

Post-Partum Depression Facts

From The Massachusetts Department of Public Health and Maternal and Infant Mental Health Advisory Committee

What is post-partum depression?

Post-partum depression is a clinically significant condition and requires serious medical attention from a health care provider. This condition is manifested in major depressive episodes lasting two weeks or more and may last for a period of weeks or for longer than a year. Experts refer to post-partum depression as one form of “perinatal depression” – a spectrum of physical and emotional changes that mothers can have during pregnancy and after giving birth.

What are the signs?

- Feeling restless
- Increased crying/crying often
- Lack of energy
- Feeling anxious, jumpy or irritable
- Eating too much or not eating enough
- Having headaches or chest pains
- Loss of interest in family
- Loss of interest in your usual fun activities
- Feeling guilt
- Feeling despair
- Afraid of hurting yourself or your child

Is post-partum depression the same as the “baby blues”?

No. Post-partum “blues” are considered normal since they are so commonly experienced worldwide. The blues are experienced by 50 to 80% of all mothers within the first 10 days after childbirth. Symptoms are usually mild and do not interfere with a mother’s caring for her infant.

How common is post-partum depression?

The Pregnancy Risk Assessment Monitoring System (PRAMS) survey of Massachusetts women who gave birth in 2007 found that of the women surveyed, 31% reported that they often or sometimes felt down, depressed or hopeless since their new baby was born; 29% reported that they often or sometimes had little interest or little pleasure in doing things since their new baby was born.

What are the risk factors?

Factors that can place mothers at risk include prior history of depression, family history of depression, hormonal changes experienced during pregnancy, genetics, domestic violence, poor environment (e.g., food insecurity, poor housing conditions, lack of financial supports, uninvolved husband or partner), and the absence of a community network.

How does it affect infant and child development?

Babies depend on the emotional nurturance, protection, and stimulation that depressed mothers may not consistently provide. Infants of clinically depressed mothers often withdraw from daily activities and avoid interactions, have a hard time attaching to their caregivers, and experience higher stress levels. This jeopardizes infant language, physical, intellectual, and emotional development. Older children of mothers depressed during infancy often exhibit poor self-control, aggression, poor peer relationships, and difficulty in school, increasing the likelihood of special education assignment, grade retention, and school dropout.

How can post-partum depression be treated?

The Maternal and Infant Mental Health Advisory Committee and the Massachusetts Department of Public Health recommend screening in multiple settings as the best way to identify post-partum depression, as well as increased public awareness to facilitate identification and decrease the stigma associated with the condition. Once post-partum depression is identified, home-visiting programs, support groups, individual counseling services by a mental health professional, and/or pharmacological treatment are effective remedies.