

Diagnosis

Your health care provider will usually talk with you about your feelings, thoughts and mental health to help determine if you have a short-term case of postpartum baby blues or a more severe form of depression. Don't be embarrassed — postpartum depression is common. Share your symptoms with your provider so that you and your provider can create a useful treatment plan.

As part of your evaluation, your health care provider may do a depression screening, including having you fill out a questionnaire. Your provider may order other tests, if needed, to rule out other causes for your symptoms.

Treatment

Treatment and recovery time vary, depending on how severe your depression is and what your individual needs are. If you have an underactive thyroid or an underlying illness, your health care provider may treat those conditions or refer you to the appropriate specialist. Your health care provider may also refer you to a mental health professional.

Baby blues

The baby blues usually fade on their own within a few days to 1 to 2 weeks. In the meantime:

- Get as much rest as you can.
- Accept help from family and friends.
- Connect with other new moms.
- Create time to take care of yourself.
- Avoid alcohol and recreational drugs, which can make mood swings worse.
- Ask your health care provider about getting help from a health professional called a lactation consultant if you're having problems with producing milk or breastfeeding.

Postpartum depression

Postpartum depression is often treated with psychotherapy — also called talk therapy or mental health counseling — medicine or both.

- **Psychotherapy.** It may help to talk through your concerns with a psychiatrist, psychologist or other mental health professional. Through therapy, you can find better ways to cope with your feelings, solve problems, set realistic goals and respond to situations in a positive way. Sometimes family or relationship therapy also helps. Examples of therapies used for postpartum depression include cognitive-behavioral therapy (CBT) and interpersonal psychotherapy.
- **Antidepressants.** Your health care provider may recommend an antidepressant. If you're breastfeeding, any medicine you take will enter your breast milk. However, most antidepressants can be used during breastfeeding with little risk of side effects for your baby. Work with your provider to weigh the potential risks and benefits of specific antidepressants.
- **Other medicines.** When needed, other medicines may be added to your treatment. For example, if you have postpartum depression that includes severe anxiety or insomnia, an anti-anxiety medicine may be recommended for a short time.

Brexanolone (Zulresso) is the first drug approved by the U.S. Food and Drug Administration specifically for postpartum depression in adult women. Brexanolone slows the rapid drop of certain hormones after childbirth that may lead to postpartum depression. Potential serious side effects require a stay in a health care facility and monitoring by a health care provider while receiving the medicine through a vein over 60 hours. Because of this, the treatment is not yet widely available.

Research continues on an oral medicine for postpartum depression with promising results. The medicine being studied works in a way similar to brexanolone. But it could be taken daily as a pill and may not have the same serious side effects.

With appropriate treatment, postpartum depression symptoms usually improve. In some cases, postpartum depression can continue and become long term, which is called chronic depression. It's important to continue treatment after you begin to feel better. Stopping treatment too early may lead to a relapse.

Postpartum psychosis

Postpartum psychosis requires immediate treatment, usually in the hospital. Treatment may include:

- **Medicines.** Treatment may require a combination of medicines — such as antidepressants, antipsychotic medicines, mood stabilizers and benzodiazepines — to control your signs and symptoms.

- **Electroconvulsive therapy (ECT).** If your postpartum depression is severe and you experience postpartum psychosis, ECT may be recommended if symptoms do not respond to medicine. ECT is a procedure in which small electrical currents are passed through the brain, intentionally starting a brief seizure. ECT seems to cause changes in brain chemistry that can reduce the symptoms of psychosis and depression, especially when other treatments have been unsuccessful.

A hospital stay during treatment for postpartum psychosis can challenge a mother's ability to breastfeed. This separation from the baby makes breastfeeding difficult. Your health care provider can recommend support for lactation — the process of producing breast milk — while you're in the hospital.

More Information

- [Electroconvulsive therapy \(ECT\)](#)
[Request an appointment](#)
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Clinical trials

[Explore Mayo Clinic studies](#) testing new treatments, interventions and tests as a means to prevent, detect, treat or manage this condition.

Lifestyle and home remedies

In addition to professional treatment, you can do some things for yourself that build on your treatment plan and help speed recovery.

- **Make healthy lifestyle choices.** Include physical activity, such as a walk with your baby, and other forms of exercise in your daily routine. Try to get enough rest. Eat healthy foods and avoid alcohol.
- **Set realistic expectations.** Don't pressure yourself to do everything. Scale back your expectations for the perfect household. Do what you can and leave the rest.
- **Make time for yourself.** Take some time for yourself and get out of the house. That may mean asking a partner to take care of the baby or arranging for a sitter. Do something you enjoy, such as a hobby or some form of entertainment. You might also schedule some time alone with your partner or friends.

- **Avoid isolation.** Talk with your partner, family and friends about how you're feeling. Ask other mothers about their experiences. Breaking the isolation may help you feel human again.
- **Ask for help.** Try to open up to the people close to you and let them know you need help. If someone offers to babysit, take them up on it. If you can sleep, take a nap, or maybe you can see a movie or meet for coffee with friends. You may also benefit from asking for help with parenting skills that can include caregiving techniques to improve your baby's sleep and soothe fussing and crying.

Remember, taking care of your baby includes taking care of yourself.

Coping and support

The already stressful, exhausting period following a baby's birth is more difficult when depression occurs. But remember, postpartum depression is never anyone's fault. It's a common medical condition that needs treatment.

So, if you're having trouble coping with postpartum depression, talk with your health care provider. Ask your provider or a therapist about local support groups for new moms or women who have postpartum depression.

The sooner you get help, the sooner you'll be fully equipped to cope with depression and enjoy your new baby.

Preparing for your appointment

After your first appointment, your health care provider may refer you to a mental health provider who can create the right treatment plan with you. You may want to find a trusted family member or friend to join you for your appointment to help you remember all the information discussed.

What you can do

Before your appointment, make a list of:

- **Any symptoms you've been experiencing** and for how long.

- **All of your medical issues**, including physical health conditions or mental health conditions, such as depression.
- **All the medicines you take**, including prescription and over-the counter medicines, as well as vitamins, herbs and other supplements, and the doses.
- **Questions** to ask your provider.

Questions to ask may include:

- What is my diagnosis?
- What treatments are likely to help me?
- What are the possible side effects of the treatments you're suggesting?
- How much and how soon do you expect my symptoms to improve with treatment?
- Is the medicine you're prescribing safe to take while breastfeeding?
- How long will I need to be treated?
- What lifestyle changes can help me manage my symptoms?
- How often should I be seen for follow-up visits?
- Am I at increased risk of other mental health problems?
- Am I at risk of this condition recurring if I have another baby?
- Is there any way to prevent a recurrence if I have another baby?
- Are there any printed materials that I can have? What websites do you recommend?

Don't hesitate to ask any other questions during your appointment.

What to expect from your doctor

Your health care provider or mental health provider may ask you some questions, such as:

- What are your symptoms, and when did they start?
- Have your symptoms been getting better or worse over time?
- Are your symptoms affecting your ability to care for your baby?
- Do you feel as bonded to your baby as you expected?

- Are you able to sleep when you have the chance and get out of bed when it's time to wake up?
- How would you describe your energy level?
- Has your appetite changed?
- How often would you say you feel anxious, irritable or angry?
- Have you had any thoughts of harming yourself or your baby?
- How much support do you have in caring for your baby?
- Are there other major stressors in your life, such as financial or relationship problems?
- Have you been diagnosed with any other medical conditions?
- Have you ever been diagnosed with any mental health conditions, such as depression or bipolar disorder? If so, what type of treatment helped the most?

Your provider may ask additional questions based on your responses, symptoms and needs. Preparing for questions will help you make the most of your appointment.

By Mayo Clinic Staff

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