Leadership Training Response Written Assignment #4

Baby blues at first can last a few days, or weeks, but can lead to a more severe case called post-partum depression for adults. Post-partum depression for adults can be more intense and longer lasting. It can eventually interfere with the ability to care for the baby and handle other daily tasks. Depression in perinatal women can look very different than depression from other situations. Symptoms of perinatal mood disorder can include: loss of appetite, intense irritability and anger, overwhelming fatigue, loss of interest in sex, feelings of shame, guilt, or inadequacy. Insomnia, lack of joy in life, severe mood swings, anxiety, mania and withdrawal from family and friends are more symptoms that can be experienced. New parents can experience difficulties in bonding with the baby, thoughts of harming the baby and/or themselves. If Post-partum depression is left untreated it can last for up to a year, or more (Handout 2).

In 2008, post-partum depression ranged from 11.7% to 20.4% in different U.S. states according to the Centers for Disease Control impacting 468,819 to 817,428 births. This aligns with the National Postpartum Reports that the average for postpartum depression in new mothers is 15%. (Handout 1)

Post-partum Depression can also have an effect on children as young as newborns. The infants can withdraw from social interactions, experience a change in sleep patterns, lose their appetite and activity levels. Infants that are withdrawn will give less eye contact and use less vocalization (Power point Slide 16).

It is equally important for mom to talk with her older children as well, because they may be confused as to what is happening with mom, dad, or baby. It is important to be honest, explain PMAD using short descriptive words that children can easily understand, and let them know how you are feeling. Reassure them that mom is getting help and will feel better soon. In worst case scenarios seek therapy for siblings as well if needed (Handout 14).

Getting both adults and children in appropriate support groups, or connecting them with the appropriate therapists for their needs is a protective factor. Providing education about postpartum depression and baby blues before delivery to prepare the families for what might come is a protective factor (I wasn’t able to find this information in the resources provided).

There wouldn’t be any components from this training that would be applicable to my group’s fragile family scenario. There is only one child involved and that child is 6 years old, the mother wouldn’t be experiencing any postpartum depression. The father is incarcerated and isn’t around and we have a grandmother that wouldn’t be experiencing any of these symptoms for any of the listed postpartum reasons.

As a group we are going to be taking a bunch of information from the Home Visiting training packet and using some of the information to help us decide how we would approach a visit with our fragile family. We are more likely to take some components from the leadership presentations, “Working with Difficult People” and “Strengthening Families”. We will use that information as a guideline for working with people that are clearly experiencing depression.