Postpartum Mood Changes

After any pregnancy, a woman’s hormone levels drop quickly as her body adjusts to no longer being pregnant. This occurs whenever a pregnancy ends, including:

- Following miscarriage
- After delivery (vaginal or C-Section)
- Post-surgery (D&C or D&E)

Regardless of the length of pregnancy, the sudden change in hormone levels may cause mood changes. The 3 most common types of postpartum mood changes are:

- Postpartum Blues
- Postpartum Anxiety
- Postpartum Depression

Postpartum Blues (“Baby Blues”) affects up to 80% of women and symptoms often begin 2 to 3 days after the pregnancy ends. Women may not “feel like themselves,” and common symptoms may include feeling:

- Sad
- Insecure
- Overwhelmed
- Nervous
- Irritable
- Emotional crying spells

These feelings are mild and usually go away after a short time. If these signs persist for more than 2 weeks, contact your health care provider.

Postpartum Anxiety (PPA) and Postpartum Depression (PPD) are more severe and can affect both women and men. PPA and PPD most often occur in the first few months after the end of the pregnancy but can begin up to a year after giving birth. The following factors increase the risk for developing PPA and PPD:

- A personal or family history of depression, anxiety or other mental health disorders
- Limited and/or no social support
- Other stressful life events (such as family illness or death; separation/divorce; change in/loss of job; domestic abuse)
- Financial stress
- Unplanned pregnancy
- Childcare issues
- First-time or teen parenthood
- Parenthood later in life
- Alcohol and/or drug dependency
- Having a baby with special needs or a baby who needs to be in the hospital
- Being a parent to multiples (twins, triplets, or more)

If a woman’s pregnancy ends in loss (miscarriage, termination, stillbirth, etc.), the risk for PPA and PPD also increases.

Symptoms of PPA and PPD may include:

- Sadness/depressed mood
- Tearfulness
- Loss of interest in usual activities/persons
- Not bonding with the baby
- Major changes in appetite and/or sleep
- Exhaustion/fatigue (even if able to sleep)
- Extreme guilt and/or anxiety
- Problems concentrating and/or poor memory
- Panic attacks (such as numbness/tingling in arms/legs, chest pain, heart palpitations)
- Feelings of hopelessness and/or lack of self-worth
- Extreme worrying or fearfulness
- Racing or scary thoughts
- Anger and/or rage
- Thoughts of harm to self (such as suicide) or others

If you, or someone you know, has these signs, contact a healthcare provider right away.

If the symptoms worsen and you feel that you are at risk of harm to yourself or others, go to the nearest emergency room or call 911 right away.

Always remember, you are not alone. Help is available. Postpartum anxiety and postpartum depression can be treated. There are trained staff who are just a phone call away. Treatment options may include counseling, medicines, or both.

NorthShore University HealthSystem’s Perinatal Depression Hotline may be accessed 24 hours a day by calling 1.866.364.6667 (1.866.364.MOMS).

The National Suicide Prevention Lifeline can also be accessed 24 hours a day by calling 1.800.273.8255 (1.800.273.TALK); For the hearing impaired, call TTY 1.800.799.4889 (1.800.799.4TTY).

Northwestern Medicine – Health Information Resources

For more information, contact Northwestern Memorial Hospital's Alberto Culver Health Learning Center (HLC) at hlc@nm.org, or by calling 312.926.5465. You may also visit the HLC on the 3rd floor, Galter Pavilion at 251 E. Huron St., Chicago, IL. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at nm.org.