



Depression In New Mothers: Causes, Consequences, and Treatment Alternatives

by Kathleen A. Kendall-Tackett, PhD, IBCLC
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reviewed by Dana Villamagna
Richmond VA USA

Postpartum depression (PPD) can be a profoundly debilitating experience for both mother and baby if it is left undiagnosed or untreated. Postpartum psychosis, while rare, is a life-threatening illness for mother and baby and it requires immediate medical help. As LLL Leaders, we often encounter mothers who are at the point of vulnerability for the onset of PPD or psychosis. It is important to learn to recognize the causes and signs and know how to best support a mother suffering from either condition.

Depression In New Mothers: Causes, Consequences, and Treatment Alternatives is an excellent resource for people who work with mothers in the first weeks and months after childbirth. The author, Kathleen Kendall-Tackett, is a psychologist, lactation consultant, and La Leche League Leader. As a result, her vision of support for mothers with PPD is keenly sensitive to the breastfeeding experience and the role breastfeeding can play in healthy mother and baby relationships.

Kendall-Tackett writes that one of the challenges with diagnosing PPD is that most new mothers experience some of the symptoms related to true PPD, including anxiety about the baby, change in dietary or grooming habits, and overwhelming fatigue. What new mother hasn't worried about her baby, felt extremely tired, had a few showerless days, or forgotten to brush her hair or teeth? However, the severity and length of the symptoms are what distinguish true PPD from just the normal transitional postpartum blues.

Postpartum depression can begin anytime within the first year after birth, contrary to conventional wisdom, which held that it only

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could begin immediately after birth.

A reported 10 to 20 percent of new mothers experience PPD (the percentage is higher in studies that include mild depression), while only 0.1 to 0.2 percent will have a postpartum psychotic episode, which includes a marked inability to sleep or delusional thoughts of harming oneself or the baby, or hearing voices.

The book includes chapters about what may bring on PPD, including:

- depression during pregnancy;
- family history;
- baby's illness or difficult temperament;
- difficult birth experience;
- physical pain;
- lack of support;
- social or economic risk factors; and
- sleep deprivation.

One of the many PPD myths that Kendall-Tackett dispels is that PPD happens mostly to upper-middle class women. On page two, she explains:

Revelations of postpartum depression by such well-known women as Princess Diana and Marie Osmond...have reinforced the notion that postpartum depression is a condition of privilege. Yet...postpartum depression affects women in many different cultures and at all income levels.

Once a mother has been diagnosed with PPD, it is important that she be offered support and options to help alleviate not only the depressive symptoms, but also what may have contributed to the onset. For example, if she has a great deal of breast pain, offering ideas to alleviate that pain is important.

If a mother is highly fatigued, brainstorm with her about how she can get more rest...If she has a baby with a difficult temperament, put her in contact with other mothers you know who have babies with this temperament.

Kendall-Tackett offers the hope that, once a woman seeks help for or is identified as having PPD, treatment options abound. She lists

medications and their compatibility with breastfeeding (most are compatible), as well as herbal options and lifestyle changes such as good nutrition and exercise, many of which have been proven as effective as pharmaceutical drugs for mild to moderate depression. For example, a meta-analysis of studies (statistical analysis of the data from several studies) cited herbal remedy St. John's Wort as "not significantly different" from antidepressants in treating mild to moderate depression, but with fewer side effects. The author provides Internet references and excellent sources for medication options and research information. She also includes a primer on the mechanisms by which medications transfer from human milk to babies and how health care providers can use that information to discern the best possible option for a breastfeeding mother suffering from PPD and the health of her baby. The author writes that it is very important that a mother with PPD feels she has some control over her treatment or she may not comply.

While this book is geared toward health care professionals, it is also a good reference for anyone seeking to deepen her understanding of the subject of PPD. As LLL Leaders, we are not directly involved with treatment choices, such as whether or not prescription medications are required. However, it is important that we are aware of the obstacles and choices that mothers with PPD face so we can support them, especially when those options affect breastfeeding. This book made me more knowledgeable about PPD and was a stark eyeopener to the very immediate danger of postpartum psychosis. (A "red-flag" symptom of postpartum psychosis is a prolonged inability to sleep even when undisturbed, warns Kendall-Tackett, and it should be immediately handled by a health care professional.)

In conclusion, PPD is a real illness with serious consequences to mother and baby, both short-term and long-term. Babies with depressed mothers are at greater risk of growing up into children with behavioral problems. PPD can be treated and breastfeeding can continue with most treatment options. It is not a hopeless inevitability for mothers who have previously experienced depression, nor does it have to be a silent struggle for mothers who are experiencing depression for the first time. Knowledge, treatment, and support can rescue a mother from the dark hole of PPD and help her return to a place where she can enjoy this beautiful stage of life with her baby.

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