

More Help is Available

[Postpartum Support International](#)
(800) 944-4PPD (4773)
www.postpartum.net

This site offers a wide range of support for new moms, their partners and families. Support groups listed by state, internet chat rooms and expert links are provided. A link for translation to different languages is also available.

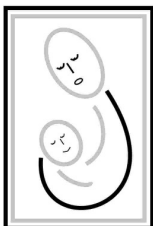
[American Academy of Family Physicians \(AAFP\)](#)
www.familydoctor.org/379.xml

The website gives information on postpartum depression and phone numbers you can call for help. This site is also in Spanish.

[National Suicide Prevention Lifeline](#)
1-800-SUICIDE (1-800-784-2433)
1-800-273-TALK (1-800-273-8255)
TTY: 1-800-799-4TTY (1-800-799-4889)

A national 24-hour toll-free suicide prevention service available to all women thinking about harming themselves or their babies.

For additional information go to:
<http://familydoctor.org/ppd.xml>



Recommended Reading

Bennett, S. & Indman, P.
Beyond the Blues: A guide to understanding and treating prenatal and postpartum depression. (2003)
Bennet and Indman are both counselors with a special interest in postpartum depression.

Kleinman, K.
The Postpartum Husband: Practical solutions for living with postpartum depression. (2000)
A hands-on guide with practical information and helpful tips for partners.

Kleinman, K. & Raskin, V. with Raskin, D.
This Isn't What I Expected: Overcoming Postpartum Depression. (1996)
Kleinman is a social worker who has written several books on postpartum depression.

Misri, Shaila MD.
Shouldn't I Be Happy? Emotional problems of pregnant and postpartum women. (1985)
Misri is a psychiatrist who has special interest in emotional disorders of pregnancy and motherhood.

Raskin, Valerie D.
When Words Are Not Enough: The Women's Prescription for Depression and Anxiety. (1997)
Raskin is also a psychiatrist. This book is a woman's guide to medicines for depression and anxiety.

Books By Famous Women

Brooke Shields. *Down Came the Rain. My Journey through Postpartum Depression.* (2005)

Marie Osmond. *Behind the Smile: My Journey Out of Postpartum Depression.* (2002)

This brochure was revised with permission from the Wisconsin Department of Health and Family Services and the Title V MCH CYSHCN Program.

Funded in part by the MCH Title V Services Block Grant, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

Brochure developed in collaboration with the Wisconsin Association for Perinatal Care and the Wisconsin Task Force on Perinatal Depression: More Than Just The Blues and the Department of Health and Family Services/Division of Public Health, the Division of Disability and Elder Services/Bureau of Mental Health and Substance Abuse.

More Than Just the Blues

Are You a Mom With a New Baby Who Is Feeling...

- Sad most of the time?
- Angry?
- Guilty?
- Nervous?
- Alone?
- Inadequate?
- Hopeless?
- Unable to pay attention?
- Crabby or irritable?

Do You Tend To...

- Cry for no reason?
- Feel "panic"?
- Worry a lot about your health or the baby's health?
- Have trouble sleeping or relaxing?
- Stay away from other people?
- Have a change in appetite?
- Have difficulty making decisions?

If you have any of the behaviors listed on the cover, you may be depressed, even though other people may not see your depression. Depression is common after pregnancy and birth but can also happen during pregnancy. Women wonder how they could feel sad when they think they should be happy about being a mother. This can be a confusing time.

Could A Mother's Depression Affect Her Baby?

A woman who is depressed:

- May have difficulty responding to her baby's needs.
- May have trouble bonding, or "falling in love" with her baby.
- May not have the energy to talk, sing and play with her baby.

Treatment can make these problems better. Therefore, it is very important to be aware of the signs of depression and to get treatment as soon as possible.

Depression can be treated. There is no need to keep suffering. There is help. Continue reading to learn more about what can be done.

Let your doctors and nurses know if the blues last more than two weeks.

Baby Blues

The "baby blues" are very common, starting shortly after birth. About 50-80% of new mothers cry and feel overwhelmed, crabby, restless and anxious. Some women have lots of ups and downs, like a roller coaster. "Baby blues" are unpleasant, but they usually go away on their own in less than two weeks. Take good care of yourself. Ask for and accept help from others.

Postpartum Depression

Postpartum depression is not the same as the "baby blues." Postpartum depression is a medical illness that can be treated with medication, education, and caring support. About one in 10 new mothers feels depressed for more than a couple of weeks. The depression may begin soon after birth or anytime in the year after birth.

Women with postpartum depression may:

- Feel very tired.
- Be unable to sleep when they want.
- Feel that things are not right.
- Cry or feel hopeless.
- Be confused about how they could feel this way with a new baby.
- Think about harming themselves or their babies.
- Have trouble taking care of their babies.
- Not feel close to their babies.
- Not be interested in having sex.

Like other medical illnesses, depression requires treatment. Let your doctors and nurses know if you think you may be depressed. They will help you get the treatment that is best for you.

As you begin to feel better, taking part in a postpartum depression support group may be helpful. Ask your doctor or nurse about a support group near you.

Risk Factors for Postpartum Depression

Postpartum depression can happen to any new mother. Some women are at a greater risk than others for postpartum depression if they have had any of the following:

- Postpartum depression after an earlier pregnancy.
- A personal history or a family history of depression, anxiety, or mental illness.
- Depression during pregnancy.

Women, including those who are breastfeeding, can safely use some depression medications. Talk to your doctor or nurse about treatment choices including counseling.

What to do for "More Than Just the Blues"

In addition to getting help from your doctor or nurse, here are some things you can do for yourself:

- Ask for and accept help from others.
- Be kind to yourself. Eat right, sleep, rest, and exercise.
- Express your feelings, positive and negative. It's OK to cry.
- Talk to a supportive person.
- Do something "just for you" everyday.
- Take a break from the baby. Let someone else care for the baby for a while.
- Set realistic expectations. Baby care takes a lot of time.
- Plan your day to get a feeling of control over your life.
- Look for humor. Have fun and a good laugh.
- Try not to make any major life changes until you are used to your new life.