When the ‘baby blues’ are something more

More than half of new mothers feel some sadness, but postpartum depression is a serious, and treatable, condition

By Karen Weintraub | Globe Correspondent

With her first baby, Nicole Caligiuri of Worcester said she felt like a robot.

“Everything was mechanical: I fed the baby, I changed the baby,” she said. “I was a machine.” But inside, she felt she was constantly on the verge of a panic attack. When her husband asked why she seemed angry and anxious all the time, she realized she was in trouble.

Caligiuri went to her doctor and was diagnosed with postpartum depression — a common and vastly under-recognized mental illness.

New motherhood is often thought of as a time of bliss, with mother and baby quickly forming a joyful bond. The stereotype was so deeply ingrained that until about 30 years ago, psychiatrists didn’t think it was biologically possible for a woman to be depressed after delivering a baby.

Now researchers realize that early motherhood is a time of great stress — with biological turmoil from the pregnancy combined with sleep deprivation, and the strain of changing daily routines.

The impact of that stress can ripple through the mother and child’s life, research has shown. A new study, published this month in JAMA Psychiatry shows that a mother’s depression during pregnancy or in the first months after giving birth can increase her child’s risk for depression 18 years later.

Half to as many as 85 percent of new mothers, experience what’s called “baby blues” — an intermittent sadness early in the baby’s life.

“Mood swings and weepiness are totally normal, part of normal adjustment,” said Dr. Ann Shinn, a research psychiatrist at McLean Hospital and Harvard Medical School.

These mothers need some support, but will likely bounce back on their own, when their biology and routine settle down, researchers have found.

But about 14 percent of new moms show signs of depression — meaning their sorrow is deeper, lasts more than a few weeks, and they’ve lost interest in their daily activities, often including the baby.

A third group — just a fraction of 1 percent of new moms — develops a condition called postpartum psychosis. They hear voices, sometimes telling them to harm themselves or their new baby. Based on media reports, the woman who earlier this month led Washington, D.C., police on a high-speed chase with her 1-year-old in the back seat could have been suffering from postpartum psychosis, several experts said. The mother, Miriam Carey, was killed by police; the baby was physically unharmed.

New mothers who suffer depression or psychosis probably have a genetic vulnerability to the hormone disruptions of pregnancy, or to a major mood disorder, or have fewer reserves to cope with the stress of new parenthood, said Dr. Katherine Wisner, one of the founders of the field of postpartum depression research.
and a professor at Northwestern University Feinberg School of Medicine. Wisner is also director of the school’s Asher Center for the Study and Treatment of Depressive Disorders.

Because it’s temporary and relatively mild, the blues probably won’t have any lingering affect on the child, but both postpartum depression and psychosis can be devastating to both mother and baby.

Postpartum depression “is a disorder that has a direct impact not only on one person, but on two human beings,” said Ruth Feldman, a professor at Bar Ilan University in Israel and at Yale University’s Child Study Center.

A mother’s depression can affect a child’s brain development, hormones, sociability, behavior, ability to feel empathy, and eventually, their own parenting, she said. “It’s really a disorder that should receive a lot more attention.”

The new JAMA Psychiatry study showed that children born to mothers with postpartum depression are 24 percent more likely to be depressed 18 years later. Women with at least a high school education seemed able to buffer their children: the increased risk for their kids was much smaller.

Mothers who became depressed during pregnancy — rather than after their child’s birth — were even likelier to pass on their depression, according to the study, and education offered no protection. Because of these differences, study coauthor Rebecca Pearson, of the University of Bristol in the United Kingdom, believes that depression that begins during pregnancy may be biologically different than postpartum depression, perhaps made worse by the stress chemicals the child is exposed to in the womb.

Depression in fathers, Pearson said, has no effect on the child’s later risk of depression if it happens during pregnancy, though there is some effect if the father is depressed after the child is born.

But parents shouldn’t feel like they’ve ruined their child’s life if they go through a period of depression, Pearson said. The increased risk of depression in their children is small. Overall, 7 percent of teens are depressed, compared with 11 percent of teens whose mothers were depressed early in their children's lives.

Social support is probably the most important thing to provide a new mother, who is at a particularly fragile point in life, said Michael O’Hara, a professor of psychology at the University of Iowa, who has been researching and treating postpartum depression for three decades. Allowing the mother to sleep may be key. “Lack of sleep is a catalyst for bringing on psychiatric symptoms,” he said.

Dads can make a major difference by taking care of older children and providing emotional support, Feldman said. “A lot of times fathers are not empowered. They do not believe in themselves [as parents],” she said. But in cases of postpartum depression, “fathers need to step in even though mothers are not helping them in that process.”

Doctors continue to debate the merits of medication for pregnant or nursing women. Because of the variation among women, it’s not clear which is less harmful to baby and mother: medication or depression that’s ineffectively treated. “Nobody sensible out there is saying don’t take medication and no one is saying it’s completely safe,” O’Hara said.

O’Hara also pointed out that psychotherapy may be a very good option for many women.

O’Hara and a colleague have done a number of studies validating a type of therapy they developed called Interpersonal Psychotherapy for postpartum depression.
Robert Berezin, a psychiatrist in private practice in Lexington, said good therapy can break the cycle of depression. “The issues of postpartum depression are the central issues of therapy,” said Berezin, who recently published a book called “Psychotherapy of Character.” “To deal with them at the beginning is so preventive later.”

Exercise can also be effective against depression, Wisner said, and she and others are researching whether hormone therapy and light therapy, used to treat seasonal affective disorder, might also help.

Another key to combating depression in new moms, Wisner said, is getting to the women early, before they have established a negative pattern with their baby, such as not responding to its needs.

Caligiuri of Worcester, whose older daughter is 2, took preemptive steps during her second pregnancy. “I never wanted to feel how I felt before I was treated for [postpartum depression] again.”

So she signed up for a research trial at the University of Massachusetts Medical School that is looking at why some women are more susceptible to postpartum depression. Researchers monitored her second pregnancy and have followed her since her younger daughter’s birth five months ago — making Caligiuri feel more secure. She’s taken the same medication — Citalopram, an antidepressant — that helped her recover before.

And, she said, she’s better able to cope this time.

“Thinking about it in a more objective manner has helped me understand my own struggle,” she said.

Caligiuri said she can now acknowledge that motherhood is a challenge for everyone. “I’d love for other mothers who are struggling with symptoms to know that it’s OK not to enjoy every single minute.”