

Perinatal Depression



National Institute
of Mental Health

Perinatal depression is depression that occurs during or after pregnancy. The symptoms can range from mild to severe. In rare cases, the symptoms are severe enough that the health of the mother and baby may be at risk. Perinatal depression can be treated. This brochure describes the signs and symptoms of perinatal depression and how you or a loved one can get help.

Overview

What is perinatal depression?

Perinatal depression is a mood disorder that can affect women during pregnancy and after childbirth. The word “perinatal” refers to the time before and after the birth of a child. Perinatal depression includes depression that begins during pregnancy (called prenatal depression) and depression that begins after the baby is born (called postpartum depression). Mothers with perinatal depression experience feelings of extreme sadness, anxiety, and fatigue that may make it difficult for them to carry out daily tasks, including caring for themselves or others.

What causes perinatal depression?

Perinatal depression is a real medical illness and can affect any mother—regardless of age, race, income, culture, or education. Women are not to blame or at fault for having perinatal depression: it is not brought on by anything a mother has or has not done. Perinatal depression does not have a single cause. Research suggests that perinatal depression is caused by a combination of genetic and environmental factors. Life stress (for example, demands at work or experiences of past trauma), the physical and emotional demands of childbearing and

How is postpartum depression different from the “baby blues”?

The “baby blues” is a term used to describe mild mood changes and feelings of worry, unhappiness, and exhaustion that many women sometimes experience in the first 2 weeks after having a baby. Babies require around-the-clock care, so it’s normal for mothers to feel tired or overwhelmed sometimes. If mood changes and feelings of anxiety or unhappiness are severe, or if they last longer than 2 weeks, a woman may have postpartum depression. Women with postpartum depression generally will not feel better unless they receive treatment.

Postpartum Psychosis

Postpartum psychosis (PP) is a severe mental illness that occurs after childbirth. PP is a medical emergency, and it is important to seek help immediately by calling 911 or going to the nearest emergency room. Women who have PP can have delusions (thoughts or beliefs that are not true), hallucinations (seeing, hearing, or smelling things that are not there), mania (a high, elated mood that often seems out of touch with reality), paranoia, and confusion. Women who have PP also may be at risk for harming themselves or their child and should receive help as soon as possible. Recovery is possible with professional help.

caring for a new baby, and changes in hormones that occur during and after pregnancy can contribute to the development of perinatal depression. In addition, women are at greater risk for developing perinatal depression if they have a personal or family history of depression or bipolar disorder or if they have experienced perinatal depression with a previous pregnancy.

Signs and Symptoms

Some women may experience a few symptoms of perinatal depression; others may experience several symptoms. Some of the more common symptoms of perinatal depression include:

- ▶ Persistent sad, anxious, or “empty” mood
- ▶ Irritability
- ▶ Feelings of guilt, worthlessness, hopelessness, or helplessness
- ▶ Loss of interest or pleasure in hobbies and activities
- ▶ Fatigue or abnormal decrease in energy
- ▶ Feeling restless or having trouble sitting still
- ▶ Difficulty concentrating, remembering, or making decisions
- ▶ Difficulty sleeping (even when the baby is sleeping), awakening early in the morning, or oversleeping
- ▶ Abnormal appetite, weight changes, or both
- ▶ Aches or pains, headaches, cramps, or digestive problems that do not have a clear physical cause or do not ease even with treatment
- ▶ Trouble bonding or forming an emotional attachment with the new baby
- ▶ Persistent doubts about the ability to care for the new baby
- ▶ **Thoughts about death, suicide, or harming oneself or the baby**

Only a health care provider can help a woman determine whether the symptoms she is feeling are due to perinatal depression or something else. It is important for women who experience any of these symptoms to see a health care provider.

If You Know Someone in Crisis:

- ▶ Dial 911 in an emergency.
- ▶ Call the toll-free National Suicide Prevention Lifeline (Lifeline) at 1-800-273-TALK (8255), 24 hours a day, 7 days a week. The deaf and hard of hearing can contact the Lifeline via TTY at 1-800-799-4889. All calls are confidential. To learn more about the Lifeline, visit <https://suicidepreventionlifeline.org>.
- ▶ Contact the Crisis Text Line 24 hours a day, 7 days a week, by texting HELLO to 741741.

Treatment

Treatment for perinatal depression is important for the health of both the mother and the baby, as perinatal depression can have serious health effects on both. With proper treatment, most women feel better and their symptoms improve.

Treatment for perinatal depression often includes therapy, medications, or a combination of the two. If these treatments do not reduce symptoms, brain stimulation therapies, such as electroconvulsive therapy, may be an option to explore. Learn more about these therapies by visiting the National Institute of Mental Health's (NIMH) Brain Stimulation Therapies webpage at www.nimh.nih.gov/braintherapies. A doctor or health care provider can help women choose the best treatment based on their symptoms.

Psychotherapy

Several types of psychotherapy (sometimes called “talk therapy” or “counseling”) can help women with perinatal depression. Two examples of evidence-based approaches that have been used to treat perinatal depression include cognitive behavioral therapy and interpersonal therapy.

Cognitive Behavioral Therapy (CBT)

CBT is a type of psychotherapy that can help people with depression and anxiety. It teaches people different ways of thinking, behaving, and reacting to situations. People learn to challenge and change unhelpful patterns of thinking and behavior as a way of improving their depressive and anxious feelings and emotions. CBT can be conducted individually or with a group of people who have similar concerns.

Interpersonal Therapy (IPT)

IPT is an evidence-based therapy that has been used to treat depression, including perinatal depression. It is based on the idea that interpersonal and life events impact mood and vice versa. The goal of IPT is to help people to improve their communication skills within relationships, to develop social support networks, and to develop realistic expectations that allow them to deal with crises or other issues that may be contributing to their depression.

For information on how to identify a mental health professional and questions to ask when considering therapy, visit the NIMH Psychotherapies webpage at www.nimh.nih.gov/psychotherapies.

Medication

Women with perinatal depression are most commonly treated with antidepressants, which are medications used to treat depression. They may help improve the way the brain uses certain chemicals that control mood or stress. Women who are pregnant or breastfeeding should notify their doctor before starting antidepressants so their doctor can work to minimize the baby's

exposure to the medication during pregnancy or breastfeeding. The risk of birth defects and other problems for babies of mothers who take antidepressants during pregnancy is very low; however, women should work with their doctor to weigh the risks and benefits of treatment and to find the best solution for their situation. Women may need to try several different medications before finding the one that improves their symptoms and has manageable side effects.

Antidepressants take time—usually 6 to 8 weeks—to work, and symptoms such as sleep, appetite, and concentration problems often improve before mood lifts. It is important to give medication a chance before deciding whether or not it works.

Do not stop taking antidepressants without the help of a doctor or other health care provider. Sometimes people taking antidepressants feel better and then stop taking the medication on their own, and the depression returns. Stopping medications abruptly can cause withdrawal symptoms. When a woman and her health care provider have decided it is time to stop the medication, the health care provider will help her to decrease the dose slowly and safely. To find the latest information about antidepressants, talk to a health care provider and visit this U.S. Food and Drug Administration (FDA) webpage on the use of medications during and after pregnancy: www.fda.gov/consumers/free-publications-women/medicine-and-pregnancy.

Please Note: In some cases, children, teenagers, and young adults under the age of 25 may experience an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. Patients of all ages taking antidepressants should be watched closely, especially during the first few weeks of treatment.

If suicidal behaviors are observed, notify a health care provider right away. If you or a loved one is in crisis, call 911 for emergency services or contact the National Suicide Prevention Lifeline (Lifeline) at 1-800-273-TALK (8255). To learn more about the Lifeline, visit <https://suicidepreventionlifeline.org>.

After the birth of a child, many women experience a drop in certain hormones, which can lead to feelings of depression. FDA has approved one medication, called brexanolone, specifically to treat severe postpartum depression. Administered in a hospital, this drug works to relieve depression by restoring the levels of these hormones. To learn more, visit www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-post-partum-depression.

Researchers continue to study treatment options for perinatal depression. A health care provider can explain the different treatment options and help women choose the treatment that is right for them.

How can family and friends help?

It is important to understand that depression is a medical condition that impacts the mother, the child, and the family. Spouses, partners, family members, and friends may be the first to recognize symptoms of perinatal depression in a new mother. Treatment is central to recovery. Family members can encourage the mother to talk with a health care provider, offer emotional support, and assist with daily tasks such as caring for the baby or the home.

Support or advocacy groups can offer a good source of support and information. One example of this type of group is Postpartum Support International (www.postpartum.net); others can be found through online searches.

Learn More About Perinatal Depression

Federal Resources

- ▶ Moms' Mental Health Matters
(*Eunice Kennedy Shriver* National Institute of Child Health and Human Development, National Child & Maternal Health Education Program)
www.nichd.nih.gov/MaternalMentalHealth
- ▶ Postpartum Depression
(Office on Women's Health, U.S. Department of Health and Human Services)
www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression
- ▶ Medicine and Pregnancy
(U.S. Food and Drug Administration)
www.fda.gov/consumers/free-publications-women/medicine-and-pregnancy
- ▶ Postpartum Depression
(MedlinePlus, National Library of Medicine)
<https://medlineplus.gov/postpartumdepression.html>
- ▶ "Baby Blues"—or Postpartum Depression? video
(NIMH)
www.youtube.com/watch?v=6kaCdrvNGZw
- ▶ NIMH research studies on postpartum depression
www.nimh.nih.gov/labs-at-nimh/join-a-study/adults/adults-postpartum-depression.shtml

Participating in Clinical Research

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. The goal of clinical trials is to determine if a new test or treatment works and is safe. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Researchers at NIMH and around the country conduct many studies with patients and healthy volunteers. We have new and better treatment options today because of what clinical trials uncovered years ago. Be part of tomorrow's medical breakthroughs. Talk to your doctor or health care provider about clinical trials, their benefits and risks, and whether one is right for you.

For more information about clinical research and how to find clinical trials being conducted around the country, visit www.nimh.nih.gov/clinicaltrials.

Finding Help

Behavioral Health Treatment Services Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. Find a facility in your state at <https://findtreatment.samhsa.gov>. For additional resources, visit www.nimh.nih.gov/findhelp.

Talking to Your Health Care Provider About Your Mental Health

Communicating well with your doctor or health care provider can improve your care and help you both make good choices about your health. Find tips to help prepare for and get the most out of your visit at www.nimh.nih.gov/talkingtips. For additional resources, including questions to ask your doctor, visit the Agency for Healthcare Research and Quality website at www.ahrq.gov/patients-consumers.

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For More Information

NIMH website

www.nimh.nih.gov

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

(En español: <https://medlineplus.gov/spanish>)

ClinicalTrials.gov

www.clinicaltrials.gov

(En español: <https://salud.nih.gov/investigacion-clinica>)

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