Healthy Minds: Discussion for Expecting and New Parents
(25 minutes)

1. Discussion: Postpartum Depression (15 minutes).

Say: “One mental health problem that affects some new mothers is postpartum depression.”

Ask: “How many of you have heard of the ‘baby blues’?” “Can someone describe it?”

Say: “‘Baby blues’ are not considered a disorder because about 80%, or 4 out of 5, of new mothers experience it. It usually occurs within the first week after giving birth. Some mothers cry, have anxiety, feel sad, feel restless, or become irritable for no apparent reason. This is completely normal.”

Ask: “What do actresses Courteney Cox, Brooke Shields, and Marie Osmond have in common?”

Answer: They all had postpartum depression.

Say: “New mothers may be surprised to find that after months of buying baby clothes and nursery furniture and looking forward to having their baby, they cannot stop crying and have little interest in being with their new baby.

If the ‘baby blues’ go on for more than one week or if you start to experience these feelings a few weeks or more after childbirth, it may be a sign that you have postpartum depression. Like the ‘baby blues,’ postpartum depression is also common, affecting 10-20% of new mothers. It can occur any time through the first year after the baby’s birth.

Any new mother can get postpartum depression, regardless of age, income, education, and ethnicity or culture. In general, if you have several symptoms for 2 or more weeks you should talk with your doctor.”
Ask: “What are some things that may indicate you or your partner has postpartum depression?”

- Write participant responses on overhead or flip chart.

  Sample responses:
  - Fatigue (feeling extremely tired or exhausted)
  - Depressed mood
  - Inability to be happy in normally enjoyable activities
  - Sleep difficulties that are not related to caring for your baby
  - Inability to concentrate
  - No interest in eating
  - Increased hostility and anger
  - Feelings of hopelessness
  - Disinterest in caring for the baby

  Additional signs that may be considered “red flags”:
  - Lack of sleep for 2 or 3 days
  - Rapid weight loss
  - Unable to get out of bed
  - Stops grooming
  - Expresses belief that the baby would be better off without her
  - Thoughts or statements about suicide

Ask: “If you ever started to feel like you may be depressed, what are some things you would do to take care of yourself?”

  Sample responses:
  - Talk with your partner, a close family member or friend, or contact ParentLink’s WarmLine to share your feelings.
  - Ask for help – have someone else do household chores and run errands while you rest.
  - Exercise.
  - Do something for yourself every day, even if it’s only for 15 minutes. Read a book, go for a walk, or take a bath to help yourself relax.
  - Join a support group.
  - Don’t be afraid to say “No” if someone asks for a favor.
  - Talk to your doctor about your feelings.

Say: “There is no reason to be embarrassed if you think you or your partner may have postpartum depression. Getting help only
means you are **trying to help yourself, your baby, your partner, and others with whom you are close.** It should never be considered a sign of weakness to seek professional help when you need it.

Reasons behind postpartum depression are not completely clear, but most experts believe **chemical changes and a sudden drop in hormone levels** after childbirth is part of the cause. Things that affect mothers’ moods can also contribute to postpartum depression, including a lack of sleep, emotional stress, and being overwhelmed. In addition, women who have a family history of postpartum depression or who experienced it following a previous pregnancy are at greater risk of developing it. Women who do not have a **strong support network** seem to be more vulnerable, so **partners need to be very supportive.**”

2. **Discussion: Helping yourself and helping your family** (5 minutes).

**Say:** “Women with postpartum depression **need help to get better.** Unfortunately **most women do not seek help** – help that could prevent more troubles down the road. Mothers who have postpartum depression can have a lot of difficulty functioning. But if treated, they are very likely to recover.

It’s not only important to seek help for your own sake, but also for your baby. The **mother-child bond can be strained** by maternal depression. Depressed mothers may be **less able to respond to their babies’ needs**, and over time babies may become more irritable and difficult to soothe.

Mothers’ depression has also been linked to children’s:

- Behavior problems
- Greater number of medical problems
- Lower school achievement
- Poorer social relationships
- Higher likelihood of adult depression, anxiety disorders, substance use”

3. **Discussion: Fathers and depression** (5 minutes).
**Say:** “Many new fathers also experience ‘baby blues’ or depressed feelings when a baby is born. Sometimes it is related to a partner’s depression, but sometimes fathers are the only ones who become depressed. Like mothers’ depression, fathers’ depression can have a negative effect on partner relationships and children’s well-being.”

**Ask:** “What are some factors that might contribute to new fathers’ depression?”

- List participants’ responses on overhead or flip chart.
  - **Sample responses:**
    - Financial issues
    - Feeling put out of place by the new baby
    - Changing relationship with partner
    - Partner’s lack of sexual interest
    - Lack of sleep
    - Lack of time with the baby
    - Feeling overwhelmed by new responsibilities
    - Loss of freedom

**Say:** “Many men are reluctant to seek help for depression, but it is just as important for men as women. You will be able to enjoy your family much more if you get the help you need.”

Refer back to the Healthy Minds lesson plan and the discussion, “Helping your partner with depression.”