7.6: Spotlight Application

Patient Story: Postpartum Depression

Maya is a healthy 32-year-old woman who has been married for over two years and is expecting her first child, a baby boy. She had a history of depression and generalized anxiety disorder.

She had been doing well with a combination of medication and cognitive behavioral therapy (CBT) for many years. Maya had decided in the months leading up to getting pregnant that she wanted to be off medication and worked with her psychiatrist to carefully accomplish this. She continued weekly therapy. She was mostly active, upbeat, and cheerful during her pregnancy. She gave birth to a healthy 7.3-pound baby boy. After the delivery, she started to feel sad, overwhelmed, and consistently tearful. She frequently felt irritable and on edge. This feeling persisted for the first ten weeks after the baby was born. She had limited support—her parents were divorced, and her mother was living in another state. Her in-laws were much older with numerous health complications and couldn’t help regularly.

Maya and her husband went to see her psychiatrist. She was quite tearful and felt she was a “failure as a mom.” Her baby cried incessantly, and she could barely get any sleep. Maya felt utterly incapable of soothing her baby and would get frustrated and tearful. She was so afraid of what she had learned about sudden infant death (SIDS) that she would barely allow herself to sleep. She felt that it was a constant race against the clock—with nursing, pumping, and changing. She was always cleaning bottles and diapers. She felt horrified with how she looked. She had expected to wear pre-pregnancy clothes immediately after childbirth. She hadn’t had a meal in peace or gotten her hair or nails done and couldn’t even think about having sex with her husband. He tried to be supportive, but also felt overwhelmed by it all. He felt she was inconsolable, and they both felt at a loss.

The psychiatrist talked about a variety of tools, including participating in cognitive behavioral therapy, incorporating 15-20 minutes of daily relaxation, practicing mindfulness skills, hiring help, getting her mom to stay with her for a few
weeks, and seeking other support. Her husband understood the urgency of the situation and offered to take time off work and to do some of the overnight feedings. Maya decided to restart on her previous antidepressant and also joined a new moms’ support group and continued CBT weekly therapy.

Over the next few months, she was exercising more and getting more sleep and support and had significant improvement in mood and energy. She received some sleep training tips from her pediatrician as well. Maya and her husband shared with her psychiatrist that they were feeling significantly better. They were excited to share that they found a series of self-help parenting books to be particularly helpful and had gotten some helpful tips from others in the moms’ group.

“Wow, it really does take a village to raise a child, doesn’t it?” Maya commented to her psychiatrist. They spoke about how in previous generations new couples could rely on extended family support and how that support often doesn’t exist now. Also, inaccurate beliefs, such as babies are easy and infancy should be a happy time for parents, add to stress, conflict, and guilt. Being able to normalize the stress of adjusting to parenthood was extremely helpful for Maya and her husband.

Reflective Questions:

1. What educational tips and strategies may have been of benefit to Maya as part of her prenatal care?
2. How have cultural and societal norms impacted families in relation to child rearing?
3. What support strategies and education might be offered to birth partners to help them anticipate challenges and recognize early signs of post-partum depression?