



PERINATAL MOOD AND ANXIETY DISORDERS (PMADS)

Perinatal: Anytime during pregnancy through the first year postpartum



SYMPTOMS



Feelings of guilt, shame or hopelessness



Feelings of anger, rage, or irritability, or scary and unwanted thoughts



Lack of interest in the baby or difficulty bonding with baby



Loss of interest, joy or pleasure in things you used to enjoy



Disturbances of sleep and appetite



Crying and sadness, constant worry or racing thoughts



Physical symptoms like dizziness, hot flashes, and nausea



Possible thoughts of harming the baby or yourself



TREATMENT OPTIONS

Counseling

Medication

Support from others

Exercise

Adequate sleep

Healthy diet

Bright light therapy

Yoga

Relaxation techniques

RISK FACTORS



History of depression, anxiety, OCD



Pregnancy or delivery complications, infertility, miscarriage or infant loss



Abrupt discontinuation of breastfeeding



Thyroid imbalance, diabetes, endocrine disorders



Premenstrual Syndrome (PMS)



History of Abuse



Lack of support from family and friends



Financial stress or poverty



Unwanted or unplanned pregnancy

Action Plan for Depression and Anxiety Around Pregnancy

Having a baby brings a mix of emotions, including feeling sad and feeling overwhelmed. Many women experience deeper signs of depression and anxiety before and after birth. Be prepared. **Watch for the signs.**

If you...

- Feel like you just aren't yourself
- Have trouble managing your emotions
- Feel overwhelmed but are still able to care for yourself and your baby

You may be experiencing mood swings that happen to many pregnant women and new moms.

These feelings typically go away after a couple of weeks.

- Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another mom to share child care so that you can rest and exercise.
- Continue to watch for the signs of depression and anxiety in the yellow and red sections below. If things get worse, find someone to talk to. Talk to a health care provider if you feel unsure.

If you...

- Have feelings of intense anxiety that hit with no warning
- Feel foggy and have difficulty completing tasks
- Feel "robotic," like you are just going through the motions
- Have little interest in things that you used to enjoy
- Feel very anxious around the baby and your other children
- Have scary, upsetting thoughts that don't go away
- Feel guilty and feel like you are failing at motherhood

You may be experiencing postpartum depression and anxiety.

These feelings will not go away on their own.

- Get help. Contact your health care provider or visit a clinic.
- Call Postpartum Support International at **1-800-944-4PPD (4773)** to speak to a volunteer who can provide support and resources in your area.
- Talk to your partner, family, and friends about these feelings so they can help you.

If you...

- Feel hopeless and total despair
- Feel out of touch with reality (you may see or hear things that other people don't)
- Feel that you may hurt yourself or your baby

Get help now!

- Call **9-1-1** for immediate help.
- Call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** for free and confidential emotional support—they talk about more than suicide.
- Call the Substance Abuse and Mental Health Services Administration's National Helpline at **1-800-662-HELP (4357)** for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.

Depression and Anxiety Happen. Getting Help Matters.

To learn more, visit nichd.nih.gov/MaternalMentalHealth.
To find a mental health provider in your area, call **1-800-662-HELP (4357)**.



Eunice Kennedy Shriver National Institute
of Child Health and Human Development



HOW ARE YOU FEELING NOW?

While many women experience some mild mood change or "the blues" during or after the birth of a child, 1 in 7 women experience more significant symptoms of depression or anxiety. 1 in 10 Dads become depressed during the first year.

PARENTS:

Are you feeling sad or depressed?

Is it difficult for you to enjoy yourself?

Do you feel more irritable or tense?

Do you feel anxious or panicky?

Are you having difficulty bonding with your baby?

Do you feel as if you are "out of control" or "going crazy"?

Are you worried that you might hurt your baby or yourself?

FAMILIES:

Do you worry that something is wrong but don't know how to help?

Do you think that your partner or spouse is having problems coping?

Are you worried that it may never get better?

Any parent can suffer from pregnancy or postpartum mood or anxiety disorders. However, with informed care you can prevent a worsening of symptoms and can fully recover. It is essential to recognize symptoms and reach out as soon as possible so that you can get the help you need and deserve.

THINGS YOU CAN DO

Being a good parent includes taking care of yourself. If you take care of yourself, you will be able to take better care of your baby and your family.

- Talk to a counselor or healthcare provider who has training in perinatal mood and anxiety problems.
- Learn as much as you can about pregnancy and postpartum depression and anxiety.
- Get support from family and friends. Ask for help when you need it.
- Join a support group in your area or online.
- Keep active by walking, stretching or whatever form of exercise helps you to feel better.
- Get enough rest and time for yourself.
- Eat a healthy diet.
- Don't give up! It may take more than one try to get the right help you need.
- Call or email us; we will help you.



@postpartumhelp

www.postpartum.net

Supporting Postpartum Families



Postpartum Support International
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Office: (503) 894-9453
Fax: (503) 894-9452
www.postpartum.net

*Brochures available in English & Español
Find them at www.postpartum.net/resources*

Remember

you are not alone
you are not to blame
with help, you will be well



Call our Warmline
1-800-944-4PPD

Visit us on the web
www.postpartum.net

Postpartum Support International is a worldwide non-profit organization dedicated to helping women and families suffering from perinatal mood and anxiety disorders. PSI was founded in 1987 to increase awareness among public and professional communities about the emotional difficulties that women can experience during and after pregnancy. The organization offers support, reliable information, best practice training, and volunteer coordinators in all 50 U.S. states and more than 35 other countries. Working together with its volunteers, caring professionals, researchers, legislators and others, PSI is committed to eliminating stigma and ensuring that compassionate and quality care is available to all families.

We Can Help

PHONE SUPPORT

- Call the PSI Warmline (1-800-944-4PPD) for information and to get connected to resources for help and healing in your own community. Open during business hours Pacific Time, or leave a message any time.
- "Chat with the Expert" phone sessions. You can talk to an expert and get your questions answered in a safe and supportive setting with PSI's weekly chats. Chats for moms are on Wednesdays, and for dads on First Mondays. These conference calls are free and open to everyone. Callers may remain anonymous. Details at www.postpartum.net/resources.

WEBSITE

- Information and Articles about Pregnancy and Postpartum Mood Disorders
- Comprehensive List of Free Support Groups
- Knowledgeable local coordinators who will offer support, information, and resources, and email support
- Guide to Resources on the Web
- Calendar of events in the perinatal mood disorderscommunity
- Latest News and Research
- Member's Section for Access & Networking

PSI NEWSLETTER

- Newsletter with updates on PSI activities
- Best practices, women's stories and legal issues
- Worldwide events and news

TRAINING

- Annual June conference to discuss latest science, treatment approaches, research, and social support systems.
- Standardized certificate training, manuals, and courses for professionals, volunteers, and support groups.
- Online Webinar certificate course in Maternal Mental Health.
- Training and guidance for developing social support groups and networks.

Parents of every culture, age, income level and race can get Perinatal Mood and Anxiety Disorders. Symptoms can appear any time during pregnancy and the first year after childbirth. There are effective and well-researched treatment options to help you recover. Although the term "postpartum depression" is often used, there are actually several overlapping illnesses.

- Pregnancy or Postpartum Depression might include feelings of anger, irritability, guilt, lack of interest in the baby, changes in eating and sleeping, trouble concentrating, thoughts of hopelessness and sometimes thoughts of harming the baby or yourself.
- Pregnancy or Postpartum Anxiety might include extreme worries and fears, including the health and safety of the baby. Some women have panic attacks and might feel shortness of breath, chest pain, dizziness, feeling of losing control, numbness and tingling.
- Pregnancy or Postpartum Obsessive-Compulsive Disorder might include repetitive, upsetting and unwanted thoughts or mental images, and sometimes the need to do certain things over and over to reduce the anxiety caused by those thoughts. These moms find these thoughts very scary and unusual and are very unlikely to ever act on them.
- Postpartum Stress Disorder is often caused by a traumatic or frightening childbirth, symptoms might include flashbacks of the trauma with feelings of anxiety and the need to avoid things related to that event.
- Postpartum Psychosis might include seeing or hearing voices or images others can't, feeling very energetic and unable to sleep, believing things that are not true and distrusting those around you. This rare illness can be dangerous so it is important to seek help immediately.



Depression in Women:

5 Things You Should Know



National Institute
of Mental Health

Being sad is a normal reaction to difficult times in life. But usually, the sadness goes away with a little time. Depression is different—it is a mood disorder that may cause severe symptoms that can affect how you feel, think, and handle daily activities such as sleeping, eating, or working. Depression is more common among women than men, likely due to certain biological, hormonal, and social factors that are unique to women.

This brochure contains an overview of five things that everyone should know about depression in women.

1. Depression is a real medical condition.

Depression is a common but serious mood disorder. Depression symptoms can interfere with your ability to work, sleep, study, eat, and enjoy your life. Although researchers are still studying the causes of depression, current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Most people with depression need treatment to feel better.

You can't just “snap out” of depression.

Well-meaning friends or family members may try to tell someone with depression to “snap out of it,” “just be positive,” or “you can be happier if you just try harder.” But depression is not a sign of a person's weakness or a character flaw. The truth is that most people who experience depression need treatment to get better.

If you are a friend or family member of a woman with depression, you can offer emotional support, understanding, patience, and encouragement. But never dismiss her feelings. Encourage her to talk to her health care provider, and remind her that, with time and treatment, she can feel better.

Most people with depression need treatment to feel better.

If you think you may have depression, start by making an appointment to see your health care provider. This could be your primary doctor or a health provider who specializes in diagnosing and treating mental health conditions (for example, a psychologist or psychiatrist). Certain medications, and some medical conditions, such as viruses or a thyroid disorder, can cause the same symptoms as depression. A health care provider can rule out these possibilities by doing a physical exam, interview, and lab tests. Your health care provider will examine you and talk to you about treatment options and next steps.

Talking to Your Health Care Provider About Your Mental Health

Communicating well with your health care provider can improve your care and help you both make good choices about your health. Find tips to help prepare and get the most out of your visit at www.nimh.nih.gov/talkingtips. For additional resources, including questions to ask your health care provider, visit the Agency for Healthcare Research and Quality website at www.ahrq.gov/questions.

2. Depression can hurt—literally.

Sadness is only a small part of depression. Some people with depression do not feel sadness at all. A person with depression also may experience many physical symptoms, such as aches or pains, headaches, cramps, or digestive problems. Someone with depression also may have trouble sleeping, waking up in the morning, and feeling tired.

If you have been experiencing any of the following signs and symptoms for at least two weeks, you may be suffering from depression:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Decreased energy or fatigue
- Difficulty sleeping, early-morning awakening, or oversleeping
- Loss of interest or pleasure in hobbies and activities
- Moving or talking more slowly
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Changes in appetite or weight
- Thoughts of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause that do not ease even with treatment

Talk to your health care provider about these symptoms. Be honest, clear, and concise—your provider needs to know how you feel. Your health care provider may ask when your symptoms started, what time of day they happen, how long they last, how often they occur, if they seem to be getting worse or better, and if they keep you from going out or doing your usual activities. It may help to take the time to make some notes about your symptoms before you visit your provider.

3. Certain types of depression are unique to women.

Pregnancy, the postpartum period, perimenopause, and the menstrual cycle are all associated with dramatic physical and hormonal changes. Certain types of depression can occur at different stages of a woman's life.

Premenstrual Dysphoric Disorder (PMDD)

Premenstrual syndrome, or PMS, refers to moodiness and irritability in the weeks before menstruation. It is quite common, and the symptoms are usually mild. But there is a less common, more severe form of PMS called premenstrual dysphoric disorder (PMDD). PMDD is a serious condition with disabling symptoms such as irritability, anger, depressed mood, sadness, suicidal thoughts, appetite changes, bloating, breast tenderness, and joint or muscle pain.

Perinatal Depression

Being pregnant isn't easy. Pregnant women commonly deal with morning sickness, weight gain, and mood swings. Caring for a newborn is challenging, too. Many new moms experience the "baby blues"—a term used to describe mild mood changes and feelings of worry, unhappiness, and exhaustion that many women sometimes experience in the first two weeks after having a baby. These feelings usually last a week or two and then go away as a new mom adjusts to having a newborn.

Perinatal depression is a mood disorder that can affect women during pregnancy and after childbirth, and is much more serious than the "baby blues." The word "perinatal" refers to the time before and after the birth of a child. Perinatal depression includes depression that begins during pregnancy (called prenatal depression) and depression that begins after the baby is born (called postpartum depression). Mothers with perinatal depression experience feelings of extreme sadness, anxiety, and fatigue that may make it difficult for them to carry out daily tasks, including caring for themselves, their new child, or others.

If you think you have perinatal depression, you should talk to your health care provider or trained mental health care professional. If you see any signs of depression in a loved one during her pregnancy or after the child is born, encourage her to see a health care provider or visit a clinic.

To learn more about perinatal depression, see the National Institute of Mental Health's (NIMH) Perinatal Depression brochure at www.nimh.nih.gov/perinataldepression.

Perimenopausal Depression

Perimenopause (the transition into menopause) is a normal phase in a woman's life that can sometimes be challenging. If you are going through perimenopause, you might be experiencing abnormal periods, problems sleeping, mood swings, and hot flashes. Although these symptoms are common, feeling depressed is not. If you are struggling with irritability, anxiety, sadness, or loss of enjoyment at the time of the menopause transition, you may be experiencing perimenopausal depression.

Depression affects each woman differently.

Not every woman who is depressed experiences every symptom. Some women experience only a few symptoms. Others have many. The severity and frequency of symptoms, and how long they last, will vary depending on the individual and the severity of the illness.

Where Can I Learn More About Depression in Women?

The following agencies have additional information on depression in women.

U.S. Department of Health and Human Services, Office on Women's Health: Depression

www.womenshealth.gov/mental-health/mental-health-conditions/depression

U.S. Food and Drug Administration: Women and Depression

www.fda.gov/consumers/women/women-and-depression

Centers for Disease Control and Prevention: Depression Among Women

www.cdc.gov/reproductivehealth/depression

4. Depression can be treated.

Even the most severe cases of depression can be treated. Depression is commonly treated with medication, psychotherapy (also called "talk therapy"), or a combination of the two.

Antidepressants are medications commonly used to treat depression. People respond differently to antidepressants, and you may need to try different medicines to find the one that works best. Researchers also are studying and developing other medications for depression, such as brexanolone for postpartum depression, and esketamine. You can learn about recent developments on these and other medications at **www.nimh.nih.gov/news/science-news** under the topic "Treatments."

There are many different types of psychotherapy, such as cognitive behavioral therapy or interpersonal therapy. The particular approach a therapist uses depends on the condition being treated and the training and experience of the therapist. Therapists also may combine and adapt elements of different approaches.

Depression affects each individual differently. There is no “one-size-fits-all” for treatment. It may take some trial and error to find the treatment that works best. You can learn more about the different types of depression treatment, including psychotherapy, medication, and brain stimulation therapies, on the NIMH website at www.nimh.nih.gov/depression. Visit the Food and Drug Administration website at www.fda.gov/drugsatfda for the latest information on medication approvals, warnings, and patient information guides.

What to Consider When Looking for a Therapist

Therapists and patients work together, and finding a good match is important. The following tips can help you find the right therapist.

Ask about their areas of expertise. Therapists have different professional backgrounds and specialties. You want to find a therapist who has experience working with your specific condition.

Find out what kinds of treatments they use. Ask if those treatments are effective for dealing with your particular mental health problem or issue.

Find out how you'll evaluate progress. Determine how long treatment is expected to last, and when you should expect to gain relief from symptoms and improve your quality of life.

Don't be afraid to keep looking. Rapport and trust are essential. Discussions in therapy are deeply personal, and it's important that you feel comfortable with the therapist you pick.



5. Researchers at the National Institute of Mental Health (NIMH) and across the country are dedicated to women's mental health research.

Researchers continue to study depression to improve the way this medical condition is diagnosed and treated. For example, NIMH researchers are currently working to understand how and why changes in reproductive hormones trigger mood disorders, including postpartum depression, premenstrual dysphoric disorder, and perimenopausal depression.

NIMH scientists are conducting a large number of research studies with patients and healthy volunteers to better understand why some women are at higher risk than others, and how they can translate these findings into new treatments or new uses of existing treatments.

You can play a role in research by joining a clinical trial.

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. The goal of clinical trials is to determine if a new test or treatment works and is safe. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

In addition to volunteer research opportunities for the patient groups listed above, research opportunities for healthy volunteers are also available. Healthy volunteers play a critical role in our studies.

For more information about clinical research and how to find clinical trials being conducted around the country, visit www.nimh.nih.gov/clinicaltrials.



Finding Help

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides the Behavioral Health Treatment Services Locator, an online resource for locating mental health treatment facilities and programs. Find a facility in your state at <https://findtreatment.samhsa.gov>. For additional resources, visit www.nimh.nih.gov/findhelp.

If you are in immediate distress or are thinking about hurting yourself, call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255). You also can text the **Crisis Text Line** (HELLO to 741741) or use the Lifeline Chat on the National Suicide Prevention Lifeline website at <https://suicidepreventionlifeline.org>.

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For More Information

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

<https://medlineplus.gov/spanish> (en español)

ClinicalTrials.gov

www.clinicaltrials.gov

<https://salud.nih.gov/investigacion-clinica> (en español)

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National Institute
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TEN FACTS ABOUT DEPRESSION and ANXIETY in pregnancy and postpartum

1. You are not alone. You are not to blame. With help, you will feel better.

Anyone can become depressed or anxious during pregnancy or after the baby comes. It is not your fault. It is caused by many stresses happening at the same time. Many women develop depression or anxiety because of changes in our hormones, our feelings, our relationships, and sometimes in stress about work, housing, or money. No matter how sad or scared you feel, you can get through this with help.

2. You need regular breaks from taking care of your children and your house.

You need to get breaks to feel good about the hard work of being a mother. Taking a break will help you do a better job of being a mother, and it will help you feel better.

3. PPD does not go away fast: there is no quick fix or cure.

You WILL feel better if you keep taking steps to get help and to take care of yourself. It is hardest in the beginning, and it will get easier. Find a healthcare provider you like, people who can help you at home, and friends that listen. Don't give up.

4. You will feel better if you reach out to understanding people and say how you feel.

Women who go through depression without help are more unsure about themselves as mothers. Talking to other women who have recovered will help you a lot. It is normal to feel shy and embarrassed at first, but it will help you to talk to someone who understands.

5. You will feel worse if you judge your life on a bad day.

On a bad day, we see things negatively and feel worse by judging our lives and ourselves. Make a rule that you will not judge yourself on a hard day. Instead, fill your day with things that help you: get active, go outside, express your feelings, have a good cry, or listen to music. Do not compare yourself to other women, and try not to compare your partner, your body, your home, or your children to others.

6. You will find what works for YOU. It might be different from what works for other women.

Remember that different people need different solutions. This is true about medication, herbs, nursing, where the baby sleeps, how you teach your children, and where you get support. Be open to changing your plans so that you can find the things that work best for you and your family.

7. You will feel better if you get outside as much as you can. Even a little bit helps.

8. Recovery from Postpartum Depression or Anxiety has ups and downs.

There are good days, bad days, and boring days. If you keep to a plan of self-care, breaks, support, and remedies, you will keep feeling better. It is normal to worry if you have a bad day after you've been feeling better. Don't give up. You will get through this. When you have a bad day, think about your last few days. Did you get any time to yourself? Did you do too much? Are you angry? Is your period coming? Did the baby grow a lot or make a change in nursing? Have you been eating well?

9. Be true to yourself, and trust that you will find your way.

Your feelings or thoughts do not hurt your baby. How you act does matter. It is normal to cry and feel mad, frustrated, scared, or to feel nothing inside. But try to focus on what you are doing on the outside. Children feel good when you look in their eyes, let them know they are safe with you, hold them and smile when you can. Take breaks so that you will be more relaxed when you are with them.

10. Good mothers can get depressed.

Depression can make women feel bad and afraid about motherhood. They get afraid that they will never be happy. But that is the depression, and when it gets better, you will feel better about being a mom. Be kind to yourself. See if you can accept ALL your feelings and remember that good mothers can feel sad, scared, or bored sometimes. Depression will not last forever. Spend time with people who make you feel good about yourself and hopeful about the future. You will feel better, and you are not alone.



Tips for Postpartum Dads and Partners

Pregnancy and postpartum depression and anxiety affect the whole family. Here are some tips that might help you along the way. Remember that you will get through this with help and support. There is no magic cure, and sometimes recovery seems slow, but things will keep improving if you stick to a plan of healthcare, support, and communication.

COMMON SYMPTOMS of PERINATAL DEPRESSION & ANXIETY

- Feeling overwhelmed, exhausted and insecure
- Crying spells, sadness, hopelessness
- Anger, irritability, frustration
- Repetitive fears and worries

TAKING CARE OF YOUR STRESS AND EMOTIONS

- Ask for help, information, and support for yourself.
- Develop a support team for your family. Ask friends and family for help. Say YES when they offer.
- Take time for yourself.
- Talk to other families who have come through this.
- Spend time with your baby to develop your own confidence.

HOW TO HELP MOM

- Reassure her: this is not her fault; she is not alone; she will get better.
- Encourage her to talk about her feelings and listen without judgment.
- Help with housework before she asks you.
- Encourage her to take time for herself. She needs to rest - she will feel worse when she is tired.
- Don't expect her to be super-housewife just because she's home all day.
- Be realistic about what time you will be home, and come home on time.
- Help her reach out to others for support and treatment.
- Schedule some dates with her and work together to find a babysitter.
- Offer simple affection and physical comfort, but be patient if she does not yet want sex. It's normal for her to have a low sex drive with depression, and rest and recovery will help to bring it back.

DEALING WITH HER ANGER AND IRRITABILITY

- Do what you can to make sure she eats regularly throughout the day, because low blood sugar results in a bad mood. Have healthy and easy snacks on hand.
- Try to hear what she needs when she is frustrated. Tell her you are listening.
- Keep communicating with her. It is helpful to take a break if your tempers are hot, but do get back to communicating.
- If she is expressing anger in such a way that you can't stay supportive, you might say something like, "I want to listen to you. I know this is important, but I'm having a hard time because you're so mad at me. Can we take a break and talk about it later?"
- Ask her how you can help her "right now." If she doesn't know, make some suggestions.

REACH OUT: Call us at 800-944-4773 or text 503-894-9453 for resources, support, and referrals.