

Patient information from BMJ

Last published: Jul 16, 2020

Postpartum depression

Postpartum depression is depression that can happen to a woman soon after she has had a baby. If you have postpartum depression you may feel sad and anxious, and you may find it hard to look after your baby. But there are treatments that can help you feel better.

We've brought together the best and most up-to-date research about postpartum depression to see what treatments work. You can use our information to talk to your doctor and decide which treatments are best for you.

What is it?

It's very common to feel low, irritable, or anxious for a few days after your baby is born. This is often called the "baby blues." But if these feelings don't go away, or if they get worse, you may have postpartum depression.

Postpartum depression is an illness. It is not a sign that you don't love your baby.

There's no single reason why some women get postpartum depression. It may be caused by a combination of things. Having a baby means you have a lot to cope with, including changes to your body and your whole way of life, at a time when you are physically exhausted.

Things that make you more likely to get postpartum depression include:

- having had depression before
- feeling that you don't get enough support from family and friends
- having a difficult relationship with your partner
- other difficulties in your life (for example, money problems).

If you have strange thoughts and feelings about your baby, or if you hear or see things that aren't real, you may have a different and more serious illness called puerperal psychosis (the word "puerperal" refers to childbirth and the time just after childbirth). You are likely to need to be looked after in the hospital. Where possible, your baby will be able to stay with you.

Doctors think puerperal psychosis is caused by a reaction to the changing levels of hormones in your body. This means that it is only temporary. But getting treatment means you will be back to normal much sooner.

What are the symptoms?

Postpartum depression is no different from depression that can happen to anyone at any time. But having a new baby to care for can make depression harder to cope with.

Postpartum depression is most common in the first three months after your baby is born.

Symptoms of depression include:

- feeling low and anxious
- losing interest in life
- having trouble sleeping
- having less energy
- feeling guilty
- thinking about death.

When you are also trying to care for a baby, at a time when people expect you to be happy, you may have other symptoms as well. These can include:

- feeling overwhelmed by your baby's needs
- feeling trapped, angry, fearful, and panicky
- feeling alone and unable to talk about how you feel.

Some women may also fear that they might harm their baby.

Some of these symptoms are a normal part of being a new mother: for example, feeling exhausted because your baby is keeping you awake or needs a lot of looking after. So doctors don't always spot postpartum depression for what it is.

But it is important to see your doctor early on if you think you may be depressed. The sooner you get help, the sooner you are likely to feel better and start enjoying being a mother. For example, you could discuss your feelings with your health visitor.

What treatments work?

Postpartum depression is temporary and it usually goes away on its own. But it can last for a while. That can be harmful for you, your baby, and your partner if you have one.

But there are treatments that can help you feel better sooner. The aims of treatment are to help you:

- feel as well as possible
- look after yourself and your baby through a difficult time
- bond with and enjoy your baby as much as possible.

Postpartum depression

Not all women with postpartum depression will have the same level of symptoms. Some women may just feel the need to talk to someone and be reassured, while others will need a lot of treatment and support, possibly urgently.

The important thing is that women get help and support as quickly as possible. This is especially important for women who are having trouble caring for or bonding with their baby.

Treatments for postpartum depression

For women whose depression is not severe - for example, those who can still look after their baby and whose daily lives are not affected too much - doctors recommend 'talking treatments' such as **cognitive behavior therapy (CBT)** or **interpersonal therapy**.

CBT can involve a series of sessions with a therapist, or you might start off by seeing a therapist and then follow up with computer-based sessions. Either way, the aim is to make you feel better and more able to cope by challenging negative thoughts and beliefs and focusing on positive ones.

For example, some women with postpartum depression develop the idea that they are "bad" mothers (a negative idea), whereas the truth is probably that they are doing a great job in a tough situation (a positive idea).

Interpersonal therapy focuses on the idea that problems such as depression can be caused by difficulties interacting with other people. These difficulties can affect your relationships and make you unhappy.

The aim of this treatment is to help you interact better with other people, especially the people closest to you. For example, the treatment may help you to express more clearly what kind of support you need from the people close to you. Just like with CBT, this treatment involves sessions with a therapist.

Many women find talking treatments helpful. But if they don't help, or if you don't want to try them, your doctor might suggest **antidepressants**. These are medications that can lift your mood. Your doctor might also suggest antidepressants if you have a history of severe depression.

Some women have antidepressants along with a talking treatment, especially if they have severe depression.

If you are breastfeeding, your doctor will be cautious about prescribing antidepressants. This is because these drugs might get into your breast milk, and not enough is known about how this can affect your baby. Some drugs seem safer than others for babies of breastfeeding mothers. Your doctor should explain the risks and possible side effects to you.

Treatments for postpartum bipolar depression

Some women have bipolar depression soon after having a baby. People with bipolar depression (which used to be called "manic depression") have the same symptoms of low mood that come with depression. But they also have periods of unusually high or "hyper" mood.

Postpartum depression

Drug treatments can help people with bipolar depression stabilize their moods. But the drugs for bipolar depression are different from those for ordinary depression and are not thought to be safe for women who are breastfeeding.

If you have bipolar depression after having a baby and you are breastfeeding, your doctor should refer you to a psychiatrist who is experienced in helping women with postpartum bipolar depression.

What will happen to me?

If you have postpartum depression it's hard to say exactly when you will start to feel better. It depends on how bad your depression is, and on whether and how soon you get help.

Most women get back to normal by the time their baby is 6 months old. But some women are still depressed by the time their baby is 1 year old.

Women who have postpartum depression with their first baby are more likely to have it if they have another baby. But knowing that this could happen means that you and those close to you can be more prepared next time.

Getting help with postpartum depression can help it pass sooner, which is better for you and your baby. There are many ways that you can get help - it doesn't have to mean taking antidepressants. The first step is just to speak up and ask for help.

Where to get more help

You don't have to go through postpartum depression feeling alone. There are many charities and support groups that offer help to women with postpartum depression. Your doctor should be able to suggest some. But they can also be found easily on the internet.

Many of these support groups offer helplines that you can call if you feel in need of urgent support, so that you can talk to someone who understands what you are going through.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2024. All rights reserved.

What did you think about this patient information guide?



Postpartum depression

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.

