Postpartum Depression Handout

Patient education for the first year after birth. Bring this to your postpartum visit and keep it where you can find it.

GET HELP NOW IF YOU ARE THINKING OF HARMING YOURSELF OR YOUR BABY

Call or text 988
988 Suicide & Crisis Lifeline. Free, confidential, 24 hours a day.

1-800-944-4773
Postpartum Support International HelpLine. Support and referrals, not a crisis line.

Call 911
Any life-threatening emergency, or go to your nearest emergency room.

1. UNDERSTANDING POSTPARTUM DEPRESSION

Postpartum depression (PPD) is a medical condition that can develop after childbirth. It is not a character flaw, and it is not something you caused. About **1 in 7 new mothers** experience it. PPD can begin at any point in the **first 12 months** after delivery, even if you felt well in the early weeks.

PPD is different from the "baby blues", which most new parents feel in the first days after birth. PPD lasts longer, feels heavier, and gets in the way of daily life. It responds well to treatment, and most parents recover fully once support is in place.

2. BABY BLUES OR POSTPARTUM DEPRESSION?

What to compare	Baby blues	Postpartum depression
Onset	First few days after delivery	Any time up to 12 months postpartum
Duration	Resolves within 2 weeks	Lasts weeks to months without treatment
Intensity	Mild mood changes, eased by rest and reassurance	Severe sadness and hopelessness, hard to function
Thoughts of harm	Absent	May include thoughts of self-harm or harm to the baby
What it needs	Support, rest and practical help	Professional care: therapy, medication, or both

3. SIGNS AND SYMPTOMS TO LOOK FOR

Emotional
- Sadness or emptiness most of the day
- Anxiety, irritability, feeling overwhelmed
- Feeling detached from your baby or partner
- Loss of interest in things you enjoyed
- Worthlessness, guilt or shame
- Intrusive thoughts about harm

Physical
- Exhaustion beyond normal sleep loss
- Cannot sleep even when the baby sleeps
- Appetite or weight changes
- Body aches or headaches
- Restlessness or agitation
- Trouble concentrating or deciding

Behavioral
- Pulling away from family and friends
- Skipping meals, showers or medication
- Struggling to care for your baby
- Avoiding appointments or visitors
- Reduced interest in sex or closeness
- Crying you cannot explain

Symptoms that last more than two weeks, or that stop you functioning, are worth a call to your care team today. You do not have to wait for your next appointment.

4. WHAT RAISES THE RISK

Biological
Previous depression, bipolar disorder or PPD, family history of mental illness, hormone sensitivity, thyroid problems.

Psychosocial
Relationship conflict, little partner or family support, recent major stress, past trauma, money worries.

Obstetric
A difficult or traumatic birth, pregnancy complications, a preterm or unwell baby, feeding difficulties.

Social and practical
Young maternal age, parenting alone, limited access to care, language or cultural barriers to support.

These raise the odds, they do not decide the outcome. Many parents with none of them still develop PPD, so tell your care team what has been going on either way.

5. HOW YOUR CARE TEAM SCREENS FOR PPD

Screening is a short questionnaire, not a test you can fail. It usually happens at the 6 to 8 week postpartum visit. Ask for one at any visit if something feels wrong.

Edinburgh Postnatal Depression Scale (EPDS)

The standard tool for the weeks after birth

10	0—30	10+
QUESTIONS	SCORE RANGE	FOLLOW-UP POINT

A score of **10 or above** suggests probable postpartum depression and calls for a fuller clinical assessment.

The EPDS asks about mood, anxiety and intrusive thoughts in the past seven days. Each of the ten questions scores 0 to 3. The final question asks about thoughts of harming yourself, and any answer above zero is acted on straight away.

Patient Health Questionnaire-9 (PHQ-9)

The general depression screener used in primary care

9	0—27	10+
QUESTIONS	SCORE RANGE	TREATMENT POINT

A score of **10 or above** points to moderate to severe depression and indicates that treatment is needed.

The PHQ-9 covers the past two weeks, and each of the nine questions scores 0 to 3. It is not specific to birth, so it is often paired with the EPDS. Question nine asks about thoughts of self-harm and is reviewed the same way.

A score is a prompt for a conversation, never a diagnosis on its own. Your clinician will talk it through with you before anything is decided.

6. TREATMENT OPTIONS

PPD is highly treatable. Most parents start to feel better **2 to 4 weeks** after treatment begins, and full recovery usually takes **8 to 12 weeks**.

Talking therapy, the first-line choice

Cognitive behavioral therapy (CBT) and interpersonal therapy (IPT) both have strong evidence in PPD. Weekly sessions with a therapist trained in perinatal mental health work best. Therapy reduces symptoms and lowers the chance of relapse.

Medication, including while breastfeeding

SSRIs such as sertraline and paroxetine are considered compatible with breastfeeding, and sertraline is often chosen first. **Starting medication does not mean you have to stop breastfeeding.** Ask your obstetrician or psychiatrist to go through your own risks and benefits before you decide.

Both together

Many parents do best with therapy and medication combined, especially with moderate or severe symptoms. Keep taking your medication once you feel better, until your prescriber advises otherwise.

7. WHAT HELPS DAY TO DAY

Rest and body

- Share night feeds so you get one longer stretch of sleep
- Eat something every few hours, even if it is small
- Get outside once a day, however briefly
- Gentle movement, once your provider clears it

People

- Say yes to specific offers of help
- Tell one person honestly how you are
- Join a perinatal peer support group
- Ask your partner for a named task, not general help

Pressure

- Lower the bar on housework for now
- Limit visitors to what you can handle
- Step away from social comparison online
- Write down what you want to raise at your visit

These strategies support treatment. They do not replace it, so keep your appointments even on the days when you feel better.

8. WHEN TO GET HELP URGENTLY

Contact your care team the same day, or use the numbers below, if you have any of these

- Thoughts of harming yourself or your baby
- Feeling out of control or unable to cope
- Severe anxiety, panic attacks or paranoid thoughts
- Losing touch with reality, such as hearing or seeing things others do not
- Unable to eat, sleep or care for yourself or your baby for days
- Suicidal thoughts, or a plan to act on them

9. RESOURCES AND REFERRALS

KEEP THESE NUMBERS WHERE YOU CAN REACH THEM

988
Suicide & Crisis Lifeline. Call or text, 24 hours a day, free and confidential.

1-800-944-4773
Postpartum Support International HelpLine. Call or text for support and referrals.

1-833-852-6262
National Maternal Mental Health Hotline. Call or text, 24 hours a day, English and Spanish.

Postpartum Support International
postpartum.net • 1-800-944-4773 • Free support groups, a directory of perinatal specialists, and resources for partners.

National Maternal Mental Health Hotline
1-833-TLC-MAMA (1-833-852-6262) • Counselors for pregnant and postpartum people, any time of day or night.

988 Suicide & Crisis Lifeline
988lifeline.org • Call or text 988 • Trained crisis counselors for you or for someone you are worried about.

Your practice fills this in for you

PRACTICE NAME	YOUR PROVIDER	PRACTICE PHONE
MENTAL HEALTH REFERRAL	LOCAL SUPPORT GROUP	OUT-OF-HOURS NUMBER
DATE OF YOUR SCREENING	NEXT APPOINTMENT	NOTES

QUESTIONS WORTH BRINGING TO YOUR APPOINTMENT

- Is what I am feeling the baby blues, or something more?
- Can we do the EPDS or PHQ-9 today?
- What did my score mean, and what happens next?
- Which treatment would you start with, and why?
- If I take medication, what should I watch for while breastfeeding?
- Who do I call at night or on the weekend?

PARTNERS, FATHERS AND FAMILY

Around **1 in 10 fathers** experience depression in the baby's first year. It often shows up as irritability, withdrawal, longer hours at work, or drinking more than usual. Partners can be screened and treated too, so raise it at the same visit.

How family and friends can help. Ask how she is really doing, and listen without fixing it. Take on a named job such as a night feed, the laundry, or the school run. Notice changes early and say something kind about them. Offer to sit with her while she makes the call, or to drive her to the appointment.