

Baby Blues & Postpartum Depression

BC Reproductive Mental Health Program



The first few weeks after the birth of a baby can be exciting. But this time can also be very stressful for a woman. Her body is going through changes in hormones, daily routines and sleeping patterns.

It's not surprising that many women feel sad, overwhelmed and tearful. Sometimes it is hard to know if the changes to your mood are due to normal "baby blues" or a more serious postpartum depression.

You can learn more by reading this fact sheet - but it is always a good idea to talk to your healthcare provider if you're concerned about your mood.

There is help available for postpartum depression. With treatment, most women improve a lot and are able to do much better in all areas of their lives.

Depression in Pregnancy

We usually hear about postpartum (after birth) depression, but depression can actually begin in pregnancy.

- 8-12% of pregnant women experience depression
- 10-16% of women experience depression in the first year after birth (postpartum)

If you are pregnant and worried about your mood, talk to your doctor. Treating depression in pregnancy can reduce the risk of depression after the baby is born.

Baby Blues

About 80% of mothers feel the "baby blues" or postpartum blues 3-5 days after giving birth. They may:

- feel happy one minute and sad the next – rapid mood swings
- feel helpless, worried, irritable or anxious
- cry for what seems like no reason
- have problems sleeping

These are normal feelings and responses when women have the postpartum blues. Usually these symptoms get better or go away within a week or two and do not require treatment. But, if your mood does not improve after 2 weeks of giving birth, you may be experiencing postpartum depression.

Postpartum Depression (PPD)

Depression affects a woman's mood, behaviour, thoughts and physical well-being. Some women might start feeling depressed within the first few days after the baby is born. Others might not feel depressed until weeks or months later. A woman who is experiencing PPD may:

- Feel depressed or extremely sad, most of the day and nearly every day
- Feel irritable or angry
- Feel guilty or worthless
- Feel hopeless and overwhelmed

- Lose interest in things she used to enjoy
- Sleep a lot more or a lot less than usual
- Eat more or less than usual
- Withdraw from family, friends and contact with other people
- Cry for no apparent reason
- Be restless, or have little energy
- Find it hard to concentrate or make decisions
- Have headaches or upset stomach or other physical symptoms
- Have thoughts that she is a terrible mother
- Have frightening thoughts that keep coming back about harming herself or her baby

Only a doctor can diagnose depression. A woman may be diagnosed with postpartum depression if the symptoms:

- last for more than two weeks
- are very upsetting to the woman
- make it difficult to carry out her daily activities and care for her baby

If I am depressed, why do I feel so anxious?

Many women who experience PPD will also experience anxiety. Some symptoms of anxiety are a racing heart, feeling on edge, too much or unrealistic worry, and upsetting thoughts or images of harm to the baby. Other times women will experience symptoms of anxiety without being depressed.

It's important to tell your healthcare provider *all* of the symptoms you are experiencing. That way you can both discuss all of the support and treatments that are available to you.

Postpartum Psychosis

In extremely rare cases, women will develop psychosis after the delivery of their baby. Some symptoms of psychosis are:

- feeling extremely confused and hopeless
- not able to sleep
- distrust of other people
- seeing things or hearing things that are not there
- thoughts of harming yourself, your baby or others

Women with a history of bipolar disorder or other mental illnesses, like schizophrenia, may be at higher risk of developing postpartum psychosis. If this happens, contact a health care professional immediately.

Why Me?

Some women have a higher risk of developing postpartum depression. The most common reasons are when a woman:

- has experienced depression or anxiety in the past
- has a family member(s) who has had depression or anxiety
- took medication for depression or anxiety and stopped before or during pregnancy
- has too little support from friends, family and community

Myths & Facts

Myth: You can just “snap out” of PPD.

Fact: PPD is a health issue. If you have moderate to severe PPD you need to receive health care.

Myth: PPD affects me, but not my baby.

Fact: When a mom is depressed, she can have a hard time interacting and bonding with her baby. This can affect the baby’s development. The best way to make sure your baby has a healthy start is to get help for yourself.

Myth: Only “weak”, “lazy” or “bad” moms get PPD.

Fact: All kinds of women from all walks of life can experience PPD. You may feel tired or withdrawn and not realize you are depressed because you are so *busy* caring for your newborn. PPD is an illness; it is not about the kind of person you are or your mothering skills.

Is there help?

Yes! Often the best way to treat PPD is to combine a number of different treatments like counseling, medication, support groups and self care. Counseling includes education about your illness, support and help with developing ways to cope.

If your depression is severe or counseling does not decrease the symptoms, a doctor may prescribe medication. The decision on whether to take medication should be based on a thoughtful discussion of risks and benefits with your healthcare provider.

You may find it helpful to fill out the Edinburgh Postnatal Depression Scale and show it to your doctor or midwife. This simple tool will help you figure out if you are struggling with depression. You may also want someone you trust to go with you to appointments for support.

Many women who are experiencing PPD know there is something wrong but don't go for help because they are embarrassed or afraid to talk about it. PPD is a medical condition – it's OK to ask about it!

Partner & Family Support

Families and partners can listen to your concerns, help you make decisions and comfort you. You may need to share the responsibilities of looking after other children and daily housework like cooking or cleaning.

Self Care

Self-care is a way to make some positive changes in your life that will help to lessen your depression. An easy way to remember the basic steps in self-care is to think of the word “NESTS”. Each letter stands for one area of self-care:

- **Nutrition** - Try to eat nutritious foods throughout the day.
- **Exercise** – Get regular exercise to reduce stress and feel better. Even a little physical activity can help!
- **Sleep & Rest** - Sleep is very important for both your physical and mental health. It is worth the effort to work on getting a good night’s sleep.
- **Time for Yourself** – Take some time to care for yourself each day, even if it is just for a few minutes.
- **Support** – All new moms need support from others. Don’t be afraid to ask for help and information! This includes practical support like childcare, emotional support like someone who can remind you of your strengths and informational support such as finding out about resources in your community.

Who should I talk to?

- If you notice the above symptoms in yourself, your partner or a family member, please contact your:
- family doctor, obstetrician or psychiatrist
- midwife
- public health nurse
- a registered psychologist 1-800-730-0522
- a registered clinical counselor 1-800-909-6303
- Pacific Postpartum Support Society (provides telephone support) 604-255-7999 or www.postpartum.org

Resources

- **BC Reproductive Mental Health Program.** Visit www.bcmhas.ca (Programs & Services → Reproductive Mental Health). This site has a range of information on women’s mental health during pregnancy and the postpartum period. You will find fact sheets, worksheets, the Edinburgh Postnatal Depression Scale, and other resources.
- **BC Partners for Mental Health & Addictions Information.** Visit www.heretohelp.bc.ca
- **Your Local Crisis Line.** These phone lines aren’t only for people in crisis. You can call for information on or if you just need someone to talk to. If you are in distress, call 310-6789—24 hours a day. Do not add 604, 778 or 250 before the number.
- **1-800-SUICIDE.** If you're thinking about suicide, call 1-800-SUICIDE (1-800-784-2433) to get help right away, any time of day or night. It’s a free call.
- **HealthLink BC.** Call **811** or visit www.healthlinkbc.ca for free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can speak with a nurse, a pharmacist or a dietitian. Translation services are available in over 130 languages. For deaf & hearing-impaired assistance (TTY), call 711.