



**YOU ARE NOT ALONE.  
YOU ARE NOT TO BLAME.  
YOU CAN GET HELP.**

[postpartum.net/colorado](https://postpartum.net/colorado)

1.800.944.4773 (se habla español)



**COLORADO**  
Department of Public  
Health & Environment



**PSI** POSTPARTUM SUPPORT  
INTERNATIONAL

# FACTS FOR MOMS

## What is Pregnancy-Related Depression and Anxiety?

Pregnancy-related depression and anxiety occurs during pregnancy or after giving birth, including after a pregnancy loss. 1 in 7 women suffer from pregnancy-related depression and anxiety making it the most common complication of pregnancy.<sup>1</sup>

## Who can get it?

Parents of every culture, age, income level and race can experience pregnancy-related depression and anxiety. Women are most frequently affected but it can also affect fathers, partners and close family members.

## What are the symptoms?

Symptoms can start anytime during pregnancy or the first year after giving birth. They differ for everyone and might include the following:

- Feelings of anger or irritability
- Lack of interest in the baby
- Loss of appetite and trouble sleeping
- Crying and sadness
- Feelings of guilt, shame or hopelessness
- Loss of interest, joy or pleasure in things you used to enjoy
- Possible thoughts of harming the baby or yourself

## How is it different from the “baby blues”?

In the beginning, pregnancy-related depression and anxiety can look like the “baby blues” because they share similar symptoms such as worry, crying and fatigue. The difference is that with the “baby blues,” the feelings are somewhat mild, last a week or two and go away on their own.

## What causes it?

There is no one cause for pregnancy-related depression and anxiety. Women who develop depression or anxiety around childbearing have symptoms that are caused by a combination of psychological, social and biological stressors. People with a personal or family history of mood or anxiety disorders such as depression, anxiety, bipolar disorder (manic-depressive) and sensitivity to hormonal changes are more likely to be at risk for pregnancy-related depression. Remember, developing pregnancy-related depression and anxiety is not your fault and help is available for you.

## What happens if it goes untreated?

Without proper treatment and support, pregnancy-related depression and anxiety can have lasting impact on your well-being and the health of your family.

- Children of mothers who are depressed or anxious are more likely to have behavior problems than children of mothers who smoke, binge drink or have experienced physical or emotional abuse.<sup>2</sup>
- If it goes untreated, it can have serious consequences including impaired mother-infant bonding and harming a child's emotional development and ability to learn.<sup>3</sup>
- Increased risk of heart disease and physical illness. Depression can affect the immune system, making it harder for the body to fight infection.<sup>4</sup>

## Is it treatable?

Yes. Pregnancy-related depression and anxiety can't be fixed overnight, but it can be treated. Treatment plans are different for each woman but might include increased self-care, support groups, therapy or counseling and treatment of symptoms with medication when necessary. Find what works best for you.

## What can I do?

Being a good parent includes taking care of you too. Finding time for yourself may seem impossible but there are steps you can take to support your well-being.

- Get support from family and friends so you can keep active, eat healthy and get enough rest and time for yourself.
- Talk to a professional.
- Learn as much as you can about pregnancy-related depression and anxiety.
- Ask for help when you need it.
- Join a support group in your area or online.
- Don't give up! It may take more than one try to get the right help you need.

## Resources:

- [postpartum.net/colorado](http://postpartum.net/colorado) - get more information about pregnancy-related depression and find Colorado coordinators who can give you support and resources in your area.
- **1.800.944.4773** - get confidential, free and immediate support. (se habla español)

1. Wisner et al. (2013). Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *JAMA Psychiatry*, 70, p 490-498.

2. Whitaker, Robert C.; Orzol, Sean M.; Kahn, Robert S. 2006. Maternal Mental Health, Substance Use, and Domestic Violence in the Year after Delivery and Subsequent Behavior Problems in Children at Age 3 Years. *Archives of General Psychiatry* 63(5): 551-560.

3. National Research Council and Institute of Medicine. (2009). *Depression in Parents, Parents, and Children: Opportunities to Improve Identification, Treatment, and Prevention*, The National Academies Press, p 213.

4. Moussavi S et al (2007). Depression, chronic diseases, and decrements in health: results from the World Health Surveys. *The Lancet*, 2007; 370(9590):851-858.