

Perinatal Depression

- Perinatal depression is depression that occurs during pregnancy and up to 12 months after giving birth.
- Approximately 5% - 25% of pregnant women and new mothers experience depression.
- Children of depressed mothers are more likely to develop learning and behavior problems.
- Depression should routinely be discussed during prenatal and postpartum visits. Too often, women are not diagnosed and do not receive counseling or treatment that can benefit themselves and their children.

What causes depression?

Depression is an illness that is caused by chemical changes in the brain. It can be brought on by the many stresses of being a new mother. It can also be due to the change in hormones after having a baby. Depression is an illness that may also run in some families. Often, it's not clear what causes depression.

What is postpartum depression?

Postpartum depression is another term for depression after delivery. A woman with postpartum depression has symptoms that last longer than two weeks. Postpartum depression can adversely affect a baby's development because it interferes with the mother's ability to bond with her child. Perinatal depression includes both depression during pregnancy and postpartum depression.

Do you mean the "baby blues"?

No. Most new mothers get the "baby blues" after delivery but their symptoms are mild. They may feel tearful, anxious, and moody. Symptoms come and go but don't last more than two weeks after the baby's birth.

What do we know about postpartum depression in Maryland?

Postpartum depression is a significant problem in Maryland as well as nationally. According to an [ongoing survey](#) of postpartum mothers in Maryland, nearly 20% of mothers reported feeling at least moderately depressed during the postpartum period. At an average of 75,000 births annually, this rate would represent 15,000 new mothers in Maryland who report being depressed each year.

What is postpartum psychosis?

Postpartum psychosis is a psychiatric condition that is much more serious than postpartum depression and often is a medical emergency. Suicide or even infanticide are potential outcomes. Women may have hallucinations, thought disorders and difficulty distinguishing between reality and imagination. They may be unable to care for themselves or their families and they may be at risk for harming themselves or others. Whereas postpartum depression is relatively common, only 1 in 1000 new mothers develops postpartum psychosis. Treatment includes medications or electroconvulsive therapy (ECT).

What are some risk factors for perinatal depression?

Depression is more common in women who have had:

- depression or bipolar disorder in the past — before, during or after pregnancy

- severe PMS (premenstrual syndrome)
- family members with depression or bipolar disorder
- recent stress such as death of a loved one, and family, financial or job problems
- depression during current pregnancy – largest risk factor for postpartum depression

However, women with no risk factors can become depressed.

What are the symptoms of depression?

Symptoms of depression during pregnancy may occur during any trimester. If depression was present prior to pregnancy, symptoms may improve, worsen, or stay the same during pregnancy. Symptoms of postpartum depression most often appear two weeks to several months after delivery. Women should seek help if any of these symptoms last for more than two weeks:

- Feeling very sad, anxious or cranky
- Frequent crying
- Not feeling up to doing daily tasks
- Not feeling hungry, or eating when not hungry
- Not wanting to take care of yourself (dress, shower, fix hair)
- Trouble sleeping when tired, or sleeping too much
- Things don't seem fun or interesting anymore
- Trouble concentrating
- Feeling hopeless
- Trouble making decisions
- Worrying too much about the baby or not caring about the baby
- Fear of harming or being alone with the baby
- Thoughts of self-harm or suicide

The Edinburgh Postnatal Depression Scale (EPDS) is a questionnaire that has been validated for the assessment of signs of perinatal depression and is available in [English](#) and [Spanish](#). Many women take this simple 10-question test to see if they need further evaluation for depression by a health care provider.

What is the treatment for depression?

Medications used to treat depression work extremely well during pregnancy and after delivery. Many mothers breastfeed while they are taking them. More studies are needed, but the risks of problems to the fetus or breast-fed infants appear to be very low. Counseling also helps. For some women, it may be all that is needed. For others, it can be used along with the drugs the doctor prescribes. Family, friends or support groups can also help reduce stress. Other health problems such as thyroid disease and bipolar disorder can cause many of the same symptoms but need a different treatment. Together, a mother and her physician can decide on the most appropriate treatment plan during pregnancy and postpartum. Getting treatment is an important way for mothers to improve the health and welfare of themselves and their families.

Brochures

[About Postpartum Depression](#) [links to English version]

Also available in 6 languages – [Chinese](#), [French](#), [Korean](#), [Russian](#), [Spanish](#), [Vietnamese](#)
[links to each language version]

Resources

[Family Mental Health Foundation](#)

800-PPD-HOPE (800-773-4673)

[Healthy New Moms](#)

800-PPD-MOMS (1-800-773-6667) Postpartum Depression Hotline

[Mental Health Association of Maryland](#)

800-572-MHAM (800-572-6426)

[National Institute of Mental Health](#)

[Office of Women's Health, U.S. Department of Health and Human Services](#)

800-994-9662; TDD: 888-220-5446

[Postpartum Support International](#)

800-944-4PPD (800-944-4773)