Postpartum Depression and the Baby Blues

Depression is common in new mothers. Learn about the signs and symptoms—and what you can do to feel better.

Depression in new mothers

Having a baby is stressful—no matter how much you've looked forward to it or how much you love your child. Considering the sleep deprivation, new responsibilities, and lack of time for yourself, it’s no surprise that a lot of new moms feel like they’re on an emotional
rollercoaster.

In fact, mild depression and mood swings are so common in new mothers that it has its own name: the baby blues.

**Is it the baby blues or postpartum depression?**

The majority of women experience at least some symptoms of the baby blues immediately after childbirth. It’s caused by the sudden change in hormones after delivery, combined with stress, isolation, sleep deprivation, and fatigue. You might feel more tearful, overwhelmed, and emotionally fragile. Generally, this will start within the first couple of days after delivery, peak around one week, and taper off by the end of the second week postpartum.

The baby blues are perfectly normal, but if your symptoms don’t go away after a few weeks or get worse, you may be suffering from postpartum depression.

**Signs and symptoms of postpartum depression**

Unlike the baby blues, postpartum depression is a more serious problem—one that you shouldn’t ignore.

In the beginning, postpartum depression can look like the normal baby blues. In fact, postpartum depression and the baby blues share many symptoms, including mood swings, crying jags, sadness, insomnia, and irritability. The difference is that with postpartum depression, the symptoms are more severe (such as suicidal thoughts or an inability to care for your newborn) and longer lasting.

- You might find yourself withdrawing from your partner or being unable to bond well with your baby.
- You might find your anxiety out of control, preventing you from sleeping—even when your baby is asleep—or eating appropriately.
- You might find feelings of guilt or worthlessness overwhelming or begin to develop thoughts preoccupied with death or even wish you were not alive.

These are all red flags for postpartum depression.

The [Edinburgh Postnatal Depression Scale](https://www.edinburghpostnataldepression.com) is a screening tool designed to detect postpartum depression. Follow the instructions carefully. A score greater than 13 suggests the need for a more thorough assessment because you could have postpartum depression.
Postpartum depression causes and risk factors

There’s no single reason why some new mothers develop postpartum depression and others don’t, but a number of interrelated causes and risk factors are believed to contribute to the problem.

- **Hormonal changes.** After childbirth, women experience a big drop in estrogen and progesterone hormone levels. Thyroid levels can also drop, which leads to fatigue and depression. These rapid hormonal changes—along with the changes in blood pressure, immune system functioning, and metabolism that new mothers experience—may trigger postpartum depression.

- **Physical changes.** Giving birth brings numerous physical and emotional changes. You may be dealing with physical pain from the delivery or the difficulty of losing the baby weight, leaving you insecure about your physical and sexual attractiveness.

- **Stress.** The stress of caring for a newborn can also take a toll. New mothers are often sleep deprived. In addition, you may feel overwhelmed and anxious about your ability to properly care for your baby. These adjustments can be particularly difficult if you’re a first-time mother who must get used to an entirely new identity.

Risk factors for postpartum depression

Several factors can predispose you to postpartum depression: The most significant is a history of postpartum depression, as a prior episode can increase your chances of a repeat episode to 30-50%. A history of [non-pregnancy related depression](#) or a family history of mood disturbances is also a risk factor. Others include social stressors, such as a lack of emotional support, an abusive relationship, and financial uncertainty. Risk is also significantly increased in women who discontinue medications abruptly for purposes of pregnancy.

Signs and symptoms of postpartum psychosis

Postpartum psychosis is a rare, but extremely serious disorder that can develop after childbirth, characterized by loss of contact with reality. Because of the high risk for suicide or infanticide, hospitalization is usually required to keep the mother and the baby safe.

Postpartum psychosis develops suddenly, usually within the first two weeks after delivery, and sometimes within 48 hours. Symptoms include:
• Hallucinations (seeing things that aren’t real or hearing voices)
• Delusions (paranoid and irrational beliefs)
• Extreme agitation and anxiety
• Suicidal thoughts or actions
• Confusion and disorientation
• Rapid mood swings
• Bizarre behavior
• Inability or refusal to eat or sleep
• Thoughts of harming or killing your baby

Postpartum psychosis should be considered a medical emergency requiring immediate medical attention.

Coping with postpartum depression tip 1: Create a secure attachment with your baby

The emotional bonding process between mother and child, known as attachment, is the most important task of infancy. The success of this wordless relationship enables a child to feel secure enough to develop fully, and affects how he or she will interact, communicate, and form relationships throughout life.

A secure attachment is formed when you as the mother respond warmly and consistently to your baby’s physical and emotional needs. When your baby cries, you quickly soothe him or her. If your baby laughs or smiles, you respond in kind. In essence, you and your child are in sync. You recognize and respond to each other’s emotional signals.

Postpartum depression can interrupt this bonding. Depressed mothers can be loving and attentive at times, but at other times may react negatively or not respond at all. Mothers with postpartum depression tend to interact less with their babies, and are less likely to breastfeed, play with, and read to their children. They may also be inconsistent in the way they care for their newborns.

However, learning to bond with your baby not only benefits your child, it also benefits you by releasing endorphins that make you feel happier and more confident as a mom.
How to bond with your baby

If you didn’t experience a secure attachment as an infant, you may not know how to create a secure attachment—but you can learn. Our human brains are primed for this kind of nonverbal emotional connection that creates so much pleasure for you and your baby.

Tip 2: Lean on others for help and support

Human beings are social. Positive social contact relieves stress faster and more efficiently than any other means of stress reduction. Historically and from an evolutionary perspective, new mothers received help from those around them when caring for themselves and their infants after childbirth. In today’s world, new mothers often find themselves alone, exhausted and lonely for supportive adult contact. Here are some ideas for connecting to others:

Make your relationships a priority. When you’re feeling depressed and vulnerable, it’s more important than ever to stay connected to family and friends—even if you’d rather be alone. Isolating yourself will only make your situation feel even bleaker, so make your adult relationships a priority. Let your loved ones know what you need and how you’d like to be supported.

Don’t keep your feelings to yourself. In addition to the practical help your friends and family can provide, they can also serve as a much-needed emotional outlet. Share what you’re experiencing—the good, the bad, and the ugly—with at least one other person, preferably face to face. It doesn’t matter who you talk to, so long as that person is willing to listen without judgment and offer reassurance and support.

Be a joiner. Even if you have supportive friends, you may want to consider seeking out other women who are dealing with the same transition into motherhood. It’s very reassuring to hear that other mothers share your worries, insecurities, and feelings. Good places to meet new moms include support groups for new parents or organizations such as Mommy and Me. Ask your pediatrician for other resources in your neighborhood.

Tip 3: Take care of yourself

One of the best things you can do to relieve or avoid postpartum depression is to take care of yourself. The more you care for your mental and physical well-being, the better you’ll
feel. Simple lifestyle changes can go a long way towards helping you feel like yourself again.

**Skip the housework** - Make yourself and your baby the priority. Give yourself permission to concentrate on yourself and your baby – there is more work involved in this 24/7 job than in holding down a full-time job.

**Ease back into exercise.** Studies show that exercise may be just as effective as medication when it comes to treating depression, so the sooner you get back up and moving, the better. No need to overdo it: a 30-minute walk each day will work wonders. Stretching exercises such as those found in yoga have shown to be especially effective.

**Practice mindfulness meditation.** Research supports the effectiveness of meditation for making you feel calmer and more energized. It can also help you to become more aware of what you need and what you feel.

**Don’t skimp on sleep.** A full eight hours may seem like an unattainable luxury when you’re dealing with a newborn, but poor sleep makes depression worse. Do what you can to get plenty of rest—from enlisting the help of your partner or family members to catching naps when you can.

**Set aside quality time for yourself** to relax and take a break from your mom duties. Find small ways to pamper yourself, like taking a bubble bath, savoring a hot cup of tea, or lighting scented candles. Get a massage.

**Make meals a priority.** When you’re depressed, nutrition often suffers. What you eat has an impact on mood, as well as the quality of your breast milk, so do your best to establish healthy eating habits.

**Get out in the sunshine.** Sunlight lifts your mood, so try to get at least 10 to 15 minutes of sun per day.

**Tip 4: Make time for your relationship with your partner**

More than half of all divorces take place after the birth of a child. For many couples, the relationship with their partner is their primary source of emotional expression and social connection. The demands and needs of a new baby can get in the way and fracture this relationship unless couples put some time, energy, and thought into preserving their bond.
Don’t scapegoat. The stress of sleepless nights and caretaking responsibilities can leave you feeling overwhelmed and exhausted. And since you can’t take it out on the baby, it’s all too easy to turn your frustrations on your partner. Instead of finger pointing, remember that you’re in this together. If you tackle parenting challenges as a team, you’ll become an even stronger unit.

Keep the lines of communication open. Many things change following the birth of a baby, including roles and expectations. For many couples, a key source of strain is the post-baby division of household and childcare responsibilities. It’s important to talk about these issues, rather than letting them fester. Don’t assume your partner knows how you feel or what you need.

Carve out some couple’s time. It’s essential to make time for just the two of you when you can reconnect. But don’t put pressure on yourself to be romantic or adventurous (unless you’re both up for it). You don’t need to go out on a date to enjoy each other’s company. Even spending 15 or 20 minutes together—undistracted and focused on each other—can make a big difference in your feelings of closeness.

Treatment for postpartum depression

If, despite the self-help and the support of your family, you’re still struggling with postpartum depression, you may want professional treatment.

Individual therapy or marriage counseling. A **good therapist** can help you successfully deal with the adjustments of motherhood. If you are experiencing marital difficulties or are feeling unsupported at home, marriage counseling can be very beneficial.

Antidepressants. For cases of postpartum depression where your ability to function adequately for yourself or your baby is compromised, antidepressants may be an option. However, **medication** should be closely monitored by a physician and has shown to be more effective when accompanied by psychotherapy.

Hormone therapy. Estrogen replacement therapy sometimes helps with postpartum depression. Estrogen is often used in combination with an antidepressant. There are risks that go along with hormone therapy, so be sure to talk to your doctor about what is best—and safest—for you.
Helping a new mother with postpartum depression

If your loved one is experiencing postpartum depression, the best thing you can do is to offer support. Give her a break from childcare duties, provide a listening ear, and be patient and understanding.

You also need to take care of yourself. Dealing with the needs of a new baby is hard for the partner as well as the mother. And if your significant other is depressed, you are dealing with two major stressors.

How to help your wife or partner

Encourage her to talk about her feelings. Listen to her without judging or offering solutions. Instead of trying to fix things, simply be there for her to lean on.

Offer help around the house. Chip in with the housework and childcare responsibilities. Don’t wait for her to ask!

Make sure she takes time for herself. Rest and relaxation are important. Encourage her to take breaks, hire a babysitter, or schedule some date nights.

Be patient if she’s not ready for sex. Depression affects sex drive, so it may be a while before she’s in the mood. Offer her physical affection, but don’t push if she’s not up for sex.

Go for a walk with her. Getting exercise can make a big dent in depression, but it’s hard to get motivated when you’re feeling low. Help her by making walks a daily ritual for the two of you.

Authors: Melinda Smith, M.A. and Jeanne Segal, Ph.D. Reviewed by Anna Glezer, M.D.

Will you help keep HelpGuide free for all?

One in four people will struggle with mental health at some point in their lives. And with the coronavirus pandemic and troubled economy, many are in crisis right now. More than ever, people need a trustworthy place to turn to for guidance and hope. That is our mission at HelpGuide. Our free online resources ensure that everyone can get the help they need when they need it—no matter what health insurance they have, where they live, or what they can
afford. But as a nonprofit that doesn’t run ads or accept corporate sponsorships, we need your help. If you have already contributed, thank you. If you haven’t, please consider helping us reach those who need it: Donate today from as little as $3.

Anna Glezer, M.D. is a Harvard-trained clinician with joint appointments in the reproductive psychiatry and OB/GYN departments at UCSF Medical Center. She is the founder of Mind Body Pregnancy.

Last updated: September 2020

Get more help

Postpartum Depression - Difference between the baby blues, postpartum depression, and postpartum psychosis. (KidsHealth)

Edinburgh Postnatal Depression Scale (PDF) – Screening tool to detect postpartum depression. (The Regents of the University of California)

Baby blues or beyond? Recognizing postpartum depression – Diagnosing postpartum depression, the risk factors, and treatment options. (mindbodypregnancy.com)

Postpartum depression support

In the U.S.: Call the PSI Helpline at 1-800-944-4773

UK: Call the Mind Infoline at 0300 123 3393

Australia: Call the PANDA Helpline at 1300 726306

In other countries: Find Local Support and Help