



What the Media Should Know: Myths & Mis-characterizations About Postpartum Depression and Related Illnesses

In order to ensure that the media does not stigmatize women with perinatal mood and anxiety disorders, it is important when reporting on these illnesses to be careful about how they are characterized. The following information is to help correct some of the consistent errors we see in the media.

When the subject of “postpartum depression” (PPD) comes up in the news, it is often accompanied by misinformation and erroneously linked to mothers who commit infanticide, abuse or neglect their children. There is NO direct correlation between infanticide, abuse or neglect and perinatal mood and anxiety disorders.

There are several different types of mental illness related to childbirth, with different symptoms and risks. It can be confusing because "postpartum depression" is often used as an umbrella term to cover many different conditions that can occur during pregnancy or postpartum. It is possible for women to have symptoms such as panic and anxiety, obsessive intrusive thoughts, anger, and mania, without primary depression.

If a mom has a major Postpartum Depression with no psychotic features, she does not have delusional thinking, although she might have distorted negative views of herself or her life due to her depression. Rather than being at risk of hurting others, a severely depressed or anxious mom without proper support and information can be at risk of suicide because she does not realize that she will recover. She is likely to fear that she is not a good mother, and myths and mistaken descriptions of postpartum depression add to her fear and resulting risk.

There is a difference between psychosis, where there is a real break from reality, and depression or anxiety, in which the woman is in distress but in touch with reality. An informed medical professional can and should assess whether a woman is depressed, anxious, or psychotic.

Additionally, the terms “baby blues” and “postpartum depression” are not interchangeable. Baby blues is not a perinatal mood or anxiety disorder. It is a normal hormonal adjustment period after birth that usually resolves naturally within 3 weeks postpartum.

Specific Information about Postpartum Psychosis

Postpartum psychosis always includes delusions, disordered thinking, and sometimes includes auditory or visual hallucinations. In her psychotic state, the delusions and beliefs make sense to her; they feel very meaningful and are often religious. As opposed to non-psychotic religious states, women often mix spiritual beliefs with paranoia and a very personal identification with the divine. Before any psychosis is evident, there are often fluctuating states of mania, depression, and significant detachment. The first symptoms of Postpartum Psychosis might start within the first 3 or 4 months postpartum, but most often symptoms start within the first month.

It is also important to know that many survivors of postpartum psychosis never had delusions containing violent commands. Delusions take many forms, and not all of them are destructive. Most women who experience postpartum psychosis do not harm themselves or anyone else. However, there is always the risk of danger because psychosis includes delusional thinking and irrational judgment, and women must be treated and carefully monitored by a trained healthcare professional.

Women who have committed a crime during a postpartum psychotic episode are entitled to mental health treatment, due process and a fair trial, even when their crimes are horrible to imagine. A fair trial must include reliable expert testimony about postpartum psychosis and the woman's diagnosis during the time of the crime.

It must be understood that a woman in a postpartum psychosis might understand the concept of right and wrong according to the law of the land, but at the same time might be hearing commands that she fully believes to arise from a higher and more powerful authority. These delusions are extremely powerful and she may feel compelled to follow instructions as if everything depended on her actions.

[PSI position statement- perinatal psychosis related crimes](#)

PSI Media Contact:

To arrange interviews contact Kim Lehman email kalehmanpr@gmail.com or call 1-717-599-0891.