Emotions After Giving Birth

Baby blues and postpartum mood disorders

Some women have baby blues or more serious mood disorders after having a baby. This handout gives ideas for things you can do to feel better, and for how partners, families, and friends can help. Many local resources are included.

In the months before your baby was born, most of the focus was on you, your changing body, and your baby growing inside of you. You and your partner may have spent hours planning for your labor and birth.

Having a baby is unlike any other experience in life. If this is your first baby, your world will change as it never has before. Even if you have other children, the birth of each new baby brings many emotions and adjustments for the family.

Emotional Stress After Giving Birth

What women and their partners may not know is that the emotions after having a baby may be complicated. Love and happy emotions may be overshadowed by feelings of despair such as sadness, fear, anxiety, and being overwhelmed. This is especially true for parents of babies in the NICU.

Many healthcare providers do not talk about what may happen emotionally after giving birth. But:

- 50% to 80% of all new mothers (50 to 80 out of 100) have a form of depression called baby blues.
- 20% of new mothers (20 out of 100) have a more serious form of postpartum mood disorder.

Women who have had anxiety, depression, or other mood disorders in the past are more likely to have postpartum mood disorders. Women who have had premature babies are also at higher risk.
When You Have a Baby in the NICU

Having a baby in the NICU increases your stress after giving birth. This can make your emotional lows more serious or last longer than they might for other new parents. And, if your baby was born early, you are going through an extra emotional adjustment.

NICU staff may ask you about how you are doing. We want to offer you extra support if you need it during this challenging time.

If You Are Concerned

Holding in scary or negative thoughts and feelings may lead to a more serious situation. If you feel you might have baby blues or another form of postpartum mood disorder:

- The best thing you can do for yourself is to share your concerns with someone you trust and who can get you help. This may be your partner, a close friend, your nurse, or a social worker.
- Talk with your healthcare provider. Postpartum mood disorders can be treated. With help, you will soon feel better.

Baby Blues

Baby blues are a common condition. They are not a postpartum mood disorder. Baby blues are mostly caused by the sudden changes in your hormones and feeling overwhelmed about being a new parent of a baby who is completely dependent on you.

Symptoms can occur anytime from birth through the first 2 weeks after giving birth. The symptoms may include:

- Mood swings
- Crying
- Trouble concentrating
- Trouble sleeping
- Fatigue
- Not eating

The symptoms of baby blues may last a few hours or as long as 2 weeks. With good physical care and strong emotional support, these symptoms usually go away on their own.

If your symptoms continue or increase 2 weeks after your baby’s birth, something more serious may be going on. Call your healthcare provider if this happens for you.
Postpartum Depression

Postpartum depression is a more serious condition. It can start anytime after delivery, but most often it occurs from 2 weeks up to 1 year after the baby’s birth. This and some of the other disorders can affect mothers, fathers, and parents who have adopted a baby.

Parents of premature babies are at higher risk of developing postpartum depression. It may also be hard to tell the difference between postpartum depression and the anxiety parents normally feel when their baby is in the hospital.

If you are worried that you or someone you know may have a postpartum mood disorder, call your healthcare provider or a mental health specialist. The most common description by women with postpartum depression is “feeling overwhelmed.” Women with postpartum depression usually have many of the symptoms listed under baby blues. They may have low energy and depression symptoms, or they may be hyperactive and irritable. They may also say things like:

- I can’t stop feeling depressed, no matter what I do.
- I cry at least once a day and sometimes I can’t stop.
- I feel sad most or all of the time.
- I can’t concentrate.
- I don’t enjoy the things I used to enjoy.
- I have frightening thoughts about my baby or other family members.
- I can’t sleep, even when my baby sleeps.
- I feel like a failure all of the time.
- I have no energy. I feel tired all of the time.
- I have no appetite and no enjoyment of food.
- I am having sugar and carbohydrate cravings and am compulsively eating all the time.
- I can’t remember the last time I laughed.
- Every little thing gets on my nerves lately. I am even furious with my baby. I am often angry with my partner.
- The future seems hopeless.
- It seems like I will feel this way forever.
- There are times when I feel I would be better off dead than to feel this way.
Postpartum Anxiety

Postpartum anxiety can occur at the same time as postpartum depression, usually 2 weeks to 1 year after the birth of your baby. These symptoms may occur along with symptoms of depression:

- Anxiety
- Unable to concentrate
- Afraid to go out
- Fear of being alone
- Feeling trapped
- Guilt
- Irritability
- Unable to sleep
- Constant fears for baby’s health
- Anger or rage
- Rapid heartbeat
- Dizziness
- Hyperventilating (breathing very fast, not able to stop)
- Tingling or numbness
- Nausea or vomiting
- Muscle tension
- Diarrhea

Scary or Intrusive Thoughts

A mother with a postpartum mood disorder may have scary thoughts. She may be flooded with thoughts about harm coming to her baby, such as, “What if I drop her out of the window” or “put her in the microwave.” “Maybe there is something seriously wrong with my baby.” “I am a terrible mother. My baby should have a different mother.”

Sometimes these thoughts are constant. They may go along with rituals such as:

- Constantly checking and re-checking the baby
- Checking to make sure no knives are missing or getting rid of all the knives in the house
- Repeatedly doing safety checks on the house and locks
These behaviors can disrupt family life. Most women will realize these thoughts and behaviors are due to their situation, and are not real. But some women may believe their thoughts, or believe that someone outside of herself is telling her to do things. If this happens, it is much more serious. Call your healthcare provider right away if this happens.

The most important thing to remember is to share your thoughts and feelings with someone you trust, such as your partner, close friend, or healthcare provider, so they can get you the help you need. Call mental health services if you have any of these symptoms.

**Things You Can Do to Feel Better**

Below is a list of things you can do to lessen the baby blues or symptoms of depression and anxiety. You may not feel well enough to do many or any of these things. But, it may be a reminder that you do hold the power to get help and to help yourself.

- Take time away from the NICU to get good quality rest.
- Let your partner know how you are feeling.
- Make your needs a priority.
- Ask for help.
- Confide in someone you trust.
- Avoid strict or rigid schedules.
- Give yourself permission to have negative feelings.
- Screen your incoming phone calls. Don’t pick up the phone if you do not want to talk with the person who is calling.
- Do not expect too much from yourself right now.
- Avoid overdoing anything.
- Be careful about asking too many people for advice.
- Trust your instincts.
- Set limits with visitors.
- Avoid spending time with people who make you feel bad.
- Set boundaries with people you cannot avoid.
- Eat well.
- Avoid caffeine and alcohol.
- Take a walk.
- Take a bath, once your healthcare provider says it’s OK.
- Set small goals for yourself.
• Stay on all medicines your healthcare provider has prescribed, and take them as instructed.
• Get out of the house.
• Decide what needs to be done and what can wait.
• Try not to compare yourself to others.
• Thank your partner for helping you.
• Do not blame yourself.
• Ask family members to do household tasks you usually do.
• Do the best you can. Even if it doesn’t feel like enough, it’s enough for now.
• Encourage your partner to seek support from friends and outside activities.
• Remind yourself that all adjustments take time.

Other things that may help include supportive counseling, medicine, or both. Talk with your healthcare provider, nurse, or social worker about these options.

Helpful Tips for Partners, Families, and Friends

Here are examples of helpful things to say to a mother who is struggling with a postpartum mood disorder. They can help her know you care and that you understand what she is going through. After the first list of things to say is a list of things NOT to say.

DO tell her:
• You know she feels terrible.
• She will get better.
• She is doing all the right things to get better (such as counseling or medicines).
• She still can be a good mother and feel terrible.
• It’s OK to make mistakes. Things don’t need to be done perfectly.
• You know how hard she’s working at this right now.
• You will help with the baby and chores. Let her know she can ask for your help when she needs it.
• You know she’s doing the best she can.
• You love her.
• Her baby will be fine.
Do NOT tell her:

- She should get over this.
- You are tired of her feeling this way.
- This should be the happiest time of her life.
- You liked her better the way she was before.
- She’ll snap out of this.
- She would feel better if only: she were working or not working, got out of the house more or stayed home more, etc.
- She should lose weight, color her hair, buy new clothes, etc.
- All new mothers feel this way.
- This is just a phase.
- Since she wanted a baby, this is what she has to go through.
- You know she’s strong enough to get through this on her own and she doesn’t need help.

There Is a Lot of Help Out There

There are many helpful resources for women and their partners who are dealing with postpartum mood disorders. Here is a list of just a few:

- **24-Hour Crisis Clinic**: 866.427.4747
- **Beyond the Birth: What No One Ever Talks About**: Book by Dawn Gruen, MSW, and Rex Gentry, MD
  To order, call 206.283.9278 or visit www.ppmdsupport.com.
- **Depression During and After Pregnancy: A Resource for Women, Their Families and Friends**: Booklet by U.S. Department of Health and Human Services, Health Resources and Services Administration
  Visit www.mchb.hrsa.gov/pregnancyandbeyond/depression to download and print the pdf. The booklet is also available in Spanish.
- **Family Services – “Beyond the Baby Blues”**: 425.453.7890, ext. 268; www.family-services.org
  Clinical interventions for women and their families, including psychotherapy for individuals and couples, or ongoing psychotherapy groups.
- **Individual Counseling**: Many patients with postpartum mood disorders find it helpful to talk with a counselor. Please contact your healthcare provider, nurse, or social worker for a referral.
• **Northwest Association for Postpartum Support (NAPS):**
  206.956.1955; www.napsdoulas.com

• **Postpartum Mood Disorder Support:** 888.404.7763 (PPMD);
  www.ppmdsupport.com
  Offers Seattle-area support groups, newsletter, and phone support.

• **This Is Not What I Expected! Emotional Care for New Families Support Group:** 425.899.1000; Evergreen Hospital, 12040 N.E. 128th, Kirkland, WA 98034
  Free postpartum mood disorder support group for mothers, partners, and their families. Infants are welcome (mother’s choice). Call for meeting times and dates.

• **Understanding the Moods of Motherhood:** 206.551.4824;
  801 Broadway #718, Seattle, WA 98101
  Free postpartum mood disorder support group for mothers. Call for time and date.

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**Questions?**

Your questions are important. Call your doctor or healthcare provider if you have question or concerns. UWMC clinic staff are also available to help.

Neonatal Intensive Care Unit: 206.598.4606