



Postpartum Depression

Depression after childbirth—also called **postpartum depression**—is more than just feeling sad or blue for a few days. It is a serious illness that can greatly affect the woman, her baby, and her family.

Some women do not realize that they have postpartum depression. Family or friends may be the ones who notice that something is wrong. Once it is diagnosed, postpartum depression can be treated with medication and therapy.

This pamphlet explains

- the difference between the **baby blues** and postpartum depression
- reasons for postpartum depression
- signs and symptoms
- treatment and prevention

Baby Blues and Postpartum Depression

About 2–3 days after childbirth, some women begin to feel depressed, anxious, and upset. They may feel angry with the new baby, their partners, or their other children. They also may

- cry for no clear reason
- have trouble sleeping, eating, and making choices
- question whether they can handle caring for a baby

These feelings, often called the baby blues, may come and go in the first few days after childbirth. The baby blues usually get better within a few days or 1–2 weeks without any treatment. If they do not go away or become more intense, this may be a sign of a more serious condition called postpartum depression.

Women with postpartum depression have intense feelings of sadness, anxiety, or despair that prevent them from being able to do their daily tasks. Postpartum depression can occur up to 1 year after having a baby, but it most commonly starts about 1–3 weeks after childbirth.

Reasons for Postpartum Depression

Postpartum depression probably is caused by a combination of body, mind, and lifestyle factors. No two women have the same physical makeup or life experiences. These differences may be why some women have postpartum depression and others do not.

Hormonal Changes

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

Changes in **hormones** may play a role in postpartum depression. Levels of the hormones **estrogen** and **progesterone** decrease sharply in the hours after childbirth. These changes may trigger depression in the same way that smaller changes in hormone levels trigger mood swings and tension before **menstrual periods**. Some women react to these changes while others do not. Those who have a history of **premenstrual syndrome (PMS)** or **premenstrual dysphoric disorder (PMDD)** may be more likely to develop postpartum depression than women who do not have these disorders.

Thyroid disease could be associated with some cases of postpartum depression. The **thyroid gland** is located in the neck. It releases hormones that control many processes in the body. Some women develop thyroid problems after having a baby. Symptoms include anxiety, trouble sleeping, and weight loss beginning in the first few months after childbirth. Weight gain and depression may occur in later months.

History of Depression

Women who have had depression at any time—before, during, or after pregnancy—or who currently are being treated for depression have an increased risk of developing postpartum depression. Also, depression during pregnancy is more common than many people may think. It is estimated that almost 2 out of every 10 pregnant women have signs and symptoms that fit the diagnosis of depression.

Emotional Aspects

Emotional factors can affect a woman's self-esteem and the way she deals with stress during pregnancy and the postpartum period. These factors can add to postpartum depression. For example, feelings of doubt about pregnancy are common. If the pregnancy is not planned or is not wanted, this can affect the way a woman feels about her pregnancy and her **fetus**. Even when a pregnancy is planned, it still may be hard for a couple to adjust to the idea of a new baby.

Parents of babies who are born too early or with a serious illness or birth defect may have a hard time adjusting. These situations can cause changes in home and work routines that the parents did not expect. Parents also may blame themselves for the baby being sick.

Having a baby who must stay in the hospital after birth can cause anger, sadness, and guilt. A woman and her partner may question why they were not able to have the "perfect" baby. Sadness about coming home without the baby is very common.

Fatigue

Fatigue (being very tired) may be a major contributor to postpartum depression. Many women feel very tired after giving birth, and it can take weeks for a woman to regain her normal strength and energy. For women who have had their babies by **cesarean birth**, it may take even longer.

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 and possibly caring for other children. The cycle of fatigue and lack of sleep can go on for months.

Lifestyle Factors

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 childbirth. It helps when others can assume household chores and share in child care.

If a woman lives alone or far away from her family, support may be lacking. Even when family and friends are present, the mother still may feel overwhelmed or isolated. She may feel unable to reach out for the help she needs.

Stressful life events can greatly increase the risk of postpartum depression. Stressful life events can include a recent death of a loved one, a family illness, or moving to a new city. For women who have just had a baby, any of these things can cause additional stress and anxiety and may trigger depression.

Diagnosis and Treatment

If you have the signs and symptoms of postpartum depression, or if your partner or family members are concerned that you do, it is important to see your **obstetrician-gynecologist (ob-gyn)** or other health care professional as soon as possible. Do not wait until your postpartum checkup. Depression is an illness that affects both you and your baby. It can interfere with your own health as well as your ability to bond with and care for your baby. The sooner you get help, the sooner you will feel better and be able to enjoy your new family.

Your ob-gyn or other health care professional most likely will ask questions to find out if your signs and symptoms match those of postpartum depression. If he or she determines you have postpartum depression, you will work together to find the best treatment options to relieve your symptoms. Depression can be treated with medications called **antidepressants**. Talk therapy also is used to treat depression, often in combination with medications.

Antidepressants

Antidepressants are medications that work to balance the chemicals in the brain that control moods. There are many types of antidepressants. If one type does not work for you, your ob-gyn or other health care professional can prescribe another. Drugs sometimes are combined when needed to get the best results. It may take 3–4 weeks of taking the medication before you start to feel better.

Although antidepressants can cause side effects, most are temporary and go away after a short time. If you have severe or unusual side effects that get in the way of your normal daily habits, notify your ob-gyn

or other health care professional. You may need to try another type of antidepressant. If your depression worsens soon after starting medication or if you have thoughts of hurting yourself or others, contact your ob-gyn or other health care professional or emergency medical services right away.

It is important to continue taking antidepressants for as long as your ob-gyn or other health care professional has prescribed—even if you are feeling better. Do not suddenly stop taking your medication because this can cause withdrawal symptoms or lead to a return of your depression. Some medications need to be stopped gradually to give your body time to adjust.

Antidepressants are found in breast milk and can be transferred to babies during breastfeeding. The levels found in breast milk generally are very low. Breastfeeding has many benefits for both you and your baby. Deciding to take an antidepressant while breastfeeding involves weighing these benefits against the potential risks of your baby being exposed to the medication in your breast milk. It is best to discuss this decision with your ob-gyn or other health care professional. Once the baby is born, be sure to tell your baby's doctor that you are taking antidepressant medication while breastfeeding.

Therapy

In therapy (also called *psychotherapy* or “talk therapy”), you and a mental health professional talk about your feelings and discuss how to manage them. Sometimes, therapy is needed for only a few weeks, but it may be needed for months or longer. Although the approaches differ, the goal of therapy for postpartum depression is to learn what works for you to relieve your symptoms.

There are different types of therapy for postpartum depression. You may have one-on-one therapy with just you and the therapist or group therapy where you meet with a therapist and other people with problems similar to yours. Another option is family or couples therapy, in which you and your family members or your partner may work with a therapist.

Prevention

If you have a history of depression at any time in your life or if you are taking an antidepressant, tell your ob-gyn or other health care professional early in your *prenatal care*. Ideally, you should tell him or her before you become pregnant. He or she may suggest that you begin treatment right after you give birth to prevent postpartum depression.

If you were taking antidepressants before pregnancy, your ob-gyn or other health care professional can assess your situation and help you decide whether to continue taking medication during your pregnancy. If you were taking more than one medication, you may be switched to a single medication. Do not stop taking your medication without talking to your ob-gyn or other health care professional. Stopping medication can cause a relapse of your condition.

Warning Signs of Postpartum Depression

Ask yourself whether any of these statements have been true for you in the past 7 days:

- I've felt anxious or worried for no clear reason.
- I've felt sad, scared, or panicky.
- I've felt so unhappy that I can't sleep.
- I've been crying a lot.
- I've had thoughts of harming myself or my baby.

See your ob-gyn or other health care professional right away if you agree with any of these statements. Do not wait until your next check-up to ask for help. The sooner you get help, the sooner you can feel better.

After you have your baby, monitor yourself for signs and symptoms of depression and let your ob-gyn or other health care professional know right away if you have any. Sometimes people with depression do not realize they are depressed. You may want to ask someone you trust to watch for signs and symptoms and to help you get the care you need if they occur.

Even if you do not have a history of depression, your ob-gyn or other health care professional may ask you specific questions to assess your risk of this condition early in your prenatal care. Many of the signs and symptoms of depression overlap with those of pregnancy and can be easy to overlook.

Coping With Postpartum Depression

To get well, women with postpartum depression need realistic goals and support. You may need to learn how to nurture yourself as well as your family. Ask for help with child care or household tasks. It is important to take time for yourself whenever you can so that you can recharge. Asking a friend or family member to babysit so that you can get out of the house at least once a day—even if you only go for a short walk—can be helpful.

Sharing your experiences with other women who are dealing with postpartum depression can help you feel better and less alone. Support groups can be found at local hospitals, family planning clinics, or community centers. The hospital where you gave birth or your ob-gyn or other health care professional may be able to assist you in finding a support group. Useful information about postpartum depression can be found on the following websites:

- National Women's Health Information Center
<http://www.womenshealth.gov/mental-health/illnesses/postpartum-depression.html>
- Medline Plus
<http://www.nlm.nih.gov/medlineplus/postpartumdepression.html>

Finally...

Many new mothers feel sadness, fear, anger, and anxiety after having a baby. These feelings, called the baby blues, are common. If the blues do not improve or your symptoms get worse, you may have postpartum depression. Postpartum depression is an illness that can be treated with medication and therapy. Recognizing the signs and symptoms and contacting your ob-gyn or other health care professional right away are essential in getting the treatment you need to start feeling better.

Glossary

Antidepressants: Drugs that are used to treat depression.

Baby Blues: Feelings of sadness, fear, anger, or anxiety occurring about 3 days after childbirth and usually ending within 1 to 2 weeks.

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Estrogen: A female hormone produced in the ovaries.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Hormones: Substances made in the body that control the function of cells or organs.

Menstrual Periods: The monthly shedding of blood and tissue from the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Postpartum Depression: A type of depressive mood disorder that develops in the first year after the birth of a child. This type of depression can affect a woman's ability to take care of her child.

Premenstrual Dysphoric Disorder (PMDD): A severe form of premenstrual syndrome (PMS) that interferes with a woman's daily life. Symptoms may include sharp mood swings, irritability, hopelessness, anxiety, problems concentrating, changes in appetite, sleep problems, and bloating.

Premenstrual Syndrome (PMS): A term used to describe a group of physical and behavioral changes that some women experience before their menstrual periods every month.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Progesterone: A female hormone that is made in the ovaries and prepares the lining of the uterus for pregnancy.

Psychotherapy: Working with a therapist to identify problems and find ways to change behavior.

Thyroid Gland: A butterfly-shaped gland located at the base of the neck in front of the windpipe. This gland makes, stores, and releases thyroid hormone, which controls the body's metabolism and regulates how parts of the body work.

This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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American College of Obstetricians and Gynecologists
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920