Postpartum Depression
Depression During and After Pregnancy

After delivery, your body is going through a drastic change in hormone levels. You may find yourself crying for no apparent reason and unable to cope with all the changes a new baby brings. This is a common response following a pregnancy. Seek support from your partner and/or friends and just give yourself time to recover. If these feelings persist and you feel you are getting worse, contact your caregiver or other professionals who can help you.

WHAT IS DEPRESSION?

Depression can be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. But true clinical depression is a mood disorder in which feelings of sadness, loss, anger, fear, or frustration interfere with everyday life for an extended time. Depression can be mild, moderate, or severe. The degree of depression, which your caregiver can determine, influences your treatment. Postpartum depression occurs within a couple days to months after delivering your baby.

HOW COMMON IS DEPRESSION DURING AND AFTER PREGNANCY?

Depression that occurs during pregnancy or within a year after delivery is called perinatal depression. Depression after pregnancy is also called postpartum depression or peripartum depression. The exact number of women with depression during this time is unknown, but it occurs in between 10-15% of women. Researchers believe that depression is one of the most common complications during and after pregnancy. The depression is often not recognized or treated, because some normal pregnancy changes cause similar symptoms and are happening at the same time. Tiredness, problems sleeping, stronger emotional reactions, and changes in body weight may occur during and after pregnancy. But these symptoms may also be signs of depression.

WHAT CAUSES DEPRESSION?

There may be a number of reasons why a woman gets depressed.

- Rapid hormone changes. Estrogen and progesterone usually decrease immediately after delivering your baby. Researchers think the fast change in hormone levels may lead to depression, just as smaller changes in hormones can affect a woman's moods before she gets her menstrual period.
- Decrease in thyroid hormone. Thyroid hormone regulates how your body uses and stores energy from food (*metabolism*). A simple blood test can tell if this condition is causing a woman's depression. If so, thyroid medicine can be prescribed by your caregiver.
- A stressful life event, such as a death in the family. This can cause chemical changes in the brain that lead to depression.
- Feeling overwhelmed by caring for and raising a new baby.
- Depression is also an illness that runs in some families. It is not always clear what causes depression.

FACTORS THAT MAY INCREASE A WOMAN'S CHANCE OF DEPRESSION DURING PREGNANCY:

- History of depression.
- Substance abuse, alcohol, or drugs.
- Little support from family and friends.
- Problems with previous pregnancy or birth.
- Young age for motherhood.
- Living alone.
- Little or no social support.
- Family history of mental illness.
- Anxiety about the fetus.
- Marital or financial problems.
- Postpartum depression in a previous pregnancy.
- Having a psychiatric illness (schizophrenia, bipolar disorder).
- Going through a difficult or stressful pregnancy.
- Going through a difficult labor and delivery.
- Moving to another city or state during your pregnancy, or just after delivering your baby.

OTHER FACTORS THAT MAY CONTRIBUTE TO POSTPARTUM DEPRESSION INCLUDE:

- Feeling tired after delivery, broken sleep patterns, and not getting enough rest. This often keeps a new mother from regaining her full strength for weeks.
- Feeling overwhelmed with a new baby to take care of and doubting your ability to be a good mother.
- Feeling stress from changes in work and home routines. Women sometimes think they need to be "super mom" or perfect. This is not realistic and can add stress.
- Having feelings of loss. This can include loss of the identity of who you are, or were, before having the baby, loss of control, loss of your pre-pregnancy figure, and feeling less attractive.
- Having less free time and less control over your time. Needing to stay home, indoors, for longer periods of time and having less time to spend with your partner and loved ones can contribute to depression.
- Having trouble doing your daily activities at home or at work.
- Fears about not knowing how to take of the baby correctly and about harming the baby.
- Feelings of guilt that you are not taking care of the baby properly.

SYMPTOMS

Any of these symptoms, during and after pregnancy, that last longer than 2 weeks are signs of depression:

- Feeling restless or irritable.
- Feeling sad, hopeless, and overwhelmed.
- Crying a lot.
- Having no energy or motivation.
- Eating too little or too much.
- Sleeping too little or too much.
- Trouble focusing, remembering, or making decisions.
- Feeling worthless and guilty.
- Loss of interest or pleasure in activities.
- Withdrawal from friends and family.
- Having headaches, chest pains, rapid or irregular heartbeat (*palpitations*), or fast and shallow breathing (*hyperventilation*).
- After pregnancy, being afraid of hurting the baby or oneself, and not having any interest in the baby.
- Not being able to care for yourself or the baby.
- Loss of interest in caring for the baby.
- Anxiety and panic attacks.
- Thoughts of harming yourself, the baby, or someone else.
- Feelings of guilt because you feel you are not taking care of the baby well enough.

WHAT IS THE DIFFERENCE BETWEEN “BABY BLUES,” POSTPARTUM DEPRESSION, AND POSTPARTUM PSYCHOSIS?

- The "baby blues" occurs 70 to 80% of the time, and it can happen in the days right after childbirth. It normally goes away within a few days to a week. A new mother can have sudden mood swings, sadness, crying spells, loss of appetite, sleeping problems, and feel irritable, restless, anxious, and lonely. Symptoms are not severe and treatment usually is not needed. But there are things you can do to feel better. Nap when the baby does. Ask for help from your spouse, family members, and friends. Join a support group of new

moms or talk with other moms. If the "baby blues" does not go away in a week to 10 days or gets worse, you may have postpartum depression.

- Postpartum depression can happen anytime within the first year after childbirth. A woman may have a number of symptoms, such as sadness, lack of energy, trouble concentrating, anxiety, and feelings of guilt and worthlessness. The difference between postpartum depression and the "baby blues" is that the feelings in postpartum depression are much stronger and often affects a woman's well-being. It keeps her from functioning well for a longer period of time. Postpartum depression needs to be treated by a caregiver. Counseling, support groups, and medicines can help.
- Postpartum psychosis is rare. It occurs in 1 or 2 out of every 1000 births. It usually begins in the first 6 weeks after delivery. Women who have bipolar disorder, schizoaffective disorder, or family history of psychotic disease have a higher risk for developing postpartum psychosis. Symptoms may include delusions, hallucinations, sleep disturbances, and obsessive thoughts about the baby. A woman may have rapid mood swings, from depression, to irritability, to euphoria. This is a serious condition and needs professional care and treatment.

WHAT STEPS CAN I TAKE IF I HAVE SYMPTOMS OF DEPRESSION DURING PREGNANCY OR AFTER CHILDBIRTH?

- Some women do not tell anyone about their symptoms, because they feel embarrassed, ashamed, or guilty about feeling depressed when they are supposed to be happy. They worry that they will be viewed as unfit parents. Perinatal depression can happen to any woman. It does not mean you are a bad or a "not together" mom. You and your baby do not need to suffer. There is help. You should discuss these feelings with your spouse or partner, family, and caregiver.
- There are different types of individual and group "talk therapies" that can help a woman with perinatal depression feel better and do better as a mom and as a person. Limited research suggests that many women with perinatal depression improve when treated with antidepressant medicine. Your caregiver can help you learn more about these options and decide which approach is best for you and your baby.
- Speak to your caregiver if you are having symptoms of depression while you are pregnant or after you deliver your baby. Your caregiver can give you a questionnaire to test for depression. You can also be referred to a mental health professional who specializes in treating depression.

HOME CARE INSTRUCTIONS

- Try to get as much rest as you can. Try to nap when the baby naps.
- Stop putting pressure on yourself to do everything. Do as much as you can and leave the rest.
- Ask for help with household chores and nighttime feedings. Ask your husband or partner to bring the baby to you, so you can breast-feed. If you can, have a friend, family member, or professional support person help you in the home for part of the day.
- Talk to your husband, partner, family, and friends about how you are feeling.
- Do not spend a lot of time alone. Get dressed and leave the house. Run an errand or take a short walk.
- Spend time alone with your husband or partner.
- Talk with other mothers, so you can learn from their experiences.
- Join a support group for women with depression. Call a local hotline or look in your telephone book for information and services.
- Do not make any major life changes during pregnancy. Major changes can cause unneeded stress. However, sometimes big changes cannot be avoided. Arrange support and help in your new situation ahead of time.
- Exercise regularly.
- Eat a balanced and nourishing diet.
- Seek help if there are marital or financial problems.
- Take the medicine your caregiver gives, as directed.
- Keep all your postpartum appointments.

HOW IS DEPRESSION TREATED?

There are 2 common types of treatment for depression.

- **Talk therapy.** This involves talking to a therapist, psychologist, clergyperson, or social worker, in order to learn to change how depression makes you think, feel, and act.
- **Medicine.** Your caregiver can give you an antidepressant medicine to help you. These medicines can help relieve the symptoms of depression.
- Women who are pregnant or breast-feeding should talk with their caregivers about the advantages and risks of taking antidepressant medicines. Some women are concerned that taking these medicines may harm the baby. A mother's depression can affect her baby's development. Getting treatment is important for both mother and baby. The risks of taking medicine must be weighed against the risks of depression. It is a decision that women need to discuss carefully with their caregivers. Women who decide to take antidepressant medicines should talk to their caregivers about which antidepressant medicines are safer to take while pregnant or breast-feeding.

What effects can untreated depression have?

- Depression not only hurts the mother, but it also affects her family. Some researchers have found that depression during pregnancy can raise the risk of delivering an underweight baby or a premature infant. Some women with depression have difficulty caring for themselves during pregnancy. They may have trouble eating and do not gain enough weight during the pregnancy. They may also have trouble sleeping, may miss prenatal visits, may not follow medical instructions, have a poor diet, or may use harmful substances, like tobacco, alcohol, or illegal drugs.
- Postpartum depression can affect a mother's ability to parent. She may lack energy, have trouble concentrating, be irritable, and not be able to meet her child's needs for love and affection. As a result, she may feel guilty and lose confidence in herself as a mother. This can make the depression worse. Researchers believe that postpartum depression can affect the infant by causing delays in language development, problems with emotional bonding to others, behavioral problems, lower activity levels, sleep problems, and distress. It helps if the father or another caregiver can assist in meeting the needs of the baby, and other children in the family, while the mother is depressed.
- All children deserve the chance to have a healthy mom. All moms deserve the chance to enjoy their life and their children. Do not suffer alone. If you are experiencing symptoms of depression during pregnancy or after having a baby, tell a loved one and call your caregiver right away.

SEEK MEDICAL CARE IF:

- You think you have postpartum depression.
- You want medicine to treat your postpartum depression.
- You want a referral to a psychiatrist or psychologist.
- You are having a reaction or problems with your medicine.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have suicidal feelings.
- You feel you may harm the baby.
- You feel you may harm your spouse/partner, or someone else.
- You feel you need to be admitted to a hospital now.
- You feel you are losing control and need treatment immediately.

FOR MORE INFORMATION

You can find out more about depression during and after pregnancy by contacting the National Women's Health Information Center (NWHIC) at 1-800-994-9662 or the following organizations:

- National Institute of Mental Health, NIH, HHS
  Phone: (301) 496-9576
  Internet Address: http://www.nimh.nih.gov
- American Psychological Association
  Phone: (800) 374-2721
  Internet Address: http://www.apa.org
- Postpartum Education for Parents
  Phone: (805) 564-3888
  Internet Address: http://www.sbpep.org
- National Mental Health Information Center, SAMHSA, HHS Phone: (800) 789-2647
  Internet Address: http://www.mentalhealth.org
- National Mental Health Association
  Phone: (800) 969-NMHA
  Internet Address: http://www.nmha.org
- Postpartum Support International
  Phone: (800) 773-6667
  Internet Address: http://www.postpartum.net

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