



<http://www.womenshealth.gov>

1-800-994-9662

TDD: 1-888-220-5446

# Depression During and After Pregnancy

## Q: What is depression?

**A:** Depression is more than just feeling “blue” or “down in the dumps” for a few days. It’s a serious illness that involves the brain. With depression, sad, anxious, or “empty” feelings don’t go away and interfere with day-to-day life and routines. These feelings can be mild to severe. The good news is that most people with depression get better with treatment.

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

**A:** Depression is a common problem during and after pregnancy. About 13 percent of pregnant women and new mothers have depression.

## Q: How do I know if I have depression?

**A:** When you are pregnant or after you have a baby, you may be depressed and not know it. Some normal changes during and after pregnancy can cause symptoms similar to those of depression. But if you have any of the following symptoms of depression for more than 2 weeks, call your doctor:

- Feeling restless or moody
- 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
- Having trouble focusing or making decisions
- Having memory problems
- Feeling worthless and guilty
- Losing interest or pleasure in activities you used to enjoy
- Withdrawing from friends and family
- Having headaches, aches and pains, or stomach problems that don’t go away

Your doctor can figure out if your symptoms are caused by depression or something else.

Call 911 or your doctor if you have thoughts of harming yourself or your baby!

## Q: What causes depression? What about postpartum depression?

**A:** There is no single cause. Rather, depression likely results from a combination of factors:

Depression is a mental illness that tends to run in families. Women with a family history of depression are more likely to have depression.

Changes in brain chemistry or structure are believed to play a big role in depression.



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- Stressful life events, such as death of a loved one, caring for an aging family member, abuse, and poverty, can trigger depression.
- Hormonal factors unique to women may contribute to depression in some women. We know that hormones directly affect the brain chemistry that controls emotions and mood. We also know that women are at greater risk of depression at certain times in their lives, such as puberty, during and after pregnancy, and during perimenopause. Some women also have depressive symptoms right before their period.

Depression after childbirth is called postpartum depression. Hormonal changes may trigger symptoms of postpartum depression. When you are pregnant, levels of the female hormones estrogen (ESS-truh-jen) and progesterone (proh-JESS-tur-ohn) increase greatly. In the first 24 hours after childbirth, hormone levels quickly return to normal. Researchers think the big change in hormone levels may lead to depression. This is much like the way smaller hormone changes can affect a woman's moods before she gets her period.

Levels of thyroid hormones may also drop after giving birth. The thyroid is a small gland in the neck that helps regulate how your body uses and stores energy from food. Low levels of thyroid hormones can cause symptoms of depression. A simple blood test can tell if this condition is causing your symptoms. If so, your doctor can prescribe thyroid medicine.

## FREQUENTLY ASKED QUESTIONS

Other factors may play a role in postpartum depression. You may feel:

- Tired after delivery
- Tired from a lack of sleep or broken sleep
- Overwhelmed with a new baby
- Doubts about your ability to be a good mother
- Stress from changes in work and home routines
- An unrealistic need to be a perfect mom
- Loss of who you were before having the baby
- Less attractive
- A lack of free time

### **Q: Are some women more at risk for depression during and after pregnancy?**

**A:** Certain factors may increase your risk of depression during and after pregnancy:

- A personal history of depression or another mental illness
- A family history of depression or another mental illness
- A lack of support from family and friends
- Anxiety or negative feelings about the pregnancy
- Problems with a previous pregnancy or birth
- Marriage or money problems
- Stressful life events
- Young age
- Substance abuse

## FREQUENTLY ASKED QUESTIONS



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Women who are depressed during pregnancy have a greater risk of depression after giving birth.

If you take medicine for depression, stopping your medicine when you become pregnant can cause your depression to come back. Before you stop any prescribed medicines, talk with your doctor. Not using medicine that you need may be harmful to you or your baby.

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

**A:** Many women have the baby blues in the days after childbirth. If you have the baby blues, you may:

- Have mood swings
- Feel sad, anxious, or overwhelmed
- Have crying spells
- Lose your appetite
- Have trouble sleeping

The baby blues most often go away within a few days or a week. The symptoms are not severe and do not need treatment.

The symptoms of postpartum depression last longer and are more severe. Postpartum depression can begin anytime within the first year after childbirth. If you have postpartum depression, you may have any of the symptoms of depression listed above. Symptoms may also include:

- Thoughts of hurting the baby
- Thoughts of hurting yourself

- Not having any interest in the baby
- Postpartum depression needs to be treated by a doctor.

Postpartum psychosis (seye-KOH-suhss) is rare. It occurs in about 1 to 4 out of every 1,000 births. It usually begins in the first 2 weeks after childbirth. Women who have bipolar disorder or another mental health problem called schizoaffective (SKIT-soh-uh-FEK-tiv) disorder have a higher risk for postpartum psychosis. Symptoms may include:

- Seeing things that aren't there
- Feeling confused
- Having rapid mood swings
- Trying to hurt yourself or your baby

**Q: What should I do if I have symptoms of depression during or after pregnancy?**

Call your doctor if:

- Your baby blues don't go away after 2 weeks
- Symptoms of depression get more and more intense
- Symptoms of depression begin any time after delivery, even many months later
- It is hard for you to perform tasks at work or at home
- You cannot care for yourself or your baby
- You have thoughts of harming yourself or your baby

Your doctor can ask you questions to test for depression. Your doctor can also refer you to a mental health professional who specializes in treating depression.



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Some women don't tell anyone about their symptoms. They feel embarrassed, ashamed, or guilty about feeling depressed when they are supposed to be happy. They worry they will be viewed as unfit parents.

Any woman may become depressed during pregnancy or after having a baby. It doesn't mean you are a bad or "not together" mom. You and your baby don't have to suffer. There is help.

Here are some other helpful tips:

- Rest as much as you can. Sleep when the baby is sleeping.
- Don't try to do too much or try to be perfect.
- Ask your partner, family, and friends for help.
- Make time to go out, visit friends, or spend time alone with your partner.
- Discuss your feelings with your partner, family, and friends.
- Talk with other mothers so you can learn from their experiences.
- Join a support group. Ask your doctor about groups in your area.
- Don't make any major life changes during pregnancy or right after giving birth. Major changes can cause unneeded stress. Sometimes big changes can't be avoided. When that happens, try to arrange support and help in your new situation ahead of time.

**Q: How is depression treated?**

**A:** The two common types of treatment for depression are:

- **Talk therapy.** This involves talking to a therapist, psychologist, or

## FREQUENTLY ASKED QUESTIONS

social worker to learn to change how depression makes you think, feel, and act.

- **Medicine.** Your doctor can prescribe an antidepressant medicine. These medicines can help relieve symptoms of depression.

These treatment methods can be used alone or together. If you are depressed, your depression can affect your baby. Getting treatment is important for you and your baby. Talk with your doctor about the benefits and risks of taking medicine to treat depression when you are pregnant or breastfeeding.

**Q: What can happen if depression is not treated?**

**A:** Untreated depression can hurt you and your baby. Some women with depression have a hard time caring for themselves during pregnancy. They may:

- Eat poorly
- Not gain enough weight
- Have trouble sleeping
- Miss prenatal visits
- Not follow medical instructions
- Use harmful substances, like tobacco, alcohol, or illegal drugs
- Depression during pregnancy can raise the risk of:
  - Problems during pregnancy or delivery
  - Having a low-birth-weight baby
  - Premature birth
- Untreated postpartum depression can affect your ability to parent. You may:
  - Lack energy
  - Have trouble focusing



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- Feel moody
- Not be able to meet your child's needs

As a result, you may feel guilty and lose confidence in yourself as a mother. These feelings can make your depression worse.

Researchers believe postpartum depression in a mother can affect her baby. It can cause the baby to have:

- Delays in language development
- Problems with mother-child bonding

## FREQUENTLY ASKED QUESTIONS

- Behavior problems
- Increased crying

It helps if your partner or another caregiver can help meet the baby's needs while you are depressed.

All children deserve the chance to have a healthy mom. And all moms deserve the chance to enjoy their life and their children. If you are feeling depressed during pregnancy or after having a baby, don't suffer alone. Please tell a loved one and call your doctor right away.

### *For more information*

- For more information on depression during and after pregnancy, call [womenshealth.gov](http://www.womenshealth.gov) at 1-800-994-9662 or contact 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: (800) 944-4PPD, (800) 944-4773

Internet Address:

<http://www.postpartum.net>