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'Maternity Blues'

By BRICE PITT

Transitory depression and tearfulness occurring on one or two days during the early puerperium (commonly known as 'mother's' or 'maternity blues', 'third, fourth, or tenth-day blues', or 'the transitory syndrome') is often mentioned as a normal finding after from 15 per cent (Oppenheim, 1962) to nearly 80 per cent (Robin, 1962) of deliveries. Physical discomfort and psychological difficulty at the onset of lactation, 'narcissistic loss' before discovery of the child (Sclare, 1955), perineal soreness and hormonal changes (Railton, 1961) have all been invoked as causes.

Moloney (1952) gave fatigue, despondency, tearfulness and inability to think clearly as the clinical features. In the *Queen Charlotte's Textbook of Obstetrics* (1960) it was reported that 66 per cent of a random sample of 50 women interviewed in the maternity wards post-partum had a brief spell of depression. Hamilton (1962), distilling the observations of 10 district midwives, listed the following symptoms in order of frequency; fatigue, crying, anxiety (usually over the baby), confusion, headaches, insomnia, hypochondriasis and hostility to the husband. Kane *et al.* (1968) assessed 137 women on the third day after delivery; 51 showed diminished mental activity, 49 emotional disturbance, and only 50 no change from their usual mental state.

It appears, then, that during the first ten days post-partum many, if not most, women suffer 'maternity blues'.

Investigations

It was decided in the course of a prospective study of puerperal depression (Pitt, 1968) to look into the incidence, phenomenology and some associated features of the 'blues'. One hundred women, selected at random from the lying-in wards of The London Hospital, were interviewed between the seventh and tenth days post-partum, and were diagnosed as having 'the blues' if they had felt tearful and depressed in the puerperium. The day of onset and any factors the patient deemed relevant were noted, and a 'Blues Rating' was made on a score based upon the symptoms described by Hamilton (1962) and quoted above. Subjects were asked about their experiences of pregnancy, their attitudes towards it and towards the delivery of the baby, their success or otherwise with breast-feeding, and any history of menstrual difficulties. Finally, the short form of the Maudsley Personality Inventory (Eysenck, 1959), measuring Neuroticism and Extraversion, was administered. Further information was available in the case-notes.

Results

Fifty (50 per cent) of the 100 women were diagnosed as suffering 'the blues'. Of these, 33 (66 per cent) developed this condition within four days of parturition, 13 (26 per cent) on the third day (justifying the alternative term 'third-day blues'.)

Symptoms

Most of the women described tearfulness and despondency, lasting from barely an hour to most of the day, on one to three days; but in seven their distress lasted longer.

Of the symptoms listed on the 'Blues' Rating Scale, only Anxiety and Confusion (i.e. poor concentration, slowness to learn and forgetfulness) were significantly associated with 'the blues' subjects.

In most subjects 'the blues' was a trivial, fleeting disorder, but six went on to develop puerperal depression (i.e. a state of prevailing despondency lasting a month or more).

Fourteen 'blues' mothers were chiefly worried over their babies, 9 with some justification. Another 14 were distressed over difficulties with lactation or feeding their babies; 12 were

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TABLE

	Symptoms of 'maternity blues'									
	Tearfulness	Depression	Anxiety*	Confusion†	Hypochondriasis	Fatigue	Insomnia	Headache	Antagonism	Total number of subjects
'Blues'	50	50	35	23	11	24	33	20	1	50
No 'blues'	0	4	16	13	13	20	29	13	1	50
Totals	50	54	51	36	24	44	62	33	2	100

* $p < \cdot001$; † $p < \cdot05$.

homesick; 2 were most troubled by physical discomfort. There remained 8 who were unable to suggest any such reasons for their transitory distress. The majority of the controls (76 per cent) expressed no such worries. In so far as the grounds for 'the blues' group's anxieties could be checked objectively, only in respect of difficulty with breast-feeding did they differ significantly from controls: 15 of 40 'blues' mothers who breast-fed experienced difficulty in doing so, compared with 7 of 40 breast-feeding controls (χ^2 4·01, $0·02 < p < 0·05$ for 1 d. of f.). In respect of personality (according to the Maudsley Personality Inventory), menstrual troubles, parity, attitude to the pregnancy, experience of labour (i.e. as difficult or painful), the baby's health, and housing or money worries, there were no significant differences.

DISCUSSION

A few of the 50 women experiencing a spell of tearfulness and depression in the early puerperium may have been reacting to 'real' worries and difficulties (though such stresses were not significantly commoner than in the control group), while some others were perhaps in the early stages of puerperal depression. The majority, however, were suffering 'maternity blues', a transitory syndrome found to include anxiety and mild confusion as well as depression and tearfulness.

The 'confusion', consisting of relatively impaired concentration, memory and learning, is similar to the cognitive dysfunction described by Kane *et al.* (1968) in 37 per cent of the mothers they interviewed on the third day post-partum. They were unable to find objective confirmation by cognitive tests of the patients' subjective complaints of distractibility, poor recent memory and emotional lability, whereas Robin (1962) found that psychological testing of 25 normal women interviewed in the early puerperium suggested impairment of conceptual thought.

The presence of confusional features and the absence of personality predisposition or special psychological stresses together suggest that the syndrome is organically determined. The lack of any significant association with infection or other obstetric complications leaves as the most likely factor the profound endocrine change which follows parturition. The occurrence of two-thirds of the cases within four days of pasturition, with a peak incidence on the third day, and the probably significant association with lactation problems among breast-feeders, suggest that the relevant change might be the precipitate fall in the progesterone and oestrogen levels post-partum. An imbalance between these hormones (Malleson, 1953) could sometimes be manifest in impaired lactation as well as the 'Blues'.

The 'blues' is a trivial, fleeting, common-

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place disorder, but perhaps pregnant mothers should be warned to expect it so that they are not taken by surprise. More importantly, it should not be confused with the 'atypical' or neurotic form of puerperal depression, occurring after delivery in 7 to 10 per cent of mothers (Dalton, 1971; Pitt, 1968; Dewi Rees and Lutkins, 1971), which lasts for weeks or months and may well require treatment.

Summary

Of 100 women interviewed between the seventh and tenth days post-partum 50 per cent had suffered a spell of tearfulness and depression since delivery. Anxiety and mild cognitive impairment were significantly associated with the 'blues'.

'Blues' mothers differed from the control group only in that more of the former experienced difficulty in breast-feeding; this was significant at the 5 per cent level. There were no significant differences in personality, menstrual troubles, parity, attitude to the pregnancy, experience of labour, the baby's health or social stress.

It is argued that the syndrome is organically determined, and that the probable factor is the precipitate fall in oestrogen and progesterone levels post-partum, or an imbalance between the two hormones.

'Maternity blues' is a trivial, fleeting, phenomenon, so common as to be regarded as normal, and it needs to be distinguished from the more serious and protracted puerperal depression.

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