

Understanding Postpartum Depression

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aving a baby can be exciting and joyous. While your life with a new baby can be thrilling and rewarding, it can also be stressful. Childbirth causes changes to your body and to your feelings. These changes may leave you feeling sad, anxious, afraid, or confused. Most new mothers experience these feelings, which are sometimes called the "baby blues."

It may help to know that emotional ups and downs are a normal part of adjusting to motherhood. It's also important to know the difference between the "baby blues" (which pass on their own) and postpartum depression (which is a more serious condition). This handout explains these differences and offers suggestions for coping as you adjust to having a new baby.

Feeling sad after the baby arrives?

The baby blues are very common after childbirth and affect about 70 to 85 percent of all new mothers. The baby blues are caused, in part, by the rapid changes in hormones within your body after giving birth. Fatigue that comes with the healing process and the demands of caring for your new baby

Self-care strategies

There are several self-care strategies that you can practice after the birth of your baby to help take care of yourself.

- **Rest as much as you can.** Sleep while the baby naps. Try not to let your visitors keep you from getting the sleep you need. Turn off the phone and put a sign on the door when you are napping.
- **Take good care of your body.** Try to do some gentle exercises, eat healthy foods, and drink plenty of fluids.
- Try to spend time outdoors. Take the baby out for a walk.
- **Ask for help.** Have family and friends help you with household chores and errands.
- Talk with friends, especially other new parents, about your experiences as a parent.
- Try to spend some alone time with your partner.
- Go to a support group for new parents.

How others can help

Whether this is your first baby or your fourth, there are many ways that close friends and family members can assist you through your transition to motherhood. All mothers need help and support after the birth of a baby.

Ask your partner, family and friends to . . .

- Listen when you need to talk.
- Help with cooking, shopping, cleaning, other household chores, and errands.
- Help in caring for the baby.
- Give you time alone each day to sleep, bathe, exercise, read, or meditate.

also contribute to the baby blues. Usually, the baby blues begin 2 to 3 days after delivery and last 1 to 2 weeks. In the days immediately following childbirth, there may be times that you:

- · cry for no reason
- feel depressed, sad, or lonely
- feel anxious or restless
- feel irritable or angry for no reason
- have trouble sleeping or eating

These feelings may come and go. One minute you may feel happy, and the next, you may be crying. Mood swings are common after the birth of a baby. New mothers often start to feel better after they get some rest and help with the baby.

Sometimes the baby blues may last longer or be more intense. In this case, you may be experiencing postpartum





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depression. If these feelings last more than 2 or 3 weeks or seem overwhelming, call your doctor or other health care professional for help.

What is postpartum depression?

Postpartum depression is more serious than the baby blues. It affects approximately 10 percent of mothers in the first year after giving birth. It can occur after the birth of any child and can begin anytime, but usually symptoms begin 2 or 3 weeks after giving birth.

Women with postpartum depression have stronger feelings of sadness, despair, anxiety, or irritability. If left untreated, symptoms can get worse and may last for as long as a year. However, postpartum depression can be diagnosed and treated.

Who is at risk for postpartum depression?

Any woman who has had a baby within the past few months, miscarried, or recently stopped breastfeeding a child can suffer from postpartum depression. Postpartum depression can affect you regardless of your age, number of children, socioeconomic status, or educational level.

Postpartum depression is more likely to happen if you have had:

- a prior postpartum depression
- depression during pregnancy
- a history of depression or a family history of depression
- troubled relationships with your partner, family, or friends

 a recent stressful event, such as a divorce or separation, marriage, job change, or financial difficulty

How is postpartum depression treated?

Postpartum depression can be treated successfully. It is treated much like other types of depression. Treatment options can vary depending on the type and severity of symptoms. The most common treatments for postpartum depression are:

- psychotherapy/counseling
- antidepressant/anti-anxiety medication
- self-care (See "Self-care strategies" on the front of this handout.)
- a combination of these treatments

There are medications to treat postpartum depression that are safe for mothers who breastfeed. If you are breastfeeding, talk with your doctor or other health care professional to decide on the treatment option that is best for you.

Symptoms of postpartum depression include:

- restlessness, irritability, or excessive crying
- an inability to sleep, or extreme exhaustion, or both
- unplanned or unexpected changes in appetite or weight
- difficulty concentrating, remembering, or making decisions
- feeling overwhelmed, inadequate, guilty, or worthless
- excessive anxiety or worry
- a loss of interest or feelings of pleasure in activities
- thoughts or worries that are difficult to control
- a fear of harming the baby or oneself

If you are experiencing any of these symptoms, please call your doctor or other health care professional.

Additional resources

- Connect to our Web site at kp.org to access health and drug encyclopedias, interactive programs, health classes, and much more.
- Call the National Women's Health Information Center (U.S. Department of Health and Human Services) 1-800-994-9662. (www.4women.gov)
- Check your Kaiser Permanente Healthwise Handbook.
- Contact your local Health Education Department or Center.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.