

Postpartum Depression (PPD) Notes

Risk factors

family history of pp depression
severe PMS w mood swings
lack of social support
family or personal history of severe depression
major negative life traumas; ACE (adverse childhood events)

10 notable facts about PPD

1. It is common. 10 % of postpartum women get PPD
2. 2. More are speaking up now instead of suffering in silence
- 3.
4. 3. Must distinguish between “Baby Blues”, PPD and postpartum psychosis
4. Dads get it too (10%) 3-6 months after the birth
5. PPD does NOT mean you are a bad parent
6. Lack of adequate sleep is a big risk factor
7. One in five moms who suffer from PPD do so in silence
8. Thwarted expectations about the birthing experience linked to PPD
9. “Toxic positivity” needs to be addressed—it doesn't help!
10. There are good treatments for PPD (see page 2 of this handout)

Symptoms of PPD: irritability, feeling disconnected from baby, anxiousness, crying for “no reason”

Watch for “baby blues”: these last for about 2 weeks after birth; peak around day 5. Symptoms: crying snapping at partner/family, felling on edge

PP Psychosis: delusional thinking, fear of harming the baby, fear that you fear or are fixated that something is wrong w the baby or you; does not want to engage w baby; stays in bed; cannot perform activities of daily living

Treatment of PPD

adequate rest/sleep: get help w night feedings; pump if breastfeeding

have plenty of nourishing food on hand; have support for bringing/making food

talk therapy; mom's group support, partner support

massage, therapeutic touch (depression set)

progesterone 50-100 mg micronized capsule taken before bed

adequate protein, vitamin D, water, healthy fats and carbs

Therapeutic Touch would be so valuable—especially a home visit.

May help with stress, depression, hormonal imbalance, relaxation and sleep.

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