

Postpartum Mental Health

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Abstract

Maternity is often a moment in a woman's life that brings with it a unique feeling of happiness, serenity and fulfillment; Although, there is also a percentage of women who are not able to live with these positive feelings because they suffer from anxiety and/or depression.

Pregnancy and postpartum are periods that can be stressful for women, who may be worried about the health of the fetus or the care of the newborn, some may be afraid of childbirth or the change in life that they will undergo; but, in addition to the stressful situations that can occur, the hormonal change suffered by pregnant women is also important.

Keywords: Postpartum depression; Psychotherapie; Estrogens and progesterone; Obsessive compulsive disorder

Introduction

Being a mother causes big changes in the brain of women, so it is not surprising that the transition to motherhood is a delicate periods that carries an increased risk of mental symptoms [1,3]. These health problems can be, for example, some more common such as anxiety and/or depression, and others much rarer such as postpartum psychosis [2]. Other syndromes such as obsessive-compulsive disorder (OCD), post-traumatic stress disorder, and eating disorders may also appear [4].

1 in 10 new mothers find it difficult to care for and enjoy their baby, which can be a consequence of mental health complications.

Most common complications in postpartum mental health

Postpartum melancholy: sudden changes in mood appear, they are mild symptoms that usually last a maximum of two weeks.

Postpartum anxiety: Some mothers feel excessive fear and cannot control it, which causes stress and anxiety.

Postpartum depression: It is a depressive period that appears in the first 4 weeks after delivery and lasts for at least 2 weeks.

Prevention and non-pharmacological treatment

The prevention of postpartum depression and/or anxiety aims to reduce the appearance, recurrence and duration of its symptoms. It can improve mental and physical health associated with postpartum depression, both for the mother and her families. Prevention of postpartum depression is easier because pregnant women are more motivated to affect the health of their baby.

It is important to analyze the risk factors for postpartum mental disorders for prevention, although it is important to know that knowing and managing risk factors can help, but cannot prevent the occurrence of any disorder.

Most clinical trials to treat postpartum depression study non-drug treatments. For example, 5 clinical trials demonstrated that the one-year remission rate is higher in women who received psychosocial treatments than in women who received primary care.

Symptoms of mild postpartum depression may improve with psychosocial treatments, including family support, guided self-help, and professional counseling. For women with more severe symptoms, for whom psychosocial therapy does not help, there are other types of psychotherapies that are more effective.

How to seek help?

Seeking help to remedy postpartum depression is a very important part of treatment, but women should first learn what postpartum depression is before seeking help.

There are several ways to search for it

- Professional help
- Help from family/friends

Self-help (Books, different techniques, information on the Internet).

Women who have just had a child usually seek "informal" help, that is, they do not usually go to a mental health professional; although professional help is the best way to treat postpartum depression most of the time, and also, its symptoms can be complicated and aggravated if they are not treated correctly and the right help is not sought, especially in the long term [5].

How do hormones affect?

Just after childbirth there is a big change in a woman's hormones, and several scientific studies have shown that these changes are important contributors to the development of postpartum mental disorders in women who are already at risk.

Estrogens and progesterone: They are found at high levels during pregnancy, but decrease significantly during childbirth; these hormones have effects on the brain [2,4].

Oxytocin: It is a hormone that has effects on pregnancy, lactation, maternal behavior and social aspects, it is also related to postpartum mental health. Some scientific studies have shown that lower levels of oxytocin in the blood are associated with postpartum depression.

Others: In addition to these hormones, which are the most

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important, there are others that can also affect postpartum mental health, such as gonadal steroids, placental hormones, cortisol (commonly known as stress hormone), thyroid hormones.

How does it affect sleep?

One characteristic that could be considered universal of pregnancy and motherhood is lack of sleep; which causes the circadian rhythm to be disturbed, and may be a risk for the appearance of postpartum mental disorders.

A scientific study showed that there are differences in the circadian rhythm between perinatal women with depression and perinatal women without depression, in addition, many scientific studies have shown that pregnant and postpartum women have poorer quality sleep and wake up more than non-pregnant women.

How does social support affect?

The social/family support that mothers perceive greatly affects their mental health, since, although many times the mother has social support, this is not as important as the fact that she perceives that she has it.

The role of social support in protecting the physical, mental, and emotional health of mothers, who are often under stress, is increasingly being investigated. Above all, it has been seen to be important and to improve mental health in new mothers, who are at even greater risk of psychological stress.

How does it affect breastfeeding?

Women often experience a lot of pressure when it comes to breastfeeding and some women cannot breastfeed their children (for example because they do not produce enough milk or because they are in pain) and others choose not to (for example because of work).

Health authorities and international organizations recommend breastfeeding as the ideal method of feeding babies since they say it has different benefits:

- Reduces infant mortality
- Reduces childhood obesity
- Reduces child malnutrition
- Improves the cognitive development of the baby
- Reduces the risk of ovarian cancer in the mother
- Reduces the risk of ovarian cancer in the mother

Several studies have found an association between breastfeeding and postpartum depression or anxiety, as some breastfeeding-related stress factors may increase the risk of postpartum depression [7]. For example, a scientific study found that postpartum anxiety complicates the start of breastfeeding. Un estudio científico preguntó cómo se sentían las mujeres que no daban de mamar a sus hijos:

They had difficulties with their mental health and often felt guilty or felt that they were doing something wrong or that they were not trying hard enough for their babies.

One mother said she felt threatened for choosing not to breastfeed.

Many mothers said that they often felt like crying or felt emotionally drained from trying to breastfeed their children.

Many mothers perceive a lack of support from family, friends and health care professional.

Postpartum melancholy

Melancholy or postpartum sadness is characterized by sudden changes in mood, and is suffered by 15-85% of women in the first 10 days after childbirth.

Some factors that make postpartum blues more likely are

- Menstrual dysphoric disorder
- Depression before pregnancy
- Depression during pregnancy

Symptoms

- Sudden mood swings
- Irritability
- Confusion
- Fatigue

Postpartum melancholy is not a mental disorder, since they are mild symptoms that usually last a maximum of two weeks and usually resolve on their own without leaving any sequelae, although if the symptoms worsen and/or persist, it is considered a disorder. Postpartum mental [4,6].

Normally it is not a psychological condition that requires medical help, since they are symptoms that usually disappear on their own in a few days, but it is important to take it into account because it can increase the risk of postpartum depression if the symptoms are severe.

Postpartum anxiety

Above all, new mothers tend to feel afraid but some (10-17%) feel it excessively and cannot control it, which causes stress and anxiety.

Postpartum anxiety is another common complication of motherhood that can present itself in different ways:

- Generalized anxiety disorder
- Obsessive compulsive disorder (OCD)
- Panic attacks
- Post-traumatic stress disorder

The symptoms are not always so severe that the mother can be considered to have one of these disorders, however, they are symptoms that can disturb the mother-child relationship.

Symptoms

- Excessive worry that cannot be controlled
- Intrusive thoughts
- Intrusive impulses
- Intrusive behaviors

Postpartum anxiety does not have a single diagnosis, its symptoms are considered the same as those of other anxiety disorders that occur in periods of a woman's life that are not postpartum (4).

There is scientific evidence that suggests that there are more women who suffer from postpartum anxiety than women who suffer from postpartum depression, but the official figures do not show this data because postpartum anxiety is not correctly diagnosed.

Postpartum depression

Postpartum depression is one of the most common complications of maternity and is generally misdiagnosed, an estimated 50% of cases. It is a depressive period that appears in the first 4 weeks after delivery and lasts for at least 2 weeks.

It appears in 10-15% of women who have just had a child, although it is believed that this percentage is probably higher, since it is not given the importance it has and is often not diagnosed, in many cases because the mother do not seek the necessary help, either because they do not know what is happening to them or because of shame.

33% of women with postpartum depression begin with symptoms during pregnancy and up to 27% before becoming pregnant. Symptoms of postpartum depression can also appear in the first few weeks after delivery, and some women begin to have symptoms after the first year.

Risk factors

- Depression before pregnancy
- Depression during pregnancy
- Menstrual dysphoric disorder
- Hyperemesis gravidarum
- Young maternal age
- Lack of social or family support
- Lack of partner
- Substance abuse
- Postpartum melancholy
- Family background

Symptoms

- Dysphoric affect
- Feeling of guilt and/or shame
- Difficult to focus
- Sadness
- Agitation
- Despair
- Low self-esteem
- Feeling of failure
- Sleeping problems

Postpartum depression usually appears along with anxiety. In extreme cases, self-injurious or violent thoughts towards the baby may appear.

Tips to reduce symptoms

- Self-care
- Good sleep health
- Physical exercise
- Psychosocial support

For a mother to be considered to have postpartum depression, the symptoms must last for at least two weeks consistently and must

interfere with the mother's daily activities.

The duration of postpartum depression is highly variable, although most cases resolve in a few months with treatment, 24% of women continue to suffer from this disorder one year later and 13% up to two years later. Furthermore, up to 70% of women who have had postpartum depression once have it again with subsequent births.

Postpartum depression can have consequences for the mother, the child, the partner and other children living in the house if it is not dealt with correctly. It can affect the physical and mental health and the proper development of the baby, because the mother's psychological symptoms will not allow her to give her the care she needs.

The bad stages of post-partum depression

The bad reputation that postpartum depression has often has negative consequences when it comes to seeking psychological help, so it is important to put an end to it in order to solve the problem and help women who suffer from it to seek help and recover.

This bad reputation can be public/social (when those around them have a negative attitude) or personal (when the mother is ashamed or has a negative attitude towards her own mental health).

Postpartum psychosis

It is the most serious postpartum disease and requires hospitalization; it is the appearance of a psychotic episode in the first 2-4 weeks postpartum. It has a very low incidence, that is, there are few cases, but it is a disease that can have serious consequences.

Risk factors

- New mothers
- Mothers older than 40 years
- Single mothers
- Women with underlying psychotic illness
- Situations of sleep deprivation
- Pregnancies that have undergone obstetric complications
- Previous family history of postpartum psychosis
- Bipolar disorder

In some cases, symptoms of anxiety and/or depression first appear during pregnancy, but in other cases the psychosis appears suddenly and the mother begins to feel tired, sleepless, irritable, and in many cases euphoric. Afterwards, the symptoms begin to worsen rapidly, the mother begins to feel confused and begins to feel that some places, people, objects or even the baby are dangerous. They begin to have strange behaviors, unstable mood, hallucinations.

Postpartum psychosis increases the risk of suicide and infanticide, which is usually impulsive without prior planning.

Suicide during the postpartum

Suicides during pregnancy and postpartum are less common than at other stages of women's lives, but the methods used are more violent and lethal.

Risk factors

- Fetal or newborn death
- Existence of underlying psychiatric disorders (especially

bipolar disorder)

- Substance abuse
- Previous suicide attempts
- Spousal violence
- Maternal suicide due to postpartum mental disorders is one of the leading causes of maternal mortality.

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