



Perinatal Depression



National Institute
of Mental Health

Perinatal depression is a mood disorder that occurs during pregnancy and after childbirth. The symptoms can range from mild to severe. In rare cases, the symptoms are severe enough that a mother and her baby's health and well-being may be at risk.

Perinatal depression can be treated. Learn about the signs and symptoms, risk factors, treatments, and ways you or a loved one can get help.

What is perinatal depression?

Perinatal depression includes depression that occurs during pregnancy (prenatal depression) and in the weeks after childbirth (postpartum depression). Most episodes of perinatal depression begin within 4–8 weeks after the baby is born. Women and other pregnant and postpartum people with perinatal depression experience extreme sadness, anxiety, and fatigue that may make it difficult to carry out daily tasks, including caring for themselves or others.

How is postpartum depression different from “baby blues”?

“Baby blues” is a term used to describe mild and short-lasting mood changes and feelings of worry, unhappiness, and exhaustion that many women experience in the first 2 weeks after giving birth. Babies require around-the-clock care, so it's normal for new mothers to feel tired or overwhelmed sometimes.

Mood changes and feelings of anxiety or unhappiness that are severe or last longer than 2 weeks after childbirth may be signs of postpartum depression. Women with postpartum depression generally will not feel better without treatment.

What are the signs and symptoms of perinatal depression?

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

- ▶ Persistent sad, anxious, or “empty” mood most of the day, nearly every day, for at least 2 weeks
- ▶ Feelings of hopelessness or pessimism
- ▶ Feelings of irritability, frustration, or restlessness
- ▶ Feelings of guilt, worthlessness, or helplessness
- ▶ Loss of interest or pleasure in hobbies and activities
- ▶ Fatigue or abnormal decrease in energy
- ▶ Being restless or having trouble sitting still

- ▶ Difficulty concentrating, remembering, or making decisions
- ▶ Difficulty sleeping (even when the baby is asleep), waking early in the morning, or oversleeping
- ▶ Abnormal changes in appetite or unplanned weight changes
- ▶ Physical aches or pains, headaches, cramps, or digestive problems that do not have a clear physical cause and do not go away with treatment
- ▶ Trouble bonding or forming an emotional attachment with the baby
- ▶ Persistent doubts about the ability to care for the baby
- ▶ Thoughts of death or harming oneself or the baby or suicide attempts

Women who experience any of these symptoms should see a health care provider. A provider can determine whether the symptoms are due to perinatal depression or something else.

What is postpartum psychosis?

Postpartum psychosis is a serious mental illness that can occur after childbirth. Women with postpartum psychosis may experience 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.

Postpartum psychosis is a psychiatric emergency that requires hospitalization. Women experiencing symptoms of postpartum psychosis should seek immediate help by calling 911 or going to the nearest emergency room. Recovery is possible with professional help.

What are the risk factors for perinatal depression?

Perinatal depression is a medical condition that can affect any woman or pregnant and postpartum person, regardless of age, race, ethnicity, income, culture, or education. A woman is not to blame or at fault for having perinatal depression: It is not caused by anything she has or has not done.

Perinatal depression does not have a single cause. Research suggests that genetic and environmental factors contribute to the disorder. Specific factors contributing to perinatal depression can include:

- ▶ Life stress (for example, demands at work or experiences of past trauma)
- ▶ Physical and emotional demands of childbirth and caring for a new baby
- ▶ Changes in hormones that occur during and after pregnancy

In addition, women are at increased risk for perinatal depression if they have a personal or family history of depression or bipolar disorder or if they experienced depression with a previous pregnancy. Women with a history of perinatal depression should consult a health care provider to develop a plan for follow-up care in case a depressive episode reoccurs.

How is perinatal depression treated?

Treating perinatal depression is critical for the health of the mother and her baby, as the disorder can have serious effects on both. However, with proper treatment, most women feel better and their symptoms improve.

Treatment for perinatal depression usually includes therapy, medication, or a combination of therapy and medication.

Researchers continue to study treatment options for perinatal depression. A health care provider can explain the different treatments and help you choose the best one based on your symptoms. You can learn more about approaches for treating depression at www.nimh.nih.gov/depression.

The National Institute of Mental Health (NIMH) has information on ways to get help and find a health care provider or access treatment at www.nimh.nih.gov/findhelp.

If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide and Crisis Lifeline at **988** or chat at 988lifeline.org. In life-threatening situations, call **911**.

Psychotherapy

Several types of psychotherapy (also called talk therapy or counseling) can help women with perinatal depression by teaching them new ways of thinking and behaving and helping them change habits that contribute to depression. Evidence-based therapies for perinatal depression include cognitive behavioral therapy and interpersonal therapy.

- ▶ **Cognitive behavioral therapy (CBT):** With CBT, people learn to challenge and change unhelpful thoughts and behaviors to improve their depressive and anxious feelings. People also learn different ways of reacting to situations. CBT can be conducted individually or with a group of people who have similar concerns.
- ▶ **Interpersonal therapy (IPT):** IPT is based on the idea that interpersonal and life events impact mood and vice versa. IPT aims to help people improve their communication skills within relationships, form social support networks, and develop realistic expectations to better deal with crises or other issues contributing to their depression.

For more information on psychotherapy, including what to look for in a therapist and how to find one, visit www.nimh.nih.gov/psychotherapies.

Medication

Medications used for depression (antidepressants) can effectively treat perinatal depression when used alone or in combination with psychotherapy. Antidepressants work by changing how the brain produces or uses certain chemicals involved in mood or stress.

Antidepressants take time—usually 4–8 weeks—to work. Problems with sleep, appetite, and concentration often improve before mood lifts. It is important to give a medication a chance to work before deciding whether it is right for you. You may need to try several medications to find the best one.

The U.S. Food and Drug Administration (FDA) has approved a medication called brexanolone specifically to treat severe postpartum depression. Brexanolone, which is administered through an IV during a brief hospital stay, appears to work differently than traditional antidepressants by rapidly altering a brain chemical that may play an important role in regulating the body's vulnerability to depression and anxiety.

More recently, the FDA approved a pill called zuranolone as the first oral medication for postpartum depression in adults. Zuranolone acts on similar brain receptors to brexanolone. In clinical trials, the pill reduced depressive symptoms in women with severe postpartum depression more quickly than traditional antidepressants.

Note: In some cases, people under age 25 years 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. The FDA advises that patients of all ages taking antidepressants be watched closely, especially during the first few weeks of treatment.

The risk of birth defects and other problems for babies of mothers who take antidepressants during pregnancy is very low. However, women should always let a health care provider know if they are pregnant or nursing and work with the provider to minimize the baby's exposure to medication and weigh the risks and benefits of available treatment options. More information on medications during and after pregnancy can be found at www.fda.gov/pregnancy.

All medications can have side effects. Talk to a health care provider before starting or stopping any medication. For more information on antidepressants, visit www.nimh.nih.gov/medications.

You can also learn more about specific medications like brexanolone and zuranolone, including the latest approvals, side effects, warnings, and patient information, on the FDA website at www.fda.gov/drugsatfda.

How can I find help for perinatal depression?

Visit a mental health professional

If you think you have perinatal depression, start by making an appointment with a health care provider. This could be a primary care doctor or a mental health professional who specializes in diagnosing and treating mental disorders (for example, a psychologist, psychiatrist, or social worker). A health care provider will examine you and talk to you about treatment options and next steps, including options if you are pregnant or nursing.

Communicating well with a 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 a provider, visit the Agency for Healthcare Research and Quality at www.ahrq.gov/questions.

The Substance Abuse and Mental Health Services Administration provides an online resource for finding mental health services in your area at <https://findtreatment.gov>.

Join a support or advocacy group

Support or advocacy groups can be an important source of help and information. One example of this type of group is Postpartum Support International; you can find others through online searches. For more information about Postpartum Support International, visit www.postpartum.net.

Contact the National Maternal Mental Health Hotline

This hotline offers free, confidential mental health support for mothers and their families before, during, and after pregnancy. Call or text **1-833-9-TLC-MAMA (1-833-852-6262)** to connect with counselors 24 hours a day, 7 days a week. English- and Spanish-speaking counselors are available.



How can family and friends provide help for perinatal depression?

It is essential to understand that perinatal depression is a medical condition that impacts the mother, the child, and the family. Treatment is central to recovery.

Spouses, partners, family members, and friends may be the first to recognize signs of depression in a new mother. Family and friends can provide help in many ways that include:

- ▶ Encouraging discussion with a health care provider
- ▶ Helping get to appointments
- ▶ Offering emotional or practical support
- ▶ Assisting with daily tasks such as caring for the baby or home

Where can I learn more about depression in women?

The following agencies have additional information on depression in women:

- ▶ Action Plan for Depression and Anxiety During Pregnancy and After Birth (*Eunice Kennedy Shriver* National Institute of Child Health and Human Development) www.nichd.nih.gov/ncmh/ncmh/ncmh/initiatives/moms-mental-health-matters/moms/action-plan
- ▶ Depression Among Women (Centers for Disease Control and Prevention) www.cdc.gov/reproductivehealth/depression
- ▶ Perinatal Depression: Preventive Interventions (U.S. Preventive Services Task Force) www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions
- ▶ Postpartum Depression (Office on Women's Health) www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression
- ▶ Women and Depression (U.S. Food and Drug Administration) www.fda.gov/consumers/women/women-and-depression

For more information on postpartum depression, also see:

- ▶ Postpartum Depression (MedlinePlus, National Library of Medicine) <https://medlineplus.gov/postpartumdepression.html>
- ▶ Talking Postpartum Depression videos (Office on Women's Health) www.womenshealth.gov/talkingPPD

What are clinical trials and why are they important?

Clinical trials are research studies that look at ways to prevent, detect, or treat diseases and conditions. These studies help show whether a treatment is safe and effective in people. Some people join clinical trials to help doctors and researchers learn more about a disease and improve health care. Other people, such as those with health conditions, join to try treatments that aren't widely available.

NIMH supports clinical trials across the United States. Talk to a health care provider about clinical trials and whether one is right for you. For more information, visit www.nimh.nih.gov/clinicaltrials.

For more information

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

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

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