have moderate to severe depression, a study in *Pediatrics* finds.

Talk About It

Telling a stranger about your struggle takes courage, but research shows that cognitive behavioral therapy, which helps modify negative thoughts and behaviors, or interpersonal therapy, which aims to improve communication skills, can be as effective as antidepressants for moms with mild symptoms. Women with more severe cases may benefit from a combo of therapy and medication.

Group therapy is another terrific option, and many PPD sufferers are glad to talk to others in the same boat. “Women laugh and cry and realize, ‘I’m not the only one!’” Meyer says. If you can’t leave the house (or your baby), try phone therapy—PSI offers free weekly group chats with moms and mental-health professionals (click on “Get Help” and then “Chat with the Experts” at postpartum.net).

Worried you won’t be able to pay for therapy? Many providers offer sliding-scale fees based on what you are able to afford. Visit the National Council for Community Behavioral Healthcare at thenationalcouncil.org for a list of therapists who practice in your area.

Eat Away at the Problem

A healthy diet is especially important if you’re struggling with PPD. Eating small, frequent meals keeps your blood sugar stable and staves off mood swings. Foods rich in the amino acid tyrosine (such as almonds, avocados, bananas, and dairy) boost dopamine and norepinephrine, the neurotransmitters responsible for focus, energy, and stress management. Also seek out good sources of tryptophan (think brown rice, poultry, and fish), which can help boost mood-lifting serotonin levels. Watch your intake of alcohol, caffeine, and sugar; they may decrease dopamine activity and contribute to depression and anxiety. Bonus: Eating better

can help you shed the baby weight (another reason to smile). For a customized postpartum eating plan, click on the “MyPyramid for Moms” link at the U.S. Department of Agriculture’s mypyramid.gov site. And talk to your doc about continuing to take prenatal vitamins, particularly if you’re breastfeeding, because a deficiency in folic acid, iron, or vitamin D can lead to fatigue and mood disorders, and a recent study linked higher zinc intake with a decrease in depression symptoms.

Work It Out

You may not feel much like exercising now, but doing so can combat depression; working out releases endorphins that boost your mood and increases your body confidence while imparting a true sense of accomplishment.

Women should get 150 minutes of moderate-intensity aerobic activity each week, according to the Centers for Disease Control. “I went for a brisk 20-minute walk every morning,” recalls Leslie Pave, a mother of twin boys in Oakland, California. “It gave me just enough me-time so I could face the next phase of my day.”

Be Gentle With Yourself

It’s no shocker: Mothers who aren’t sleeping well are at increased risk for PPD. “Even one month of sleep deprivation can bring on depression,” says Will Courtenay, Ph.D., a psychotherapist in Berkeley, California, and founder of saddaddy.com, a website for new dads.

But how are you supposed to get any quality shut-eye with a needy infant? You’ve heard this before, but it bears repeating: Whenever possible, sleep when the baby sleeps.

The odds of suffering PPD are **50%** greater for moms who’ve already had it with one child, according to the National Institute of Mental Health.



So forget the dishes, laundry, and thank-you notes, and force yourself to take a catnap.

Doing something you enjoy is also a potent mood improver. Take a bubble bath. Treat yourself to a massage. Get out of the house, especially when the sun is shining (serotonin production increases with light). And carve out time to connect with your guy. No fancy date night needed: just the two of you, a DVD, and a few moments of spit-up-free snuggle time.

Finally, remember that there’s no such thing as the perfect parent. Motherhood is like a new career—a job with a steep learning curve. Your desk is now a changing table, your work tote is a diaper bag, and your boss is...a baby. In time, you’ll get the hang of things. ●

IS DADDY DOWN TOO?

They may not give birth, but dads aren’t immune to new-parent doldrums. In fact, as many as 1 in 4 fathers suffers from paternal postnatal depression (PPND), says Dr. Will Courtenay, of Berkeley, California. Lack of paternal role models and pressure to provide financially both contribute. Another grim stat: Half of all men whose partner has PPD are depressed themselves. All the more reason to tackle your own issues, share the child care, stay connected as a couple, and watch for these red flags:

✿ IMPULSIVE BEHAVIOR
Men may exhibit classic signs of depression, such as irritability and exhaustion, but they are more likely than women to abuse drugs or alcohol, drive recklessly, gamble, or have extramarital sex—any of which could indicate that a new dad is suffering.

✿ CHECKING OUT
Is your partner suddenly staying late at the office several nights a week or making excuses to avoid participating in social engagements? A lot of fathers struggling with emotional issues tend to throw themselves into work or withdraw from their family or friends.

✿ UNEXPLAINED ILLNESSES
If your hubby is having physical problems like headaches, digestive troubles, and mysterious aches or pains, those symptoms could indicate PPND as well. Urge him to ask his doctor for a referral to a therapist who can help him get to the bottom of the issues.