



# Healthy Families Homebirth

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## Postpartum Depression (PPD)

“Because mothering an infant is a round-the-clock job, you may feel exhausted. Fatigue will make your emotions even more raw. Try not to judge the tears. Let them wash like healing waters over your heart. The spiritual seeds you planted during pregnancy have sprouted. They need watering now. As these seedlings grow into strong trees, the flood of tears will slow to a trickle. However, don’t expect to be just the same as you were before you had a baby. You were pregnant for nine months; you’ll be postpartum for the rest of your life. This is good news.”

Robin Lim, page 259 in After the Baby’s Birth

About mood changes in the postpartum period:

- PPD may occur any time up to 12 months after giving birth.
- PPD affects 10-15% of women and about 50-80% experience postpartum blues.
- Half of all women with PPD do not seek help or are not diagnosed
- More common in adolescent women and with women with a history of mood disorders.
- Women that experienced depression during pregnancy are more likely to have PPD.
- Physical complications in pregnancy increase the risk of PPD
- Emotional or social factors may increase risk- Stress; Money; Major life events; Moving
- Usually due to changes in hormones; the production of milk; and quality of social support
- Estrogen and progesterone drop to a small fraction of levels our body is used to having
- Could be a thyroid disorder- be sure to get screen for thyroid problems
  - You might feel overwhelmed by the sudden realization of the never-ending responsibility of the baby’s 24 hours dependency and vulnerability. This is a normal reaction to motherhood.

Postpartum Blues:

- Occurs around days 3-5 postpartum and resolves around 7-14 days postpartum
- Mild, transient, and self-limiting
- Moodiness
- Elation
- As your hormones settle, the emotions will also
- Natural suppression of the maternal hypothalamic-pituitary-adrenal axis (HPA) in the immediate PP may cause emotional instability until full function resuming in about 10 days
- Heightened reactivity
- A level of worry, anxiety, and uncertainty surrounding your baby
- Feeling overwhelmed by responsibility
- A lack of confidence
- Feeling easily hurt
- Tearfulness

Crisis hotline number- Postpartum Depression: 1-800-PPD-MOMS



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## Depression

- 20% of women with PP blues progress to depression
- Agitation
- Anxiety
- Sadness
- Insomnia
- Fatigue; lack of energy
- Diminished interest or pleasure
- Feelings of worthlessness, guilt, and detachment from infant
- Thoughts of harming the infant or herself
- Appetite and mood changes
- Disturbed sleep patterns
- Fear of being alone with infant
- Obsessive cleaning, housework, and repeatedly checking tasks

## Psychosis and Mania (rare and serious)

- Decreased need for sleep
- Distractibility; purposeless activity, unable to complete tasks
- Racing thoughts
- Euphoria and irritability; uncharacteristic behaviors
- Disorganized thinking, behavior, or speech
- Perceptual disturbances (auditory or visual)
- Delusions; about the identity of loved ones and professionals; about health matters; about the age or quantity of infants
- Fear and terror
- Restless agitation associated with insomnia
- No inhibition and resistive behaviors
- Unable to care for personal hygiene, nutrition, and baby
- Can strike without warning and without risk factors
- With proper treatment, i.e. hospitalization, recovery can happen within 2-4 weeks. With a full recovery by 3-6 months postpartum



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## What can help:

- Deep breathing techniques
- Regular non-strenuous outings with friends and family
- Having someone else care for the baby while you take some time for yourself
- Hiring a postpartum doula to help with the transition
- Process your birth experience with caring individuals; Your midwife, Post-partum doula, ICAN, Cranio-Sacral, Therapist
- Rest as often as possible. Sleep when the baby is sleeping.
- Have others do day-to-day tasks and chores.
- Maintaining nutrition: Eat from the rainbow, plus high protein snacks; just as advised during pregnancy.
- Keep a breastfeeding/snack station- almonds, water, energy bars, dried fruits, nuts, etc.
- Supplements: B-vitamins; magnesium and Calcium
- Avoid coffee, alcohol, cigarettes, and high quantities of chocolate.
- Avoiding isolation in the PP period
- Local resources- A midwife or car provider, The Family Garden
- Self-help or maternal support groups
- Breastfeeding education and support: LLL of Longmont; Lactation Specialist
- Parenting organizations
- Father adjustment support
- Crisis hotline number- Postpartum Depression: 1-800-PPD-MOMS
- Mental health professionals

## Social services

[www.postpartum.net](http://www.postpartum.net)

<http://www.postpartum.net/Get-the-Facts/Depression-During-Pregnancy-Postpartum.aspx>

“A woman knows that she brings her child into a world that is both beautiful and imperfect.”

Robin Lim

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