
Non-Drug Ways to Help Treat Postpartum Depression

What is postpartum depression?

Postpartum depression (PPD) is a serious form of depression some women experience after having a baby. Many new mothers may feel down or have mood swings. This is sometimes called “baby blues.” This can be a normal after giving birth.¹

PPD is more severe and lasts more than 10 days. Symptoms of PPD include feeling sad, having trouble sleeping, and feeling guilty. The symptoms of PPD can become worse around four months after the birth. A small percentage of women will have more severe symptoms and may have thoughts of hurting themselves or their baby.

If women with PPD do not receive help, it may be difficult to bond with the new baby, and it may lead to other family problems.

Who is more likely to have PPD?

Women who have had depression or PPD in the past are more likely to have PPD with future pregnancies.¹ Also, women who do not have good social support are more likely to have PPD. Having a good experience with breastfeeding lowers the risk of PPD. On the other hand, women who have difficulty breastfeeding are at higher risk for PPD.

What is the standard medical treatment for PPD?

Women with PPD are often prescribed antidepressant medication.² If the woman is breastfeeding, her doctor will choose an antidepressant that is safe for the infant. That is because some of the medication can get into the breast milk.

What are some non-drug ways to help with PPD?

As with other medical conditions, treating PPD requires more than one approach. Even if taking an antidepressant, treatment works best when combined with other methods.

- **Counseling/therapy**
Talk therapy can help in exploring feelings of motherhood and processing the birth experience. It may be helpful to continue therapy after symptoms improve.³
- **Art therapy**
Art therapy is also an option that can be used along with other treatments for PPD.⁴
- **Social support**
Social support is critical for new mothers. Many find it helpful to connect with other women by attending mom groups at a local hospital or birthing center, religious organization, or a La Leche League meeting. A postpartum doula can help with tasks around the house. Friends or relatives can deliver meals or run errands. Most important is for new mothers to find other adults to talk to about the emotions they are experiencing and to accept support whenever possible.

PATIENT HANDOUT



Non-Drug Ways to Help Treat Postpartum Depression

- **Lying in period**

In many cultures, the postpartum period is reserved for rest and recovery. New mothers may spend the first few weeks after giving birth in bed with their new baby. They receive support from other caregivers, most often female relatives.⁵ In American culture, it is not uncommon for women to feel pressured to “bounce back” soon after giving birth. This lying in period may help women physically and emotionally recover from birth and slowly transition into her new role as a mother.

- **Sleep**

Sleep difficulties often play a major role in PPD. New mothers may have difficulty meeting the needs of their babies around the clock. It may be helpful to have another caregiver take responsibility for one night feeding. This gives the mom a chance to have five to six hours of uninterrupted sleep. A family member can bring the baby to a mother who is breastfeeding and settle the baby back down during night feedings.

Mindfulness techniques may help women with PPD sleep better. Mindfulness is a way to take control of your worries and be more present. Breathing exercises can be done while lying in bed. Body scan relaxation technique is another mindfulness exercise that may help with sleep. There are many books, audio recordings, and mobile apps available to help guide a person through mindfulness techniques.

- You can find a variety of audio recordings at the following links: <http://www.fammed.wisc.edu/mindfulness-meditation-podcast-series/> and <http://www.fammed.wisc.edu/mindfulness-meditations-for-health/>.
- For information on meditation (including mindfulness meditation), see the handout *Meditation for Health and Happiness* at: http://www.fammed.wisc.edu/files/webfm-uploads/documents/outreach/im/module_meditation_patient.pdf.

- **Exercise**

Physical activity is very helpful for treating depression and increasing energy. Although it can be difficult to find time for exercise as a new mom, it is essential to recovery.³ It is recommended that all pregnant and postpartum women exercise at least 30 minutes three times per week.

- **Nutrition**

Certain foods can make people feel worse. A diet high in caffeine, sugar, and alcohol may cause mood swings and interfere with good sleep. It is best to limit these foods as much as possible. Certain foods have been shown to improve a person’s mood. Omega-3 fatty acids, which are in fish, nuts, and green vegetables, may help with depression.³ It is important to be aware of the mercury content of the fish you eat. People who eat food rich in B vitamins and natural folate are less likely to become depressed.⁶ A plant-based Mediterranean diet, with a variety of fruits, vegetables, nuts, legumes (e.g., beans), and olive oil, is high in omega-3 fatty acids, B vitamins, and folate.



Non-Drug Ways to Help Treat Postpartum Depression

• Supplements

- Fish oil: Omega-3 fatty acids may be lower in women with PPD. Taking fish oil to supplement a diet rich in fish, green vegetables and nuts will help increase this level and may help improve mood. Dose: 1-3 g/day (DHA and EPA combined).⁷
- Folate:⁸⁻⁹ Folate is one of the B vitamins. Antidepressant medication tends not to work as well for people with low folate levels in their bodies. Dose: 1000 mg daily. You can also get folate through some of the food you eat, such as lentils, spinach, and broccoli.
- Vitamin D: Dose: 2,000 – 3,000 IU daily, depending on the Vitamin D levels in a woman's body.¹⁰
- Ashwagandha (*Withania somnifera*):¹¹ This is a small shrub that has been used for centuries to treat anxiety. It is taken in a capsule, tea or tincture. (Tinctures are made by soaking the plant in a solution. Traces of the plant are absorbed into the solution, creating the medicine). Ashwagandha may help the body resist environmental stressors. It has not been well studied in breastfeeding women.
- Lemon balm (*Melissa officinalis*): can be taken as an extract or as a tea. Lemon balm can be a helpful remedy for anxiety and sleep problems.¹¹
- St. John's Wort (*Hypericum perforatum*). Thoughts are mixed on St. John's Wort. Some clinicians feel there is not enough proof that St. John's Wort is helpful and safe.¹² It is important to note that many medications interact with St. John's Wort, including birth control pills. If you take medication, check with your clinician before trying St. John's Wort. Recommended dose: 300 mg three times daily.¹³

References:

1. Hirst KP. Postpartum major depression. *Am Fam Physician*. 2010; 82(8):926-933.
2. Molyneaux E, Trevillion K, Howard LM. Antidepressant treatment for postnatal depression. *JAMA*. 2015;313(19):1965-1966.
3. Gaudet, TW, Spencer P. *Body, Soul, and Baby: A Doctor's Guide to the Complete Pregnancy Experience, From Preconception to Postpartum*. New York: Bantam Books; 2007.
4. Perry C, Thurston M, Osborn T. Time for me: the arts as therapy in postnatal depression. *Complement Ther Clinical Pract*. 2008;14(1):38-45.
5. Romm, AJ. *Natural Health After Birth: The Complete Guide to Postpartum Wellness*. Rochester, VT: Healing Arts Press; 2002.
6. Schneider C, Lovett EA. Depression. In: Rakel D, ed. *Integrative medicine*. 3rd ed. Philadelphia: Saunders; 2012:26-35.
7. Freeman, MP, Hibbeln JR, Wisner KL, Brumbach BH, Watchman M, Gelenberg AJ. Randomized dose-ranging pilot trial of omega-3 fatty acids for postpartum depression. *Acta Psychiatr Scand*. 2006;113(1):31-35.
8. Kendrick T, Dunn N, Ribinson S, et al. A longitudinal study of blood folate levels and depressive symptoms among young women in the Southampton Women's Survey. *J Epidemiol Community Health*. 2008;62(11):966-972.
9. Watanabe H, Ishida S, Konno Y, et al. Impact of dietary folate intake on depressive symptoms in young women of reproductive age. *J Midwifery Women's Health*. 2012;57(1):43-48.



Non-Drug Ways to Help Treat Postpartum Depression

10. Accortt EE, Schetter CD, Peters RM, Cassidy-Bushrow AE. Lower prenatal vitamin D status and postpartum depressive symptomatology in African American women: preliminary evidence for moderation by inflammatory cytokines. *Arch Womens Ment Health*. 2016 Apr;19(2):373-83. doi: 10.1007/s00737-015-0585-1. Epub 2015 Sep 26.
11. Johnson RL, Foster S. *National Geographic Guide to Medicinal Herbs: The World's Most Effective Healing Plants*. Washington, DC: National Geographic; 2010.
12. Dog TL, Micozzi MS. *Women's Health in Complementary and Integrative Medicine: A Clinical Guide*. St. Louis, MO: Elsevier Churchill Livingstone; 2005.
13. Lake J. *Textbook of Integrative Mental Health Care*. New York: Thieme; 2007.

The information in this handout is for general education. It is not meant to be used by a patient alone. Please work with your health care practitioner to use this information in the best way possible to promote your health and happiness.

This handout was written by Sabrina Martinez MS-4, and Sagar Shah MD, Academic Integrative Health Fellow, Integrative Health Program, Department of Family Medicine and Community Health, University of Wisconsin-Madison School of Medicine and Public Health.

Date: March 2017

© 2017, University of Wisconsin Department of Family Medicine and Community Health - Integrative Medicine