

YOUR EMOTIONAL WELL-BEING

In this handout you will find:

Understanding the Blues

What is the difference between the “baby blues” and postpartum depression?

Edinburgh Perinatal Depression Scale

The 10-question Edinburgh Perinatal Depression Scale (EPDS) is a valuable, evidence based tool that can help determine if you may be at risk for perinatal depression. Perinatal depression can occur any time during pregnancy or, in the first year postpartum.

“Are you pregnant or a new mom?”

Information pamphlet created by Vancouver Coastal Health and Providence Health Care about perinatal depression. Includes a list of resources, phone numbers and sources for more information.

Understanding the Blues

The “baby blues” is a mild depression that many women experience soon after their babies are born. These blues can be caused by hormone changes as well as by the personal challenges that a woman goes through after childbirth. They are sometimes called the “third-day blues” because they happen most often from the third or fourth day to the second or third week after delivery. Your midwives might call this time the “classic crash day.”

“ Baby Blues ”

You may have the baby blues if:

- You cry often and not always for a reason you can understand
- You feel tired or, you don't have the energy you need to get through the day
- You have insomnia, which can mean that you have trouble falling asleep or trouble sleeping through the night (even when you are not awakened by someone) or that you wake up too early in the morning and can't fall back asleep
- You have trouble concentrating or, you often feel confused or distracted
- You often feel irritable or angry, sometimes for no reason
- You don't feel hungry and are losing weight too fast, or you are often hungry and are gaining weight you don't want or don't need

Don't let the blues get you down. They may last from several days to one week or more, but they almost always go away by themselves. Be open with your partner, family and friends about your concerns and feelings. Ask them to help you with housework or child care until you feel better. Most important, be realistic about motherhood: about how fast you will recover or learn mothering skills, about how much rest you need, about the support you need and deserve from others, to name a few! If the blues last more than 2 or 3 weeks and start to seriously interfere with your life, speak with your midwife.

Understanding Postpartum Depression

The baby blues can be a normal part of the postpartum process. You should be aware however, that some women experience a deeper, more serious depression. How is this depression different from the “blues” ?

- It lasts longer. Any depression that lasts longer than 2 to 3 weeks could be postpartum depression.
- It starts later. The baby blues tend to start soon after delivery. A depression that begins in the third or fourth week or later (even up to several months after birth) could be a cause for concern.
- The depression is stronger. In addition to experiencing anxiety or doubt, a depressed mother may feel very alone, vulnerable or, completely overwhelmed by the experience of parenthood. She may believe that there is something truly wrong with her abilities as a mother. She may start to distance herself from her partner, family and friends.
- The symptoms are more varied. The mother may experience headaches or bowel problems as well as the insomnia, confusion, sadness or fear of the “blues.” She may even have trouble producing breast milk.

It is very important that you pay attention to your moods and emotions after you've had your baby. The earlier you catch postpartum depression, the easier it can be to recover. It is very important that you don't try to take care of everything on your own. If your family or friends can't help, your family doctor or midwife should be able to recommend resources. You can get help with your physical needs – yours and your baby's health, child care, housework, financial help. Help is available too, for your emotional needs – discussion or support groups, for example or, a personal counselor, social worker or psychiatrist who will pay attention to your distress and listen to your needs. In certain circumstances, a psychiatrist may prescribe antidepressant medication, if you agree.

Page 2: Adapted from The South Community Birth Program's “Understanding Emotional Well-being.” Vancouver; 2006

Page 3: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

Edinburgh Perinatal Depression Scale

The 10-question Edinburgh Perinatal Depression Scale (EPDS) is a valuable and efficient tool for identifying women who may be at risk for “perinatal” depression occurring any time during pregnancy or, in the first year postpartum. If you are worried, having difficulty coping or, think that you may be suffering from perinatal depression, please take a moment to answer the following 10 questions. If you are doubtful about your results, it is helpful to complete this questionnaire again in two weeks.

Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today. Here is an example, already completed:

I have felt happy:

- Yes, all the time
 Yes, most of the time → This would mean: “I have felt happy most of the time” during the past week.
 No, not very often Please complete the other questions in the same way.
 No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things:

- As much as I always could
 Not quite so much now
 Definitely not so much now
 Not at all

2. I have looked forward with enjoyment to things:

- As much as I ever did
 Rather less than I used to
 Definitely less than I used to
 Hardly at all

*3. I have blamed myself unnecessarily when things went wrong:

- Yes, most of the time
 Yes, some of the time
 Not very often
 No, never

4. I have been anxious or worried for no good reason:

- No, not at all
 Hardly ever
 Yes, sometimes
 Yes, very often

*5. I have felt scared or panicky for no very good reason:

- Yes, quite a lot
 Yes, sometimes
 No, not much
 No, not at all

*6. Things have been getting on top of me:

- Yes, most of the time I haven't been able to cope at all
 Yes, sometimes I haven't been coping as well as usual
 No, most of the time I have coped quite well
 No, I have been coping as well as ever

*7. I have been so unhappy that I have had difficulty sleeping:

- Yes, most of the time
 Yes, sometimes
 Not very often
 No, not at all

*8. I have felt sad or miserable:

- Yes, most of the time
 Yes, quite often
 Not very often
 No, not at all

*9. I have been so unhappy that I have been crying:

- Yes, most of the time
 Yes, quite often
 Only occasionally
 No, never

*10. The thought of harming myself or my baby has occurred to me:

- Yes, quite often
 Sometimes
 Hardly ever
 Never

SCORING:

QUESTIONS 1, 2, & 4 (without an *)

Score 0, 1, 2 or 3 points for each answer, with the top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5, 6, 7, 8, 9, 10 (marked with an *)

Scoring is reversed. Score 0, 1, 2 or 3 for each answer, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score is 30. Possible depression = a score of 10 or greater. Please page your midwife (if you are still in midwifery care) or, notify your doctor (after 6 weeks postpartum) if you think you are suffering from postpartum depression or have significant concerns about your emotional well-being.

Always look at item 10. If you are having thoughts of harming yourself or your baby please contact someone right away.