It’s common for women to experience the “baby blues” — feeling stressed, sad, anxious, lonely, tired, or weepy — following their baby’s birth. But some women — up to 1 in 7 — experience a much more serious mood disorder — postpartum depression. (Postpartum psychosis, a condition that may involve psychotic symptoms like delusions or hallucinations, is a different disorder and is very rare.)

Unlike the baby blues, PPD doesn’t go away on its own. It can appear days or even months after delivering a baby; it can last for many weeks or months if left untreated. PPD can make it hard for you to get through the day, and it can affect your ability to take care of your baby, or yourself.

PPD can affect any woman — women with easy pregnancies or problem pregnancies, first-time mothers and mothers with one or more children, women who are married and women who are not, regardless of income, age, race or ethnicity, culture, or education.

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**What Are the Symptoms of PPD?**

The warning signs are different for everyone but may include:

- a loss of pleasure or interest in things you used to enjoy, including sex
- eating much more, or much less, than you usually do
- anxiety — all or most of the time — or panic attacks
- racing, scary thoughts
- feeling guilty or worthless — blaming yourself
- excessive irritability, anger, or agitation — mood swings
- sadness, crying uncontrollably for very long periods of time
- fear of not being a good mother
- fear of being left alone with the baby
- misery
- inability to sleep, sleeping too much, difficulty falling or staying asleep
- disinterest in the baby, family, and friends
- difficulty concentrating, remembering details, or making decisions
- thoughts of hurting yourself or the baby (see inside this brochure for numbers to call to get immediate help).

If these warning signs or symptoms last longer than 2 weeks, you may need to get help.

**Whether your symptoms are mild or severe, recovery is possible with proper treatment.**
What Are the Risk Factors for PPD?

• a change in hormone levels after childbirth
• previous experience of depression or anxiety
• family history of depression or mental illness
• stress involved in caring for a newborn and managing new life changes
• having a challenging baby who cries more than usual, is hard to comfort, or whose sleep and hunger needs are irregular and hard to predict
• having a baby with special needs (premature birth, medical complications, illness)
• first-time motherhood, very young motherhood, or older motherhood
• other emotional stressors, such as the death of a loved one or family problems
• financial or employment problems
• isolation and lack of social support

How Common Is PPD?

• Up to 1 in 7 women experience PPD
• For half of women diagnosed with PPD, this is their first episode of depression
• About half of women who are later diagnosed with PPD may have begun experiencing symptoms during pregnancy — so it’s important to seek help early!

Getting the right help can make all the difference for you, your baby, and your family.

What Can I Do?

• Don’t face PPD alone — Seek help from a psychologist or other licensed mental health provider; contact your doctor or other primary health care provider.
• Talk openly about your feelings with your partner, other mothers, friends, and relatives.
• Join a support group for mothers — ask your health care provider for suggestions if you can’t find one.
• Find a relative or close friend who can help you take care of the baby.
• Get as much sleep or rest as you can even if you have to ask for more help with the baby — if you can’t rest even when you want to, tell your primary health care provider.
• As soon as your doctor or other primary health care provider says it’s ok, take walks, get exercise.
• Try not to worry about unimportant tasks — be realistic about what you can really do while taking care of a new baby.
• Cut down on less important responsibilities.

Postpartum depression is not your fault — it is a real, but treatable, psychological disorder.

If you are having thoughts of hurting yourself or your baby, take action now:

Put the baby in a safe place, like a crib. Call a friend or family member for help if you need to.
• Call a suicide hotline (free & staffed all day, every day):
  National Hopeline Network 1-800-SUICIDE (1-800-784-2433) www.hopeline.com

PPD Moms
1-800-PPDMOMS (1-800-773-6667) www.1800ppdmoms.org
• Call your psychologist’s or other licensed mental health provider’s emergency number.
• Call your doctor’s or other primary health care provider’s emergency number.
• Go to your local hospital emergency room.
Tell someone you trust about what you are feeling; ask him or her to help you take these steps.

Adapted from MedEdPPD (www.mededppd.org/mothers/get_help.asp)
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The Good News: There Is Hope
PPD Can Be Treated! You Can Feel Better!

• Early detection and treatment make all the difference.
• If you or someone you know shows symptoms of depression and anxiety like the ones discussed here — either during pregnancy or after childbirth — a psychologist or other licensed mental health provider can help.
• Effective treatments for PPD include various forms of psychotherapy, often combined with antidepressant medication. You will learn how to develop skills to manage feelings and cope with problems.
• Don’t wait — Take action and seek treatment as soon as you notice any of these physical or emotional symptoms. PPD can get worse without treatment.

The American Psychological Association’s Consumer Help Center can also help you find a local psychologist: Call 1-800-964-2000, or visit APA’s online help center: www.apahelpcenter.org/