

Puerperal Blues / Baby Blues / Postpartum Blues

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Abstract: “Baby blues” are very common and experienced by most of the women to some extent. It is observed to be as high as 40–85%. The symptoms arise within the first 10 days and peak around 3–5 days. It is important to rule out this problem as early as possible because if not treated timely it can lead to depression. PB is self-limiting with no requirement for active intervention except social support and reassurance from the family members.

Keywords: Puerperal blues, Baby Blues, Postpartum blues (PB), Interpersonal therapy (IPT), Individual therapy, psychoeducation and postpartum psychiatry

1. Introduction

“Baby blues” are very common and experienced by most of the women to some extent. Baby blues also known as puerperal blues. However, PB is more commonly seen in western countries because of the lack of strong familial support and bonding. It is observed to be as high as 40–85%. The symptoms arise within the first 10 days and peak around 3–5 day¹

Generally symptoms of PB do not interfere with the social and occupational functioning of women. PB is self-limiting with no requirement for active intervention except social support and reassurance from the family members. PB can be attributed to changes in hormonal levels of women, further compounded by the stress following delivery. However, PBs persisting for more than 2 weeks may make women vulnerable to a more severe form of mood disorders^{2,3}

Postpartum blues is a transient condition that 75–80% of mothers could experience shortly after childbirth with a wide variety of symptoms which generally involve mood lability, tearfulness, and some mild anxiety and depressive symptoms. Baby blues is not postpartum depression, unless it is abnormally severe.⁴

Maternity blues occurs in 50% of women during the postpartum, a period of emotional and psychological upset in a woman's life^{8,12}

2. Definition

It is a mild, benign and transient mood changes that begins within the 3 to 4 days after delivery and peaks on 4th or 5th day¹⁵

3. Prevalence

About 60–80% of all new mothers suffer from the PPB which rarely requires medication and normally subsides with support and education⁶ It is significant to carry out the follow-up, because up to 20% of these mothers are likely to progress to PPD and an adverse consequence on children's cognitive growth⁷

4. Causes

- No Metabolic and endocrine abnormalities
- Altered neurotransmitters level
- Decreased tryptophan level¹⁶

5. Risk Factors

- Past psychiatric illness
- Poor Socioeconomic status
- Present pregnancy-Cesarean section, obstructed labor and young age
- Neonatal complications
- Unexpected outcomes¹⁶

6. Clinical Manifestations

The symptoms begin within a few days of delivery, usually on day 3 or 4, and persist for hours up to several days. The symptoms include mood lability, irritability, tearfulness, generalized anxiety, and sleep and appetite disturbance. Postnatal blues are by definition time-limited and mild and do not require treatment other than reassurance, the symptoms remit within days⁵

7. Management

No specific medical treatment is required; however, it should be noted that sometimes the blues heralds the development of a more significant mood disorder, particularly in women who have a history of depression. If symptoms of depression persist for longer than two weeks, the patient should be evaluated to rule out a more serious mood disorder.¹⁴

Therapies used are;

- Individual psychotherapy – It is an integral part of treatment, especially for females finding it difficult adjusting to motherhood and/or apprehensions about new responsibilities. In this therapy one therapist deals with one mother and counsels her.
- Psychoeducation and emotional support for the partner and other family members are important. Patient and the family members should be involved in the formulation of the treatment plan.

- Interpersonal therapy (IPT) might be beneficial. IPT is shown to result in greater reduction in depressive symptoms and improvement in social adjustment. Reassurance and emotional support toward the mother can boost the self-esteem and confidence of the mother.
- Peer support and psychoeducation about postpartum psychiatry are important interventions. Sometimes, group psychotherapy may also be^{12,13}
- Ventilation – Encourage the woman to share feeling
- Baby Sitting for few hours
- Rest-Good rest relieve the symptoms
- Assistance for household chores to mother provided by family members¹⁵
- Pharmacological treatment not used until depression sign and symptoms appears

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