Understanding the Baby Blues and Postpartum Depression

Emotional ups and downs are a normal part of adjusting to parenthood. It’s important to know the difference between the “baby blues,” which are temporary, and postpartum depression, which is a more serious condition.

What are the baby blues?
In the days immediately after childbirth, you may react in ways that seem out of character for you. These feelings may come and go. You might:
• Cry for no reason
• Feel depressed, sad, or lonely
• Be anxious or restless
• Feel irritable or angry
• Have trouble eating or sleeping

The baby blues are caused in part by rapid hormonal changes after giving birth. Fatigue after childbirth and demands of caring for your new baby also contribute. The baby blues usually begin 2 to 3 days after your baby’s birth and last 1 to 2 weeks, but sometimes longer. You may start to feel better after you get some rest and when others are available to help you.

What is postpartum depression?
Sometimes these feelings may last longer or be more intense. In this case, you may be experiencing postpartum depression, which is more serious.

Postpartum depression causes stronger feelings of sadness, despair, anxiety, or irritability. About 10 to 15 percent of those who’ve given birth experience postpartum depression in the first year. It can begin at any time, but symptoms typically begin after 2 or 3 weeks.

Self-care strategies
There are many ways to take care of yourself after childbirth. It’s helpful to:

• Rest as much as you can. Sleep or relax while the baby sleeps and when others can care for your baby. Try not to let visitors keep you from getting the rest you need.
• Take good care of your body. Try to do some gentle exercise, eat healthy foods, and drink plenty of fluids.
• Try to spend time outdoors. Go for a walk or just sit outside when you can.
• Talk with friends, especially other new parents, about your experiences.
• Join a support group for new parents.

How others can help
Whether this is your first baby or your fourth, there are many ways friends and family members can support you through your transition to parenthood. They can:

• Listen when you need to talk.
• Help with cooking, shopping, cleaning, other household chores, and errands.
• Help in caring for the baby.
• Give you time alone each day.
If left untreated, symptoms can get worse and may last for as long as a year or more. The good news is that there are treatments that can help you feel better.

**Who’s at risk for postpartum depression?**

If you’ve had a baby, miscarried, or recently stopped breastfeeding a child, you can experience postpartum depression.

It can affect you regardless of your age, number of children, socioeconomic status, or education level. It’s more likely to happen if you’ve had:

- Postpartum depression with another pregnancy
- Depression during pregnancy
- A history of depression yourself, or a family history of depression
- Troubled relationships with your partner, family, or friends
- A recent stressful event, such as a divorce or separation, marriage, job change, or financial difficulty
- A difficult or traumatic delivery experience
- A hard time getting started breastfeeding

**How is postpartum depression treated?**

It’s treated much like other types of depression. Treatment options can vary depending on the type and severity of symptoms. The most common treatments for postpartum depression are:

- Psychotherapy/counseling
- Antidepressant/antianxiety medication
- Self-care (see “Self-care strategies” on the other side)
- A combination of these treatments

There are medications to treat postpartum depression that are safe if you’re breastfeeding. Talk with your doctor or other health care professional to find the treatment options that are best for you.

**Symptoms of postpartum depression include:**

- Restlessness, irritability, or excessive crying
- Difficulty concentrating, remembering, or making decisions
- Unplanned or unexpected changes in appetite or weight
- Feeling overwhelmed, inadequate, guilty, or worthless
- Excessive anxiety or worry
- Losing interest in activities you used to enjoy or not finding these activities pleasurable
- Thoughts or worries that are difficult to control

If you’re experiencing any of these symptoms, contact your Ob/Gyn clinician or call the Mental Health Department at your facility. If you’re fearful about harming your baby or yourself, or feel that you’re in crisis, call 911 or go to the nearest emergency room.