Postpartum Depression

Having a baby can be a joyous occasion, but being a new mother can also be stressful and difficult. Taking time to adjust to the demands and changes that come with parenting is normal, but approximately 1 out of 10 new mothers feels seriously depressed and has related symptoms within 6 months of childbirth (**postpartum depression**). The February 13, 2002, issue of *JAMA* contains an article about postpartum depression.

SYMPTOMS

Many women experience mild sadness, tearfulness, anxiety, irritability, or mood swings after having a baby (**baby blues**). These symptoms are normal and usually decrease in a matter of days or weeks. Less common but much more severe **postpartum** (after childbirth) problems include postpartum depression and **postpartum psychosis**.

Postpartum Depression

Symptoms of postpartum depression include:

- Severe sadness or emptiness; emotional numbness or apathy
- Withdrawal from family, friends, or activities that are pleasurable
- Constant fatigue, trouble sleeping, overeating or loss of appetite
- A strong sense of failure or inadequacy
- Intense concern and worry about the baby or a lack of interest in the baby
- Thoughts about suicide; fears of harming the baby

Postpartum Psychosis

This is a more rare disorder that usually occurs as a severe form of postpartum depression. Symptoms include:

- **Delusions** (false beliefs)
- **Hallucinations** (hearing voices or seeing things that are not real)
- Thoughts of harming the baby
- Severe depressive symptoms

TREATMENT

Although the exact cause of postpartum emotional changes is unknown, they can be treated. If you are feeling a mild case of the blues after having your baby, you can help yourself by getting plenty of rest, napping when your baby naps, asking for help from family and friends, showering and dressing each day, getting out for a walk, and getting a baby-sitter to watch your baby when you need a break.

More severe depressive symptoms require medical evaluation. Types of interventions may include:

- **Biological**: Complete medical examination to rule out medical conditions that may cause depression; antidepressant or antipsychotic medication if appropriate
- **Psychological**: Individual or group therapy; counseling of both parents if possible
- **Social**: Development of social networks with involvement of a partner, family, friends, and support groups

FOR MORE INFORMATION

- The National Women's Health Information Center (US Department of Health and Human Services)
  800/994-9662
  www.4women.gov
- American Psychiatric Association
  888/357-7924
  www.psych.org/public_info/postpartumdepression11140.pdf
- Depression After Delivery, Inc
  800/944-4773
  www.depressionafterdelivery.com

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page Index on *JAMA*'s Web site at www.jama.com. A Patient Page on depression was published in the September 27, 2000, issue, and on panic disorder in the May 17, 2000, issue.

Sources: American College of Obstetricians and Gynecologists, Mayo Clinic Foundation, National Women's Health Information Center (US Department of Health and Human Services), Nemours Foundation, National Institute of Mental Health

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