

Mental Disorders and Post-partum Depression in New Parents

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Editorial

It is always a cause of immense pleasure to have a baby, but not always. Most new mothers have psychiatric disabilities, and this can be a very distressing and stigmatizing experience.

Sometimes, as psychiatric problems are encountered by new moms, this leads to feelings of shame for being "a failure" and the creation of (usually unfounded) fears that may lead to the infant being withdrawn. This can contribute to the idealization of motherhood in society; that the assumption that women undergo "uninterrupted joy and rewarding sacrifice" has arguably grown.

And while there is still not enough data on the effects of COVID-19 on maternal mental health, certain facets of the pandemic may have made the last year especially challenging for new mothers, such as social alienation, diminished face-to-face health care, anxiety about infection.

Mental conditions that are collectively referred to as "perinatal" mental disorders affect about one in five women during pregnancy or the year of childbirth. In fact, one of the most prevalent of all potential risks of childbearing is those psychiatric illnesses that do not include signs of psychosis.

Depression, often with anxiety, is the most common psychiatric illness that childbearing women suffer. The data shows that childbearing is not safe against depression, considering the traditional cultural notions of motherhood. Around one in ten women will feel it at some time during pregnancy and the first three months after birth.

While in recent years the word "postnatal depression" has become more and more common, about a third of cases

originate in pregnancy. In women who have been depressed during pregnancy, about a third have been depressed previous to being pregnant.

Perinatal depression has no single cause. Several variables are known to lead, but the mechanisms are not completely understood.

A previous experience of depression is the main psychiatric contributor. Domestic abuse, low socioeconomic status and significant traumatic life experiences are the main societal contributors. Females with inherited predisposition, chronic physical disability, and more infants often tend to be at greater risk biologically.

In addition to depression distress itself, chronic recurrent depression may be associated with long-term ramifications for the child's physical, mental and cognitive health, but these effects are not unavoidable.

Suicide among new mothers, while rare, is a leading cause of death in the year after childbirth, especially among women with mental illness.

Despite this, it is important to remember that much recent literature is focused on research that has not been obtained over time by longitudinally tracking women and girls, so it is impossible to conclude cause and effect. There is a limited understanding of the causes of the correlation between perinatal depression and infant growth. The notion that the actions of a parent may have a negative effect on her child has been highlighted as a "mother blaming culture" facet. Of course, the pathways involved are much more complicated. There are evidence-based treatments and improving early access to new family support is paramount if it is to improve the longer-term mental health and well-being of new parents and families.

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