

Perinatal Mental Health Conditions: Fact Sheet for Women and Their Support Network

This fact sheet shares information about perinatal mental health conditions and can be helpful to women and those who support them, but it should not be used for diagnosis. During pregnancy or after having a baby, women may experience some of the mental health conditions discussed below. If you're diagnosed with any of these conditions, treatment and support are available, and healing is possible.

For more information or for help finding care, reach out to a health care professional or the 24/7 National Maternal Mental Health Hotline: 1-833-TLC-MAMA (1-833-852-6262).

What are Perinatal Mental Health Conditions (PMHC)?

People sometimes experience mental health concerns during pregnancy or after giving birth. This is called the perinatal period. If this happens after birth, then it's happening postpartum. That's why it's important to monitor your mental health during pregnancy and well after you give birth.

Common Risk Factors

- **Personal or Family History:** A history of depression, anxiety, or other mental health conditions in yourself or close family members.
- **Trauma or Stress:** Experiences of trauma, such as childhood adversity or stressful life events, including difficult or traumatic childbirth.
- **Life Stress:** This includes marital challenges, financial difficulties, or being part of a high-stress parenting group, such as a queer or trans family, a military family, a single parent, a teen mom, or giving birth to multiple babies at once such as twins.
- **Lack of Social Support:** Limited or no support from family, friends, or the community can contribute to the development of these conditions.
- **Significant Life Changes:** The major life transition of becoming a parent, which can bring about a range of emotional, physical, and psychological challenges.

If you're thinking about hurting yourself or your child, get help immediately by calling or texting the **Suicide and Crisis Lifeline** at **988**.

If you are or have experienced domestic violence, call the **National Domestic Violence Hotline** — **1-800-799-SAFE (1-800-799-7233)**.

Perinatal and Postpartum Depression (PPD)

Depression during pregnancy and after childbirth is common and is called postpartum depression (PPD). Everyone experiences depression around pregnancy differently. If you feel sad, anxious, or overwhelmed for longer than two weeks after giving birth, or if these feelings are very intense, you may have PPD.

Some common symptoms include:

- Feeling angry or moody
- Feeling sad or hopeless
- Feeling guilty, shameful, or worthless
- Lack of interest in the baby
- Eating more or less than usual
- Sleeping more or less than usual
- Unusual crying or sadness
- Loss of interest, joy, or pleasure in things you used to enjoy
- Withdrawing from friends and family
- Possible thoughts of harming the baby or yourself

Women who have a thyroid imbalance, any form of diabetes, a history of premenstrual dysphoric disorder (PMDD or PMS), or infertility treatments are at a higher risk for depression before or after giving birth.

Perinatal Anxiety (PA)

Perinatal anxiety often occurs along with perinatal depression. Its common symptoms include:

- Constant worrying
- Feeling that something bad is going to happen
- Racing or intrusive thoughts
- Sleep and appetite disturbances
- Inability to sit still
- Physical symptoms like dizziness, hot flashes, and nausea

Women with a personal or family history of anxiety, previous perinatal depression or anxiety, or a thyroid imbalance are at a greater risk of perinatal anxiety.

Postpartum Obsessive-Compulsive Disorder (OCD)

Some common symptoms of postpartum OCD include:

- Obsessions — upsetting thoughts or mental images about your baby that occur over and over. These thoughts are disturbing and you may not have experienced them before.
- Compulsions — behaviors that you do over and over to calm your thoughts and fears. You might feel the need to clean constantly, check, count, or reorder things.
- Going to extreme lengths to keep your baby safe, such as refusing to leave the house or not allowing trusted individuals to hold the baby.
- Being disturbed by your thoughts or mental images.
- Being afraid to be left alone with your baby.
- Being overly watchful for dangers or threats to your baby.

A personal or family history of anxiety or OCD increases your risk. Women with postpartum OCD know that their thoughts are disturbing and are unlikely to ever act on them. **If you're having thoughts about harming your baby, get help immediately by calling or texting the Suicide and Crisis Lifeline at 988.**

Postpartum Psychosis (PPP)

Postpartum psychosis is a mental health emergency that needs urgent medical attention. Women with PPP may see or hear things that aren't there or have an unshakeable belief in something untrue. Other symptoms include:

- Delusions — having strange beliefs
- Hallucinations — seeing or hearing things that aren't there
- Feeling irritable or agitated
- Being talkative, fidgeting excessively, or being unable to sit still
- Feeling severely depressed
- Showing no emotions
- Having a decreased need for or an inability to sleep for more than 2 days
- Feeling paranoid or suspicious
- Experiencing rapid mood swings
- Having difficulty communicating

Women with a personal or family history of bipolar disorder or a previous psychotic episode are at greater risk for PPP. Women with PPP may have an increased risk of harming their baby.

Women experiencing these symptoms should call their doctor or 911, call or text the Suicide and Crisis Lifeline at 988, or go to an emergency room immediately.



Support for Perinatal Mental Health Conditions

If you're struggling with a perinatal mental health condition, reach out to your health care professional, family, friends, or other people you trust for help. Working with a health care professional is a good way to create a healing plan that will work for you. Here are some ways to get help which can be used alone or together:

- **Therapy:** Counseling or therapy sessions with a mental health professional can help you understand and cope with your emotions and challenges.
- **Medication:** In some cases, medicine may be prescribed to help manage symptoms.
- **Support groups:** Joining a support group with others who are experiencing a perinatal mental health condition can provide comfort and understanding.
- **Self-care:** Do your best to get enough rest, eat food with a lot of nutrients like fresh produce and whole grains, be physically active, and ask for help when needed.
- **Social support:** Reach out to family, friends, or other people you trust who can offer advice or support.

Resources

The resources below can connect you with additional help, information, treatment, and support for perinatal mental health conditions:

- Call or text the **National Maternal Mental Health Hotline: 1-833-TLC-MAMA** (1-833-852-6262) for 24/7 free access to professional counselors. If you're deaf or hard of hearing, use your preferred relay service or dial 711 and then 1-833-852-6262.
- Visit **Postpartum Support International's Perinatal Mental Health Disorders** page for access to support groups and resources. www.postpartum.net/learn-more.
- Visit the **National Alliance on Mental Illness** for a helpline, resources, and information for both individuals experiencing mental health challenges and their supporters. www.nami.org.
- Visit www.womenshealth.gov/talkingPPD to hear the stories of women who found support for their perinatal mental health condition.
- Call or text "Help" to the **Postpartum Support International's** helpline at **1-800-944-4773** for PPD information, resources, and support groups for women, partners, and supporters.