

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 about 13% of pregnant women and new mothers feel depressed and have related symptoms. When this occurs following childbirth, it is called **postpartum depression**. The October 20, 2010, issue of *JAMA* includes an article reporting that fish oil capsules taken during pregnancy did not result in lower levels of postpartum depression. This Patient Page is based on one previously published in the February 13, 2002, issue of *JAMA*.

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 crying a lot
- 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 babysitter 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

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FOR MORE INFORMATION

- The National Women's Health Information Center (US Department of Health and Human Services) www.womenshealth.gov/faq/depression-pregnancy.cfm
- American Psychiatric Association www.healthyminds.org/Main-Topic/Postpartum-Depression.aspx

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page link on JAMA's Web site at www.jama.com. A Patient Page on depression was published in the May 19, 2010, issue.

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



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