

“Baby Blues” — Not Considered a Disorder

This is not considered a disorder since the majority of mothers experience it.

- Occurs in about 80 percent of mothers
- Usually starts within first week postpartum
- Symptoms may persist up to three weeks

Symptoms

- Mood instability
- Weepiness
- Sadness
- Anxiety
- Lack of concentration
- Feelings of dependency

Causes

- Rapid hormonal changes
- Physical and emotional stress of birthing
- Physical discomforts
- Emotional letdown after pregnancy and birth
- Awareness and anxiety about increased responsibility
- Fatigue and sleep deprivation
- Disappointments including the birth, spousal support, nursing, and the baby

Depression and/or Anxiety

- Occurs in 15 to 20 percent of mothers
- Onset is usually gradual, but it can be rapid and begin any time in the first year
- Excessive worry or anxiety
- Irritability or short temper
- Feeling overwhelmed, difficulty making decisions
- Sad mood, feelings of guilt, phobias
- Hopelessness
- Sleep problems (often the woman cannot sleep or sleeps too much), fatigue
- Physical symptoms or complaints without apparent physical cause
- Discomfort around the baby or a lack of feeling toward the baby
- Loss of focus and concentration (may miss appointments, for example)
- Loss of interest or pleasure, decreased libido
- Changes in appetite; significant weight loss or gain

Risk factors

- 50 to 80 percent risk if previous postpartum depression

- Depression or anxiety during pregnancy
- Personal or family history of depression/anxiety
- Abrupt weaning
- Social isolation or poor support
- History of premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD)
- Mood changes while taking birth control pill or fertility medication, such as Clomid
- Thyroid dysfunction

Obsessive-Compulsive Disorder

- 3 to 5 percent of new mothers develop obsessive symptoms

Symptoms

- Intrusive, repetitive, and persistent thoughts or mental pictures
- Thoughts often are about hurting or killing the baby
- Tremendous sense of horror and disgust about these thoughts (ego-alien)
- Thoughts may be accompanied by behaviors to reduce the anxiety (for example, hiding knives)
- Counting, checking, cleaning or other repetitive behaviors

Risk factors

Personal or family history of obsessive-compulsive disorder

Panic Disorder

- Occurs in about 10 percent of postpartum women

Symptoms

- Episodes of extreme anxiety
- Shortness of breath, chest pain, sensations of choking or smothering, dizziness
- Hot or cold flashes, trembling, palpitations, numbness or tingling sensations
- Restlessness, agitation, or irritability
- During attack the woman may fear she is going crazy, dying, or losing control
- Panic attack may wake her up
- Often no identifiable trigger for panic
- Excessive worry or fears (including fear of more panic attacks)

Risk factors

- Personal or family history of anxiety or panic disorder
- Thyroid dysfunction

Psychosis

- Occurs in one to two per thousand
- Starts usually two to three days postpartum
- This disorder has a 5 percent suicide and 4 percent infanticide rate

Symptoms

- Visual or auditory hallucinations
- Delusional thinking (for example, about infant's death, denial of birth, or need to kill baby)
- Delirium and/or mania

Risk factors

- Personal or family history of psychosis, bipolar disorder, or schizophrenia
- Previous postpartum psychotic or bipolar episode

Postpartum Psychiatric Illness Posttraumatic Stress Disorder

- There is no available data regarding the prevalence or onset

Symptoms

- Recurrent nightmares
- Extreme anxiety
- Reliving past traumatic events (for example, sexual, physical, emotional, and childbirth)

Risk factors

- Past traumatic events