

Analysis of the symptoms and causes of the postpartum depression

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Abstract. Women still face many different kinds of discrimination in today's culture, despite the fact that there has been significant progress made toward achieving gender equality. Women, in comparison to their male counterparts, are subjected to increased societal demands, with the pressures encountered by mothers being particularly obvious. These pressures can be broken down into three categories: economic, political, and cultural. As a result of the prevalence of societal expectations, which commonly acts as a trigger for the development of postpartum depression, many women experience both physical and psychological changes during the course of their pregnancies and during the postpartum period. It has been noticed that some women suffer from postpartum depression. In light of the frequency with which this phenomenon occurs, the purpose of this study will be to conduct research in the form of a literature review in order to investigate and acquire a full understanding of the various elements that may lead to the development of postpartum depression.

Keywords: Postpartum Depression, Pregnancy, Postpartum Period.

1. Introduction

Despite advancements in women's understanding of freedom, a significant number of women continue to pursue employment after being married, expressing their reluctance to only assume the role of a dependent "housewife" relying on men for their sustenance and livelihood. Nevertheless, a significant number of couples face financial constraints that prevent them from affording the services of a nanny following the birth of their children. Furthermore, the prevailing patriarchal norms within society contribute to the natural assumption that women bear the primary burden for childcare. Numerous women are confronted with the challenge of balancing substantial household and childcare responsibilities alongside the demands of competition and external influences. Hence, it is crucial for women to comprehend their capacity for endurance. The key to decreasing the occurrence of postpartum depression lies in mitigating stress and alleviating burdens associated with it.

Over the course of the previous two years, a majority of scholarly studies have focused their investigations on examining the impact of delivery style on the occurrence of postpartum depression, as well as exploring the efficacy of various pharmaceutical interventions in the treatment of postpartum depression. The study conducted by Gong Shangqun, Fan Yinping, Li Luqi, and Meng Fanjie aimed to investigate the potential impact of doula delivery on postpartum depression. The researchers sought to determine whether doula-assisted delivery could effectively mitigate various factors that may impede natural childbirth, enhance maternal agency, and alleviate symptoms of anxiety and depression [1],

promoting a positive delivery phase to optimize the physical and mental well-being of both the mother and child. A paper titled "The Impact of Shenguiren Mixture on the Behavioral Manifestations of Postpartum Depression" authored by Ning Haiyan, Xie Ping, Feng Jian, Jiang Chuan, and Wu Yushan examines the effects of Shenguiren Mixture on the behavioral symptoms associated with postpartum depression. The study titled "The Impact of Shenguiren Mixture on the Behavior of Rats with Postpartum Depression: A Focus on Estrogen-mediated MEK1 in the ERK1/2 Pathway" examined the influence of the Shenguiren mixture on the behavior of rats experiencing postpartum depression [2]. Additionally, the study assessed the levels of protein expression of Enzyme 1 (MEK1) in the intracellular signaling regulation kinase 1/2 (ERK1/2) pathway in neurons located in the hippocampus, frontal lobe, and hypothalamus, which are regions associated with extracellular regulatory stimuli in mitogen activation [2].

The author's research objectives differ slightly from those presented in the aforementioned studies. The author aims to examine the concept of postpartum depression, encompassing its symptomatology, etiology, and ramifications. This study will employ a literature review research technique to examine the multiple factors that may contribute to the development of postpartum depression, aiming to provide valuable insights and references in this area.

2. Definitions and symptoms of Postpartum depression

2.1. Definitions of Postpartum depression

Postpartum depression, a condition resulting from physiological and psychological causes following childbirth, manifests in symptoms such as anxiety, uncertainty, guilt, and fear. In rare cases, individuals may experience severe ideation and engage in activities indicative of despair, elopement, child harm, or suicide. Postpartum depression (PPD) refers to a psychological disease characterized by negative emotional symptoms that occur following childbirth. Obstetric-related psychological disturbance is a prevalent condition that exerts a significant influence on the physical well-being of both mothers and their infants [3].

Based on the diagnostic classification system outlined in the American DSM-5, the condition falls under the category of prenatal depression disorder, with a general diagnosis of severe depressive disorder exhibiting symptoms associated with the domestic period. Nevertheless, in the event that depressive illness manifests itself beyond the initial month following childbirth, it is only classified as major depressive disorder. The prevalence of postpartum depression, as acknowledged on a global scale, ranges from approximately 10% to 15%. In the context of the United States, it is estimated that approximately one out of every nine mothers may have postpartum depression. The prevalence rates in western developed countries range from 7% to 40%, while in China, the stated prevalence rates range from 1.1% to 52.1%. These figures are generally in line with the prevalence rates seen internationally. Research findings indicate that those with a history of depression have a postpartum depression rate of approximately 25%, while those who have previously experienced postpartum depression have a likelihood of almost 50% of developing it again. During the initial week following childbirth, approximately 50% to 75% of women experience mild depressed symptoms, whereas approximately 10% to 15% of women develop postpartum depression disorder [4].

2.2. Symptoms of Postpartum depression

Patients with postpartum depression typically exhibit a triad of symptoms characterized by mood fluctuations, diminished interest, and reduced energy levels. Simultaneously, it is possible for postpartum depression to manifest alongside symptoms such as anxiety, sleeplessness, decreased appetite, weight loss, psychotic manifestations, and in severe cases, inclinations towards self-harm or injury to the infant. The majority of patients experience symptoms of depression within four weeks following childbirth. These patients often report prolonged feelings of sadness and a lack of happiness, accompanied by unexplained episodes of crying. It is common for patients to exhibit more severe depressive symptoms in the morning, with a potential reduction in intensity as the day progresses into

the afternoon or evening. Individuals may notice a decline in enthusiasm towards formerly enjoyed hobbies, a diminished capacity to derive pleasure from their surroundings and daily experiences, and an inability to derive satisfaction from the act of nurturing a child. The majority of patients commonly experience a lack of appetite, even if they previously had a preference for consuming meals. This diminished appetite often leads to considerable weight loss in certain individuals [5].

A decline in sexual desire. Patients may encounter a diminished sexual desire or a whole absence thereof, and even in instances of sexual activity, they may be unable to derive pleasure from it. Certain individuals may experience symptoms such as headaches, gastric burning, flatulence, nausea, xerostomia, lumbar discomfort, constipation, and other associated presentations.

Patients frequently experience fatigue and a sense of lethargy, finding it challenging to engage in daily activities. This exhaustion persists even after periods of rest or sleep, hindering their ability to regain energy and physical stamina. Additionally, patients may experience feelings of anxiety and distress, resulting in irritability and a reduced capacity for patience with their partner or child. Furthermore, they often encounter difficulties in maintaining focus on tasks such as childcare, feeding, or even watching television. Furthermore, patients may experience a decline in self-confidence, a diminished self-evaluation, a pervasive sense of incompetence, a perception of inferiority compared to others, an increased perception of burden on their family, and a persistent negative outlook. Consequently, they may attribute problems to their own shortcomings and even entertain thoughts of their existence being sinful.

Certain individuals may experience a compulsion to inflict harm to an infant due to a perceived lack of self-control, leading them to avoid interaction with the child. Patients with severe illnesses may exhibit imperative auditory hallucinations, engage in self-delusion, and then engage in self-injurious behaviors or contemplate suicide. Infanticide refers to the act of intentionally causing the death of another individual, followed by the perpetrator taking their own life, often involving their own offspring. This phenomenon is commonly referred to as protracted suicide.

3. Causes of postpartum depression

Postpartum depression is commonly associated with various causes, including endocrine, genetic, obstetrical, somatic disorders, as well as social and psychological aspects. During the course of pregnancy and childbirth, there are significant alterations in the endocrine milieu within the body. Particularly within the first 24 hours following childbirth, there is a pronounced fluctuation in hormone levels, which serves as the biological underpinning for postpartum depression. Notably, there is a sudden decrease in estrogen and progesterone levels. The prevalence of postpartum depression is significantly influenced by the maternal family background and upbringing, with greater rates observed among mothers who have experienced abortion or come from single-parent households. The presence of a familial background of psychosis, particularly in conjunction with a history of depression within the family, is associated with an increased likelihood of experiencing postpartum depression [6].

Furthermore, several events during the birthing process can contribute to the manifestation of postpartum depression. Instances such as childbirth and postpartum difficulties, dystocia, prolonged duration of the initial stage of labor, and surgical interventions can elicit anxiety and distress in mothers, hence exacerbating both physical and psychological stress levels and potentially precipitating postpartum depression. The occurrence of postpartum depression is closely associated with various factors, such as the mother's mental preparedness prior to delivery, inadequate postpartum adaptation, negative mood during the early postpartum period, excessive fatigue impeding infant care, the quality of the marital relationship, the family's economic status, and the health of the baby.

During the postpartum period, various factors such as the family environment, living conditions, and family dynamics undergo transformations, which subsequently impact the attention and relationships of family members. This includes the dynamics between spouses, parent-child relationships, and the relationship between a mother-in-law and daughter-in-law. These alterations can contribute to the development of postpartum depression.

Simultaneously, it is common for mothers in the postpartum period to have physical weakness and a delay in recovering to a generally healthy state. This is compounded by the responsibilities of caring for the newborn and engaging in breastfeeding, which can disrupt sleep patterns. The aforementioned physiological circumstances can contribute to a deterioration in the mother's emotional well-being. Certain children may present challenges in their early stages of development, leading to distress. In such cases, inexperienced mothers may encounter difficulties in effectively addressing their child's needs, potentially hindering their adjustment to the maternal role. Consequently, these circumstances may contribute to postpartum mothers experiencing negative emotions and an increased risk of developing depression.

4. Prevention and treatment of postpartum depression

The prevention and management of postpartum depression holds significant importance, necessitating new mothers to prioritize their physical and mental well-being, establish a robust support network, and promptly pursue suitable treatment interventions to restore their health and enhance their ability to provide optimal care for themselves and their offspring. Simultaneously, it is imperative for both the family and society to provide more care and support to new moms, thereby fostering an environment of warmth and affection. This collective effort is crucial in establishing a harmonious and contented family unit [5].

Primarily, the fundamental aspect entails the preservation of a wholesome way of life. During the postpartum time, it is imperative for new moms to prioritize a well-balanced diet, with particular emphasis on adequate intake of protein, vitamins, and minerals. This dietary approach is crucial in facilitating optimal recovery and promoting the overall well-being of the body. In addition, it is imperative to incorporate suitable physical activity, sufficient rest, and other relevant factors into one's routine to effectively uphold bodily well-being. The objective is to concurrently minimize the consumption of alcohol, tobacco, and other detrimental behaviors, while also preventing excessive food intake, strenuous physical activity, and other extreme measures in order to safeguard the well-being of the individual.

During pregnancy and the postpartum period, it is crucial for new mothers to establish a robust support network comprising of family, friends, and healthcare professionals. Particularly during the postpartum phase, it is imperative to allocate special attention to this matter. Engaging in open discussions with one's partner and family members regarding the distribution of household responsibilities, childcare duties, and other tasks can significantly alleviate the burden experienced by new mothers. During this particular phase, it is observed that new mothers may experience heightened feelings of isolation and vulnerability. It is crucial for them to enhance their social connections with family and friends, particularly by engaging in conversations with other mothers who have undergone similar experiences. By sharing their respective experiences and emotions, these interactions can contribute to a heightened sense of security [6].

If a mother experiences poor mood or mood changes during pregnancy or the postpartum period, it may be beneficial for her to consider obtaining professional assistance. Psychological treatment has been shown to be effective in assisting new moms in managing their emotions and improving their self-awareness and ability to adapt. In cases when the symptoms of postpartum depression exhibit severity, it is advisable to contemplate the utilization of pharmacological interventions, specifically selective serotonin reuptake inhibitors (SSRIs). These medications function by modulating chemical levels within the brain, so mitigating the manifestation of symptoms in moms who have recently given birth.

Psychotherapy is an essential therapeutic intervention following the experience of any mental disorder. Psychotherapy has been found to be effective in assisting new moms in regulating their emotions, enhancing their self-awareness, and fostering their capacity to adapt to their new role. Psychotherapy encompasses several modalities like as cognitive behavioral therapy, parent-child interaction therapy, and family therapy, among others, which are selected based on the specific circumstances and requirements of the postpartum mother. Psychotherapy offers new mothers the

opportunity to acquire coping strategies for emotional challenges, like deep breathing, progressive muscle relaxation, and mindfulness. Additionally, this therapeutic approach facilitates the exploration and resolution of postpartum depression-related concerns and uncertainties. In cases when symptoms are more pronounced, a comprehensive treatment approach involving the integration of pharmacotherapy and psychotherapy might be employed to enhance therapeutic outcomes. Pharmaceutical interventions have demonstrated efficacy in mitigating symptoms over a limited duration, whereas psychotherapeutic interventions can facilitate the establishment of a more favorable psychological state for the recently postpartum mother.

5. Conclusion

Based on the findings of this study, postpartum depression may arise due to hormonal imbalances, genetic predispositions, multifaceted aspects of the childbirth process, physical ailments, and socio-psychological factors. Nevertheless, it is worth noting that the extensive research conducted in this study may have limitations in thoroughly examining individual branch points. Therefore, it is imperative to conduct future research that delves further into these specific elements to obtain more comprehensive and precise findings. The comprehensive investigation of postpartum depression remains a perpetual imperative for researchers, as the occurrence of childbirth is not a daily phenomenon, necessitating due attention to the psychological well-being of pregnant women during the process of bringing forth new life.

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