# Postpartum Depression: The Signs and Treatment

### Is it just the “baby blues”?

The “baby blues” is a common, normal experience that many new mothers go through. It is a brief period of mild mood changes that includes feelings of mild sadness or “the blues” as well as feeling weepy and moody. Some reports suggest that as many as 80 percent of new moms go through the baby blues.

Most all mothers of newborns will not be able to sleep, feel tired and perhaps feel trapped or worried. Women with the baby blues may also have appetite changes, feel cranky, nervous or have worries about being a good mother. All of these feelings are normal during the first few weeks after giving birth.

After having a baby a woman’s body changes quickly—hormone levels drop, breast milk comes in and most women feel tired. These changes can cause the baby blues.

The baby blues are not an illness. They will go away on their own without treatment. What can help is reassurance, support from family and friends, rest and time. Lack of sleep can make the blues worse. It is important for a new mother to rest when possible, even if it just a short nap.

The baby blues are very different from postpartum depression.

### Postpartum depression (PPD)

Depression that happens after the birth of a baby is called postpartum depression (PPD).

PPD is more serious than the baby blues. It calls for active treatment and emotional support for the new mother. It should not be ignored.

Women are vulnerable to getting PPD after having a baby due to the hormonal and physical changes that happen to a woman’s body after the baby is born. The new and demanding job of caring for a new baby can also be overwhelming. This, too, can lead to feelings of sadness. For a few months after having a baby, a mother has a higher chance of getting mental disorders, including depression.

It is common for women who have gone through it in the past to have also had depression at other times. Some women have it during their pregnancies, but it often goes undetected.

It is estimated that 10 percent to 15 percent of women get PPD.

### Symptoms

Signs of PPD include:

- feeling sad or depressed
- feeling more irritable or angry with those around you
- a hard time bonding with your baby
- feeling nervous or panicky
- problems eating or sleeping
- having upsetting thoughts that won’t leave your mind
- feeling as if you are “out of control” or “going crazy”
- feeling like you never should have become a mother
- worrying that you might hurt your baby or yourself

### Effects of PPD on children

While the main focus of PPD is on the mother, it is also important to think about its effects on the parent-baby relationship. Untreated PPD may result in conflicting actions in caring for the baby or other children in the home. Women with PPD often focus more on the bad side of child care and thus have poor plans to deal with stress and parenting.

Support and guidance from others, as well as professional treatment can aid the mother in learning better parenting methods. Help with coping, planning and positive reframing can help lower stress levels.

Mothers with PPD should be given a great deal of emotional support as well. They should be allowed to vent in a way that supports their coping skills, but avoid self-blaming.

**Getting help**

If a new mom suspects she has PPD, she should seek professional help right away. The earlier PPD is diagnosed, the sooner it can be treated. Just "waiting for it to pass" is *not* the best way to treat it. There are many treatment choices, including talk therapies and medications.

Women can have depression while pregnant as well as suffer from PPD. This is very true if they have a prior history of depression. Being pregnant does not cure or prevent depression. Most women with a history of depression will likely relapse during pregnancy if they stop taking their antidepressant medicine either before conception or early in the pregnancy. This can put both the mother and baby at risk.

It is important for pregnant women to have their doctors work together on the best care. They can balance the risks and benefits of using antidepressants while pregnant. Such medications do pass between the mother and the growing fetus.

A mother's depression can have physical effects on the fetus. Questions remain about how antidepressants affect a growing fetus or nursing baby. Many pregnant or postpartum women choose not to take antidepressant drugs and instead do talk therapy. Women who stop taking antidepressants during pregnancy increase their chance of getting depression again.

Many mothers who breastfeed may have concerns about taking medicine while breastfeeding. The woman should talk to the doctor who is prescribing the drug. The doctor may prescribe an antidepressant that is typically recommended for breastfeeding mothers such as paroxetine, sertraline or nortriptyline.

**Repeat occurrences and prevention**

Women who had PPD after past pregnancies may be less likely to get PPD again if they take antidepressants after they have the baby.

Having good social support from family, friends and co-workers may help lessen the seriousness of PPD. But even all this may not prevent it.

Screening tests may help spot depression or risks for depression early on.

**Support groups**

Support groups may be helpful, but they should not replace medicine or talk therapy.

Postpartum Support International
(800) 944-4PPD (4773)
http://www.postpartum.net

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