

## How Might Post-Partum Depression Impact Latina Mothers?

As a population, Latinos are underserved when it comes to their mental health needs. Research indicates that when it comes to addressing depression after delivery, Latina moms are significantly under-identified and undertreated.

There are many differences among Latina mothers. Factors such as socioeconomic status, education, acculturation, and length of time in the United States all play roles in Latinas' understanding and utilization of mental health services. Despite these differences, some overarching cultural considerations may impact Latina mothers' seeking or obtaining help for post-partum depression.

1. Cultural beliefs: Depression may be defined differently for medical providers than for some Latina mothers. Some symptoms, such as anxiety, sadness, or feeling overwhelmed may be attributed to “mal de nervios,” or an ailment of the nerves, rather than as a biological illness. Some Latina mothers may see these symptoms as temporary, or as part of the difficulties associated with adjusting to motherhood.
2. Roles and expectations: Despite different levels of acculturation, a very strong cultural expectation is that of being a good mother. Being a good mother includes putting the baby first and foremost, even while possibly ignoring the mother's own health. The self-critical thoughts associated with post partum depression may be especially difficult when a mother feels she is not meeting both internal and external expectations of parenthood.

You are expected to be a good mother – one that is responsive to her child, knows how to comfort and nurture her baby. But what if you don't feel at all comfortable? What if you feel sad and exhausted and not sure about what to do for your baby? If you are feeling this way, you are definitely not alone. It is not unusual for new moms to feel sad, tired and unsure of their parenting skills. In fact, many new moms go through these feelings, and as many as 80% may experience the “baby blues.” Baby blues are characterized by periods of crying for no apparent reason, anxiety, difficulty sleeping, and restlessness. Thankfully, these symptoms usually diminish approximately within 3-7 days of delivery.

For some women, however, these feelings may persist and even increase over time. This is no longer part of the “baby blues,” but may signal a more serious illness, post-partum depression. Approximately 10-15% of women may experience post-partum depression after giving birth. Symptoms usually begin within the first three months after birth, but can surface anytime within a year after the baby’s birth. There is a period of at least two weeks of depressed mood or loss of interest in all activities, and at least some other symptoms, including:

- Changes in appetite or weight
- Too much sleep or too little sleep
- Mood swings and irritability
- Decreased energy
- Difficulty concentrating, thinking, and making decisions
- Feeling exhausted, disorganized, overwhelmed, or hopeless
- Feeling very self-critical, and/or worrying that others criticize or judge you
- Intense feelings of sadness or anger
- It is hard to take care of yourself or the child
- A preference for being alone, or withdrawing from friends and family
- Using drugs or alcohol as a way to relieve stress, or help reduce sadness or anxiety
- Thinking about hurting yourself or your baby

While the feelings associated with post partum depression can be difficult, they do not have to be permanent. There are effective treatments for post-partum depression. If you are experiencing any of the symptoms listed above, call your doctor immediately. Do not wait to see if symptoms subside on their own. Your doctor may recommend any of the following:

- Counseling: Therapy can be an effective way to address the way you are feeling, thinking, and acting. Women struggling with post-partum depression can benefit tremendously from learning new ways to cope with stress, and how to manage their feelings. Involving significant others (e.g., spouses, family) in treatment can also help improve communication and enlist their support and help during difficult times. Counseling may be done on an individual basis, or may be offered in a group through a formal group therapy program.

- Medication: Antidepressants are effective in treating post-partum depression. If you are breast-feeding, you can talk to your doctor to discuss which medications are safe to use.
- Support Groups: Support groups are helpful in a variety of ways, including 1) helping moms to make connections with other moms struggling with post partum depression, 2) moms may learn helpful and practical coping skills from other moms, 3) finding a source of hope and motivation.

Additional treatments: Many women respond well to supplements to their therapy and medication, such as yoga, meditation, spiritual counseling, herbal remedies, and other natural healing practices. It is always important to mention all treatments, whether prescribed or not, to your doctor, to ensure that there are no negative interactions among types of medications.

For all moms, regardless of cultures, it is important to continue with treatment, even after you begin to feel better. Ending treatment too early may lead to recurrence of symptoms. Research also indicates that people who have follow up visits, or check-ins, even after their acute period of therapy has ended, are less likely to suffer a relapse. And remember, mothers who struggle with post-partum depression can be wonderful, nurturing mothers. The help you get for yourself with translate into positive and rewarding interactions with your child.