

Postpartum Depression

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What is postpartum depression?

Postpartum depression can occur at any time after childbirth, but it most commonly starts 1–3 weeks after delivery. Women with postpartum depression have such strong feelings of sadness, anxiety, or despair that they have trouble coping with their daily tasks. Women with postpartum depression need treatment with counseling and sometimes medication. Without treatment, postpartum depression may become worse or may last longer.

What are postpartum blues?

About 2–3 days after birth, many new mothers begin to feel depressed, anxious, and upset. For no clear reason, they may feel angry with the new baby, their partners, or their other children. These feelings are called **postpartum blues** or "baby blues." Other common signs and symptoms including the following:

- Crying for no clear reason
- · Trouble sleeping, eating, and making choices
- Feelings of doubt about being able to care for a baby

These feelings may come and go in the first few days after childbirth. The baby blues often go away in a few hours or a week or so without treatment. If these feelings get worse or do not go away, you should get help.

What are some of the signs and symptoms of postpartum depression?

A new mother having any of the following signs or symptoms should take steps right away to get help:

- Baby blues that do not start to fade after about 1 week, or if the feelings get worse
- Strong feelings of depression and anger that start 1–2 months after childbirth
- · Feelings of sadness, doubt, guilt, or helplessness that increase each week and get in the way of normal function
- Not being able to care for yourself or your baby
- Trouble doing tasks at home or on the job

- Changes in appetite
- Things that used to bring you pleasure no longer do
- Intense concern and worry about the baby, or lack of interest in the baby
- Anxiety or panic attacks
- Fears of harming the baby. These feelings are almost never acted on by women with postpartum depression, but they can be scary. These feelings may lead to guilt, which makes the depression worse.
- Thoughts of self-harm or suicide

What is postpartum psychosis?

A few new mothers will develop a more severe mental illness called postpartum psychosis. However, this condition is very rare. Women are more at risk if they have had manic depression (bipolar disorder) or schizophrenia or if family members have had these diseases.

What causes postpartum depression?

Postpartum depression is likely to result from body, mind, and lifestyle factors combined. No two women have the same biologic makeup or life experiences. These differences may be why some women have postpartum depression and others do not. It also may help explain why a woman can cope with the demands of everyday life but find the stress of a new baby hard to handle.

What physical changes can trigger postpartum depression?

The postpartum period is a time of great changes in the body. These changes can affect a woman's mood and behavior for days or weeks.

Levels of the hormones *estrogen* and *progesterone* decrease sharply in the hours after childbirth. This change may trigger depression in the same way that much smaller changes in hormone levels can trigger mood swings and tension before menstrual periods. Hormone levels produced by the thyroid gland also may decrease sharply after birth. If these levels are too low, the new mother may have depression-like symptoms, such as mood swings, nervousness, fatigue, trouble sleeping, and tension.

How can fatigue contribute to postpartum depression?

Many women feel very tired after giving birth. It can take weeks for a woman to regain her normal strength. Some women have their babies by *cesarean delivery*. Because this is major surgery, it will take them longer to feel strong again.

Also, new mothers seldom get the rest they need. In the hospital, sleep is disturbed by visitors, hospital routine, and the baby's feedings. At home, the baby's feedings and care must be done around the clock, along with household tasks. Fatigue and lack of sleep can go on for months. They can be a major reason for depression.

What emotions can contribute to postpartum depression?

Feelings of doubt about the pregnancy are common The pregnancy may not have been planned. Even when a pregnancy is planned, 40 weeks may not be enough time for a couple to adjust to the extra effort of caring for a baby.

Feelings of loss after having a baby also are common. Loss can take many forms:

- Loss of freedom. This can include feelings of being trapped and tied down.
- Loss of an old identity. The mother may be used to someone else taking care of her or of being in control.
- Loss of prepregnancy shape and feeling attractive

If the baby is born early, it may cause changes in home and work routines that the parents did not expect. If the baby is born with a birth defect, it may be even harder for the parents to adjust.

Having a baby who must stay in the hospital after birth can cause sadness and guilt. A woman may feel guilty that she did something wrong during pregnancy. Sadness about coming home without the baby is very common.

Mixed feelings sometimes arise from a woman's past. She may have lost her own mother early or had a poor relationship with her. This might cause her to be unsure about her feelings toward her new baby. She may fear that caring for the child will lead to pain, disappointment, or loss.

What lifestyle factors contribute to postpartum depression?

A major factor in postpartum depression is lack of support from others. The steady support of a new mother's partner, other family members, or friends is a comfort during pregnancy and after the birth. If a woman lives alone or far away from her family, support may be lacking.

Breastfeeding problems can make a new mother feel depressed. New mothers need not feel guilty if they cannot breastfeed or if they decide to stop. The baby can be well nourished with formula. Your partner or other supportive person can help with some of the feedings, giving you more time for yourself or for rest.

What can I do if I begin to feel depressed after childbirth?

If you are feeling depressed after the birth of your child, there are some things you can do to take care of yourself and your baby:

• Get plenty of rest. Do not try to do it all. Try to nap when the baby naps.

- Ask for help from family and friends, especially if you have other children. Have your partner help with feedings at night.
- Take special care of yourself. Shower and dress each day, and get out of the house. Get a baby sitter or take the baby with you. Go for a walk, meet with a friend, and talk with other new mothers.
- Tell your partner or a friend how you feel. Often just talking things out with someone you trust can provide relief.

What should I do if my feelings of depression do not improve?

Blues that do not go away after about a week or feelings that get worse may be signs of a more severe depression. Tell your health care provider if you are afraid you might neglect or hurt your baby.

Your health care provider may refer you to experts in treating depression. These experts will give emotional support, help you sort through your feelings, and help you make changes in your life. You also may be given *antidepressants*. These drugs generally are considered safe to use during breastfeeding.

Hotlines and support groups are available for women with postpartum depression. Talk to your health care provider about finding help in your area.

Glossary

Antidepressants: Medications used to treat depression.

Cesarean Delivery: Delivery of a baby through an incision made in the mother's abdomen and uterus.

Estrogen: A female hormone produced in the ovaries.

Postpartum Blues: Feelings of sadness, fear, anger, or anxiety occurring about 3 days after childbirth and usually fading after 1 week (sometimes called "baby blues").

Postpartum Depression: Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and do not go away after a few weeks.

Progesterone: A female hormone that is produced in the ovaries and prepares the lining of the uterus during the second half of the menstrual cycle to nourish a fertilized egg.

If you have further questions, contact your obstetrician-gynecologist.

FAQ091: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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