

Chapter 1

The Big Adjustment: Welcome to Motherhood

In This Chapter

- ▶ The lowdown on motherhood
 - ▶ Straight talk about PPD
 - ▶ The costs of denial
 - ▶ Depression and pregnancy
 - ▶ Treatment options for PPD
 - ▶ The reasons to stay hopeful
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Even if you're not hearing the "sound of music" as you read these words, it makes sense to start at the very beginning. And the very beginning, for purposes of this book — and for human life as we know it — is none other than motherhood. Yes, motherhood, that mythic time of life when everything goes according to plan, everyone is always happy, and things just couldn't be better.

Or, at least, that's what popular culture repeatedly implies. (Just last night I saw a commercial with a smiling, drop-dead gorgeous new mom bathing her infant and saying, "I never thought the love of my life would be bald and short.") But as anyone who has ever given birth or grappled with the demands of that new human life can tell you, this Shangri-La version of motherhood is more of an ideal than a realistic view of what to expect. This isn't to say that you won't also occasionally experience incredible joy and have peak experiences that would make the Dalai Lama jealous. On top of the usual busting of unrealistic expectations of motherhood, postpartum depression (PPD) adds a heavy layer. To be assaulted with PPD is a huge disappointment, to say the least — more of a shock, devastation, and feeling of failure to most.

Plain and simple, knowledge is power. Although the medical world still has many unanswered questions about postpartum depression, there's a growing consensus about many of PPD's general parameters and characteristics. By understanding a bit of what's known about the illness, you can go a long way toward empowering yourself to face this ailment. If you happen to be a partner, family member, or friend of a new mom who you think may be suffering

from PPD, you can use the information in this chapter (and throughout the rest of this book) to make an informed decision about how you can best support that new mom and what steps, if any, you should take.

The Reality of Motherhood: Let Bootie Camp Begin!

On one hand, a whole world of popular culture continually puts forth a Disneyland version of motherhood. On the other hand, there's reality, which brings with it a whole slew of things that the same culture conveniently neglects to tell the new mom or mom-to-be. It's almost as if there's a collective conspiracy of silence dedicated to keeping new moms and moms-to-be in the dark so that no one scares them or frightens them off from willingly reproducing!

It would be impossible to make a complete list of everything that society typically glosses over when briefing new moms on what to expect of their new lives, but take a look at just a handful of important points every mom (or soon-to-be-mom) needs to know:

- ✓ **Labor and delivery is unlike anything you've ever experienced.** For some women, labor and delivery go pretty smoothly, but for others it's a huge ordeal. In any case, it will be intense and only barely resemble the 30-second video you may have seen in your childbirth class where a woman seems to take a few deep breaths and then it's over and the room fills with laughter and hugs all around. Even if you've already given birth once, you're unlikely to remember just how intense, difficult, or painful it was until it's happening again.
- ✓ **Being a mom, especially a new one, is exceptionally difficult work on many levels.**
 - **Physically:** As you're probably well aware, even though you're sleep-deprived, you still have the primary responsibility for taking care of a brand new baby. And that completely helpless human life form (why is it that of all the animals on this planet, human beings are the most helpless at birth?) has lots and lots of needs, from feeding to comfort and cleaning. And those responsibilities don't even factor in everything you've been responsible for pre-children.
 - **Psychologically and emotionally:** Even without a postpartum mood disorder, given the biochemical changes you've been subjected to and are still experiencing, plus the huge life change, you're likely to experience intense ups and downs as you adjust to your new life.

- ✔ **You might love your baby but hate the job.** It's completely normal to feel bored with the mundane, unstimulating maintenance tasks you're managing. Your feelings aren't personal towards your baby, though, and have nothing to do with your relationship with her.
- ✔ **Your time is no longer your own.** You can't just go out to the movies, have lunch with your friends, or take a trip whenever you want to. Instead, you have to factor in your baby's needs and well-being every time you make a decision about how to spend your time. And if you think you can bring Baby with you on all your ventures without much hassle, think again.
- ✔ **You're likely to encounter additional simultaneous challenges and pressures that you never expected.** No matter how well you've planned, and how supportive and stable your home environment is, you can be almost certain that a variety of substantial and unexpected challenges will emerge—from the financial and logistical to the emotional and even the spiritual. These challenges will test you on multiple levels simultaneously.
- ✔ **Being a new mother is *not* supposed to be the happiest time in your life.** Contrary to the persistent myth, it's only fair to say that new motherhood will be one of the most *challenging* times in your life.

ANECDOTE



Let the unsolicited opinion-giving begin!

As a new mother, you'll be amazed at how others will feel completely justified as they thrust upon you endless unsolicited opinions (they may have even started during your pregnancy). Throughout this book, I give you practical tips for allowing these rude and ridiculous comments to roll off your back. You're probably highly sensitive right now, so it may be more challenging at first. Just start practicing what you'd say if you heard, "Can't you keep your baby quiet?" or "Don't breastfeed in public — that's disgusting!" or "When are you having your next one?" Trust me — you may as well get ready for 1,000 earsful.

After my daughter Elana was finally delivered — my six-and-a-half-day labor ended with a successful C-section — I called my friend Leslie to

tell her the good news. The anesthesia was still wearing off, and as you can imagine, I felt as if my body and my mind had been blown apart. Holding back the tears, I choked out the words "Leslie, Elana was born. I have my daughter." But instead of any kind of congratulatory or joyful response, the first thing out of Leslie's mouth was "Did you have her naturally?" Taken off guard, I briefly told her what had happened, and she replied very solemnly, "It's okay, you can always try again next time." I quickly ended the call and had to orient myself: Had someone died, or had someone just been born? Was I supposed to be mourning because I didn't have the "right" experience the way my "friend" defined it? Had I failed, or should I be celebrating the birth of my daughter?



On some level you may think that you should be giving all your time and energy to your baby. But ultimately, this won't work. It will merely exhaust you and deprive you of your *joie de vivre*. You won't be doing anyone — your baby, your partner, your other family members, your friends, and yourself — any favors by taking yourself off of your own to do list. Say goodbye to the old, and hello to the new, but somewhere in the middle, you have to remember the necessity of supporting yourself. This book spells out how you can, in a very practical way, make sure that happens.

The Reality of Postpartum Depression (PPD)

Allow me to start off head-to-head with the Big Question of the day (at least in pop culture, anyway): Does PPD exist, or is it a hoax that a bunch of new moms made up in order to get a little sympathy and to shirk off the hard work that being a new mom requires? As the history of diagnosing PPD shows, there's a long (and dishonorable) tradition of pooh-poohing the whole thing, a tradition that has caused untold numbers of mothers and their families to suffer far beyond what was necessary.

On a more positive note, although it's estimated that up to 50 percent of all cases of PPD still go undetected and women suffer in silence, the good news is that the U.S. is going in the right direction. PPD is finally beginning to receive more of the attention it deserves both in research and in doctors' offices.

Approximately 4 million babies are born in the United States per year, and along with many of them comes a postpartum mood disorder (affecting Mom, of course, not Baby). PPD is the most common, and statistically speaking, it strikes about 15 percent (in the medical literature the range shown is between 10 and 20 percent) of all new mothers. This is true for women in all countries and all cultures, and seems to hold fairly steady regardless of ethnic group, religious affiliation, class or education level, or any other distinguishing factors except age and socioeconomic status. (The lack of social, partner, and financial support available to teenage and low income moms is a strong risk factor and raises the percentage of PPD in these populations.)

PPD can also happen to any mom regardless of her medical, emotional, and psychological history. Unfortunately, no woman is immune. I sometimes hear women say "I won't get PPD. I'm not the type." But, this is wishful thinking because even though some are more prone than others, there's no "type" of woman who ends up with PPD.

Believe it or not, PPD is more common than gestational diabetes, preterm delivery, and pre-eclampsia. Being the most common complication of pregnancy, PPD affects at least 400,000 mothers every year in the U.S. alone. (For a comparative glimpse at the most common pregnancy-related complications and their frequency, check out Figure 1-1.)



In addition to the psychological harm that PPD can cause, there are potential physiological costs to the human body that not even the biggest doubter of the reality of depression can deny. Depression either causes, or is, at least, linked to changes in blood pressure; increases in stress hormones, such as cortisol and adrenaline; and increased risk of heart disease, among others.

The point here isn't to worry about these things. Instead, the point is that even the most stubborn scientific types — those who embrace only hard, physical facts and who tend to downplay or deny the reality of things that can't be touched or measured by X-ray — would be hard-pressed to deny that depression doesn't potentially cause some negative effects to the human body. So whether or not your doctor (or you) believe in the life of the mind and the spirit, if, as you read through this book, you find that you have PPD or are at high risk for it, you'll have plenty of hardcore physical-level justification for why you should take action sooner rather than later.

Occurrence of Most Common Complications
of Childbirth

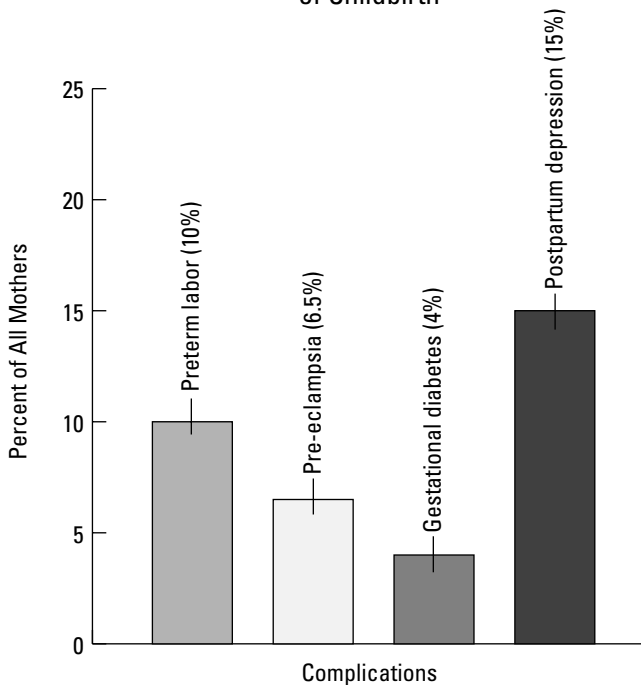


Figure 1-1:
Comparing
numbers
of PPD
and other
common
pregnancy-
related
complica-
tions.

The gender factor: A case for PPD

It's a known fact in the medical community that depression is twice as common in women as it is in men. The highest incidence occurs during the reproductive years (ages 25 to 45), and researchers don't think that's any coincidence.

Because there's a high frequency of depression before menstruation begins, before menopause, during pregnancy, and right after delivery, most researchers agree that there's a link between the reproductive hormones and depression.

Debunking Denial: A Glimpse from Yours Truly

Unfortunately a double-standard still exists between how society regards the physical health conditions that can be measured through a blood test or an X-ray and those that are considered to be mental illnesses. Researchers and practitioners in the field accept that PPD is quite physical (they can't yet measure it through a blood test, though). Nevertheless, many people still buy into that absurd stigma that because much of PPD manifests itself emotionally, somehow it's a sign of weakness and should be under the control of the person.



The real facts, however, are these:

- ✓ **PPD unquestionably exists, and it affects roughly one in every five new moms.** Ever since I began recovering in 1987 from my second life-threatening bout with PPD and all the way up to the present, I've been studying every piece of reliable research on the subject from all over the world. The articles I've written for different organizations and agencies in many countries contain the same basic information, because the women in their countries are experiencing the same symptoms.
- ✓ **PPD has physical (biochemical and hormonal) as well as psychological and emotional causes.** Although researchers devoting their professional careers to the field of PPD hold varying theories regarding the biochemical causes of PPD, no one disagrees that the brain chemistry of women who suffer with this illness has undergone powerful physiological changes. Although researchers believe that shifting hormone levels and changes in the hypothalamus and pituitary gland are involved, they still have much to discover regarding exactly what's happening and to whom — enter the annual conferences of international postpartum organizations, which are hopping with passionate folks eager to drink up the latest morsels of data from new research. Regarding the psychosocial causes, quite a bit of research shows specific risk factors, such as a personal or family history of depression, poor social support (especially poor partner support), and isolation. You find more about risk factors in detail in Chapter 2.

- ✓ **PPD isn't anybody's fault.** Contrary to what many suffering parents may think, PPD is entirely beyond their control, and they're in no way responsible for it. As with any other mood disorder, you didn't cause it, so if you're blaming yourself, stop. You wouldn't wish this on yourself or anybody else. You didn't ask for this or want it to happen — nor did anyone else want this to happen to you. And you're not responsible for your genes, either. If you have a family history of depression, you're no more responsible for being hard-wired for depression than you are responsible for your eye color. Now that you have PPD, however, that's not to say you can't do something about making it go away — hence the reason you picked up this book.
- ✓ **PPD is treatable.** In some cases PPD can be entirely prevented, and in other cases, a much faster recovery occurs with proper intervention and treatment. As with any other illness, the faster you get help, the better your prognosis for a quicker recovery. I have the best job on Earth, because I see women thoroughly recover from this illness every day.

Even though it's clear from my 20 years of professional experience in this field and over 5 years of personal experience battling the illness that all four of these general points are true, society as a whole doesn't always stick to them. The good news, though, is that modern-day society is definitely becoming more enlightened about the subject.

Denial's more than a river in Egypt

Even though society is making strides in coming to terms with PPD, many people still seem to think that it doesn't really exist. If you tell such people about a new mom who's suffering from PPD, they may show they're denial (and ignorance) by saying one of these things:

- ✓ “She's just feeling down.”
- ✓ “She's just not mature enough to have a baby.”
- ✓ “She's just being selfish and spoiled.”
- ✓ “She just wants to call attention to herself now that the spotlight is on her new baby.”
- ✓ “She'll get over it.”

In part, these feelings come from a general societal belief, especially in America, that depression (whether postpartum or not) isn't real, and that almost anyone in any circumstance should be able to pull themselves out of it. For example, someone in this camp may say something like, “Well, I've been depressed too from time to time. So what? Just handle it. Just pull yourself up by your own bootstraps.” (For a more detailed examination of that point of view, see Chapter 14.)

I'm a tough cookie, and a believer in taking responsibility and control of whatever you can to make things right. But I promise you that it's downright unhealthy and foolish to try this way of dealing with PPD. The implication with that effort is that it's shameful to ask for help. That idea isn't true at all, and I know you don't want your children growing up believing that. Use your strength to get proper help — you'll save yourself loads of unnecessary suffering, which is the smart and strong way to go about recovery.

Examining denial in other countries and cultures

Although most prevalent in America, these kinds of pick-yourself-up-and-dust-yourself-off perspectives are found in societies all over the world. On many occasions, I've heard partners and family members of depressed postpartum women say things like, "In my country, we don't have postpartum depression." But, rest assured, you haven't chosen the wrong country: Cross-cultural studies have shown that the U.S. isn't the only country that has PPD. Wherever there are women having babies — which is everywhere — a certain percentage of them will inevitably be hit with PPD.



Just as expectations about motherhood differ from culture to culture, attitudes about PPD — the causes, treatments, and the willingness of suffering women to come forward — also differ. PPD has been studied in almost every cultural environment in existence, including cities in North America and in the United Arab Emirates, rural African communities, Asian immigrants in the U.S., and many others.

Denying the reality of body chemical imbalances

For some people, not only is there a denial of depression generally, but there is a denial of the reality of biochemical and hormonal imbalances. These folks, like so many others, feel that a woman with PPD is just making up excuses, and that she just needs to buck up.

Similarly, you'll find those who, again, don't think the problem is biochemical, or they advocate naïve New Age or self-help medical beliefs. Parts of these alternative routes may indeed help the suffering woman, but the simplistic "just do this one thing" mindset isn't helpful at all. The woman's condition, in order to be fully treated, needs to be approached from all angles — biochemically, spiritually, psychologically, and emotionally.



You can align yourself with the universe and buck up all you want, but you simply can't "positive think" your way through PPD or any other kind of serious depression. If you have a mood disorder of some kind, you need to recognize that in all likelihood it has biochemical roots, and that your recovery will come much, much faster if you address it on multiple levels, including the biochemical level.

Celebrities raising awareness of PPD

What do Marie Osmond, Brooke Shields, former New Jersey First Lady Mary Jo Codey, Angelina Jolie, and Brittany Spears have in common? All of these famous moms have let the world know that they've suffered from PPD, and in doing so they have not only raised awareness generally, but have made it more "acceptable" to have PPD. By coming forward and candidly describing their personal experiences with this very real illness, all these women have helped erase the stigma further by illustrating that successful, intelligent, strong women can be hit with PPD — it's an illness, not a weakness.

Brooke Shields' 2005 book, *Down Came the Rain: My Journey Through Postpartum Depression*, was a useful wake-up call for many women who had been suffering in silence (and I highly recommend it). Marie Osmond also wrote a book called *Behind the Smile: My Journey out of Postpartum Depression*. Reading these books can prove useful for the new mom or mom-to-be, but remember that these brave and honest women are actresses and musicians, not medical or psychological experts or professionals.

In May 2005, actor Tom Cruise lambasted Brooke Shields for her use of medications to help her with her postpartum depression. Cruise, famous for being an advocate of his controversial

Scientology religion, asserted that he knew the history of psychiatry, that Shields should not have been taking antidepressants, and that he could have helped her out of her depression through the use of vitamins.

The potential downside of these actors and actresses speaking out is that PPD seems to be in vogue now (it's the malady of the month!), and it may eventually end up being trivialized by its association with Hollywood stars. (Just because a new Hollywood mom is having an argument with her husband or separating from him doesn't mean she has PPD.) To emphasize how popular PPD is in the media, note that an interview with me in the "Ask the Expert" section in *Soap Opera Digest* appeared this year, because a character in one of the soaps had PPD. I was thrilled that the network wanted proper information so that the character could be portrayed more accurately.

The good news about these celebrity revelations — and even Tom Cruise's misguided attack on Brooke Shields and rant against psychiatry generally — is that PPD is being brought even further into the public eye. In the long run, all this attention is raising awareness, and hopefully helping more women get the kind of treatment they need in a timely fashion.

Allowing denial to cloud thinking

Denial is powerful and changes the way people think about things. And because many people (and unfortunately some doctors) deny that PPD is a real and serious illness, they have many inaccurate beliefs about PPD. At other times, the problem isn't denial, just lack of proper information. Without good information, lots of well-meaning people (including some professionals), may hold the following beliefs:

- ✓ Returning to work will cure it.
- ✓ Staying home will cure it.

- ✓ Breastfeeding will prevent it.
- ✓ Depressive types are the only ones who get it.
- ✓ Eventually it goes away by itself.
- ✓ It occurs only after you have your first baby.

Why some doctors may be hush-hush about PPD

Even if society as a whole tends to be in denial about depression and PPD, at least you can count on your doctor — the one who's making sure your pregnancy goes well, or the one who's following through with you after he helped deliver your baby — to give you the real scoop, right? Wrong. Many doctors are now gaining tools for warning their high-risk patients, but many are still in the dark as to how to handle these situations. Most are eager for the information, such as what to say and what to give their patients as resources — they just don't have it yet.



It's not that most doctors don't recognize the reality of PPD. And it's not that doctors don't understand the potentially harmful effects of depression on the human body. Instead, doctors have the following two major reasons why they tend to avoid the subject of PPD entirely (even if — sometimes *especially if* — the new mom in question seems to be at high risk of coming down with PPD):

- ✓ **To avoid putting moms or moms-to-be on the defensive:** Often, doctors are afraid that their new mom or mom-to-be patients may become defensive when they're told about PPD. For example, when the patient hears from her doctor about PPD, she may perceive that the doctor is saying that she's going to be a bad mother or that she won't be able to handle motherhood. And that, of course, can make just about anyone defensive.
- ✓ **To avoid causing unnecessary worry:** The majority of informed doctors tend to not bring up PPD with their patients because they don't want to worry their patients into actually coming down with PPD. This really makes little sense, and is a bit like thinking that pregnancy counseling may make a woman pregnant.

The point here is that information about PPD isn't what needs to be feared. Instead, it's the lack of proper information that can allow a bad situation to keep going or turn worse. If a woman is so obsessive or anxious that merely hearing about the possibility of PPD pushes her over the edge — “Uh-oh, what if I get this? Do I have this? How bad will it be? Do I have it yet? How about now?” — then she already needs professional treatment for her anxiety.



In spite of the reasons for not doing so, it's important for your doctor to clue you in. So, even though your doctor may have avoided the topic altogether, be wary if he's reluctant to talk about it or if he offers little information after you mention your concerns about how you've been feeling. Every doctor should make sure that all of his new mom or mom-to-be patients know about PPD as a matter of standard protocol, and you should expect your doctor to bring it up matter-of-factly, just as he'd bring up other common potential pregnancy disorders, such as gestational diabetes. Your doctor should also reassure you that PPD is nothing to be embarrassed about, nothing that you caused, and nothing that's indicative of a character weakness or deep-down flaw of some kind. If your doctor goes against the grain in any of these areas, you may want to find another healthcare provider. (Chapter 10 discusses all you need to know about your primary provider's role in your treatment if you're indeed experiencing PPD.)

In my own case, had I known in advance that there was something called PPD, that I was at high risk, and that treatment was available, my family and I would have been spared years of pain. So, take heed and make sure you understand where your doctor's coming from.

When Depression Begins in Pregnancy

Clients sometimes say to me, "Dr. Bennett, I think I'm having postpartum depression and my baby isn't even born yet! Is this possible?" My answer: You bet it is. The old belief that pregnancy protects women from depression and anxiety is long gone. Approximately the same percentage of women who suffer from PPD suffer from depression in pregnancy (around 15 percent). In fact, all of the mood disorders listed in Chapter 3 can also occur during pregnancy.

Each year (in the United States alone), about 400,000 women experience PPD, and many of these women had also been depressed in pregnancy. The two camps don't necessarily include the same women. However, some women who are depressed during pregnancy also suffer from PPD — in effect, they just stay depressed from pregnancy through delivery and afterwards. Other women are depressed during pregnancy but don't get PPD, and vice-versa. If a woman has experienced depression in her life before she becomes pregnant, she has a 50 percent risk of experiencing depression in pregnancy. In fact, about one-third of all postpartum mood disorders (PPD being the most prevalent) begin during pregnancy.

Distinguishing between pregnancy hormone changes and PPD

It's easy to dismiss warning signs of these mood problems as simply normal signs of pregnancy. For instance, a loss of appetite could be written off as being due to morning sickness. A big increase in appetite, on the other hand, including cravings for carbohydrates and sugar, could be overlooked as being an expected part of pregnancy. Tiredness, even though you've rested, can be a sign of depression, but too often practitioners quickly assume that this symptom is just normal for pregnancy. Likewise, poor sleep, mood swings, and worry are many times automatically passed off as usual and common.



Sometimes women who report depression are told that “Of course you’re emotional. Your hormones are up and down.” But, if a pregnant woman is unable to sleep or function or is considering suicide, something needs to be done. And she should be given help long before she feels that bad.

Although a more detailed description of therapeutic interventions for women who are depressed during pregnancy is beyond the scope of this book, as a beginning step, Table 1-1 can help you determine whether a pregnant woman has symptoms that would justify a deeper look and perhaps an immediate therapeutic intervention. You — or your friend, partner, or other family members — shouldn’t wait until after the baby is born to seek and receive help.

Table 1-1 How to Tell Whether a Pregnant Woman Is Depressed		
Factor	Normal During Pregnancy	With Depression During Pregnancy
Tiredness, energy level	She gets tired easily, but if she takes a nap or a rest, it rejuvenates her and she gets her energy back.	It doesn't matter if she takes a nap or how much she rests, she still feels deeply fatigued.
Ability to experience pleasure	Some things may bother her, and her pleasure may be somewhat diminished, but she generally can feel pleasure and can enjoy a variety of things, and she looks forward to the birth of her child.	With depression, she has an almost complete lack of ability to feel or experience pleasure, and she may not look forward to the birth of her child.
Appetite	Her appetite increases.	She typically loses her appetite.

<i>Factor</i>	<i>Normal During Pregnancy</i>	<i>With Depression During Pregnancy</i>
Self-esteem	Her self-esteem remains about the same as it has always been.	Her self-esteem goes down and stays down as long as she's depressed.
Guilt	She experiences no unusual feelings of guilt.	She experiences ongoing feelings of guilt for no particular reason.
Insomnia	She may have some normal physical ailments or challenges, such as a full bladder or a backache, but she can fall asleep. And if she wakes up to go to the bathroom or for some other reason, she can fall back asleep.	She has trouble falling asleep and trouble falling back asleep if she wakes up to go to the bathroom or for some other reason. She may also tend to wake up very early and stay awake.
Self-destructive or suicidal thoughts or actions	She won't have any self-destructive or suicidal thoughts or take any self-destructive actions.	She may have self-destructive or suicidal thoughts or actions.

Understanding the urgency of getting help at this stage



When depression during pregnancy is overlooked, it can increase the risk of pregnancy complications. For example, consider the following facts:

- ✔ Depression is often associated with low birth weight (less than 2,500 grams) and up to twice the risk for pre-term delivery (less than 37 weeks, although with advances in medical science, this number, sometimes quite controversially, keeps getting lowered).
- ✔ Severe anxiety during pregnancy, which is obviously distressful for the pregnant mom, can also cause harm to the growing fetus due to a constriction of the placental blood supply and the presence of higher cortisol levels. Anxiety can also cause a heightened startle response in the newborn and can cause the newborn to be harder to soothe.
- ✔ When women are depressed during pregnancy, it increases the risk of many pregnancy complications. For instance, they often don't get proper prenatal care. Not only, then, do they tend to eat poorly and not properly gain weight (sometimes they even lose weight while pregnant), but they frequently self-medicate with alcohol or street drugs, which can be dangerous to the mom and the baby.



A Swedish study found depression and anxiety in pregnancy to be associated with the level of nausea and vomiting, prolonged sick leave during pregnancy, increased medical visits, more frequently planned C-sections, increased use of epidurals to control pain during labor, and longer labors.

A Brief Overview of Treating and Recovering from PPD

PPD is a mood disorder, and its cause is thought to be caused by many different factors. Some people consider PPD to be mainly of psychosocial or psychological origin, whereas others consider it to be mainly biochemical or even genetic (although the genetic link isn't yet proven, it's clear that women who have any history of depression in their family, including depressed male relatives, are at a higher risk of having PPD). As a result, treatment methods are a-plenty, and if what you're dealing with *is* PPD, you'll likely use a combination of treatments for the most effective healing process.

I talk all about each of the different treatments in Part III, along with a whole chapter devoted to creating a comprehensive plan (Chapter 10). But, for now, I give you the short-and-sweet version so you can get a taste of what to expect without having to swallow the whole cookie at once. (Feel free, by the way, to turn right to the section of the book that calls to you the most. If, for example, you need to know — right now — about how to deal with your family members and friends, that's where you should turn first.)

Timing is everything, so begin your treatment now

As a starting point, you need to know that although you'll definitely recover from your PPD crisis, and although a variety of treatments can be initiated right away, in most cases, you won't find a quick fix. Consider the following treatment scenarios and the expectations you should have of them in terms of Big Ben:

- ✓ **Taking medication:** If part of your healing path involves taking prescribed medication, start seeking help early because it may take a bit of time for you to find the right psychiatrist or medical doctor. Even after you find the right doc, it may take up to several weeks for the right medication in just the right dosage to be prescribed.



- ✓ **Changing communication habits:** To the degree that you have to learn how to communicate better with your partner, family members, and friends — for example, if you need to learn to ask for what you really need or if you need to learn how to become comfortable saying “no” to people’s requests — treatment may take a while. Remember, like Rome, new relationship styles aren’t built in a day.
- ✓ **Processing your emotions alongside a therapist:** If you’re going to undergo a course of therapy with a psychologist or other mental health therapist, that too is not a one-shot deal or something that can be concluded in just a week or two.

If you’ve had long-term underlying psychological issues that have contributed to your PPD, you can expect that they’ll take some time to thoroughly work their way out of your life. Similarly, if you’ve never really learned to face your feelings, and this is part of what’s up with you, it’s unrealistic to expect to get to the bottom of it in only one or two therapy sessions. The great news is that it takes far shorter a time to get rid of these old habits than it did to grow them, so you can accomplish this in far less time than you imagine.

Even though most of the treatments take time, you can still do several things right away that will help make a real difference and launch your recovery. Here are four suggestions that can be adopted immediately:



- ✓ **Carve out 15 minutes a day to read this book.** Some new moms or new moms-to-be will have no problem whatsoever reading through this book. Others, especially those who are feeling overwhelmed, may find it difficult to even pick the book up. If you’re one of these people, remember this: The very act of carving out 15 minutes a day to read a few pages, which can prove tremendously helpful to you, amounts to a very courageous and intelligent act.
- ✓ **Take notes.** As you read this book, do it with pen, pencil, or highlighter in hand. Circle important points, take notes, and use asterisks. In other words, do whatever it takes to fully engage your mind with respect to how the information you’re reading applies to you. If you were taught to not write in books, either break that rule or get a fresh notebook and write down notes next to the appropriate page numbers.
- ✓ **Keep a journal.** This suggestion is similar to taking notes, but here you’re taking notes specifically about yourself. You don’t have to write anything copious — just a paragraph or two a day can prove useful and therapeutic in the long-run.

If keeping a journal feels like that one extra duty that will put you over your limit, don’t do it.

- ✓ **Take three sets of ten deep breaths a day.** Sounds simple, right? If you get tired easily, are anxious, or if you simply have an open moment during your day — maybe you're standing in line somewhere or waiting for the tea water to boil — go ahead and consciously, deliberately take ten deep breaths. These breaths will help relax your body and mind, and will take a little bit of the edge off of however you may be feeling. Most people space out at about breath number seven. So, be sure to stay conscious of the number of breaths you take. Even though deep breathing isn't a cure-all, it certainly helps if you can do it every day.

Knowing your three main treatment options

The treatment options for PPD begin with a professional assessment. If you have, or think you have PPD, you need to see a professional who can help you determine whether you're actually suffering from this illness and whether you need additional treatment. (Flip to Chapter 5 for a discussion on seeking a professional assessment.)



If, after receiving your assessment, you're told that you do have PPD, your major treatment options include the following:

- ✓ **Psychological treatment:** Depending on your particular situation, you can almost certainly benefit from psychological treatment or therapy. As discussed in Chapter 6, you certainly shouldn't be afraid of being stigmatized by receiving therapy.
- ✓ **Medical treatment:** Medical treatment — which usually means taking prescription medication — can be enormously important and effective depending on your personal situation. For example, for some women, the road to as quick a recovery as possible requires taking prescription medication.

As discussed in great detail in Chapter 8, you have to consider many factors when deciding to use medications. This includes determining which of the many medications prescribed is best for you. Issues such as the impact of taking medication while breastfeeding are also considered in Chapter 8.
- ✓ **Holistic treatments (a hodgepodge):** In addition to conventional medical treatments, a variety of holistic or alternative treatments are available as well — from acupuncture to homeopathy (check out Chapter 9). Views differ on how effective these alternatives are. In most cases, however, they should be considered as an adjunct to, not a replacement for, standard medical treatment and psychological therapy.

Medical pros not excluded

Pediatricians, nurses, therapists, and other medical and mental health professionals with PPD are usually the last people to actually seek the help they need. When they finally make it to my office, they all tell me, “I’m the one who takes care of everyone else in crisis — I can’t be in crisis myself.” Or they say, “It’s embarrassing — with my education I should be able to pull myself out of this and not need extra help.” Nurses especially, take a long time to get the help they need. They’re usually always putting others first

and are used to waiting for their own needs. Often, by the time a nurse with PPD finds her way to my office, she’s been suffering for quite a while. “Healer heal thyself” is what I remind all these professionals. But, with the bad comes the good: When these professionals experience PPD firsthand, their professions (and the mothers they help) benefit because they become richer professionally. As you can imagine, it’s necessary for medical professionals, to walk the talk about taking care of themselves.



As Chapter 10 discusses, it’s important that you receive a comprehensive treatment plan. You deserve to have a well-rounded recovery plan that focuses on all aspects of yourself — physical, emotional, psychological, and spiritual. Such a plan should be constructed with the help of a professional (ideally your doctor or therapist) and should integrate the various components from the treatment modalities that you intend to try. With such a comprehensive plan in hand, you know who you have to see and when, what you should be looking for, and what you have to do and when. It’s rarely as easy as “one, two, three,” but with such a good plan in hand, you have a valuable roadmap that systematically leads you on your path to complete recovery.



Fostering recovery on your own

In addition to the three major treatment modalities, there are a variety of other things that you can and should (and will!) learn to do to support yourself in your recovery from PPD. These include, but aren’t limited to, the following:

- ✓ Obtaining a good understanding of what PPD is and isn’t (see Chapter 2)
- ✓ Getting proper nutrition (see Chapter 12)
- ✓ Exercising sufficiently and appropriately (see Chapter 12)
- ✓ Taking a sufficient number of breaks and learning how to make sure you get whatever else you may need from the support people in your life (see Chapter 12)
- ✓ Creating an effective support team around you (see Chapter 14)

- ✓ Knowing how to communicate with those who aren't initially too helpful or understanding (see Chapter 13)
- ✓ Gaining an understanding of the risks of PPD and the steps you can take if you've already had PPD once and are thinking of having another baby (see Chapter 18)

Before You Begin, Take Some Hope for the Journey

If you happen to already have PPD, you may be feeling pretty bad, or even hopeless. I want you to take a deep breath —yes, right now — and acknowledge the possibility that even if you feel hopeless in this moment, you don't need to feel that way (and in all likelihood you won't be feeling that way for long). Here are seven reasons why you shouldn't feel hopeless:

- ✓ PPD, once acknowledged, can be effectively treated.
- ✓ As long as you're getting the proper treatment, you're going to be fine.
- ✓ Not only will you end up as good as new, but with the therapeutic work that you receive by reading this book, you may very well end up *better than new*.
- ✓ PPD wasn't your fault in any way, shape, or form, and you have no reason to feel guilty, ashamed, imperfect, or bad in any way.
- ✓ Not only will you be absolutely fine, but as long as you're getting the proper treatment, your baby will be absolutely fine as well.
- ✓ By reading this book, you've taken a giant step toward understanding PPD and toward getting proper treatment.
- ✓ You're not the only one who's ever had PPD. In fact, up to one in five women suffer from PPD. With proper help they make it through — and so will you.



Getting help when you need it is a strength, not a weakness! You prove your strength by pushing through the devastating feelings and getting the help you need in spite of how you feel. My clients first contact me feeling like crumpled heaps of exposed raw nerves, worn down and defeated. As I remind them of what they battled in order to get themselves to call me (babysitter, lack of motivation, hopelessness, fear, stigma of needing help), I reinforce to them how strong they are. Strength doesn't mean that you feel great — it means that you do what you have to do no matter what it takes.