



A GUIDE TO
POSTPARTUM
DEPRESSION

SAMPLE

No matter how excited you are, or how much you planned, becoming a new mother is hard. As a new mom with an infant at home, you will probably have many different feelings about the changes a baby brings. In addition to the excitement and love you feel for your baby, becoming a new mom can bring exhaustion and stress too.

It is normal to feel some anxiety as a new mom—never before have you had so many new responsibilities and less time for yourself—and many new and expecting mothers may feel waves of sadness or anxiety. Feeling “blue” immediately after delivery may be normal, but if you don’t feel better after a few weeks, or if your symptoms worsen, you may be suffering from postpartum depression (PPD).

This guide will help you identify the signs of PPD so you can get the help you need to feel better—and so you can experience all the joys of motherhood.

What is PPD?

The term postpartum depression describes a major depressive episode that usually occurs within six months of childbirth, but symptoms often start in pregnancy. It is the most common complication of childbirth, occurring in about 15% of women.

Most women think depression is the most common symptom of PPD, but in fact the most common symptom is anxiety. Other symptoms may include feelings of guilt or worry, fears about your health or the health of your baby, difficulty sleeping, sadness, and fears of motherhood.

It’s important for new and expecting mothers to know what PPD is, how to identify it, and how to get treatment. The good news is that PPD is very treatable, and you don’t have to suffer without help.

You are not alone

PPD is very common. About 15% of women suffer from depression during their pregnancy, and about 15% of women suffer from PPD after childbirth. Of those women who have PPD, 50% had symptoms during their pregnancy.

WHY DO WOMEN GET PPD?

The exact cause of PPD is unknown. Hormones are a likely factor, particularly the shifts in hormones after delivery. However, the most likely causes of PPD are no different than the causes of other types of depression and anxiety. Having a baby is wonderful and exciting, but it is also stressful and exhausting. Stress and sleep deprivation both make us vulnerable to anxiety and depression.

Risk Factors for PPD

Although it can happen to anyone and is very common, some risk factors make a woman more likely to become depressed or anxious postpartum. The important thing to understand about risk factors and PPD is that it isn’t caused by anything you did or didn’t do, and no one is to blame.

The biggest risk factor for PPD is having symptoms of depression or anxiety during your pregnancy. Symptoms during pregnancy that are concerning are intense sadness or irritability; inability to sleep due to anxiety, or sleeping too much (avoiding things and staying in bed); inability to enjoy things; hopelessness; physical anxiety (feeling on edge, difficulty breathing, chest tightness, stomach butterflies); constant worries or obsessive thoughts; social withdrawal; or suicidal thoughts.



WHAT ARE THE SYMPTOMS?

Depression or anxiety during pregnancy increases your risk for PPD because these symptoms generally do not go away on their own without treatment. So after you deliver your baby and enter into the “postpartum period,” these continuing symptoms are now called PPD. Just like it’s important to be as physically healthy as possible while you are pregnant, it’s also important to be healthy mentally.

Other factors that may increase your risk for PPD are significant life stressors (such as the death of a loved one, a new job, or a recent move), complications during pregnancy, not getting along with your partner or another primary support person in your life, lack of social support, a history of depression or anxiety, an unplanned or unwanted pregnancy, or if your newborn is sick or requires special medical care. If you have already had a PPD episode after an earlier pregnancy, it significantly increases your risk to develop it again. Genetics may also play a role, so find out whether any women in your family have suffered from PPD.

Mental Health

Being mentally healthy while pregnant will set you up for being a mentally healthy new mom. Treatment for depression or anxiety during pregnancy is the best prevention for PPD. If you are pregnant and feeling depressed or anxious, ask your doctor for a referral to a mental health professional.

Anxiety. Many mothers don’t think they have PPD because they don’t feel depressed, but the most common symptom of PPD is anxiety. Feeling anxious can cause physical symptoms such as a racing heart, chest tightness, shortness of breath, stomach butterflies, and even nausea or tingling sensations. Anxiety can also be experienced as a deep sense of worry—about the baby, about your own health, or about anything else—that totally preoccupies you. Obsessive worrying (having one thought repeat over and over in your mind) is a very common symptom of PPD.

Depression. Many people think that if you can care for your baby—that is, if you can feed and bathe your baby and keep up with diaper changes—you are not depressed. Many mothers who are depressed can still do all of these things. It is only in more severe cases of PPD that a mother’s ability to care for her baby becomes compromised.

Difficulty sleeping. Most women with PPD have difficulty sleeping, even when the baby is asleep or cared for. It can be very frustrating to know that even though you are exhausted, you can’t fall asleep.

Other common symptoms. Other symptoms of PPD are guilt, tearfulness, sadness, fear of becoming a mother or not being a good mother, and fantasies of escaping. Some women also experience irritability, poor concentration and focus, or difficulty enjoying things.

Thoughts of harm. In rare cases, more significant symptoms of PPD—such as suicidal thoughts or thoughts of harming the baby—can develop. Even more rare, a woman with postpartum illness may have psychotic symptoms such as paranoid thinking, hearing voices, or having a delusion that is not based in reality. If you have any of these symptoms, you should seek help immediately by calling a medical professional, going to the nearest emergency room, or dialing 911.

What is the difference between “the blues” and PPD?

Many people confuse the terms “baby blues” or “postpartum blues” with PPD. Postpartum blues are normal—occurring in 50% to 85% of postpartum women—and are caused by the rapid change in hormones after childbirth. The blues usually occur within the first few days after birth and last about two weeks, but often fade faster than that. The blues are characterized by tearfulness, increased sensitivity, and mood swings. Usually some extra assistance with the baby, more sleep, and even just knowing that the blues will fade helps many women feel better. In contrast, PPD is not necessarily related to hormones. Symptoms such as severe anxiety, obsessive thoughts, inability to enjoy things, hopelessness, and insomnia are not the baby blues and are more consistent with PPD.

Postpartum Blues vs. Postpartum Depression

Postpartum Blues

Tearfulness
Sensitivity
Irritability
Mood swings

Postpartum Depression

Intense anxiety
Obsessive worrying
Hopelessness
Lack of or decreased enjoyment of baby



WHY TREAT PPD?

Even though PPD is very common, many women do not reach out for help. In fact, 50% of women suffering from PPD remain untreated. It's important to remember that PPD is treatable and there is no shame in asking for and receiving help.

Many women are afraid or feel embarrassed to admit feeling anxious or depressed during a time when they think they should be happy as a new mom. There is a lot of pressure in our society to be the “perfect mother,” to enjoy every part of being a mom, and to sacrifice a lot for your baby and family. Remember, it is normal to feel overwhelmed and to need extra help and support.

Moms should get help not only to feel better for themselves but also for their babies and family. Many scientists and health professionals agree that the single best predictor of the health of a child is the physical and mental well-being of the mother.

In addition to feeling significantly distressed, women who suffer from PPD may have trouble functioning. They may have difficulty meeting their own needs, such as eating, showering, and other self-care, or be unable to care for or connect with their baby. Moms suffering from PPD often have decreased enjoyment of their baby and family, which can lead to difficulty bonding with their baby. Symptoms of depression can lead to less affectionate behavior and feelings of detachment and disconnectedness.

If left untreated, PPD can have significant neurological and behavioral effects on a developing baby. Many studies show that untreated PPD leads to developmental delays and increased psychiatric diagnoses in children. Babies of mothers with PPD tend to show more fussy behavior and generally have more discontented temperaments.

PPD's Possible Effects on Mom

- Difficulty with self-care
- Poor sleep or insomnia
- Feeling more detached and disconnected from baby, friends, and family
- Increased Isolation
- Psychological suffering (anxiety/depression)

PPD' Possible Effects on Baby

- Developmental delays (not meeting motor, cognitive, and social milestones)
- Disturbed sleep
- Emotional and behavioral problems



HOW IS PPD DIAGNOSED?

Most women see their obstetrician and baby's pediatrician before other health professionals. If you think you may have PPD, discuss it with your obstetrician or baby's pediatrician and ask for a referral to a mental health professional. You can also ask your doctor to screen you for PPD with a tool called the Edinburgh Postnatal Depression Scale (EPDS).

If you are too embarrassed or ashamed to tell your baby's pediatrician or your obstetrician that you are depressed or anxious, remember that they have seen this problem before in many, many women because it so common. Sometimes it is helpful to bring a family member with you to an appointment for support. You can even have your family member tell the doctor you think you might be depressed.

EDINBURGH POSTNATAL DEPRESSION SCALE

It's a screening questionnaire that you can score yourself. Any score above 10 is considered concerning for depression. Any positive answer about feeling suicidal—no matter what your score on the questionnaire—is reason to call your obstetrician, pediatrician, or another health professional immediately. Try the EPDS questionnaire on pages 10-11.

Edinburgh Postnatal Depression Scale

The 10-question EPDS is a commonly used and valuable way to screen for PPD. To complete the questionnaire, check the answer that comes the closest to how you have felt over the past week. (It's important to note that EPDS is a screening tool and does not diagnose depression. A diagnosis must be made by a licensed health care professional.)

In the past week:

1. I have been able to laugh and see the funny side of things.

- As much as I always could [0]
- Not quite so much now [1]
- Definitely not so much now [2]
- Not at all [3]

2. I have looked forward with enjoyment to things.

- As much as I ever did [0]
- Rather less than I used to [1]
- Definitely less than I used to [2]
- Hardly at all [3]

*3. I have blamed myself unnecessarily when things went wrong.

- Yes, most of the time [3]
- Yes, some of the time [2]
- Not very often [1]
- No, never [0]

4. I have been anxious or worried for no good reason.

- No, not at all [0]
- Hardly ever [1]
- Yes, sometimes [2]
- Yes, very often [3]

*5. I have felt scared or panicky for no very good reason.

- Yes, quite a lot [3]
- Yes, sometimes [2]
- No, not much [1]
- No, not at all [0]

*6. Things have been getting on top of me.

- Yes, most of the time I haven't been able to cope at all [3]
- Yes, sometimes I haven't been coping as well as usual [2]
- No, most of the time I have coped quite well [1]
- No, I have been coping as well as ever [0]

*7. I have been so unhappy that I have had difficulty sleeping.

- Yes, most of the time [3]
- Yes, sometimes [2]
- Not very often [1]
- No, not at all [0]

*8. I have felt sad or miserable.

- Yes, most of the time [3]
- Yes, sometimes [2]
- Not very often [1]
- No, not at all [0]

*9. I have been so unhappy that I have been crying.

- Yes, most of the time [3]
- Yes, quite often [2]
- Only occasionally [1]
- No, never [0]

*10. The thought of harming myself has occurred to me.

- Yes, quite often [3]
- Sometimes [2]
- Hardly ever [1]
- Never [0]

Total Score:

If your score is 10 or higher, you may be suffering from PPD, and it's important to seek help from a health care professional. No matter your total score, pay close attention to question 10: if you have any thoughts of harming yourself or your baby, get help immediately.

Citation: Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry, 150, 782-786.

What can a mental health professional do about ppd?

There are several different types of mental health professionals. Therapists can be social workers, mental health counselors, or psychologists. Therapists primarily talk with you about your problems and help you come up with solutions to feel better. Psychiatrists are medical doctors who can prescribe medication. Some psychiatrists also do therapy.

Asking questions. When you see a mental health professional, either a therapist or a psychiatrist, you will be asked questions about your mood and anxiety, as well as your sleep. You will likely be asked about suicidal thoughts, or thoughts of harming your baby—these are standard questions that therapists and doctors ask. The best thing you can do is to answer these questions honestly. It's important to remember that the mental health professional wants to get you the help you need to feel better so you can enjoy motherhood. A happy family unit is always the goal.

You may also be asked about your family history and medical history, and whether you smoke or drink alcohol—and if so, how much. These questions give your doctor or mental health professional a full picture of your health background.

Lab work. Sometimes lab tests are done to make sure there are no thyroid problems, which are very common and can keep you from feeling better. Other tests may be done to check vitamin levels, such as vitamin D or the B vitamins.

What is the best way to find a therapist or mental health professional?

A good place to start your search is a local hospital that has a psychiatric outpatient department or clinic. Another option is to call your insurance company and ask for a provider nearby who takes your insurance. If you don't have health coverage and need help accessing care, a good place to start is Postpartum Support International or Planned Parenthood, which has local chapters across the United States. (See the Resources page for contact information.)



HOW is PPD treated?

There are many different types of treatment for PPD.

Mild PPD. Treatment for mild PPD includes behavioral interventions such as getting more sleep, talking about your experience with friends and family, arranging for more help at home, and following healthy exercise and eating plans. Joining a local support group of new moms can improve symptoms, and enjoying some private grown-up time with your partner can also be restorative.

Moderate to severe PPD. Treatment for moderate to severe PPD may include therapy and/or medication. Specific types of therapy called cognitive behavioral therapy and interpersonal therapy have proven to be helpful for PPD. These therapies are problem-focused, meaning that the therapist makes suggestions, gives advice, and helps the mother learn new skills and behaviors to tolerate and decrease stress.

Medications used to treat PPD include antidepressants such as fluoxetine, sertraline, paroxetine, citalopram, and escitalopram. Even though they are called antidepressants, they actually treat anxiety just as well. This is an important point: many women think they don't need an antidepressant because they are anxious, not depressed. Antidepressants are a great treatment option for anxiety and are the medication of choice. Anti-anxiety medications can sometimes be useful for acute anxiety such as panic attacks or physical anxiety. These medications are usually prescribed along with antidepressants. Along with medication, behavioral interventions—such as exercise, light therapy with a special kind of lamp that treats depression, massage, vitamin supplementation, and acupuncture—can also improve symptoms.

Antidepressants

Antidepressant medications need to be taken every day for them to work, and they usually take about four to six weeks to take full effect. Doctors often recommended that a woman with PPD continue taking antidepressants for 6 to 12 months, even after feeling better, to prevent a relapse. Many women stop taking their antidepressant after they feel better, not realizing that their improvement is due to the medication, not because they have recovered from the PPD.

Can nursing mothers take medication for PPD?

Even if you are nursing, you can and should take antidepressant medication if you need it to feel well. Most medications that treat anxiety and depression have very low concentrations in breast milk and are relatively safe in lactation. The baby may get very tiny amounts through breast milk, but sometimes this amount is so small it may even be undetectable. Make sure to discuss the medications you are taking while nursing with your doctor, your pediatrician and your mental health professional.





How can PPD be prevented?

The best treatment for PPD is prevention. It's best to focus on being well both physically and mentally during pregnancy. Most women with PPD actually started having symptoms during pregnancy. You should never ignore feelings of depression or anxiety. In most cases, these symptoms continue and become PPD once the baby is born. Getting help as early as possible, as soon as symptoms start, is the best treatment.

You can improve your overall health and wellness by taking care of yourself and boosting your support system.

Sleep. To get enough sleep, you may need to come up with a schedule so that you and your partner can share nighttime feedings. If you are nursing, you will either need to pump or your partner will need to prepare formula so you can sleep. Although you may not be able to do it right away, try to work toward having at least one 4-hour block of uninterrupted sleep a night. In the beginning, this will mean that someone else will have to feed the baby at least once a night. You can also catch up on sleep during the day when your baby is sleeping. Many studies show that sleep deprivation increases anxiety and depression postpartum. If you can prevent a sleep deficit over time, you will feel better.

Diet. A healthy diet means three healthy meals a day plus snacks. All meals should be high in protein, low in sugar, and full of vegetables and fruits. Keep easy, healthy snacks on hand, such as nuts, cheese, and cut veggies or fruit. This can be a life saver if you can't sit down for a meal for a while because you are with the baby but need something nourishing. It is very hard to feel well when you are not having enough good calories.

Support. Being a new mom can be very isolating. If there aren't any support groups for new moms in your neighborhood, consider starting one yourself. It can be very helpful to talk with other new moms about their experiences and to swap information about everything from diaper rash to developmental milestones. New mothers often find comfort in knowing that others share their fears and frustrations.





Commonly asked questions

How long will I have PPD?

If left untreated, PPD rarely goes away quickly on its own. It could be a year or more before you feel better with no treatment. With treatment, your symptoms should start to diminish within a few weeks.

Should I take medication to treat PPD?

Medication is usually recommended for moderate to severe symptoms of PPD such as lack of interest or enjoyment, insomnia, hopelessness, significant anxiety, emotional withdrawal from others, inability to care for yourself or the baby, and suicidal thoughts. Medication is even an option for milder symptoms of anxiety or depression. Ask your doctor which medication may be most appropriate for you.

What are the side effects of antidepressants?

Most antidepressants that treat PPD have few side effects. These medications are subtle in that you generally don't feel like you are taking anything—you just start to feel better. Initially, when your body is adjusting to the medication, you may have mild stomach upset, nausea, or a headache, but these symptoms should go away within a few days. Other possible side effects are weight gain, sexual side effects, night sweats, or teeth grinding. Ask your doctor about the possible side effects for any medication you are prescribed.

What if I am nursing and I need to take medication?

If you need medication or are interested in taking medication for PPD, you can and should take it, even if you are nursing. Most medications that treat anxiety and depression have very low concentrations in breast milk and are relatively safe in lactation. The baby may get very tiny amounts through breast milk, but sometimes this amount is so small it may even be undetectable. Make sure to discuss the medications you are taking while nursing with your doctor, your pediatrician, and your mental health professional.

Am I at risk for PPD with my next pregnancy?

Yes. Having had PPD puts you at higher risk of suffering from it again in another pregnancy. If you have had PPD or an episode of clinical depression or anxiety before, talk with your obstetrician or another health care professional about what to do to avoid feeling unwell again. Prevention is the best treatment.

How can the partner of a new mom help with PPD recovery?

Having a new baby is wonderful but also stressful, for both partners. Work on supporting each other, and make sure you take time for each other too. Everyone needs a break. Try to build in some grown-up time without the baby. If you think your partner may have PPD, encourage her to get help, and offer to take her to see a doctor.



Resources

National Institute of Mental Health

www.nimh.nih.gov
(866) 615-6464

National Mental Health Association

www.nmha.org
(800) 969-6642

National Women's Health Information Center

www.womenshealth.gov
(800) 994-9662

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