

Q: Could you be experiencing postpartum depression? Welcome to SBH Bronx Health Talk, produced by SBH Health System and broadcasted from the beautiful studios at St. Barnabas Hospital in the Bronx, I'm Faith Daniel. With postpartum depression mothers may feel sadness, anxiety, and exhaustion; this makes it extremely difficult to do everyday tasks, especially with a new baby. Although experiencing postpartum depression may feel isolating, you are not alone. Nearly 15% of mothers experience it. To better understand the myths and realities of postpartum depression we have with us today Dr. Sonata Cooper, SBH's Ambulatory Care Center OBGYN director, welcome Dr. Cooper.

A: Thank You Faith for having me.

Q: Awesome, so let's just jump right in and answer the magic question. What is postpartum depression?

A: Well, postpartum depression actually is where women are feeling either sadness, anxiety, fears, and incapable of doing the regular life tasks due to a recent delivery. Now many women forget that postpartum depression actually exists. Commonly we talked to our mothers, our auntie's, and cousins regarding our feelings right after delivery. And if you notice that you're feeling very tired, very sad, crying, that actually could be normal. Many times after delivery within days to weeks, women actually experienced what we call postpartum blues. But the difference between postpartum blues and postpartum depression is, depression tends to get worse and lasts well beyond those first two to three days, two weeks, and can really affect someone's life.

Q: So how long does the postpartum blues typically last?

A: Overall we say that postpartum blues should resolve within a week to two weeks after delivery. But if you're continuing to, like I

said, have trouble sleeping, eating, making choices for yourself, feeling overly anxious, those are signs that this is now leaning more so towards postpartum depression.

Q: And what causes postpartum depression?

A: You know we're not quite sure what actually causes postpartum depression, there's a lot of theories. One has to do with changes in your hormones the levels of estrogen and progesterone that sharply decrease immediately following childbirth. The other we do know is that women who have a history of depression are at a substantial increased risk of developing postpartum depression. Which is why during your prenatal course, or even prior to delivery, excuse me, prior to prenatal care, if you're considering pregnancy it's something that you should talk to with your providers. Otherwise emotional factors, we're in a day and age where women have a lot going on, they're taking care of multiple children, they're juggling being a mom, working, perhaps doing it on their own, so some of these socioeconomic factors absolutely can lead to depression.

Q: And how is it diagnosed typically? so if a mother comes into a doctor's office and says "you know I haven't been feeling like myself lately, after having a baby, how do we go about that?"

A: The diagnosis is purely based on symptoms. So when important thing is that women know what postpartum depression is, that it is not normal to feel sad or anxious, and not feel able to take care of your baby weeks of weeks after delivery. So if you're having these symptoms, that is important that you immediately go to your health care provider, or your obstetrician to talk about how you're feeling. In the office what we tend to do is, a questionnaire, gauging whether or not you are leaning towards depression versus anxiety, and from there we talk about treatment and recommendations.

Q: And I know there is so much stigma around postpartum depression, you know it's almost like quote-unquote expected that you're supposed to be like so happy, and excited, and like everything's supposed to work out. But the reality is that moms are juggling a lot, like there's super women there working, they're taking care of the children they're trying to take care of themselves. So how does one support somebody through that, or how does one like, open up that conversation to even get to the point where they want to speak to a doctor?

A: That's an excellent point I think exactly what you said is that, a lot of times patients, mothers, are feeling like I don't have time to take care of myself because I have all these other factors; a new baby, dealing with other children, supporting a relationship, and unfortunately a lot of times we don't necessarily clue in on the fact that we are not doing well as women. The biggest thing is recognizing that this is not something that just goes away, okay, many times if it goes undiagnosed this could lead to a clinical depression that can last months to years. And it's not until treatment, and when we talk about treatment that either talk therapy or more so even sometimes at antidepressants which are medications that help normalize those hormones. Do women actually tend to get better? So when it comes to a woman seeking care like you said, it is necessary that family members, her support system, or one know the signs of postpartum depression, because like I said many times we as women ignore those signs. As well as making sure they encourage them to speak to their doctors, speak to their health care workers, in order to potentially get the treatment that they need.

Q: And how do you think a family member should go about having that conversation? because I know it's a rough one, you know you may feel that your partner may not be themselves but you don't want to offend them, or anything so how do you think they could go about that?

A: Having a new baby not only brings about challenges in regards to taking care of that new child, but also brings about challenges when it comes to a relationship. Now with this new life at hand you and your partner have to be willing to communicate, and a part of that comes with recognizing, "hey, if there's something wrong we should be able to talk about this." So in the end, it really just comes down to communication and making sure that your spouse or your loved one is supported, and if there's a concern then you have to discuss it, because a concern could be something significant and life threatening.

Q: And does postpartum depression run in families?

A: We don't know if it actually runs in families. We do know that clinical depression is associated with a genetic predisposition, but when it comes to postpartum depression, we just know that if you have, at any point seek therapy for depression, or were on medications for depression and anxiety, that you're at a substantial increased risk of postpartum depression.

Q: And like many things, things are on a spectrum. So there, you mentioned like the postpartum blues and postpartum depression, and I feel like in mass media and in movies, they kind of like make things even more extreme and exaggerated. How could we like disseminate that? Like you know it's definitely on the spectrum I know there are extreme cases, could you like give some more terminology to that?

A: Right, unfortunately I think in media what you're trying to hint at is, if they're talking about postpartum depression this is a woman who has actually gone undergone psychosis. You hear these horror stories of women doing dangerous things to their infants, doing dangerous things to themselves. That risk of postpartum psychosis is extremely small. I believe the quote less than 1% chance. The biggest thing that the community should know is that, there is a very very high rate of postpartum depression, especially

at our Bronx community, because our women are dealing with so much at the basic life level. So once we kind of disseminate the difference between psychosis, which again is extremely rare, versus a woman needed extra support because of the fact that she has lack of support from her others, maybe going through a recent death, or love one who's ill or not feeling well, or changing jobs. That is real, that is something that actually could lead to depression and it should be treated?

Q: Any word of advice for a mom that thinks you know “I maybe should I, should go to the doctor? but I'm not sure, this is something that is really hard for me to admit to myself.” any words of advice?

A: All I can say is there's nothing wrong with talking to someone. We don't know as healthcare providers what's going on unless you speak up. I mean we do many things, we ask many questions, we have surveys where you come to the postpartum check. But honestly if you're feeling any kind of signs of anxiety or you're unsure, there's nothing wrong with making an appointment to come in, and actually I encourage women to come in before their postpartum appointments, because this is something that should be addressed immediately.

Q: Are there any helpful resources or websites that our audience can visit if they want to learn a little bit more about it?

A: Sure there are several local hospitals, family planning, your community centers are always there to help wherever you received your prenatal care or delivered. But in regards to the national level there is a National Women's Health Information Center that you can look up online, that talks a lot about what is postpartum depression?, what is the typical symptoms and treatment options? as well as Postpartum Support International, which is a postpartum support group for women who've been diagnosed. They support that women again know that they're not

alone and that there are many women who are suffering through the same things as them.

Q: Well, thank you Dr. Cooper for joining us on SBH Bronx Health Talk, again for more information on our OBGYN services, available at SBH Health System visit SBHNY.org or call to make an appointment at (718) 960-3730. Thank you for joining us.

A: Thank you