



Perinatal Mood and Anxiety Disorders

For many people, pregnancy and childbirth may be followed by sadness, fear, anxiety, and a hard time making decisions. They may not be able to find the energy to care for themselves, their newborn, and their families. Some even think about harming themselves and their children.

If this sounds like you or someone you know, remember **you are not alone. There is help.**

The mental health conditions that may develop **during pregnancy or up to a year after** delivery are known as perinatal mood and anxiety disorders. You may have heard this called the baby blues, postpartum depression, maternal depression, prenatal depression, postnatal depression, or perinatal depression.

Perinatal mood and anxiety disorders can be mild, moderate, or severe. The change in hormone levels can affect a woman's brain chemistry. This can occur during pregnancy or within a year after. Without treatment, symptoms may be long lasting, they may even continue past the postpartum period. In rare cases, the symptoms are severe, and the mother may harm herself or the baby.

In all cases, help is available.

Suicide and Crisis Lifeline

If you have thoughts of hurting yourself, your baby, or others call **988 or 9-11** right away.

You can call or text the 988 Lifeline anytime, 24/7.

Maternal Mental Health Line

1-833-TLC-MAMA or 1-833-852-6262.

Reach out anytime – if you are feeling overwhelmed, anxious, or if you just need someone to talk to.

You can call or text the National Maternal Mental Health Hotline anytime, 24/7.

What Are Perinatal Mood and Anxiety Disorders?

There are many mental health conditions seen during pregnancy or after giving birth. The 3 to be aware of are:

- Postpartum blues or baby blues
- Perinatal depression or perinatal anxiety
- Perinatal psychosis

Postpartum Blues or Baby Blues

This is a mild change in mood where your emotions are up and down. It most often goes away by day 12. If symptoms last longer than 14 days, it is important to see your provider. Mood changes that last longer than 2 to 3 weeks would not be baby blues. These changes will need to be followed up by your provider.

You may feel:

- Sad (crying or worrying)
- Confused (forgetful or trouble concentrating)
- Restless (Irritable or have trouble sleeping)



Perinatal Depression or Anxiety

This is a serious medical condition that affects 1 in 5 women. It is caused by changes in the brain’s chemistry. Professional help will be needed immediately.

Symptoms may include:

Anxiety	Perinatal Depression
Quick to anger	Quick to anger
Not being able to sleep even when your baby is sleeping	Not being able to sleep even when your baby is sleeping
Poor appetite (eating too much or too little)	Poor appetite (eating too much or too little)
Trouble thinking, remembering things, concentrating, and making decisions	Trouble thinking, remembering things, concentrating, and making decisions
Very anxious and fearful	Crying often
Feeling trapped but guilty for feeling this way	Feeling tired, helpless, worthless, or hopeless
Racing or upsetting thoughts	Sadness and feeling not good enough
	Loss of interest of caring for yourself (such as dressing, bathing, or fixing your hair)
	Lack of interest in normal activities

If you are having thoughts or a plan to harm yourself, your child, or others – **call 911**

Perinatal depression or anxiety may not be diagnosed until months after the birth of your baby. A new mother may put off getting help because she has little energy, motivation, or may feel like she is being judged by others. Others may see the mother’s mood as a normal reaction to the stress of caring for the infant.

Perinatal Psychosis

This affects a small number of women, 1 or 2 in 1,000. With this condition, women lose touch with reality, having strange thoughts or beliefs, or seeing or hearing things that are not present or real. These are called delusions or hallucinations. There is a small, but real, chance that these mothers could harm themselves or their children.

Women with a history of a serious mental health condition may have a higher risk for developing perinatal psychosis due to lack of sleep or changes in medication.

Symptoms may include:

- Confusion
- Feeling hopeless
- Cannot sleep even when you are very tired
- Lack of interest in eating
- Not trusting others
- Seeing things or hearing voices that are not there
- Thoughts of hurting yourself, your baby, or someone else

If you or someone you know has these symptoms, seek medical help now. **This is a medical emergency!**



What Causes Perinatal Depression or Anxiety?

There are a lot of reasons why you may have this medical condition. A woman's body goes through many changes during and after pregnancy. It is not always clear why a pregnant or new mother gets depressed or has anxiety, but we do know the things that would make you more at risk to have these conditions during or after pregnancy.

Who Is at Risk?

Perinatal depression or anxiety can affect women of any age, race, ethnicity, or education background. The biggest risk factor for having perinatal mood and anxiety disorders is already having depression or anxiety. Over half of the women who have had perinatal depression or anxiety in the past have symptoms again when they have another baby.

Other risk factors are:

- A family history of depression or bipolar disorder
- A personal history of alcohol or drug use
- A recent stressful life event
- Relationship or financial problems
- Mood changes with birth control pills, menstrual cycles, or hormonal changes with infertility treatment.
- Having a baby that is difficult to care for or has special needs.
- Lactation challenges or difficulty breastfeeding

How Do I Know if I have Perinatal Depression or Anxiety?

Only a trained healthcare or mental health provider can diagnosis if you have perinatal depression or anxiety.

The checklist below can help you identify if you have some of the common symptoms.

Place a checkmark in the box next to each statement that describe you.

In the past 1 to 2 weeks:

- ☐ I have not been able to laugh and see the funny side of things.
- ☐ I have not looked forward to things I usually enjoy.
- ☐ I blame myself when things go wrong, even if it is not my fault.
- ☐ I have been anxious or worried for no reason.
- ☐ I feel scared or panicky for no reason.
- ☐ Things have been getting the best of me.
- ☐ I have been so sad that I have had trouble sleeping.
- ☐ I have felt sad or miserable.
- ☐ I have been so unhappy that I have been crying.
- ☐ I have had thoughts of harming myself, my baby, or others.

If this box is checked, seek medical help right away or go to your local emergency room.

If you checked more than one box, visit with a trained healthcare or mental health care professional as soon as possible. They can assist in getting the help you need.

Checklist adapted from the Edinburgh Postnatal Depression Scale. Cox, J.L., Holden, J.M. & Sagovsky, R. (1987). "Detection of Postnatal Depression: Development of the 10- item Edinburgh Postnatal Depression Scale." British Journal of Psychiatry, 150,782-876.

If You Have Perinatal Depression or Anxiety, What Can You Do?

Some women may find it hard to talk about perinatal depression or anxiety and are not sure how to bring it up. It is very common for women to try to deal with their problem on their own and hope that it goes away.

Every woman needs to know that she is not alone. Perinatal depression or anxiety affects thousands of women and can be treated.

Things that can help:

Family and friends. There are many ways that family and friends can help you. A few hours of childcare can give a much-needed break. Ask for help cleaning the house or running errands. When you share your feelings openly with friends and family, it allows them to offer support too.

Healthcare team.

- Screening for anxiety or depression should be a part of your healthcare during and after pregnancy. Your doctor, your baby's doctor, nurses, and other healthcare providers are familiar with perinatal depression and anxiety. They know ways to help and can explain your choices you have. It may be helpful to bring this booklet with you when you see your provider next.
- Many mental health providers are specially trained to help women with perinatal mood and anxiety disorders. These providers are experts in caring for women like you.

Support groups. There are other women in your community who also suffer from perinatal mood and anxiety disorders. This type of group can offer you a place to share your feelings and learn from others. Ask your healthcare team if there is a support group in your area.

Wellness. An important part of healing is taking care of yourself. A healthy diet and exercise can help with this. Try these things:

- Eat breakfast in the morning to start your day.
- Choose healthy foods and snacks
- Do not drink alcohol or use tobacco products
- Find exercises you enjoy that stretch and strengthen your muscles

Sometimes medication is needed to treat depression or anxiety. This is something that you can talk with your provider about.



Perinatal Depression or Anxiety in Partners

Partners can have similar perinatal depression or anxiety symptoms as a new mother. This health condition can be treated with the help of their provider.

Advice for Fathers, Partners, Family, and Friends

If you know a woman who has the symptoms of perinatal depression or anxiety, there are ways you can help. It is important to be non-judgmental, offer reassurance and hope, and express confidence in the new mother's abilities.

Here are some things you can do:

As a Spouse or Partner

- Encourage them to seek help.
- Offer support and encouragement with positive actions and words.
- Take time to listen.
- Allow women to focus on her own needs. Physical and social activities help women to feel stronger, more relaxed, and better about themselves.
- Take time for yourself. It is important for partners to continue with their work, hobbies, and outside relationships.

As a Friend or Family Member

- Ask the mother how you can help, including babysitting and house cleaning.
- Let mothers know you are there for them, even when they do not want to talk.
- The father or partner may also feel stressed.

Where to Find Help

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Postpartum Support International (PSI)

Call or Text (800) 944-4PPD or (800) 944-4773

www.postpartum.net

For information on treatment, support groups, and resources in the United States and 25 additional countries.

Postpartum Education for Parents

Call (805) 564-3888 for English or (805) 852-1595 for Spanish
www.sbpep.org

A 24-hour support line available for one-to-one support from basic infant care to the “Baby Blues” and other Postpartum topics. (This may be a long-distance call)

(800) 311-BABY

Call 1-800-311-BABY (1-800-311-2229) – This toll-free telephone number will connect you to the Health Department in your area code.

More Resources

National Mental Health Association

(800) 969-NMHA or (800) 969-6642

www.nmha.org

Information on Perinatal Depression, including a locator to find a mental health center or provider in your area.

SAMHSA National Mental Health Information Center

(800) 789-2647

<http://mentalhealth.samhsa.gov>

Information on depression, including a locator to find a mental health center in your area.

National Women's Health Information Center

(800) 994-WOMAN or (800) 994-9662

www.4woman.gov or www.womenshealth.gov

Frequently asked questions about depression and pregnancy.

National Institute of Mental Health

(866) 615-6464

www.nimh.nih.gov

Links to health information and research studies on depression.

Notes

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