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FEELING BLUE AFTER BABY: UNDERSTANDING MOM'S FEELINGS

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ABSTRACT

This study focuses on postpartum mental health, particularly maternity blues (MB) and postpartum depression (PPD). It aims to assess their prevalence, associated risk factors, symptoms and potential management strategies. MB, affecting a substantial number of new mothers, typically resolves within weeks, while PPD, a more severe condition, persists longer but affects a smaller percentage. Identifying PPD remains challenging, with only half displaying clear signs. Clinical tools like the Edinburgh Postnatal Depression Scale aid in assessment, but open communication and support are crucial for affected mothers. Recent findings show a link between prior PPD and heightened susceptibility to depression in subsequent years. PPD is associated with long-term health issues, escalating from 8.5% in the initial eight weeks post-delivery to 18.1% by the first year. Stressful postpartum experiences are prevalent among nearly half of new mothers. Timely intervention is essential for severe postpartum psychiatric conditions. Antidepressants, even during breastfeeding, are considered safe. The study explores diverse contributing factors, including psychological, social, lifestyle and obstetric elements, highlighting the importance of early identification and support for affected mothers.

KEYWORDS

Maternity blues, Mental health and Affected mothers.

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INTRODUCTORY SEGMENT ON POSTPARTUM BLUES

Having a baby is really exciting, but it can also bring lots of different feelings for moms. Sometimes, moms might feel super happy, but other times, they might feel a bit sad or worried. These emotions are commonly referred to as “maternity blues” or the “baby blues. Usually, these feelings get better by themselves after a few weeks¹.

But for some moms, these feelings stick around and become something more serious called postpartum depression (PPD). It's like feeling really, really sad for a longer time. The World Health Organization says it can last up to 42 days after having a baby, so it's important to keep an eye on how moms are feeling during this time. Certain things can make some moms more likely to have postpartum depression. Feeling sad during pregnancy, having those blues for a long time after having the baby, or worrying about money can make it more likely. It's surprising, but things like not being happy about the baby's gender or having had abortions before might also have an effect in some cases. Recognizing when maternity blues might be turning into postpartum depression is super important. Doctors use something called the Edinburgh Postnatal Depression Scale (EPDS) to see if a mom might need extra support. The feelings a mom has can also affect the baby. Research shows that when moms feel really down, it can make it harder for them to feel close to their baby. This might also affect how well the baby learns and grows emotionally and mentally. Babies of moms with these feelings might have a tougher time making friends, feeling safe and learning new things. In 2009, a big study looked at lots of pregnant women to see how common postpartum depression was and how it affected moms later on. They checked over 1800 pregnant women for postpartum depression and followed up with some of them four years later. This helped them understand things that might keep depression going and affect a mom's health for a long time. To help moms feeling blue after having a baby, it's important to look out for signs, use tools to check how they're feeling, and give support early on. Also, learning more about this through research and talking openly in our communities can make a big difference in helping moms feel better.

Trends and figures in postpartum mental health concerns

When new moms have their babies, many of them experience what's called the "baby blues. It happens to about 30 to 75% of moms, where they

might feel a bit down or irritable for a while after giving birth².

However, a more serious condition, called postpartum depression (PPD), affects about 10 to 15% of moms. In the first year after having a baby, around 10% or more of new moms might have a really sad or low period. Detecting Postpartum depression in new mothers can be tough as only about half display clear signs. Recognizing indicators like persistent sadness, mood swings, and changes in behaviour is crucial³.

The Edinburgh Postnatal Depression Scale is helpful, but talking openly and offering support are essential to help moms with PPD. In the last ten years, experts have learned a lot more about mental health issues, especially depression, in families and communities. They've gotten better at finding out about these problems and understanding them. Here are some important things they found out: A history of postpartum depression increases the likelihood of experiencing depression four years later for new moms. Moms who had postpartum depression were also more likely to have other health issues and chronic disorders later on. About 8.5% of moms might feel really down in the first eight weeks after having a baby, and it could go up to around 18.1% by the end of the first year. Lots of moms who felt very sad after having a baby had experienced other mental health problems before, especially feeling really down a lot. Stressful things happening, like tough situations or bad experiences, were quite common for almost half of the moms after giving birth. Understanding postpartum depression aids in better supporting mothers for doctors and families. It's important to know that it's okay to feel down sometimes after having a baby, but if it feels really overwhelming, it's essential to talk to someone for help and support.

Understanding the roots of postnatal depression

Postpartum blues have a complex cause. Some theories suggest it might be due to hormonal changes after childbirth, like sudden drops in hormones or shifts in levels of certain substances in the body. Others believe it involves the system controlling a mother's bond with her baby or issues

with brain chemicals like serotonin. However, the exact cause is still unclear. Understanding postpartum blues involves looking at biological, psychological and social factors. Stress seems to play a role, and more research is needed to understand how things like life events and support affect it. Health problems during pregnancy, the baby's characteristics, and the connection between the mother and child are also important. Postpartum blues affect not only birth mothers but also adoptive and surrogate parents. Overall, while there are some ideas about its causes, there's still a lot to learn to create a clear picture of why it happens and how to treat it.

Predisposing conditions

Psychological Factors

Past experiences like sexual abuse, pre-menstrual syndrome, and feeling negative toward the baby increase the risk of postpartum depression. Having sadness and anxiety before giving birth is also a risk factor.

Social Influences

Lack of Support, If a mom doesn't have enough help or care from friends or family, it can make her more likely to feel really down after having a baby¹.

Domestic Violence

If someone is being hurt by their partner-through words, actions, or in a Physical way-it can make them feel very sad or low after having a baby. Smoking during pregnancy can increase the chances of postpartum depression.

Lifestyle Impact

Stuff like what you eat, how you sleep, move your body, and exercise can change how you feel after having a baby. Getting enough vitamin B6 and having good dietary habits can help prevent postpartum depression. Exercise is beneficial for mental health and can boost problem-solving abilities and confidence.

Obstetric Risks

Complications during pregnancy or needing urgent medical procedures like an emergency C-section can put a woman at risk for postpartum depression¹.

Symptoms of postpartum depression

Feeling blue, self-conscious, ashamed, insomnia, and even experiencing strong emotions like mania can be signs of postpartum depression. It's crucial to get help quickly to avoid harm to the baby and for the mom's safety. Tips to Manage Postpartum Depression: Try to connect closely with your baby, ask for help from others, take care of yourself, and spend quality time with your partner. Healing protocols include talking to someone alone or with your partner, taking medications, or getting hormonal therapy⁴.

Management approaches

"Here are some things that might help you feel better: Take time to relax and do things you like. Get enough sleep. Ask family and friends for help. Connect with other new parents. Avoid alcohol and drugs that could make you feel worse. Remember, these symptoms are common and often get better on their own. But if they don't go away after two weeks, it's important to talk to your doctor. Postpartum depression can sometimes be confused with feeling sad⁵.

Osborne says, 'It's risky during this time because of anxiety, irritability, and lack of sleep.' Even if you've never had mental health issues before, you might develop postpartum psychosis⁶.

It's crucial to get help for severe symptoms for both you and your baby. Doctors can give antidepressants that are generally safe during breastfeeding because very little gets into breast milk⁷.

CONCLUSION

This study intends to assess: The occurrence of maternity blues (MB). Identification of common clinical and social traits associated with the onset of postpartum depression symptoms. Confirmation of the theory that experiencing MB raises the risk of developing a major depressive episode in the year following childbirth. Although most cases of MB were self-limiting, depression symptoms frequently appeared right after labour. It should be the responsibility of professionals to keep an eye out for MB symptoms and their progression into

depressive episodes. While there's still much to learn about its origins, acknowledging PPD's complexity and addressing it through various approaches, including counseling and medication, is crucial for maternal and infant well-being. Detecting and addressing PPD is challenging as not all symptoms are readily apparent, making open conversations and supportive networks vital. Understanding and supporting mothers experiencing postpartum depression (PPD) is crucial. For many moms, the baby blues are a normal part of adjusting to motherhood, but when these feelings persist, it may indicate PPD¹⁰.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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