

## **What is Postpartum Depression and Anxiety?**

It is very common for moms to experience the "baby blues," a two-week period where many new mothers experience mood instability, exhaustion, sleep problems, and crying episodes. If the baby blues worsen or last longer than two weeks after delivery, you may be suffering from postpartum depression.

Approximately 10-15 percent of all new mothers develop symptoms consistent with major depression in the postpartum period. Of these mothers, about half will have symptoms that last greater than one year.

**Other Emotional Concerns:** Women may also experience depressive symptoms or mood changes related to bipolar disorder, irrational fears (OCD) that harm will come to their baby, or anxiety or trauma related to their birth experience or to a medical condition of their infant. All of these emotions interfere with the joy of motherhood and are treatable.

Postpartum depression (PPD) is a serious illness and a significant health concern. It may be related to an imbalance of certain chemicals in the brain caused by hormonal changes after the delivery of a child and made worse by the stress of a major life change.

Ask for help. Don't go it alone. Call (303) 864-5252 to inquire about the program at Children's Hospital Colorado or visit www.childrenscolorado.org/healthyexpectations for information.

## ASK FOR HELP. DON'T GO IT ALONE.

"I should be happy, but I'm so sad and tired. What's wrong with me? I can't take care of my baby."

Why do I feel this way? If these thoughts sound familiar, you are not alone. And there is help. You may be experiencing postpartum depression (PPD), a serious illness and significant health concern.

Should I get help? Yes, and help is available. Half of all mothers who develop PPD continue to have significant symptoms when their baby turns one. It is important to seek help as soon as possible.

Where can I get help? Many people can help you: your obstetrician or midwife, your baby's pediatrician, your family physician or general practitioner, and office nurses. Tell them how you're feeling and schedule an appointment to see your physician.

What will my primary medical provider do? Your physician will ask about your mood and may request some blood tests to rule out medical conditions. She will discuss options for treating your depression through supportive talk therapy, medication, or a combination of both.

## Additional things you can do

- Ask your partner other family members, or friends for help with your baby and household chores like cooking, cleaning, and running errands.
- Do something for yourself. Go for a walk, exercise, take a shower or hot bath, spend time with a friend, or play your favorite music.
- Take care of yourself. Eat right, exercise, and get enough sleep.
- Seek treatment for yourself if you experience depression or other emotional challenges.

Why do women get PPD? The exact cause isn't known. Many women have depression during pregnancy that worsens after delivery or a past history of depression associated with life changes. In addition, hormone levels that change during pregnancy and right after childbirth may also produce chemical changes in the brain that play a part in causing depression and anxiety. Feeling depressed doesn't mean that you're a bad person, that you did something wrong, or that you brought this on yourself.

How long does PPD last? It's hard to say. Some women feel better within a few weeks. Some women may feel depressed or "not themselves" for many months. Women having more severe symptoms or having had depression in the past may take longer to get well. Just remember--help is available and you can get better.

**Is it affecting my baby?** Untreated PPD has significant risks for the child's cognitive, social, and emotional development, and it can impact school readiness. In addition, depressive symptoms may be tied to difficulties in the mother-infant and mother-partner relationships.

## Signs of PPD

- Frequent crying spells
- Feelings of sadness, anxiety, worthlessness, hopelessness
- Irritability
- Lack of energy to do everyday tasks
- Difficulty sleeping even when your baby is asleep
- Sense of stress that interferes with caring for yourself, the baby, or family
- Loss of interest in food or preoccupation with eating
- Loss of interest in caring for yourself

- Difficulty concentrating and remembering things
- Difficulty making decisions
- Loss of interest or pleasure in things you used to enjoy
- Excessive anxiety about the baby
- Lack of interest in the baby, feelings of detachment from the baby
- Fears of harming the baby
- Thoughts of harming or killing yourself
- Thoughts of harming the baby

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