



WomensHealth.gov

1-800-994-9662

TDD: 1-888-220-5446

# Depression During and After Pregnancy

**Q: What is depression?**

**A:** Depression can be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. But true clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended time. Depression can be mild, moderate, or severe. The degree of depression, which your doctor can determine, influences how you are treated.

**Q: How common is depression during and after pregnancy?**

**A:** Depression that occurs during pregnancy or within a year after delivery is called perinatal depression. The exact number of women with depression during this time is unknown. But researchers believe that depression is one of the most common complications during and after pregnancy. Often, the depression is not recognized or treated, because some normal pregnancy changes cause similar symptoms and are happening at the same time. Tiredness, problems sleeping, stronger emotional reactions, and changes

in body weight may occur during pregnancy and after pregnancy. But these symptoms may also be signs of depression.

**Q: What causes depression?**

**A:** There may be a number of reasons why a woman gets depressed. Hormone changes or a stressful life event, such as a death in the family, can cause chemical changes in the brain that lead to depression. Depression is also an illness that runs in some families. Other times, it's not clear what causes depression.

**During Pregnancy**

During pregnancy, these factors may increase a woman's chance of depression:

- History of depression or substance abuse
- Family history of mental illness
- Little support from family and friends
- Anxiety about the fetus
- Problems with previous pregnancy or birth
- Marital or financial problems
- Young age (of mother)

**After Pregnancy**

Depression after pregnancy is called postpartum depression or peripartum depression. After pregnancy, hormonal changes in a woman's body may trigger symptoms of depression. During pregnancy, the amount of two female hormones, estrogen and progesterone, in a woman's body increases greatly. In the first 24 hours after childbirth, the amount of these hormones rapidly drops back down to their normal non-



WomensHealth.gov

1-800-994-9662

TDD: 1-888-220-5446

pregnant levels. Researchers think the fast change in hormone levels may lead to depression, just as smaller changes in hormones can affect a woman's moods before she gets her menstrual period.

Occasionally, levels of thyroid hormones may also drop after giving birth. The thyroid is a small gland in the neck that helps to regulate your metabolism (how your body uses and stores energy from food). Low thyroid levels can cause symptoms of depression including depressed mood, decreased interest in things, irritability, fatigue, difficulty concentrating, sleep problems, and weight gain. A simple blood test can tell if this condition is causing a woman's depression. If so, thyroid medicine can be prescribed by a doctor.

Other factors that may contribute to postpartum depression include:

- Feeling tired after delivery, broken sleep patterns, and not enough rest often keeps a new mother from regaining her full strength for weeks.
- Feeling overwhelmed with a new, or another, baby to take care of and doubting your ability to be a good mother.
- Feeling stress from changes in work and home routines. Sometimes, women think they have to be “super mom” or perfect, which is not realistic and can add stress.
- Having feelings of loss—loss of identity of who you are, or were, before having the baby, loss of control, loss of your pre-pregnancy figure, and feeling less attractive.
- Having less free time and less control over time. Having to stay home indoors for longer periods of time

and having less time to spend with the your partner and loved ones.

**Q: What are symptoms of depression?**

**A:** Any of these symptoms during and after pregnancy that last longer than two weeks are signs of depression:

- Feeling restless or irritable
- Feeling sad, hopeless, and overwhelmed
- Crying a lot
- Having no energy or motivation
- Eating too little or too much
- Sleeping too little or too much
- Trouble focusing, remembering, or making decisions
- Feeling worthless and guilty
- Loss of interest or pleasure in activities
- Withdrawal from friends and family
- Having headaches, chest pains, heart palpitations (the heart beating fast and feeling like it is skipping beats), or hyperventilation (fast and shallow breathing)

After pregnancy, signs of depression may also include being afraid of hurting the baby or oneself and not having any interest in the baby.

**Q: What is the difference between “baby blues,” postpartum depression, and postpartum psychosis?**

**A:** The baby blues can happen in the days right after childbirth and normally go away within a few days to a week. A new mother can have sudden mood



WomensHealth.gov

1-800-994-9662

TDD: 1-888-220-5446

swings, sadness, crying spells, loss of appetite, sleeping problems, and feel irritable, restless, anxious, and lonely. Symptoms are not severe and treatment isn't needed. But there are things you can do to feel better. Nap when the baby does. Ask for help from your spouse, family members, and friends. Join a support group of new moms or talk with other moms.

Postpartum depression can happen anytime within the first year after childbirth. A woman may have a number of symptoms such as sadness, lack of energy, trouble concentrating, anxiety, and feelings of guilt and worthlessness. The difference between postpartum depression and the baby blues is that postpartum depression often affects a woman's well-being and keeps her from functioning well for a longer period of time. Postpartum depression needs to be treated by a doctor. Counseling, support groups, and medicines are things that can help.

Postpartum psychosis is rare. It occurs in 1 or 2 out of every 1000 births and usually begins in the first 6 weeks postpartum. Women who have bipolar disorder or another psychiatric problem called schizoaffective disorder have a higher risk for developing postpartum psychosis. Symptoms may include delusions, hallucinations, sleep disturbances, and obsessive thoughts about the baby. A woman may have rapid mood swings, from depression to irritability to euphoria.

**Q: What steps can I take if I have symptoms of depression during pregnancy or after childbirth?**

**A:** Some women don't tell anyone about their symptoms because they feel

embarrassed, ashamed, or guilty about feeling depressed when they are supposed to be happy. They worry that they will be viewed as unfit parents. Perinatal depression can happen to any woman. It does not mean you are a bad or "not together" mom. You and your baby don't have to suffer. There is help.

There are different types of individual and group "talk therapies" that can help a woman with perinatal depression feel better and do better as a mom and as a person. Limited research suggests that many women with perinatal depression improve when treated with anti-depressant medicine. Your doctor can help you learn more about these options and decide which approach is best for you and your baby. The next section contains more detailed information about available treatments.

Speak to your doctor or midwife if you are having symptoms of depression while you are pregnant or after you deliver your baby. Your doctor or midwife can give you a questionnaire to test for depression and can also refer you to a mental health professional who specializes in treating depression.

Here are some other helpful tips:

- Try to get as much rest as you can. Try to nap when the baby naps.
- Stop putting pressure on yourself to do everything. Do as much as you can and leave the rest!
- Ask for help with household chores and nighttime feedings. Ask your husband or partner to bring the baby to you so you can breastfeed. If you can, have a friend, family member, or professional support person help you in the home for part of the day.



WomensHealth.gov

1-800-994-9662

TDD: 1-888-220-5446

- Talk to your husband, partner, family, and friends about how you are feeling.
- Do not spend a lot of time alone. Get dressed and leave the house. Run an errand or take a short walk.
- Spend time alone with your husband or partner.
- Talk with other mothers, so you can learn from their experiences.
- Join a support group for women with depression. Call a local hotline or look in your telephone book for information and services.
- Don't make any major life changes during pregnancy. Major changes can cause unneeded stress. Sometimes big changes cannot be avoided. When that happens, try to arrange support and help in your new situation ahead of time.

### Q: How is depression treated?

There are two common types of treatment for depression.

- **Talk therapy.** This involves talking to a therapist, psychologist, or social worker to learn to change how depression makes you think, feel, and act.
- **Medicine.** Your doctor can give you an antidepressant medicine to help you. These medicines can help relieve the symptoms of depression.

Women who are pregnant or breastfeeding should talk with their doctors about the advantages and risks of taking antidepressant medicines. Some women are concerned that taking these medicines may harm the baby. A mother's depression can affect her baby's devel-

opment, so getting treatment is important for both mother and baby. The risks of taking medicine have to be weighed against the risks of depression. It is a decision that women need to discuss carefully with their doctors. Women who decide to take antidepressant medicines should talk to their doctors about which antidepressant medicines are safer to take while pregnant or breastfeeding.

### Q: What effects can untreated depression have?

**A:** Depression not only hurts the mother, but also affects her family. Some researchers have found that depression during pregnancy can raise the risk of delivering an underweight baby or a premature infant. Some women with depression have difficulty caring for themselves during pregnancy. They may have trouble eating and won't gain enough weight during the pregnancy; have trouble sleeping; may miss prenatal visits; may not follow medical instructions; have a poor diet; or may use harmful substances, like tobacco, alcohol, or illegal drugs.

Postpartum depression can affect a mother's ability to parent. She may lack energy, have trouble concentrating, be irritable, and not be able to meet her child's needs for love and affection. As a result, she may feel guilty and lose confidence in herself as a mother, which can worsen the depression. Researchers believe that postpartum depression can affect the infant by causing delays in language development, problems with emotional bonding to others, behavioral problems, lower activity levels, sleep problems, and distress. It helps if the father or another caregiver can assist



**WomensHealth.gov**

**1-800-994-9662**

**TDD: 1-888-220-5446**

in meeting the needs of the baby and other children in the family while mom is depressed.

All children deserve the chance to have a healthy mom. All moms deserve the chance to enjoy their life and their

children. Don't suffer alone. If you are experiencing symptoms of depression during pregnancy or after having a baby, please tell a loved one and call you doctor or midwife right away. ■

### *For More Information . . .*

You can find out more about depression during and after pregnancy by contacting the National Women's Health Information Center (NWHIC) at 1-800-994-9662 or the following organizations.

**National Institute of Mental Health,  
NIH, HHS**

Phone: (301) 496-9576

Internet Address:

<http://www.nimh.nih.gov>

**National Mental Health Information  
Center, SAMHSA, HHS**

Phone: (800) 789-2647

Internet Address: <http://www.mental-health.org>

**American Psychological Association**

Phone: (800) 374-2721

Internet Address: <http://www.apa.org>

**National Mental Health Association**

Phone: (800) 969-NMHA

Internet Address: <http://www.nmha.org>

**Postpartum Education for Parents**

Phone: (805) 564-3888

Internet Address: <http://www.sbpep.org>

**Postpartum Support International**

Phone: (805) 967-7636

Internet Address:

<http://www.postpartum.net>

*The depression during and after pregnancy FAQ has been reviewed by Catherine Roca, Chief, Women's Programs, National Institute of Mental Health, National Institutes of Health (NIH).*

April 2005