

Depression

Perinatal depression is a common mood disorder.

related emotions: sadness, grief, anxiety, hopelessness, worry, fear, anger

What it depression

Perinatal depression is a mental health condition that affect at least 20% of mothers and 10% of fathers. These episodes of **negative feelings** and **“low mood”** can start **pre-pregnancy**, develop **during pregnancy**, or show up any time in the **first year after giving birth**. It is **different from the “baby blues”** that most of us get after giving birth, lasts a few days, and goes away on its own. When we develop perinatal or postpartum depression, we need **treatment and support**.

Why you might be feeling it

Perinatal depression is common. And yet, it is probably the **most under-diagnosed complication of pregnancy**.

Being in the NICU increases our risk for depression. The NICU can be bright, noisy, stressful, and dysregulating. **It’s hard to find time to rest, heal, and recover** after giving birth.

When our babies are admitted to the NICU, **our roles** as our babies’ **parents** and **caregivers** get **changed** and **altered**.



Some days,
surviving is
thriving.

You are
doing better
than you
think.



What it looks like

- **low, flat mood** - sadness, unhappiness - feeling numb
- feeling **tired, overwhelmed**, or **irritable**
- having **trouble focusing** or **remembering things**
- problems **sleeping** or **eating** - sleeping or eating too much
- **not being as interested** in things you used to enjoy
- **not taking care of yourself** - not getting out of bed when you usually do, showering a lot less, skipping brushing your teeth, disconnecting from people who care about you
- feelings of **shame, guilt**, or **hopelessness**

How common is It?

When and how each of us experience depression is different. But we know that having a baby in the NICU means you're more vulnerable to postpartum depression. **50% of NICU mothers** experience it - and **60% of fathers** score above the threshold for depression in the **first week of their baby's life**. We also know **if one parent is depressed, it makes it more likely their partner will be too**.



What you can do

- **Participate** in your baby's care
- Get a little bit of **physical activity** everyday - **go outside for a walk**
- **Talk to someone** - telling a trusted friend or family member can help us when we are struggling
- Ask to complete a **depression screening** to assess your symptoms
- **Contact a helpline** - talking to a trained listener allows you to share your feelings and get helpful feedback without worrying that what you're sharing will upset or burden them

National Maternal
Mental Health Hotline
1-833-TLC-MAMA (1-833-852-6262)

Postpartum Support International
Helpline **1-800-944-4PPD** (4773)

Things that help

- **taking care of your basic needs** - eating healthy foods, drinking enough water, getting enough sleep
- **asking for support** - getting help with the responsibilities that overwhelm you
- **peer support** - talking to other parents who have been where you are now can help you feel less alone

Medications and therapies that can help

- selective serotonin reuptake inhibitor (SSRI)
- serotonin and norepinephrine reuptake inhibitors (SNRIs)
- zuranolone (Zurzuvae)
- Cognitive Behavioral Therapy (CBT)
- Interpersonal Psychotherapy (IPT)

Talking about DEPRESSION

When we're feeling depressed, it's easy to start to think that it will never get better and that no one cares. But that's not true. **People care about you and want you to feel better**. Talking about what your feeling and asking for help is a good first step. **YOU ARE NOT ALONE**. Having depression does not make you a bad parent. And **no one should have to worry about asking for help**.