

Depression After Childbirth:

IS IT THE “BABY BLUES” OR SOMETHING MORE?

Information for *Family Members and Friends of Women Who Have Just Given Birth*

Childbirth

Women in the American culture are often told that the birth of a child is a joyous occasion which should make them very happy.

But what if this is not her reaction? We have developed this pamphlet to help you understand the sadness that may follow the birth of her baby, and to determine if this sadness is the short-lived, normal hormonal readjustment commonly called the “**baby blues**” which will resolve itself in a few weeks or if it is a more serious disorder called **postpartum depression** which requires professional medical attention, or if it is a rare medical emergency known as **postpartum psychosis** which requires immediate medical attention.

This pamphlet was written for you, the family member or friend of a woman undergoing childbirth so that you will also have this vital information.

Sometimes when people become depressed they are unable to recognize the problem, or are unable to ask for the help that they need, therefore, it is important that someone else is involved and assisting a new mother in monitoring her moods and well-being after childbirth.

Depression is a change in the biochemistry of the brain, and is not something that will correct itself. If a new mother is experiencing symptoms of depression, we urge you to assist her in seeking professional medical attention because **TREATMENT WORKS!**

What is the “baby blues”?

Following childbirth, the see-sawing emotions and heightened emotional responses commonly called the “baby blues” occurs with such frequency (30-80%) that it is considered a normal part of the birthing process. Mood swings, crying spells, irritability, are common after giving birth. This is not unusual as the mother’s body readjusts itself after the momentous events of childbirth.. The “baby blues” usually occurs 2 to 5 days after childbirth. The mother may experience periods of weeping, mood swings, being overly sensitive, feeling overwhelmed, and just plain exhausted. The “baby blues” usually resolves without medical treatment within a week or two as hormone levels return to normal as she and her body adjust to her new situation. It often helps for her to discuss her feelings with friends or family. New mothers need assistance and they especially need to sleep. Help the new mother as much as you can, and encourage her to discuss how she is feeling with you and with her healthcare professional.

Postpartum Depression:

A Persistent Inability to Cope

In contrast, postpartum depression is an episode of major depressive illness characterized by a persistently depressed or irritable mood or unexplained anxiety lasting more than two weeks. Postpartum depression presents with typical depressive

symptoms, including feelings of hopelessness, helplessness, persistent sadness, negative thinking or worrying, low self-esteem, loss of pleasure in usual activities, sleep and/or appetite disturbance, irritability, and problems with concentration, memory, and decision making. Significant impairment, or feeling unable to care for the baby and/or herself, or cope with interpersonal relations, is also an aspect of postpartum depression.

How does postpartum depression differ from the baby blues?

The “baby blues” is short-lived, ending without treatment within a week or so. Any symptoms that are severe or that persist after two weeks should be discussed with her doctor or other healthcare provider. Women who suffer from postpartum depression are persistently depressed for more than two weeks. Typical symptoms, which are present for at least two weeks, most of the time, include:

- Feelings of sadness or low mood; feeling “down”
- Loss of interest in usual activities
- Difficulty concentrating
- General fatigue and loss of energy

- Difficulty sleeping or an increased need for sleep
- Significant weight gain or loss
- Excessive or inappropriate guilt
- Feelings of worthlessness
- Feelings of hopelessness
- Recurring thoughts about death or suicide
- Unexplained anxiety

How Common is Postpartum Depression?

Approximately 10 to 15% of women who give birth will develop depression during the postpartum period. Women with

a history of depression are at greater risk for subsequent depression after childbirth. Women who have suffered through one bout of postpartum depression are more likely to experience another. Some higher risk groups can be identified prior to childbirth, and include:

- History of postpartum depression or mood disorder
- Family history of mood disorder
- Adverse life events
- Marital discord
- Poor social support

Most often, postpartum depression can be treated effectively through the benefits of interpersonal psychotherapy and/or with prescribed antidepressant medications.

What about Postpartum Psychosis?

In contrast, postpartum psychosis is relatively rare, affecting 0.1%-0.2% of postpartum women. It typically occurs within

4 weeks of childbirth. It constitutes a medical emergency and immediate treatment should be sought. When delusions (fixed false beliefs) are present, they often concern the newborn (i.e., that the infant is possessed by the devil, has special powers, or is destined for a terrible fate). Suicidal ideation, obsessive thoughts regarding violence to the child, lack of concentration and psychomotor agitation are often present.

“Baby Blues”, Postpartum Depression and Postpartum Psychosis: A Comparison:

CHARACTERISTIC	“BABY BLUES”	POSTPARTUM DEPRESSION	POSTPARTUM PSYCHOSIS
Incidence	30-80%	10-15%	0.1% to 0.2%
Onset	2-5 days after delivery	Usually within the first 6 months after delivery	Usually within 4 weeks of delivery
Duration	Days to weeks	Months to years, if untreated	Needs urgent and intensive medical attention.
History of depression	No association	Strong association	Strong association. 30-50% risk of recurrence after one episode of postpartum psychosis. May be more common in first time mothers.

For more information about Mental Illness - Contact:

**The National Alliance on Mental Illness of Greater Chicago
NAMI of Greater Chicago**

1536 West Chicago Ave, Chicago, IL 60642
Phone: 312-563-0445 FAX: 312-563-0467