



POSTPARTUM DEPRESSION

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ABSTRACT

Postpartum depression affects up to 15% of mothers. recent research has identified several psychosocial and biological risk factors of postpartum depression. symptoms are might show any time within first year. treatment recommendation include psychotherapy and antidepressant medication. further systematically the short-term and long-term effect of medication exposure through breastmilk on infant and child development.

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INTRODUCTION

Postpartum depression is a type of depression that many parents experiences after having a baby; images of the smiling new mother with a bundle of joy with teeny newborn hands peeking out are everywhere. Postnatal depression is the most frequent neurotic disorder during postnatal period. It is considered a serious mood disorder, and can appear days or months after the birth of your baby. Most women notice the symptoms 4 weeks after delivery, So the symptoms might show anytime within the first year. provide management and prevention.

Incidence

- Postpartum depression 1/7 suffer women.
- 20% of women who give birth each year have postpartum depression.
- 50% of upto individuals with postpartum depression are never detected.

Risk Factors

- bipolar disorder
- you had postpartum depression after a previous pregnancy
- prenatal anxiety
- recent stressful life events
- inadequate social supports
- low self-esteem
- child care stress
- low socioeconomic status

- substance abuse
- maternity blues
- poor marital support

Signs and Symptoms

- Depressed mood or severe mood swings
- Excessive crying
- Loss of appetite
- lack of interest in the baby
- irritability
- Hopelessness
- sleep problem, such as insomnia or excessive sleep
- sense of doom
- sluggishness
- suicidal thoughts
- Fear that you're not a good mother

Management

Antidepressants and breastfeeding some breastfeeding mothers may favour psychological interventions over pharmacological treatment. all medications into breast milk, but the etent of passage varies considerably between drugs. citalopram, nortriptyline, sertainline, and paroxetine are first-line anti depressants because these medications in therapeutic doses are associated with low to undetectable serum concentration in breastfed babies.

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Psychotherapy

Psychotherapy, or talk therapy, is commonly prescribed alone or with antidepressants to treat postpartum depression. a therapist can give emotional support and help you understand your feelings and develop realistic goals, which are critical to overcoming postpartum depression.

Screening opportunities for routine postpartum depression screening include mothers' postpartum office visits and their infants' well-child visits. although several depression screens have been used in postpartum women, screening for postpartum depression, it needs to be combined with systems-based enhanced depression care that provide accurate diagnoses, longitudinal case management, treatment and follow-up.

Prevention the most important way to prevent postpartum depression is with awareness. healthy habits can also reduce the risk of developing postpartum depression.

- increase your intake of the B-complex vitamins
- eat healthy, balanced diet
- exercise
- adequate rest and sleep
- drink plenty of water
- reduce stress
- speak up

CONCLUSION

Postpartum depression has a significant adverse impact, not just on the affected woman, but on her partner and the family as a whole. This highlights the importance of early postpartum period. Identification of high risk samples and to the development and evaluation of preventive interventions.

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