

Postpartum Depression

The birth of a baby often brings feelings of joy. New mothers may also feel anxious, worried, and sad. It is also normal to feel overwhelmed. There are changes and stresses that come with being a parent. It is helpful to learn about ways to cope with these feelings. Learning to cope improves the lifelong health of the mother and helps you relate better with the baby. Feelings after giving birth run from the blues to severe depression. The milder forms are the most common.

Depressive Symptoms in the Postpartum Period

Postpartum Blues

Up to 80% of women may experience postpartum (after delivery) blues. Most times, this begins 4-5 days after delivery. Symptoms include feeling weepy, joyful, scared, excited, anxious, irritable and/or lonely. Women can have changes in eating, trouble with concentration, and sleeping. The symptoms lessen over a two-week time frame. Postpartum blues often does not require treatment. If symptoms persist over two weeks, call a doctor or nurse/midwife.

Postpartum Depression

This occurs for about 9-16% of new mothers. Symptoms begin one to four months after having the baby. A small number of women may feel the onset of postpartum depression five to twelve months after birth.

Symptoms of postpartum depression include:

- Feeling sad, teary or down most of the day
- Loss of pleasure in previously enjoyable activities
- Trouble sleeping, even when baby is asleep
- Trouble eating, needing to be reminded to eat, or marked overeating
- Restlessness or feeling slowed down
- Lack of energy
- Low self-worth or feelings of guilt
- Trouble focusing or making small decisions
- Thoughts of hurting yourself or your baby (this is different than worry that you will accidentally harm your baby)
- Anxiety symptoms may also go along with postpartum depression. These may include: excessive anxiety or worry, irritability, panic attacks or fears that prevent you from doing normal daily activities such as taking the baby in the car.

If you have any of these symptoms, please contact your doctor or nurse-midwife.

Risk Factors for Postpartum Depression

Any new mother can have depression after giving birth. There are certain risk factors though that increase your chance of postpartum depression:

- Depression, anxiety or other psychiatric illness in the past
- Family history of depression, anxiety or other mental health issues
- Difficult pregnancy or unplanned Cesarean-birth

- Unplanned or unwanted pregnancy
- Marital/relationship problems
- Major lack of sleep
- History of abuse or neglect
- Loss of a loved one in the past year
- Infant with health problems
- A fussy or colicky baby
- Trouble with breastfeeding
- Isolation
- Multiple birth or more than 2 children under five years old
- Lack of social support
- Past miscarriages, abortion, or other losses

Coping and Treatment for Postpartum Depression

Postpartum depression can be treated with medicine and/or therapy. Self-help strategies include:

- Go outside (with and without the baby) when the weather permits.
- Talk with adults every day.
- Find an exercise or daily movement that you enjoy.
- Take time out for you every day.
- Enlist the help of your partner. Take turns getting up at night to care for the baby.
- Talk over your concerns with your partner. Ask for respite and support.
- Eat healthy food.

- Join a support group for new parents. Find new mothers to spend time with.
- Postpartum depression will often resolve within six months. If left untreated it can endure for up to two years or become a chronic depression.

If self-help does not help your mood, it may be a sign that you need professional help. There are many people who can help. Your nurse-midwife, doctor, therapists, psychiatrists, and clergy can help you. Asking for help is the best thing you can do for you and your baby.

Postpartum Psychosis

This is rare, occurring in about 1 in 1000 women usually within the first two weeks after giving birth. Symptoms include

- Severe agitation
- Major lack of sleep for more than one night
- Hallucinations (seeing or hearing things that others do not)
- Bizarre thoughts or actions

This is a medical emergency. Women with these symptoms should be seen right away at the Emergency Room or by a psychiatrist.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2018. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing and Department of Psychiatry. HF#5112