



FAQ

FREQUENTLY ASKED QUESTIONS

FAQ091

LABOR, DELIVERY, AND POSTPARTUM CARE

Postpartum Depression

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What are the baby blues?

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.

How long do the baby blues usually last?

The baby blues usually get better within a few days or 1–2 weeks without any treatment.

What is 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.

When does postpartum depression occur?

Postpartum depression can occur up to 1 year after having a baby, but it most commonly starts about 1–3 weeks after childbirth.

What causes postpartum depression?

Postpartum depression probably is caused by a combination of factors. These factors include the following:

- Changes in **hormone** levels—Levels of **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**.
- 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.
- Emotional factors—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 can take a long time to adjust to the idea of having a new baby. Parents of babies who are sick or who need to stay in the hospital may feel sad, angry, or guilty. These emotions can affect a woman's self-esteem and how she deals with stress.
- Fatigue—Many women feel very tired after giving birth. 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.
- Lifestyle factors—Lack of support from others and stressful life events, such as a recent death of a loved one, a family illness, or moving to a new city, can greatly increase the risk of postpartum depression.

If I think I have postpartum depression, when should I see my health care professional?

If you think you may have 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.

How is postpartum depression treated?

Postpartum depression can be treated with medications called **antidepressants**. Talk therapy also is used to treat depression, often in combination with medications.

What are antidepressants?

Antidepressants are medications that work to balance the chemicals in the brain that control moods. There are many types of antidepressants. 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.

Can antidepressants cause side effects?

Antidepressants can cause side effects, but 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 health care professional or emergency medical services right away.

Can antidepressants be passed to my baby through my breast milk?

If a woman takes antidepressants, they can be transferred to her baby 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.

What happens in talk therapy?

In talk therapy (also called **psychotherapy**), 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 a few months or longer.

What are the types of talk therapy?

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.

What can be done to help prevent postpartum depression in women with a history of depression?

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.

What support is available to help me cope with postpartum depression?

Support groups can be found at local hospitals, family planning clinics, or community centers. The hospital where you gave birth or your 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>

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.

Hormone: A substance made in the body that controls 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.

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.

If you have further questions, contact your obstetrician–gynecologist.

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