

# Peripartum Depression

By Dr. Joel Axler, *National Behavioral  
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For many women, having a baby is an exciting and joyous occasion. However, for some, depressive and anxious feelings can become very distressing and challenging to endure. According to the American Psychiatric Association, the term peripartum depression, formally known as post-partum depression, recognizes that depression associated with having a baby often begins during pregnancy or after childbirth.

Up to 70% of new mothers may experience the “baby blues,” a short-lasting condition that does not interfere with daily activities or require medical attention. Symptoms of this emotional condition may include crying for no reason, irritability, restlessness and anxiety. These symptoms last a week or two and generally resolve without treatment.<sup>1</sup>

Peripartum depression differs from the “baby blues” in that it is emotionally and physically debilitating and may continue for months or more. Untreated peripartum depression is not only a concern for the mother’s health and quality of life but can affect the well-being of the newborn infant. Peripartum depression can cause bonding issues with the baby and contribute to sleeping and feeding problems. These symptoms may cause new mothers to feel isolated, guilty or ashamed.

<sup>1</sup> [Psychiatry.org - What is Peripartum Depression \(formerly Postpartum\)](#)

<sup>2</sup> [Psychiatry.org - What is Peripartum Depression \(formerly Postpartum\)](#)

<sup>3</sup> *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. 2013. American Psychiatric Association.

<sup>4</sup> [Psychiatry.org - What is Peripartum Depression \(formerly Postpartum\)](#)

An estimated one in seven women experiences peripartum depression.<sup>2</sup> To be diagnosed with peripartum depression, symptoms must begin during pregnancy or within four weeks following delivery. It should not be ignored that gestational carriers and surrogates are also at risk of developing peripartum depression.

## Symptoms of Peripartum Depression

Symptoms of Peripartum Depression include:<sup>3</sup>

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities
- Changes in appetite and sleep
- Loss of energy or increased fatigue
- Increase in irritability and agitation
- Feeling worthless or guilt and feelings of being a bad mother
- Difficulty thinking, concentrating or making decisions
- Thoughts of death or suicide
- Crying for “no reason”
- Lack of interest in the baby, not feeling bonded to the baby or feeling very anxious about/ around the baby
- Fear of harming the baby or oneself

A woman experiencing peripartum depression usually has several of these symptoms and severity of symptoms may change. Many women with peripartum depression also experience symptoms of anxiety. One study found that nearly two-thirds of women with peripartum depression also had an anxiety disorder.<sup>4</sup>



## What Can Cause Peripartum Depression?

Any new mother (or gestational carrier/surrogate) can experience symptoms of peripartum depression or other mood disorder. Women are at increased risk of depression during or after pregnancy if they have previously experienced (or have a family history of) depression or other mood disorders, if they are experiencing particularly stressful life events in addition to the pregnancy, or if they do not have the support of family and friends.

Research suggests that rapid changes in hormone levels during pregnancy and after delivery can strongly affect moods and may contribute to peripartum depression. Other factors include physical changes related to pregnancy, changes in relationships and work, worries about parenting and lack of sleep.

New fathers can also experience symptoms of peripartum depression. An estimated 4% of fathers experience depression in the first year after their child's birth. Younger fathers, those with a history of depression and fathers with financial difficulties are at increased risk of experiencing depression.<sup>5</sup>

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<sup>5</sup> [Postpartum Depression Affects Dads, Too \(webmd.com\)](#)

<sup>6</sup> [Psychiatry.org - What is Peripartum Depression \(formerly Postpartum\)](#)

## Treatment

Many women may suffer in silence, dismissing their struggles as a normal part of pregnancy and childbirth, and fail to seek care. Treatment for depression during and after pregnancy is essential. Greater awareness and understanding can improve outcomes for women and their babies.

Like other types of depression, peripartum depression can be managed with talk therapy, medication, lifestyle changes, a supportive environment, or a combination of these. Pregnant or nursing women should discuss the risks and benefits of medication with their doctors and the decision should be made based on careful consideration with family and health care professionals.

The American Psychiatric Association guidelines for treating women with a major depressive disorder who are pregnant or breastfeeding recommend psychotherapy without medication as a first-line treatment when the depression or anxiety is mild. For women with moderate or severe depression or anxiety, antidepressant medication should be considered as a primary treatment.<sup>6</sup>

**For those who notice severe worsening of the peripartum symptoms, please seek immediate assistance due to the potential risk and safety to the mother, baby and entire family.**

## Family, Friends and Employers Can Help

The support of family and friends and employers can help. Here are some suggestions from Mom's Mental Health Matters, a National Institutes for Health initiative, on ways to help support a woman with peripartum depression:<sup>7</sup>



**Know the Signs.** Learn to recognize the symptoms of depression and anxiety, and if you see signs, urge her to see a healthcare provider.



**Listen to Her.** Let her know you want to hear her concerns. For example, "I notice you are having trouble sleeping, even when the baby sleeps. What's on your mind?"



**Give Her Support.** Let her know she's not alone and that you are here to help. Try offering to help with household tasks or watching the baby while she gets some rest or visits friends.



**Encourage Her to Seek Help if Needed.** She may feel uncomfortable and not want to seek help. Encourage her to talk with a healthcare provider. Share some information on peripartum conditions. Offer to make an appointment for her to talk with someone.

By addressing postpartum depression in the workplace, employers can help ensure that their employees receive the support they need to fully recover, while promoting a healthy and productive workplace. Here are a few ways employers can support employees who may be experiencing peripartum depression:

- 1. Provide flexible work arrangements:** Allowing new mothers to work from home, have flexible schedules or take time off when needed can help reduce stress and improve mental health.
- 2. Offer Employee Assistance Programs (EAPs):** Employers can provide access to counseling services or support groups for employees struggling with postpartum depression.
- 3. Educate employees:** Employers can educate their employees about the signs and symptoms of peripartum depression and encourage them to seek help if they are experiencing symptoms.
- 4. Promote a supportive work environment:** Encouraging open communication, providing access to resources and promoting a supportive workplace culture can help employees feel comfortable discussing their mental health concerns with their supervisors.
- 5. Accommodate disabilities:** If an employee has been diagnosed with perinatal depression, employers are responsible for making reasonable accommodations to help them perform their job effectively.



### National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline at [988](tel:988) provides free and confidential emotional support. They can assist with many emotional concerns, and their knowledge extends beyond suicide.

<sup>7</sup> Mom's Mental Health Matters: Moms-to-be and Moms - NCMHEP | NICHD - Eunice Kennedy Shriver National Institute of Child Health and Human Development ([nih.gov](http://nih.gov))



## About the Author

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Dr. Axler is a board-certified child, adolescent and adult psychiatrist with more than 30 years of experience in academic, private practice and insurance settings. He is a Fellow of the American Psychiatric Association. He serves on several executive committees and organizations, including the Georgia Psychiatric Physicians Association and the Georgia Council on Child and Adolescent Psychiatry.



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