

POSTPARTUM DEPRESSION



What is postpartum depression?

Postpartum depression (also called PPD) is a medical condition that many women get after having a baby. It is strong feelings of sadness, anxiety (worry) and tiredness that last for a long time after giving birth. These feelings can make it hard for you to take care of yourself and your baby. PPD can happen any time after childbirth. It often starts within 1 to 3 weeks of having a baby. It needs treatment to get better.

PPD is a kind of perinatal depression. This is depression that happens during pregnancy or in the first year after giving birth. PPD is the most common complication for women who have just had a baby. It affects up to 1 in 7 women (about 15 percent).

For half of women diagnosed with PPD, it's their first time to have depression. And they may have had signs and symptoms of depression during pregnancy. If you have PPD in one pregnancy, you're likely to have it again in another pregnancy.

PPD is not your fault. It doesn't make you a bad person or a bad mother. If you think you have PPD, tell your health care provider.

Is PPD the same as the baby blues?

No. PPD lasts longer and is more serious than baby blues. Baby blues are feelings of sadness you may have after having a baby. Baby blues can happen 2 to 35 days after you give birth and can last up to 2 weeks. You may have trouble sleeping, be moody or cranky, and cry a lot. If you have sad feelings that last longer than 2 weeks, tell your provider. She can check to see if you may have PPD.

What are the signs and symptoms of PPD?

You may have PPD if you have five or more signs or symptoms that last longer than 2 weeks. Signs of a condition are things someone else can see or know about you, like you have a rash or you're coughing. Symptoms are things you feel yourself that others can't see, like having a sore throat or feeling dizzy. Signs and symptoms of PPD include:

Changes in your feelings:

- Feeling depressed most of the day every day
- Feeling shame, guilt or like a failure
- Feeling panicked or scared a lot of the time
- Having severe mood swings

Changes in your everyday life:

- Having little interest in things you normally like to do
- Feeling tired all the time
- Eating a lot more or a lot less than is normal for you
- Gaining or losing weight
- Having trouble sleeping or sleeping too much
- Having trouble concentrating or making decisions

Changes in how you think about yourself or your baby:

- Having trouble bonding with your baby
- Thinking about hurting yourself or your baby
- Thinking about suicide (killing yourself)

If you think you have signs or symptoms of PPD, call your health care provider right away. There are things you and your provider can do to help you feel better. If you're worried about hurting yourself or your baby, call emergency services at 911.

Can PPD affect your baby?

Yes. PPD can make it hard for you to care for yourself and your baby. This is why it's important to treat PPD as soon as possible. If PPD is untreated:

- You may skip your postpartum checkups and not follow instructions from your health care provider.
- You may find it hard to bond with your baby.
- Your baby may not breastfeed long. PPD may make it hard for you and your baby to get used to breastfeeding. Breast milk is the best food for your baby through the first year of life.
- Your baby may not get medical care he needs. PPD may make it hard for you to take care of your baby if she's sick. You may not see health problems in your baby that need quick attention and care. It may be hard for you to get your baby regular well-baby care, like vaccinations. Vaccinations help protect your baby from harmful infections.
- Your baby may have learning, behavior and development problems later in life.

Getting treatment for PPD can help you feel better and be able to care for your baby. If you think you have PPD, tell your provider.

What causes PPD?

We're not exactly sure what causes PPD. It can happen to any woman after having a baby. Possible causes include:

- Genes. Genes are parts of your body's cells that store instructions for the way your body grows and works. Genes are passed from parents to children. Depression is more common in people whose family members have depression. This is called a family history of depression.
- Changing hormone levels after pregnancy. Hormones are chemicals in your body. Some help control your emotions and mood. During pregnancy, your body has higher levels of the hormones estrogen and progesterone. But in the first 24 hours after giving birth, these hormones quickly go back to their normal levels. This rapid drop in hormone levels may lead to PPD.
- Low levels of thyroid hormones. The thyroid is a gland in your neck that helps your body use and store energy from food.

Are you at risk for PPD?

Some things make you more likely than others to have PPD. These are called risk factors. Having a risk factor doesn't mean for sure that you'll have depression. But it may increase your chances. Talk to your health care provider to see if you're at risk for PPD.

Your health care provider screens (checks) you for PPD at your postpartum care checkups. Screening means that your provider asks you questions about your risks, feelings mood. If the screening shows that you may have PPD or that you're at risk for PPD, your provider can help you get treatment.

Risk factors for PPD include:

- You had depression during pregnancy, or you've had major depression or another mental health condition in the past. Or you have a family history of depression or mental health conditions.
- You've been physically or sexually abused. Or you have problems with your partner, including domestic violence (also called intimate partner violence or IPV).
- You have stress in your life, like being separated from your partner, the death of a loved one or an illness that affects you or a loved one. Or you're unemployed or have low income, little education or little support from family or friends. Or your pregnancy is unplanned or unwanted, or you're younger than 19.
- You have diabetes. Diabetes can be pre-existing diabetes (also called pregestational). This is diabetes you have before pregnancy. Or it can be gestational diabetes. This is a kind of diabetes that some women get during pregnancy.
- You have complications during pregnancy, like premature birth, being pregnant with multiples, birth defects and pregnancy loss. Premature birth is when your baby is born too early, before 37 weeks of pregnancy. Multiples is when you're pregnant with more than one baby. Birth defects are health conditions that can change the shape or function of one or more parts of the body. Birth defects can cause problems in overall health, how the body develops or how the body works. Pregnancy loss is when your baby dies before birth.
- You smoke, drink alcohol or use harmful drugs.
- You have trouble breastfeeding or caring for your baby. Or your baby is sick or has health conditions. Or you have negative thoughts about being a mom and are having trouble adjusting to being a mom.

Negative thoughts and feelings about being a mom can include:

- Having doubts that you can be a good mom
- Putting pressure on yourself to be a perfect mom
- Feeling that you're no longer the person you were before you had your baby
- Feeling that you're less attractive after having your baby
- Having no free time for yourself
- Feeling tired and moody because you aren't sleeping well or getting enough sleep

Don't be afraid to talk to your provider. She's there to help you and your baby be healthy.

Can PPD be prevented?

The U.S. Preventive Services Task Force says that certain kinds of counseling (also called therapy) can prevent perinatal depression (including PPD) for women at increased risk of depression. Counseling is when you talk about your feelings and concerns with a counselor or therapist. This person helps you understand your feelings, solve problems and cope with things in your everyday life.

The Task Force recommends counseling for women with one or more of these risk factors:

- Current signs and symptoms of depression
- A history of depression or other mental health condition
- Being pregnant as a teenager or being a single mom
- Having stressful life circumstances, like low income
- Being a victim of IPV

The Task Force recommends two kinds of counseling to prevent PPD for women at increased risk:

1. Cognitive behavioral therapy (also called CBT). CBT helps you manage negative thoughts by changing the way you think and act. Common kinds of CBT include working with a therapist to help you set goals and identify negative thoughts and behaviors so you can begin to think and act differently.
2. Interpersonal therapy (also called IPT). IPT helps you identify and deal with conditions and problems in your personal life, like relationships with your partner and family, situations at work or in your neighborhood, having a medical condition or losing a loved one. Common kinds of IPT include working with a therapist in role-playing, answering open-ended questions (not yes or no questions) and looking closely at how you make decisions and communicate with others.

If you're at increased risk for PPD, your provider can help you get treatment with CBT and IPT. Be honest with your provider about your life, your pregnancy and your feelings so your provider can help you find counselors for treatment.

How is PPD treated?

If you think you may have PPD, see your health care provider right away. Your provider can be:

- Your prenatal care provider. This is the provider who gave you medical care during pregnancy.
- Your primary care provider. This is your main health care provider who gives you general medical care.
- A mental health provider. This may be a psychiatrist, psychologist, social worker, counselor or a therapist.
- Your baby's health care provider

To find out if you have PPD, your provider asks you questions about how you're feeling. He wants to know if your feelings are causing problems in how you care for yourself and your baby. He may ask you to fill out a form called a depression screening questionnaire. Your answers on the form can help him find out if you have PPD.

Your provider may do tests to see if you have other health problems that may lead to PPD. For example, he may check your thyroid hormones. Low levels of thyroid hormones may lead to PPD.

The sooner you see your provider about PPD, the better. You can get started on treatment so you can take good care of yourself and your baby. Treatment can include:

- **Counseling**, like CBT and IPT
- **Support groups**. These are groups of people who meet together or go online to share their feelings and experiences about certain topics. Ask your provider or counselor to help you find a PPD support group.
- **Medicine**. PPD often is treated with medicine.

Medicines to treat PPD include:

- **Antidepressants**. These are medicines used to treat many kinds of depression, including PPD. Some have side effects, like having a dry mouth or gaining weight. And some are not safe to take if you're breastfeeding. Talk to your provider to find out about these medicines to decide if one is right for you.

- **Estrogen.** This hormone plays an important role in your menstrual cycle and pregnancy. During childbirth, the amount of estrogen in your body drops quickly. To help with PPD, your provider may suggest you wear an estrogen patch on your skin to replace the estrogen your body lost. If you are breastfeeding, check with your provider to see if the patch is safe for you to use. You can pass estrogen to your baby through breast milk.

If you're taking medicine for PPD:

- Don't start or stop taking any medicines for PPD without your provider's OK. It's important that you take all your medicine for as long as your provider prescribes it. Some medicines used to treat depression have side effects if you stop taking them too soon. Follow your provider's instructions about how to take your medicine.
- If you're breastfeeding, some medicines used to treat PPD aren't safe for your baby. Talk to your provider to make sure what you're taking is best for both you and your baby.
- Some people use an herb called St. John's Wort to treat depression. We don't know how safe this herb is for women with PPD. More research is needed. Until we know more about it, don't take St. John's Wort for PPD.

If you have PPD, what can you do to help you feel better?

Here's what you can do to help the treatment from your provider work better:

Stay healthy and fit.

- Do something active every day. Go for a walk or get back to the gym.
- Eat healthy foods. These include fruits, vegetables, whole-grain breads and lean meats. Try to eat fewer sweets and salty snacks.
- Get as much rest as you can. Try to sleep when your baby sleeps.
- Don't drink alcohol. This includes beer, wine, wine coolers and liquor. Alcohol is a depressant, which means it can slow your body down and make you feel more depressed. It also can interact with the medicine you're taking for PPD. It's never a good idea to drink alcohol if you're breastfeeding. This is because you can pass alcohol to your baby through your breast milk.
- Don't take street drugs. These affect the way your body works and can cause problems with the medicine you're taking for PPD. You also can pass street drugs to your baby through breast milk.

Ask for and accept help.

- Keep in touch with people you care about and who care about you. Tell your partner, family and friends how you're feeling.
- Take time for yourself. Ask someone you trust to watch the baby so you can get out of the house. Visit a friend, get outside or do something you enjoy. Plan for some time alone with your partner.
- Let others help around the house. Ask your friends and family to watch the baby, help with housekeeping or go grocery shopping. Don't be afraid to tell them what you need.

Reduce your stress.

- Do the things you liked to do before you had your baby. Listen to music, read a good book or take a class. Do the things that used to make you feel good about yourself before you got pregnant.
- Try not to make any major changes in your life right after having your baby. These include moving or changing jobs. Major changes can add stress to your life that you don't need right now.
- Talk to your boss about going back to work. Maybe you can work at home or part-time when you first go back to work.

What is postpartum psychosis?

Postpartum psychosis is a rare, severe form of depression. It's not the same as PPD. About 1 or 2 in 1,000 women has postpartum psychosis after giving birth. It usually begins in the first 2 weeks after giving birth. Women who have certain mental health conditions (bipolar disorder or schizoaffective disorder) are more likely to have postpartum psychosis than other women.

If you have postpartum psychosis, you need treatment to get better. Call your health care provider right away if you have any of these signs or symptoms:

- Seeing or hearing things that aren't there
- Feeling very confused
- Feeling hopeless, upset or restless
- Feeling paranoid, like you can't trust other people or you think other people want to harm you
- Having rapid mood swings
- Having trouble sleeping, even when you're really tired
- Thinking about or trying to hurt yourself, your baby or other people

If you're thinking of hurting yourself or your baby, call emergency services (911) right away.

More information

- Depression during and after pregnancy: A resource for women, their families and friends from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Maternal and Child Health
- Mental Health America
- MothersToBaby.org, Medications and more during pregnancy and breastfeeding from the Organization of Teratology Information Specialists (OTIS)
- National Alliance on Mental Illness, 800-950-NAMI (6264)
- National Institute of Mental Health
- National Suicide Prevention Lifeline, 800-273-TALK (8255)
- Postpartum Progress
- Postpartum Support International, 800-944-4PPD (4773)
- Substance and Mental Health Services Administration

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