

## Postpartum Depression: Breaking the Silence Around Maternal Mental Health

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### **ABSTRACT**

Postpartum depression (PPD) is a serious mental health disorder that affects a significant proportion of women following childbirth. Characterized by persistent sadness, emotional numbness, anxiety, and difficulties in bonding with the infant, PPD can have long-lasting effects on both maternal and child well-being. This article explores the psychological, hormonal, and social contributors to postpartum depression, including sleep deprivation, lack of social support, and pre-existing mental health conditions. Despite its high prevalence, stigma and lack of awareness continue to hinder early diagnosis and treatment. Emphasizing the need for open conversation, accessible support systems, and early intervention, the article advocates for a more compassionate and informed approach to maternal mental health. Breaking the silence surrounding PPD is essential to protect the emotional health of mothers and promote positive developmental outcomes for children.

#### INTRODUCTION

Becoming a mother is often portrayed as a time of pure joy, deep bonding, and new beginnings. But for many women, the journey into motherhood is also

marked by confusion, sadness, and emotional overwhelm. This is the reality of postpartum depression (PPD)—a common but often hidden mental health challenge that affects

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mothers worldwide. Despite growing a stigma still surrounds this awareness, condition, leading countless women to suffer in silence. PPD affects approximately 13-19% of women who have recently become mothers, making it a major mental health barrier for women. The main symptoms of PPD include a persistent sense of low mood in new mothers. It is not the same as baby blues, which is a brief emotional disturbance characterized by sleep issues, worry, irritability, and crying. Approximately one in five women will experience it within a few days after giving birth, and it usually goes away within ten days. According to the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5), depression linked to childbirth onset is currently categorized as beginning during pregnancy or by the first month after giving birth. Both the mother's and the newborn's healthy development during the postpartum phase depend heavily on the mother's mental health. However, according to Gavin et al. (2005), at least 10% of moms experience signs of depression, thus such well-being is not a given. Indeed, more recent research indicates that an equal or higher percentage of moms suffer from anxiety symptoms (Falah-Hassani et al., 2016; Farr et al., 2014). In their 2017 meta-analysis, Dennis et al. found that the prevalence of anxiety symptoms during the postpartum period (0-24 weeks) was 13.7%, whereas the prevalence of anxiety disorders was 8.4%. According to Netsi et al. (2018) infants whose mothers suffer from depression are more likely to experience adverse developmental outcomes, particularly if the mother's symptoms are severe or persistent. Early treatment of postpartum depression and anxiety may lessen the influence on the child's growth and health, as well as the intensity and chronicity of symptoms. Understanding the affecting the likelihood variables developing anxiety and postpartum depression may help with early identification. In addition to existing before pregnancy, these

characteristics may also develop during or after pregnancy, suggesting that health care providers may be able to lower risk factors at various points in time to help mothers avoid experiencing anxiety or depression. PPD is internationally recognized as one of the most prevalent and severe but neglected maternal mental health complications of childbirth. Previous studies have indicated that there is a high burden of disease associated with PPD in both developed and developing countries. However, there remain gaps in the current literature regarding the recognition and management of PPD in remote parts of the developing world.

## Understanding postpartum depression

Postpartum Depression is a mood disorder that occurs in women after childbirth, characterized by persistent feelings of sadness, anxiety, hopelessness, and fatigue that interfere with a mother's ability to care for herself and her baby. It typically develops within the first few weeks to months after delivery and requires clinical diagnosis and treatment, as it goes beyond the temporary emotional changes commonly known as "baby blues."

## Symptoms of postpartum depression include:

- Persistent sadness, anxiety, or emotional numbness
- Fatigue and lack of motivation
- Irritability or anger
- Trouble sleeping or oversleeping
- Feelings of worthlessness or guilt
- Difficulty bonding with the baby
- Thoughts of self-harm or harm to the baby (in severe cases)
- Crying spells
- Changes in appetite

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These symptoms can severely impair a mother's ability to function and care for her child, making early recognition and treatment critical.

### Cause and risk factors

PPD does not stem from personal weakness or failure. It arises from a combination of biological, psychological, and environmental factors, including:

- Hormonal Changes: The abrupt drop in estrogen and progesterone following childbirth can affect brain chemistry and mood regulation.
- Sleep Deprivation: Lack of rest can contribute to emotional instability and increased stress.
- Emotional Stressors: Adjusting to new responsibilities, changes in body image, or lack of partner/family support can exacerbate feelings of isolation.
- Past Mental Health Issues: Women with a history of depression or anxiety are more vulnerable to developing PPD.

## Impact on child development

Children of mothers with untreated PPD may face several developmental and emotional challenges:

- Emotional and Social Development: Difficulty forming a secure attachment with the mother, Increased risk of emotional insecurity or behavioral problems, Greater likelihood of anxiety, irritability, or sadness in early childhood
- Cognitive Development: Delays in language and cognitive skills, Reduced problem-solving ability and Poor concentration and memory

- Physical and Health Effects: Poor weight gain or feeding problems due to disrupted mother—infant interaction, Higher risk of childhood illnesses due to stress in the caregiving environment
- Long-term Effects: If PPD remains untreated, children may show long-term difficulties in school performance, peer relationships, and emotional regulation. Increased risk of developing depression or anxiety disorders in adolescence and adulthood.

# **Breaking the Silence: Why Talking About PPD Matters**

Postpartum Depression (PPD) is a serious mental health condition that affects many mothers after childbirth, yet it often goes unspoken and unnoticed. One of the most obstacles to new mothers' reco very is the stigma associated with PPD. Many women feel ashamed, guilty, or afraid to admit that they are struggling—especially during a time that society expects them to feel only joy and love. Talking about PPD openly is essential for several reasons.

- It helps to break the stigma. When PPD is treated like any other health issue—without judgment or shame—it encourages more women to speak up and seek help. It also helps families and communities understand that PPD is not a weakness or failure, but a medical condition that can be treated with the right support.
- Open conversation leads to early identification and intervention. The earlier a mother receives support and care, the faster her recovery. Ignoring symptoms or suffering in silence can worsen the condition and affect both the mother and her child.
- Talking about PPD, we create safe spaces where mothers feel heard and validated.

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They are more likely to open up, share their feelings, and connect with others going through similar experiences. This connection is strong and beneficial.

 Discussing PPD publicly helps raise awareness at a societal level. It pushes healthcare providers, policymakers, and communities to prioritize maternal mental health and make resources more available and accessible.

## Pathway to healing: Treatment and support

The good news is that postpartum depression is highly treatable. The most effective approaches include:

- **Psychotherapy:** Especially cognitivebehavioral therapy (CBT) and interpersonal therapy (IPT)
- Medication: Antidepressants may be prescribed where appropriate, including options safe for breastfeeding mothers
- Peer Support Groups: Sharing experiences with other mothers can reduce isolation
- **Self-Care and Rest:** Encouraging rest, proper nutrition, and help with baby care plays a vital role in recovery

Support from partners, friends, and extended family can significantly ease a mother's emotional burden. Even simple gestures like listening, offering reassurance, or helping with chores can create a big impact.

### **CONCLUSION**

Postpartum Depression (PPD) extends beyond an individual challenge; it is a major public health issue that significantly impacts mothers, their children, and their families. In spite of its widespread occurrence, PPD often goes unrecognized due to societal stigma, insufficient awareness, and restricted access to mental health resources. Numerous mothers silently endure emotional suffering, assuming that their difficulties are just a normal aspect of motherhood or fearing judgment from others. Breaking the silence surrounding maternal mental health requires recognizing that mental wellness is an essential component of postnatal care. This entails educating communities, training healthcare professionals early warning signs. identify encouraging families to support new mothers without criticism or shame. When PPD is discussed openly and approached with empathy and understanding, it allows mothers to feel less isolated and more encouraged to seek assistance. Tackling postpartum depression involves more than just treatment; it's about cultivating an environment where every mother feels acknowledged, appreciated, and supported. By breaking down stigma and endorsing mental health as a standard component of maternal care, we can nurture a more informed and healthier society. Ultimately, ensuring the mental well-being of mothers contributes to stronger families and healthier child development, making it a shared responsibility for all of us.

### REFERENCES

Diagnostic and statistical manual of mental disorders 5: a quick glance. Vahia VN. Indian J Psychiatry. 2013;55:220–223. doi: 10.4103/0019-5545.117131.

Falah-Hassani, K., Shiri, R., & Dennis, C. L. (2016). Prevalence and risk factors for comorbid postpartum depressive symptomatology and anxiety. Journal of affective disorders, 198, 142-147.

Farr, S. L., Dietz, P. M., O'Hara, M. W., Burley, K., & Ko, J. Y. (2014). Postpartum anxiety and comorbid depression in a population-based sample of women. *Journal of women's health*, 23(2), 120-128.

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- Gavin, N. I., Gaynes, B. N., Lohr, K. N., Meltzer-Brody, S., Gartlehner, G., & Swinson, T. (2005). Perinatal depression: a systematic review of prevalence and incidence. *Obstetrics & Gynecology*, 106(5 Part 1), 1071-1083.
- Netsi, E., Pearson, R. M., Murray, L., Cooper, P., Craske, M. G., & Stein, A. (2018). Association of persistent and severe postnatal depression with child

outcomes. *JAMA psychiatry*, 75(3), 247-253.

Postpartum depression: current status and future directions. O'Hara MW, McCabe JE. Annu Rev Clin Psychol. 2013;9:379–407. doi: 10.1146/annurev-clinpsy-050212-185612.

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