

Postpartum Depression Fact Sheet

1. What differentiates postpartum depression from the "baby blues?"

The baby blues are very common and affect about 70-85% of new moms. The baby blues, also known as postpartum blues, usually start within three days of giving birth and can last up to 14 days. They typically go away on their own without treatment and rarely require more than a few days of rest and support. Postpartum depression (PPD) is more intense and must be present for more than 2 weeks to distinguish it from the "baby blues." About 10% of new mothers suffer from PPD in the first year after giving birth. It can occur after any birth, beginning any time after a woman delivers, but usually begins two to three weeks after giving birth. PPD can last for a few months or up to a year and a half, or longer, if untreated. PPD often requires counseling and treatment.

2. Are there predisposing factors that increase a woman's risk of having PPD?

A personal or family history of depression or mental illness puts one at higher risk for PPD. Other related factors are an unwanted pregnancy; a complicated or difficult labor; a fetal abnormality; a lack of social support; and a temporary upheaval, such as a recent move, death of a loved one, or job change. Women who have previously suffered from depression following the birth of a child have an increased risk of becoming depressed following a subsequent delivery. In women with a history of PPD, the risk of recurrence is about one in three to one in four.

3. What causes PPD?

While the causes are not known, research suggests that PPD may be triggered by the hormonal shifts that occur after delivery and are greatly exacerbated by the stress of a major life change.

4. Are there obvious warning signs of PPD?

Yes. Symptoms include deep sadness, irritability, apathy, intense anxiety, lack of appetite, inability to sleep, crying spells, irrational behavior, and highly impaired concentration and decision-making. Women with PPD have feelings of being overwhelmed, are unable to cope with daily tasks, and feel guilty about not being a good enough mother.

5. What is the most appropriate treatment for PPD?

PPD can be successfully treated with medications, therapy, or a combination of both. Counseling may be all that is needed for women with mild symptoms. Special consideration must be given to breast-feeding women, but a number of antidepressants can safely be used by mothers who choose to continue nursing.

Source: American College of Obstetricians and Gynecologists