April 27, 2020

Patient Name:	SARA [redacted]
Dx/Condition	DEPRESSION AFTER PREGNANCY
Patient Instructions:	READ INFORMATION AND HIGHLIGHT ALL SIGN YOU IDENTIFY IN YOURSELF.

Patient Education

Depression During and After Pregnancy

About this topic

Depression may make you feel very sad, hopeless, or down. It is more than just a low mood. Depression can happen when you are pregnant or after you have a baby. Both moms and dads can have problems with depression. Doctors use the term perinatal depression to talk about depression that starts before or while you are pregnant or even up to a year after your baby is born.

Perinatal depression is not the same as the baby blues. The baby blues often happen to moms between 3 and 10 days after they have a baby. They are often caused by changes in hormone levels after you give birth. With baby blues, you may feel teary or overwhelmed. Baby blues often go away after a few weeks. Care for perinatal depression may include drugs and counseling.

What are the causes?

There is not one single cause of perinatal depression. Many things can make it more likely to happen like:

- A history of depression or other mental health problems
- Lack of support from others
- Problems with your pregnancy
- Your baby is not healthy or is hard to console
- You do not get enough sleep
- Stress in your life from things like money or relationship problems
- Family violence
- Drug use
- The pregnancy was unplanned or unwanted
- You have a baby with special needs

What are the main signs?

Everyone may have these signs at some time. Talk to your doctor if the signs last for a week or two. You may:

- Be overwhelmed or very worried about your baby or how you will care for your baby
- Not be interested in your baby or in things you used to enjoy
- Be very tired or not able to sleep
- Feel numb, angry, sad, hopeless, or guilty

- Cry a lot or feel very teary
- Have no energy or not feel hungry
- Have trouble making a decision, concentrating, or remembering things
- Feel like your heart is racing or you are short of breath
- Have thoughts of harming yourself, your baby, or others
- Have risky behaviors, like drug or alcohol abuse

How does the doctor diagnose this health problem?

The most important thing you can do if you have any of these signs is to talk to your doctor. The doctor will ask you questions about your health history and do an exam. Together, you can make a plan to help you and your baby. Your doctor may suggest talk therapy to help you cope with the changes in your life. Sometimes drugs can also help.

What drugs may be needed?

The doctor may order drugs to:

- Help with low mood
- Help with anxiety
- Help you to sleep better
- Even out hormones

Where can I learn more?

American Academy of Pediatrics

https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/Infants-Family-Are-Affected-by-Mothers-Perinatal-Depression.aspx

American Academy of Pediatrics

https://www.healthychildren.org/English/ages-stages/prenatal/delivery-beyond/pages/Understanding-Motherhood-and-Mood-Baby-Blues-and-Beyond.aspx

US Department of Health & Human Services Office on Women's Health

https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression

Victoria State Government

https://www.betterhealth.vic.gov.au/health/HealthyLiving/Pregnancy-and-your-mental-health

Last Reviewed Date

2019-08-27

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(Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions)

Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions

The following leveling system is from *Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice* (2nd ed.) by Bernadette Mazurek Melnyk and Ellen Fineout-Overholt.

Level I:	Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs)
Level II:	Evidence obtained from well-designed RCTs
Level III:	Evidence obtained from well-designed controlled trials without randomization
Level IV:	Evidence from well-designed case-control and cohort studies
Level V:	Evidence from systematic reviews of descriptive and qualitative studies
Level VI:	Evidence from single descriptive or qualitative studies
Level VII:	Evidence from the opinion of authorities and/or reports of expert committees

Modified from Guyatt, G. & Rennie, D. (2002). Users' Guides to the Medical Literature. Chicago, IL: American Medical Association; Harris, R.P., Hefland, M., Woolf, S.H., Lohr, K.N., Mulrow, C.D., Teutsch, S.M., et al. (2001). Current Methods of the U.S. Preventive Services Task Force: A Review of the Process. American Journal of Preventive Medicine, 20, 21-35.

Patient Handout Provider:		**Date:**	