

# Frequently Asked Questions

Below we hope to answer some of the most frequently asked questions about postpartum depression, and perinatal mood and anxiety disorders.

<http://www.postpartum.net/learn-more/frequently-asked-questions/>

## What should I do if I need help right away?

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If you need immediate help, please contact one of the national emergency services listed below. They are available all the time. It is very important that you reach out right now and find the support and information you need to be safe. Here are some reliable resources to contact in a crisis:

### **National Suicide Prevention Hotline and Website**

1-800-273-8255

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

Call for yourself or someone you care about; free and confidential; network of more than 140 crisis centers nationwide; available 24/7

## What does perinatal mean?

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Perinatal means the period “all around” birth. We use it to mean the period of time all throughout pregnancy as well as the baby’s first year.

## Why is it difficult to recognize or admit to perinatal depression or anxiety?

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It is hard to recognize or identify perinatal depression or anxiety for several reasons.

First, a new mother might not recognize depression or anxiety because she is tired, overwhelmed, or simply adjusting to life with a baby. Perhaps she thinks that this is just part of being a new mother. It's hard for new moms and families to know what is normal mom stuff and what is a symptom of depression or anxiety. We are afraid of being seen as complaining or not able to handle motherhood. We didn't think it could happen to us. We tend to blame ourselves for not being able to handle things instead of realizing that it is a medical condition and not a sign of failure.

Second, moms and their families might feel ashamed or embarrassed. When the expected glow of pregnancy or postpartum does not arrive, mothers tend to blame themselves and feel embarrassed. They fear admitting to negative feelings during the perinatal period may lead to their children being taken away or they will be labeled as bad mothers.

Third, each woman experiences a unique situation and unique symptoms. Some new mothers are sad and teary; some feel overwhelmed and irritable; some bond well with their babies while others feel distant; some sleep all the time while others have insomnia. The up-and-down nature of symptoms also makes it difficult to recognize or admit perinatal depression or anxiety.

### How is this different than the “baby blues?”

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Most new mothers – experts estimate about 80% — experience mood swings and weepiness during the first 2-3 weeks after giving birth. Sometimes called

“the baby blues”, this is a normal adjustment period and resolves without any medical assistance.

## I feel scared and anxious. Is this related to PPD?

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Yes it is related. PPD is a term that most people use to describe postpartum emotional distress, but many pregnant and postpartum moms have mostly anxiety-related symptoms – feeling irritable, agitated, or overwhelmed — without primary depression. Perinatal anxiety might include insomnia, low appetite, fears and worries, restlessness, and physical symptoms such as dizziness, rapid heartbeat, or aches and pains. Anxiety is a real condition, and it is completely treatable. You can [learn more about perinatal anxiety here](#).

## What if I’m not feeling depressed? Are there other perinatal mental health reactions or disorders?

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Yes, during pregnancy or postpartum, approximately 1 out of every 7 women experiences significant depression, anxiety, intrusive repetitive thoughts, panic, or post traumatic stress. Some women experience symptoms of a bipolar depression, which is a cyclical, deep depression with periods of very high energy, decreased need for sleep, and changing moods (mania). These reactions can also occur with miscarriage, abortion, stillbirth or infant loss. The least common reaction is postpartum psychosis, which occurs after 1 or 2 per thousand births. In the news and on TV, postpartum psychosis is often called depression, but it is a separate and unique illness. You can learn more in our [section on difficult symptoms during pregnancy and postpartum](#).

## What should a mom do if she thinks she has perinatal depression or anxiety?

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She should reach out as soon as she can, and talk to supportive and informed people. She should start by talking to her care provider. Admitting there may be a problem is the most important step a mother can take for herself and her family. Some mothers find it helpful to write down symptoms and feelings prior to an appointment with their care provider. It may also be helpful to take a supportive person with her to the appointment.

## What causes perinatal mood and anxiety disorders? Why did I get this?

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There is no one cause for perinatal mood and anxiety disorders. Women who develop depression or anxiety around childbearing have symptoms that are caused by a combination of psychological, social, and biological stressors. Hormonal fluctuations cause reactions in sensitive women. Risk factors do include a personal or family history of mood or anxiety disorders such as depression, anxiety, bipolar disorder (manic-depressive), and sensitivity to hormonal changes. Developing a perinatal mood and anxiety disorder is not your fault. You did not do anything to “get” this.

## Can a support group help? How do I find a support group?

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A support group can be helpful as a place you can talk with others who understand what you are experiencing, and meet people who have recovered. Groups associated with PSI are led by facilitators who encourage members to share non-judgmental support and suggestions for recovery, if requested. You

will have the option of sharing or simply listening to others. Support groups are not a substitute for professional care; they are places to connect with others who understand and give encouragement. [Check here for support groups or a PSI Support Coordinator in your area.](#)

## What is “telephone support”? What is a “help-line?”

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Telephone support is receiving support and information, being listened to, validated, and understood. It’s not meant to be a substitute for professional care; it is a way to connect with someone who understands and gives encouragement. A helpline is set up so that you can leave a message and a trained volunteer or staff person will call you back. Many states have organizations with helplines, and most have the goal of returning calls within 24 hours. The PSI Helpline is answered from 5am to 11pm Pacific Time and you can leave a message at all other times. [Learn more about our helpline HERE.](#)

## What kind of treatment will help?

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Treatment plans are different for each woman, but might include increased self-care, social support, talk therapy or counseling, and treatment of symptoms, with medication when necessary. Self-care includes proper rest, good nutrition, assistance with baby and other children, and caring for personal needs such as exercise, relaxation, or time with partner/spouse. Social support includes talking with others — either on the telephone, online, or at a support group — who understand and provide encouragement. Talking with a counselor or therapist who understands perinatal mood and anxiety

disorders can be extremely beneficial. Finally, medications are available to address both anxiety and depression.

Some women treat depression and anxiety with medication, some with natural remedies, some with diet and exercise, some with counseling, support groups, or spiritual practice and support. Many use all of them. Find what works best for you, make a plan of self-care, and stick to it. Learn about how to cope with depression and anxiety, and reach out to informed providers until you find the help you need.

### How long will it take for me to get better?

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Unlike chicken pox or measles, perinatal mood and anxiety disorders have no defined time frame. It is different for every woman and it depends on many things, including access to support and informed health care professionals. Every perinatal mood disorder, no matter how strong the symptoms are, is temporary and treatable.

### How do I find an informed health care professional to work with?

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You can contact your local [Postpartum Support International Coordinator](#) to find informed health care professionals in your area or give you criteria to consider when seeking an informed health care professional. You can also start with your own doctor while you are looking.

### Can I do online therapy or therapy over the phone?

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Online therapy or therapy over the phone are options for treatment. As with all therapists, remember that you have the right and responsibility of asking about the therapist's qualifications, training, approach to treatment, and confidentiality policies.

## What about medication?

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Deciding if you need medication is a decision best made between you and your medical professional. Several medications are available to treat the symptoms of perinatal depression and anxiety. Some women take medication during pregnancy and while breastfeeding. You can find links to more information in our [Resources section](#).

## If I decide to go on medication, what is the best one to treat these symptoms?

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The best medication to treat your symptoms should be decided during a conversation with your informed medical caregiver. Medications work individually with each person, so what works well for one may not work as well for another. If you have any questions about your reaction to medication, you should contact your provider and ask about it. You might experience side-effects, especially when your body is adjusting to the medication in the first few weeks, but you should not feel worse on medication. Experts say that if you have previously had a successful experience with medication, you might consider starting with that one. The best medication is the one that works for you and your individual situation.

## Can I take medications during pregnancy?

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Work with an informed provider who prescribes medication to weigh the benefits and risks of the medications versus your symptoms of depression and anxiety.

## If I take medication can I breastfeed?

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Women do breastfeed and take medication. It is a decision best made between the mother and a provider who is informed on the latest research about using medication during pregnancy and breastfeeding.

## What about complementary and alternative medicine (CAM)?

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Exercise, massage, meditation or other techniques designed to relieve tension and stress can bring relief and be part of your wellness plan. Good nutrition and adequate rest will also be helpful. If you are using complementary and traditional medicines, you should make sure that all of your providers know about any medicines or remedies you are taking. You need to work with them to make sure that different treatments will work well together.

## What do I say to friends and family who think I'm fine because I don't look ill?

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You might look like you're doing better than you feel, and you can explain that to friends and family. You can explain that some people call postpartum depression "the smiling depression" because moms often try to put on a



happy face even when they feel depressed. You don't need to tell anyone about your illness unless you are comfortable doing so. If you feel comfortable opening up, you may start out with saying things are more difficult than expected; that even though you don't have any outward signs to point to like a broken leg, you aren't feeling like yourself and do appreciate their support. Some families find helpful information from websites, brochures or books. You can access [resources for families](#) on our site.

### Should I tell my boss, and if so, when?

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If your company has a Human Resources department, you can let them know of your situation with a doctor's note. If you are fortunate you might also find support there. It is not a requirement to tell your boss or anyone at work. You can tell them that every perinatal mood disorder is treatable and you are getting help. If you need it, you or a partner might be able to use Family Medical Leave so that you can focus on recovery.

### What if I don't have insurance?

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Many therapists and psychiatrists offer a sliding scale for self-pay patients without insurance. Some may also be willing to work out a payment plan. Don't be afraid to ask about adjusting the fee. Many medications are available in an affordable generic form. There may also be cost-participation clinics in your area through which you may qualify for free treatment. [Contact a PSI Coordinator for help](#) in locating these resources near you.