



Canadian Women's
Health Network

Le Réseau canadien pour
la santé des femmes

Published on *Canadian Women's Health Network* (<http://www.cwhn.ca>)

[Home](#) > When Sadness Follows Childbirth: Postpartum Depression

When Sadness Follows Childbirth: Postpartum Depression

 [Printer-friendly version](#) Text Size: Normal / Medium / Large

Not too long ago a Toronto woman named Suzanne Killinger-Johnson jumped in front of a subway train with her six month old baby in her arms.

Her baby died instantly and she died in the hospital not long after. I heard so many people say in disgust, "What kind of mother do that to her child?"

When I heard this news, I felt so sad for Suzanne, her baby and her family. I also felt fortunate that my baby and I had escaped a similar fate.

I am a social worker, childbirth educator and Doula (professional childbirth assistant). And I have a beautiful 18-month-old son named Ben.

For the first few months of Ben's life I had severe Postpartum Depression and was not only emotionally incapable of truly loving him, I had fantasies of ending both his life and my own.

Postpartum depression (PPD) fantasies are like having a VCR in your head, repeating the same images again and again. I could not get rid of the visions of me dropping Ben, and hearing the sound of his body hitting the floor.

I fantasized about going to his crib and being relieved to find him dead of SIDS (sudden infant death syndrome).

Other typical visions women with PPD experience include bloody knives, the baby falling down stairs, or their baby in the oven - the most horrible scenes you can imagine.

When suicide became the only "reasonable" option in my mind, I knew I needed to get help.

Like the majority of women with PPD, I probably would not have acted on my frightening fantasies - they were a symptom of my illness, a misfiring of the chemicals in my brain.

How I started to heal, was by talking about my experience.

It felt so good not to have to be alone with them in my head anymore. I now had others to share the burden and remind me that these thoughts are normal when you have PPD and do not mean you are going to harm your baby.

Dr. Killinger-Johnson had a more rare, and more severe, variation of PPD, known as Postpartum Psychosis.

Postpartum Psychosis sufferers sometimes experience an altered reality, actually believing they hear voices commanding them to kill their children or themselves.

Sometimes a woman with PPD's symptoms can worsen if they go untreated and she may experience psychotic symptoms that can escalate to the degree that she becomes a threat to herself and her child.

It is possible that this was the case with Dr. Killinger-Johnson. But how could this have happened to a woman who was a therapist and a doctor?

Why did she not seek help before things got so bad? To ask this question is to underestimate the shame that accompanies Postpartum Depression.

Perhaps, like me, she was afraid of losing professional credibility.

Perhaps, like me, she was afraid of disappointing her friends and family who expected her to be so good at motherhood.

In our society, we offer little or no practical support for new parents. Families often live hours away, and new parents rarely ask for help because they are expected to handle things on their own and to be blissfully happy doing so.

What I hope to get across by telling my story is that women need to share our experiences as mothers more honestly, and learn from each other, support each other.

what I went through. Being open about the realities of motherhood is so important.

What might have been done to prevent this tragedy?

First, we need to have more realistic expectations of motherhood.

For most women, motherhood is not instinctive, as we have been taught to believe, it is learned. We forget that until recently women lived in communities where they had an enormous amount of built-in support from extended families and friends.

Babies were breastfed openly, and infant care knowledge was a common topic of discussion.

Mothers today who don't have this type of support need to know that it is OK and even admirable to ask for help and seek out support from community organizations.

Secondly, we as consumers need to demand knowledgeable healthcare.

In the past year I have had several women in a support group I run tell me that they were denied medication for their PPD because they were breastfeeding or told to stop breastfeeding in order to take medication. This is frustrating considering the safety of newer anti-depressants.

Further, few physicians are doing any real screening at the 6 week postpartum visit.

Screening for PPD for every woman should be done by their doctor or midwife and should include the 4 basic questions: Are you eating? Are you sleeping? Are you getting out? And are you having scary thoughts?

I think of Suzanne standing at the side of the subway tracks, and I imagine the terrible pain she must have been feeling. I wish things were different and she had been able to get the help she obviously so desperately needed.

There are other new mothers out there, right now, who are feeling this way. If this is you, or someone in your family, please seek help.

Corrine Mahar-Sylvestre is a social-worker, childbirth educator, doula and mother.

For more information:

PASS-CAN (Postpartum Adjustment Support Services of Canada)

Provide assistance and support

Tel: (905) 844-9009

Fax: (905) 844-5973

E-mail: passcan@volnetmmp.net

Pacific Postpartum Support Society Tel: (604) 255-7999

Symptoms of PPD:

- Trouble sleeping (even when baby is sleeping)
- Crying for no reason
- No feelings and/or too much concern for baby
- Chronic exhaustion
- Irritability, frustration, outbursts of anger
- Hopelessness
- Loss of appetite
- Excessive worries
- Overwhelming feelings of guilt
- Hot sweats/heart palpitations
- Anxious or panicky feelings
- Isolation (avoiding friends and family)
- Scary and/or repetitive thoughts about self and/or baby

Baby Blues typically last from a couple of days to a couple of weeks, so if you or a family member experience some of the above symptoms past this time, or have difficulty during the "blues", please contact your health care professional.

TEN COPING TECHNIQUES FOR PPD

1. *If you think something is wrong, seek professional support. Do not blame yourself. It is not your fault! At*

least one in ten women experience Postpartum Depression and many have no history of mental illness of any kind.

2. *Try to rest when your baby sleeps, if your mind is racing tell your doctor.*
3. *Try to eat well.* If you have no appetite, tell your doctor or midwife. Avoid caffeine and alcohol.
4. *Remember that good mothers make mistakes.* Having PPD has nothing to do with your abilities as a mother. It is an illness that is treatable and you should be commended for seeking help. Try not to compare yourself to other mothers. Avoid people who make you feel bad.
5. *Talk to someone you trust about your feelings.* Confide in your partner and/or family. Let others know what they can do to help. Let someone help out with the baby or other children.
6. *It's okay to have negative feelings.* Remember what it feels like to start a new job. It often takes any person 6 months to get used to a new role. Bonding can take time, and most mothers report a feeling of protectiveness but not love in the first 6 weeks. It will develop, bonding does not happen overnight.
7. *It's normal to start out with all bad days or with only a few good days.* Soon the good days will outweigh the bad days. Allow yourself time to cry.
8. *Stay on all medications you have been instructed to take.* Studies show that most people will stop their meds within the first two weeks. Stick with it! It can take 4-6 weeks for antidepressants to take effect, talk to your doctor or pharmacist about this. There are medications that are considered relatively safe to take while breastfeeding. If you are concerned about breastfeeding while on medication, contact MotherRisk at Sick Kids Hospital in Toronto.
9. *Force yourself to walk every day for at least 30 minutes, studies show that exercise can be very effective on depression.* Get some fresh air. Take a deep breath.
10. *Join a parenting and/or play group.* Find a support group or a counsellor that you feel comfortable with. If any of these groups don't feel good, leave them. Trust your instincts. Tell your doctor how you feel.

[< The Blessingway](#)

[up](#)

[<up for debate> Biotechnology, Women and Health >](#)

Search Our E-Library

With all of the words With the exact phrase With at least one of the words Without the words

[Cancel](#)

[ADVANCED SEARCH](#)

[CWHN announces closure](#)

[Donations no longer accepted](#)

[Your health FAQs](#)

[Are you in Crisis?](#)
