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Postpartum depression: Signs, symptoms and treatment options

Experts weigh in on the common signs and symptoms of postpartum depression (PPD) and how to cope and seek treatment if you are suffering.



Maressa Brown

November 12, 2021



In recent years, thanks to celebrities like Chrissy Teigen and Serena Williams opening up about their struggles, we're seeing more discussion around all [perinatal mood or anxiety disorders \(PMAD\)](#), which are experienced by [up to 25%](#) of women in the U.S. One of the most common PMADs is perinatal or postpartum depression, or PPD, which can be marked by a loss of interest in previously pleasurable activities, sadness, a fear of not being a good parent or disinterest in the baby and loved ones and a variety of other [symptoms](#). PPD affects up to 1 in 8 women nationally, and up to 1 in 5 women in some states, according to the [Centers for Disease Control and Prevention \(CDC\)](#).

Irene Little, a mom and doctor of psychology from Frisco, Texas, experienced PPD first hand after giving birth to her son. She began feeling overwhelmed, frustrated, weepy and at times, helpless. “I found myself in my son’s pediatrician’s office for a well-baby visit, and she ended up suggesting that I talk to my doctor to get some help,” she explains. “Initially, my doctor was dismissive, but after I did some advocating for myself, she agreed to prescribe me a mild antidepressant, which helped.” Little says she was on the medication for about six months before feeling like her “previous self.”

While growing awareness has led to speedier and more effective treatment, there’s room for improvement: “As it is estimated that less than 30% of perinatal depression is diagnosed and less than half of those women receive any treatment, increased education and awareness is needed to remove the stigma that surrounds this medical condition,” notes Dr. Kristina M. Deligiannidis, a psychiatrist, associate professor at Feinstein Institutes for Medical Research and director of women’s behavioral health at Zucker Hillside Hospital in Queens, New York.

So what are the most common signs and symptoms of postpartum depression? And if you are suffering, what are some ways to cope? We asked our experts to weigh in.

Is anxiety normal after having a baby?

Given how much change, excitement and adjustment comes with a pregnancy and the responsibilities associated with a baby, it’s absolutely normal to be anxious after giving birth, says Victoria Nungesser, licensed clinical social worker and psychotherapist in Newtown, Connecticut.

And there’s a certain level of anxiety that can be attributed to your brain’s wiring, says Megan Ellow, a licensed clinical social worker who sees patients at [Nest Counseling & Wellness](#), a private practice that focuses on perinatal mental health. “Unlike other animals who are independent at or shortly after birth, human babies are born survival dependent completely on our caregivers,” she notes. “The anxiety you feel and those ‘worst-case scenarios’ that run through your head are just your brain trying to keep your baby safe and protected.”

That said, if that anxiety is not improving or resolving after one or two months, it might be a sign that you’re struggling with a PMAD — such as PPD or [postpartum anxiety \(PPA\)](#) — and would benefit from treatment.

What are the symptoms of postpartum depression?

Many new parents experience “[baby blues](#),” which can set in two to three days after birth and last for up to two weeks, according to the American College of Obstetricians and Gynecologists (ACOG). But PPD symptoms last longer and are more severe, says licensed professional counselor [Kristy Christopher-Holloway](#).

The CDC notes that PPD symptoms vary, but can include:

- Crying more often than usual.
- Feelings of anger.
- Withdrawing from loved ones.

- Feeling numb or disconnected from your baby.
- Worrying that you will hurt the baby.
- Feeling guilty about not being a good parent or doubting your ability to care for the baby.

Deligianidis elaborates that untreated perinatal depression can lead to:

- Intense sadness.
- Anxiety.
- A loss of interest and enjoyment in usual activities, relationships and the infant.
- Ruminative guilt about not being a good enough partner and mother, and some regret becoming pregnant.
- Intensified postpartum sleep disturbance due to anxious thoughts.
- Extreme exhaustion.
- Severe difficulty maintaining their activities of daily living (e.g. preparing meals, cleaning).
- Sacrifice of self-care (e.g. showering, eating, brushing teeth), with parents using their only energy to care for their infant.

What we call PPD is truly perinatal depression — meaning it can occur at any time in the perinatal period, including during pregnancy, says Ellow. “It can also affect fathers/non-birthing parents,” she notes.

When does postpartum depression start?

PPD can be diagnosed within the first year or two after birth, according to Christopher-Holloway. For Little, symptoms set in around six months postpartum. “It was a little challenging for my doctor and I to realize it was PPD because of the gap between when I had my baby and when the symptoms began,” she says.

How long does postpartum depression last?

The length of time you might contend with symptoms will depend on a number of factors including predisposition to a PMAD, when you seek help and the effectiveness of your treatment plan, explains Christopher-Holloway.

A lack of treatment is associated with a longer slog. A review of research published in the [Harvard Journal of Psychiatry](#) found that about 50% of the women who were receiving medical care for depression continued to experience symptoms more than one year after childbirth. Of those with PPD who were not receiving clinical treatment, 30% still had symptoms of depression up to three years after giving birth.

What are the causes and risk factors of postpartum depression?

According to [Postpartum Support International \(PSI\)](#), risk factors for PPD include:

- A personal or family history of depression, anxiety or postpartum depression.
- Premenstrual dysphoric disorder (PMDD or PMS).
- Inadequate support in caring for the baby.

- Financial stress.
- Marital stress.
- Complications in pregnancy, birth or breastfeeding.
- A major recent life event: loss, house move, job loss.
- The birth of multiples.
- The birth of infants who are in Neonatal Intensive Care (NICU).
- Previous infertility treatment.
- Thyroid imbalances.
- Diabetes (type 1, type 2 or gestational).

Christopher-Holloway points out that social or environmental factors, such as a history of trauma and institutional racism, might also contribute to a PPD diagnosis.

Exhibiting some of these risk factors isn't a guarantee you'll develop PPD, says Christopher-Holloway.

How is postpartum depression treated?

Anyone struggling with PPD symptoms should seek care from their OB-GYN and/or primary care physician ASAP, says Nungesser. "From a clinical perspective, early intervention is always the best treatment," she says. Nungesser also points people to [PSI's site](#), which offers a wealth of education, a helpline and a directory that can lead you to a local therapist.

Therapy and medication

The individualized treatment plan you come up with your health care provider will likely include talk therapy, antidepressants or a combination of both. "Through therapy and emotional work, you can create a new understanding of how to better cope with your emotions, even with future stressors," explains Nungesser.

In terms of medications, Deligianidis notes that [Zulresso](#) (brexanolone) — the first drug indicated for PPD, which was approved by the FDA last year — represents a new class of antidepressants with rapid treatment effects. The intravenous drug can only be administered in specially certified healthcare facilities.

More commonly, selective serotonin reuptake inhibitors or SSRIs (such as Wellbutrin, Lexapro, Prozac, Paxil and Zoloft) are prescribed, says [Dr. Sherry A. Ross](#), an OB/GYN and women's health expert in Santa Monica, California and author of "[she-ology](#)." "It may take two to four weeks for medications to start working and help manage the symptoms of postpartum depression," she says. "And the good news is you can still continue to breastfeed safely while on these medications."

You can also take heart that the great majority of mothers respond well to the first medication they are prescribed, and many are not on the medication long term, notes Brandon Eddy, an assistant professor at the University of Nevada, Las Vegas who holds his doctorate in couple, marriage and family therapy.

A support group

Additionally, many people benefit from joining a support group, says [Ann Smith](#), a certified nurse midwife and president of Postpartum Support

[Smith](#), a certified nurse midwife and president of Postpartum Support International (PSI). “A lot of people really get a lot of comfort from seeing other people who are experiencing or have experienced similar symptoms and feelings,” she notes.

Vitamins, supplements and lifestyle measures

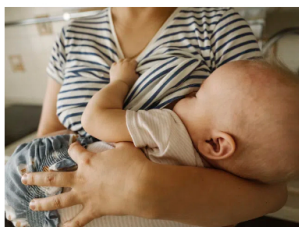
Evidence-based supplements like omega-3s, vitamin D, magnesium, B vitamins and vitamin D are all worth discussing with your healthcare provider, as they may help address PPD symptoms, says Smith. She also advocates eating a balanced diet and following a regular exercise program.

Ellow adds, “Adjunctive therapies like yoga, acupuncture and meditation can also be great supports.”

The bottom line

While we still have a ways to go when it comes to reducing stigma around mental illness and bolstering mental health care for parents, one thing’s clear: Any support that new parents receive is a benefit to not just them but families as a whole. As Nungesser says, “By focusing on supporting women during their postpartum, we are able to create more attachment, connection and emotional stability not just for the mother, but especially for their child’s emotional, cognitive and verbal development.”

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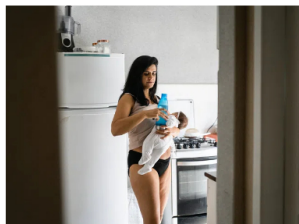
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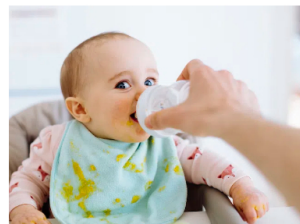
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