

What Is Postpartum Depression?

The birth of a baby is generally considered a joyful time, but it is also a time when women are susceptible to depression. Such feelings make it very hard for a new mother to take care of herself and her baby and put strain on the family. Depression that occurs after the birth of a baby is called “postpartum” depression. If you or someone you love is suffering from postpartum depression, you probably have questions about why this is happening and how to help, questions this guide is intended to answer.

There are two main kinds of postpartum depression:

- postpartum or maternity “blues,” a mild mood problem of short duration
- postpartum major depression, a severe and potentially life-threatening illness

What are the postpartum blues?

Postpartum blues affect 50 percent to 80 percent of new mothers. Symptoms usually begin three to four days after delivery, worsen by days five through seven, and tend to go away by day 12. The new mother may have mood swings with times of feeling tearful, anxious or irritable, interspersed with times of feeling well, and she may have trouble sleeping. If symptoms last longer than two weeks, it is important to seek medical attention, since one in five women (20 percent) with postpartum blues goes on to develop postpartum major depression.

What is postpartum major depression?

Postpartum major depression can begin anytime in the first days or weeks after delivery and is far more serious than postpartum blues. It is a type of mood disorder, a biological illness caused by changes in brain chemistry, and is not the mother’s fault or the result of a “weak” or unstable personality. It is a medical illness, which professional treatment can help.

The symptoms of postpartum major depression include a depressed mood most of the day, nearly every day, for at least 2 weeks and losing interest or pleasure in activities one used to enjoy. Other symptoms include fatigue, feeling restless or slowed down, a sense of guilt or worthlessness, difficulty concentrating, insomnia and recurring thoughts of death or suicide. The woman may also be very anxious about her baby’s health. Some women with very severe postpartum depression develop psychotic thoughts (hallucinations or delusions), and there is a small but real chance that they could harm their children.

About 10 percent to 15 percent of new mothers develop postpartum major depression, but it is often not diagnosed until several months after the birth. Sometimes the new mother puts off seeking medical help because of lack of energy caused by the illness or fear of what others will think. The new mother may feel guilty about being depressed when she is supposed to be happy. Family members and physicians may also fail to recognize the symptoms as depression, believing instead that the mother’s mood is a normal reaction to the stress of caring for the infant.

What causes postpartum depression?

We don’t know exactly what causes postpartum depression, but research points toward hormonal factors that may in turn affect brain chemistry. At the time of birth, the amount of estrogen and progesterone in the bloodstream and brain fall suddenly. Women who develop postpartum depression may be especially sensitive to this change as the body returns to its “normal” balance. Another important, though infrequent, cause of depression is an underactive thyroid gland after delivery, a problem that is relatively easy to treat if detected. Research is being done to find out about other biological and social problems that may be involved. The brain chemistry of postpartum depression is probably similar to abnormalities that researchers believe are present in other types of depression. This view is supported by the fact that postpartum depression occurs more often in women who have had depressions at other times or have close relatives with depression (where there may be a hereditary factor).

Who is at risk for postpartum major depression?

The most important risk factor for postpartum depression is having had a similar episode before. Over half of the women who have had a previous depression after the birth of a child will become depressed again when they give birth. If a woman has been depressed at any other time in her life, her risk of developing a postpartum depression also increases, from about 10 percent (risk for a woman with no history of depression) to 25 percent. Women with manic-depressive illness (also known as bipolar disorder) are also at very high risk. Women are also more vulnerable if they have been depressed during pregnancy, if they had significant premenstrual mood symptoms before they were pregnant, or if they have close relatives with depression or bipolar disorder.

It is very important for a woman with a personal or family history of a mood disorder to talk to her doctor so that she can be monitored closely. Stressful situations (e.g., health problems in the baby, marital discord, not having a partner) may also place a woman at an increased risk for postpartum major depression.

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