Myths and Facts about Perinatal Mood Disorders

MYTH: *Postpartum depression can be defined as the "baby blues" that does not resolve.*
FACT: Symptoms may begin weeks after the early baby blues has resolved.

MYTH*: A woman is not clinically depressed if she is not lethargic -- if she is able to clean house, take care of her child, or present herself well.*
FACT: Women who have prenatal or postpartum depression or anxiety will mask their symptoms, going to great lengths to appear well, and are often driven by agitation and worry about appearances.

MYTH: *Postpartum depression is usually caused by ambivalence about motherhood. If a woman has wanted and waited for a baby for a long time, she will not be depressed after birth.*
FACT: Postpartum depression is not caused by any psychological conflict. Feelings of disconnection from the baby are a result of the depression, not a cause.

MYTH*: Postpartum mood disorders will always begin in the first four weeks postpartum.*
FACT: Symptoms of a postpartum disorder may begin any time in the first year postpartum, e.g., after sudden weaning, at resumption of periods, after a significant stressor, or after beginning hormonal birth control. Depression, anxiety, and obsessive reactions may also begin in pregnancy.

MYTH*: Pregnancy protects against depression and anxiety.*
FACT: Studies have shown that rates of depression and anxiety increase during pregnancy.

MYTH: *Postpartum mood disorders can be described as essentially one illness that exists on a continuum of symptom severity.*
FACT: There are several perinatal mood disorders that need to be understood and treated differently. For example: Postpartum OCD and postpartum psychosis are separate conditions.

MYTH: *Postpartum psychosis occurs so quickly, there is no way to identify risk before occurrence.*
FACT: There are risk factors and warning signs that can be identified with a thorough medical history and assessment before a woman has a crisis related to psychosis.

MYTH: *Women who report repetitive, intrusive images of harm and violence to their children are always at significant risk of carrying out that violence.*
FACT: You must assess the woman's reaction to these obsessive symptoms. Women with postpartum OCD find the thoughts and images of danger or harm abhorrent and make great effort to avoid the possibility of acting on them. Women with postpartum psychosis, on the other hand, believe that the fantasies, images, or delusions are essential to their reality and are at great risk of carrying them out.

MYTH: *We will unduly scare pregnant women by giving them information about depression and anxiety. They don't want to know about it.*
FACT: Women will make better choices and avoid crises if they receive information, reassurance and resources before symptoms ever occur. You can give resources and reassurance at the same time you discuss risks and signs of perinatal mood disorders. Interventions and reassurance are more effective if given to families before they are trying to make decisions through the veil of depression or anxiety.

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