

POSTPARTUM DEPRESSION

Having a baby is a joyous time for most women. But many women feel sad, afraid, angry, or anxious after childbirth. Most new mothers have these feelings in a mild form called *postpartum blues*. Sometimes these feelings are called "baby blues." Postpartum blues almost always go away in a few days.

About 10% of new mothers have a more serious problem called *postpartum depression*. Postpartum depression lasts longer and is more intense. It often requires counseling and treatment. Postpartum depression can occur after any birth, not just the first.

This pamphlet will help you learn about

- causes of postpartum depression
- how to tell if you have postpartum depression
- what you can do to ease these feelings

Baby Blues

Many new mothers are surprised at how weak, alone, and upset they feel after giving birth. Their feelings do not seem to match the feelings they thought they would have. They wonder, "What have I got to be depressed about?" They fear that these feelings mean that they are bad mothers.

In fact, about 70–80% of women have baby blues after childbirth. About 2–3 days after birth, they 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. They may also

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

Postpartum Depression

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

Postpartum depression does not seem to relate to the mother's age or number of children she has had. It is

more likely to occur in women who lack emotional support or who have had

- postpartum depression before
- a psychiatric illness
- recent stress, such as losing a loved one, family illness, or moving to a new city

Postpartum depression also can occur in women without any of these risk factors.

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.

Reasons for 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.

Body 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 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. Some women are more bothered by these changes than others. They may be more likely to have postpartum blues or depression.

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.

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 birth*. 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.

Emotional Aspects

Many emotional factors can affect a woman's self-esteem and the way she deals with stress. This can add 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.

The baby may be born early. This can 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.

Feelings of loss are common after having a baby. This can add to depression. The 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 pre-pregnancy shape and feelings of having sex appeal.

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 the birth. 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.

Breast-feeding problems can make a new mother feel depressed. New mothers need not feel guilty if they cannot breast-feed 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.

The Role of Myths

Women who have an idea of the "perfect mother" are more likely to feel let down and depressed when faced with the needs of day-to-day mothering. Three myths about being a mother are common:

Myth No. 1: Motherhood Is Instinctive. First-time mothers often believe that they should just know how to care for a newborn. In fact, new mothers need to learn mothering skills just as they learn any other life skill. It takes time and patience. It takes reading child care books, watching skilled child caregivers, and talking with other mothers. As a mother's skills grow, she will become surer of herself.

Mothers also may believe that they must feel a certain way toward their newborns or they are not “maternal.” In fact, some women feel very little for their infants at first. Mother love, like mothering skills, does not just happen. Bonding often takes days or even weeks. When the special feelings of motherhood begin to emerge, they should be nurtured.

Myth No. 2: The Perfect Baby. Most women dream about what their newborns will look like. When the baby arrives, it may not match the baby of their dreams.

Also, babies have distinct personalities right from birth. Some infants are easier to care for. Others are fussy, have upset stomachs, and are not easy to comfort. A new mother may find it hard to adjust to the baby.

Myth No. 3: The Perfect Mother. For some women, being perfect is a never-ending goal. A mother may think she is not living up to the ideal. She may feel that she is a failure.

Of course, no mother is perfect. It is not true that every woman can “have it all.” Most women have trouble finding a balance between caring for a new baby and keeping up with household duties, other children, and a job. They often feel this way even with a lot of support.

What You Can Do

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.

Call your doctor if your feelings do not improve or if you feel hopeless. 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 doctor if you are afraid you might neglect or hurt your baby.

Your doctor can 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 breast-feeding.

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

To get well, women with postpartum depression need realistic goals and support. Learn how to nurture yourself as well as your family. Small, daily things can make a big difference. It is important to take time for yourself, get out of the house, and reach out to family and friends. Do only what is needed, and let the rest go.

Women who have had postpartum depression before are at risk for having it again after another pregnancy. Your doctor may suggest that you begin treatment right after your next pregnancy to prevent postpartum depression.

Finally...

Many new mothers feel sadness, fear, anger, and anxiety after having a baby. This is normal. It does not mean that you are a failure as a woman or mother or that you have a mental illness. Having these feelings means that you are adjusting to the many changes that follow the birth of a child.

If the baby blues do not improve or get worse, you may have postpartum depression. Talk with your doctor, go to the emergency room, or call 1-800-273-TALK (8255). Use resources for counseling and treatment. Even if your depression is severe, treatment can help you return to normal soon.

Resources

- The March of Dimes http://www.marchofdimes.com/pnhec/188_15755.asp
- Depression After Delivery, Inc. <http://www.depressionafterdelivery.com/Home.asp>
- Maternal Child Health Bureau Hotline: (800)311-2229 (Baby); (800)504-7081 (Spanish) http://www.mchlibrary.info/KnowledgePaths/kp_postpartum.html

Conclusion

If you are even thinking of harming yourself or your baby, go to the emergency room or call 1-800-273-TALK (8255). You can also refer to your insurance card and contact the mental health number listed on the back of your insurance card.

Glossary

Antidepressants: Medications used to treat depression.

Cesarean Birth: 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.