

**(W)holy, (W)holy, (W)holy**  
**Health, Healing and Wholeness**  
**Newsletter Article – February 2012**

In the past few weeks I've found myself wondering how Mary must have felt in the days following Jesus birth. In artwork, she is typically depicted with a demure smile, radiating happiness and joy. What must it have been like to give birth to your first child, away from family, in less than hospitable conditions? In Matthew's account, soon after the birth, Joseph and Mary are then uprooted and on an unexpected trek to Egypt. What was going through her mind? In Luke's account, in response to the shepherds' stories, "*Mary treasured up these things and pondered them in her heart*" (Lk. 2:19 NIV), so we assume she had a smooth transition to motherhood. In a sense she appears to be the picture of "perfect" mom.

But how do we console the woman who experiences a more difficult period of adjustment? One that is better expressed in Psalms 13:2, "*How long will you hide your face from me? How long must I wrestle with my thoughts and every day have sorrow in my heart?*" I am referring to the woman who suffers post-partum depression.

Within 48 hours of delivery, hormones rapidly drop and researchers appear to link this to the onset of depression in some women. But unlike the "baby blues", postpartum depression does not lessen within a week to ten days. Instead it can occur any time within the first year after birth. Any combination of the following symptoms that last longer than two weeks may be signs of depression: feeling restless and irritable; feeling sad, hopeless and overwhelmed; crying a lot; having no energy or motivation; sleeping too little or too much; trouble focusing, remembering, or making a decision; feeling worthless and guilty; withdrawal from friends and family; overwhelming anxiety; even being afraid of hurting the baby or oneself (WomensHealth.gov). Often a woman suffers in silence because she feels too ashamed to admit that she does not feel overjoyed by this new addition to her life.

Factors which compound postpartum depression are: doubting ones ability to be a good mother by setting up expectations of perfection; being physically exhausted due to the disruption of sleep patterns; for working mom's, adjusting to a new routine; feeling a sense of loss in the changing of ones identity; having less free time; lack of a good support system; having suffered from depression prior to pregnancy.

Women suffering from depression following childbirth, need to be taken seriously, not shamed. Untreated, postpartum depression can interfere with the mother's ability to form a strong emotional bond with her child. Usually a combination of psychotherapy, sometimes medication, and establishing social support – all factors in treating regular depression - will work to alleviate the problem. If medication is ordered, and the mother is nursing, she should be sure to report this to the prescribing physician – many medications can be passed on to the infant. However, there are several anti-depressants available that are safe for use by nursing mothers.

Other things that can help: finding someone to talk to – another mother, a friend, your spouse – someone who can be trusted to share real feelings; consciously carve out at least 15 minutes each day to do something for herself – soak in the tub, read, take a walk; stop trying to be the "perfect mother"; don't spend a lot of time alone – get out of the house; talk with other mothers – do a mom's Bible study; try not to make drastic life-altering changes immediately after the pregnancy, and if these changes are unavoidable – like relocating to Egypt – set up some support to help get through it.

Don't suffer in silence. Speak to your parish nurse, your pastor, your doctor or midwife. There is no reason to feel ashamed. Post partum depression is real, and help is available.

*Blessings,*  
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