



Understanding the Baby Blues and Postpartum Depression

Emotional ups and downs are a normal part of adjusting to motherhood. It's important to know the difference between the “baby blues” (which are temporary) and postpartum depression (which is a more serious condition). This handout explains these differences and offers suggestions for adjusting to caring for your new baby.

While your life with a new baby can be thrilling and rewarding, it can also be stressful. Childbirth causes changes to your body and to your emotions. These changes may leave you feeling sad, anxious, afraid, or confused. These feelings are sometimes called the “baby blues.” The “baby blues” are very common after childbirth, affecting about 70 to 85 percent of all new mothers.

Feeling sad after the baby arrives?

The baby blues are caused, in part, by the rapid changes in hormones within your body after giving birth. Fatigue that comes with the healing process and the demands of caring for your new baby also contribute to the baby blues. Usually, the baby blues begin 2 to 3 days after delivery and last 1 to 2 weeks.

In the days immediately following childbirth, there may be times when you react in ways that may seem out of character for you. These can include:

- Crying for no reason
- Feeling depressed, sad, or lonely
- Feeling anxious or restless
- Feeling irritable or angry for no reason
- Having trouble sleeping or eating

Self-care strategies

There are several self-care strategies that you can practice after the birth of your baby to help take care of yourself. They include:

- **Rest as much as you can.** Sleep while the baby naps. Try not to let your visitors keep you from getting the sleep you need. Turn off the phone and put a sign on the door when you are napping.
- **Take good care of your body.** Try to do some gentle exercises, eat healthy foods, and drink plenty of fluids.
- **Try to spend time outdoors.** Take the baby out for a walk.
- **Ask for help.** Have family and friends help you with household chores and errands.
- **Talk with friends, especially other new parents,** about your experiences as a parent.
- **Try to spend some alone time with your partner.**
- **Go to a support group for new parents.**

How others can help

Whether this is your first baby or your fourth, there are many ways that close friends and family members can assist you through your transition to motherhood. All mothers need help and support after the birth of a baby.

Ask your partner, family, and friends to help in the following ways:

- **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 to sleep, bathe, exercise, read, or meditate.**

These feelings may come and go. One minute you may feel happy, and the next, you may be crying. Mood swings are common after the birth of a baby. New mothers often start to feel better after they get some rest and when others are available to help with the baby.

Sometimes the baby blues may last longer or be more intense. In this case, you may be experiencing postpartum depression. If these feelings last more than 2 or 3 weeks or seem overwhelming, call your doctor or other health care professional for help.

What is postpartum depression?

Postpartum depression is more serious than the “baby blues.” Women with postpartum depression have stronger feelings of sadness, despair, anxiety, or irritability. Approximately 10 to 15 percent of mothers experience postpartum depression in the first year after giving birth. It can begin at any time, but symptoms typically begin 2 or 3 weeks after giving birth.

If left untreated, symptoms can get worse and may last for as long as a year or more. The good news is that postpartum depression can be diagnosed and effectively treated.

Who is at risk for postpartum depression?

Any woman who has had a baby, miscarried, or recently stopped breastfeeding a child can suffer from postpartum depression.

Postpartum depression can affect you regardless of your age, number of children, socioeconomic status, or education level. Postpartum depression is more likely to happen if you have 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
- Struggles with initiating breastfeeding

Symptoms of postpartum depression include:

- Restlessness, irritability, or excessive crying
- Difficulty sleeping, extreme exhaustion, or both
- Unplanned or unexpected changes in appetite or weight
- Difficulty concentrating, remembering, or making decisions
- 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 are experiencing any of these symptoms, or if you feel fearful about harming your baby or yourself, please call your doctor or other health care professional immediately.

How is postpartum depression treated?

Postpartum depression can be treated successfully. It is 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/anti-anxiety 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 for mothers who breastfeed. If you are breastfeeding, talk with your doctor or other health care professional to decide on the treatment option that is best for you.

Additional resources

Visit kp.org/mydoctor to:

- View most lab results and check your preventive health reminders
- Email your doctor
- Use interactive online tools to help keep you and your family healthy

Contact your Kaiser Permanente Health Education Center or Department for books, videos, classes, and additional resources.

Call the National Women’s Health Information Center (U.S. Department of Health and Human Services) 1-800-994-9662 or womenshealth.gov.

Your health and your ability to take care of your baby can be seriously affected by violence or abuse. If you are hit, hurt, or threatened by a partner or spouse, there is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to ndvh.org.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.