

**: When postpartum packs a punch**

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**Kick:****When postpartum packs a punch**By [Kristina Cowan](#)

When I was pregnant with my first child, the looming physical demands of labor and delivery terrified me, not to mention the uneven emotional landscape of motherhood.

My own mother had died of breast cancer when I was 15. The loss strengthened me for life's battles, but soured me on the idea that I could one day be a good mom. I figured I had enough moxie for plodding through whatever was ahead, but I wouldn't be one of those women who cooed over and coddled her children.

My plan was to find a full-time nanny and get right back to full-time work as a journalist. I'd be too busy to brood over the sad sides of being a mom without a mom.

That was my intention — until the traumatic delivery of my son left me injured, and postpartum depression settled in.

Far more than just uneven, the emotional landscape of my life suddenly became a battlefield. The first tear-soaked days left me feeling as if an alien had invaded my body.

A torrent of intrusive thoughts pummeled me, about the baby dying and my husband deserting us. I blamed myself for the trauma of the birth. I didn't believe I was worthy of being a parent.

I had no idea how I'd ever reclaim my sane self from the mess that I'd somehow become.

Surely I was a rarity. None of my friends or family with children had ever spoken of being afflicted by a mood disorder.

Because I tend not to suffer in silence, I shared my plight with anyone who'd listen. The more I talked, the more others did, too.

Postpartum depression wasn't so uncommon after all, at least not according to what I was hearing anecdotally. I soon sought professional help, in the way of a therapist and medication.

That one-two punch did wonders for my self-confidence and serotonin levels. But a great deal of my healing came from stories — the ones I shared, and the ones I heard from others.

When I was at my lowest, I searched for books that offered such stories. Not medical advice; there was plenty of that. I wanted affirming words from other mothers who had been where I was, and made it to the other side.

Not finding that book, I promised myself that if I ever recovered, I'd write it myself. I could recycle my own suffering into something useful, to help other parents.

To my surprise, I healed. And I wrote the book.

A common affliction

My research confirmed the anecdotal evidence I'd gathered initially: postpartum depression is far more common than most of us realize.

Between 12 percent and 25 percent of new mothers experience it, and in some high-risk groups, rates can soar to 40 percent or more, according to *Depression in New Mothers: Causes, Consequences and Treatment Alternatives*.

PPD doesn't discriminate by gender, either. A 2010 meta-analysis in the *Journal of the American Medical*

Association found the rate of paternal depression to be 14.1 percent among U.S. men.

As it turns out, those intrusive thoughts I had — one of the most bewildering aspects of my bout of PPD — are nearly universal. Close to 100 percent of all new parents have the thoughts, according to research spearheaded by Dr. Jonathan S. Abramowitz, a clinical psychologist and international expert on OCD and anxiety disorders.

Because the thoughts are so difficult to discuss, not everyone reports them.

Childbirth Can Be Traumatic?

Despite the statistics, no one had warned me about PPD, or any of the other perinatal mood and anxiety disorders (PMADs), including postpartum anxiety, PTSD, OCD, and psychosis.

My gynecologist hadn't made it an issue because I wasn't a likely candidate. I didn't have a personal history of depression, and I had plenty of supportive family and friends.

Still I wish someone had broached the topic, if only to educate me.

Looking back, I can see my own red flags, including a trauma long past — my mom dying when she and I were both young — and the recent trauma of my son's birth.

Experts agree: it's tricky to predict who'll confront a mood disorder. Risk factors do exist, though, and trauma is an important one, whether it's related to childbirth or an earlier life event.

Just what constitutes trauma is unique to the individual. One person might find a particular event traumatic, but another person wouldn't be fazed. What is clear is that threads of trauma run through all PMADs.

A traumatic birth may lead to a mood disorder, for instance, and the illness itself is a form of trauma.

The more we know about trauma, the easier it'll be for us to acknowledge how common it is. This, ideally, will allow us to release our fears of admitting that at some point — even during the births of our beloved babies — we encounter trauma.

Other factors that increase the risk of PMADs are a history of depression, a lack of social support, financial or marital stress, complications during pregnancy or childbirth, giving birth to multiples, infertility treatments, and an infant in neonatal intensive care, to name a few.

I didn't know any of this until I started writing my book. As I learned, I grew determined to share my findings with other parents confronting mood disorders. I wanted to offer resources for mothers and fathers alike. Often a forgotten demographic, men get PPD, too. They're less likely to ask for help than women are, but their mental health is just as critical to a family's vitality.

And I sought to address stigma, which clamps itself to mental illness like a giant barnacle from which we struggle to pry free.

Fighting Back

In most cases, perinatal mood and anxiety disorders don't clear up on their own. They beckon some form of treatment, whether it's therapy, medication, or a combination.

The good news is that they're very treatable, and parents go on to find full healing, leading productive lives and enjoying their children.

If the illnesses aren't addressed, however, the results can be catastrophic, robbing women and men of good mental health. In the most extreme cases, they can be deadly. Though the rate of suicide is lower in postpartum women than in the general population, it ranks as the second-leading cause of maternal death, according to research led by Dr. Katherine L. Wisner, director of Northwestern University's Asher Center for the Study and Treatment of Depressive Disorders.

I didn't have suicidal thoughts after my first child was born. But I was ensnared in a vortex of depressive thinking. It has the power to twist life into what seems like a pointless charade. I was fortunate to receive effective treatment, to have caregivers who worked on my behalf, with whom I could have conversations well beyond my comfort zone. Not once did they suggest I was losing my mind. Together with my friends and family, they encouraged me and helped me heal.

Not all new parents have this support. They may be afraid to ask for help. If they do, they might meet with a lack of compassion, understanding, or knowledge from their friends, family, or caregivers. It is up to us — survivors of mood disorders, doctors, nurses, and therapists who do know about PMADs, and friends and family who can lend compassion — to help them. We must initiate discussions about their mental health. They'll likely be uncomfortable. But they could mean the difference between life and death.

- A graduate of Northwestern University, [Kristina Cowan](#) has 20 years of experience as a journalist. She spent the last five researching and writing her first book, "When Postpartum Packs a Punch: Fighting Back and Finding Joy." It's available on Amazon and at Barnes & Noble. [Cowan](#) lives in Naperville with her husband and two children. Online you can find her at [www.kristinacowan.com](http://www.kristinacowan.com) or [www.facebook.com/cowankristina/](http://www.facebook.com/cowankristina/), and on Twitter she's [@kristinacowan](#).

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