

When you're pregnant you may have changes in your mood. This is usually because of hormone changes. This usually goes away in the first week or two after you have your baby. These mood changes can last for a longer time after you have your baby. You could be having the "baby blues" or it could be more. Making a plan with your doctor and talking about available resources can help you feel your best.

### Do I have the "baby blues"?

- Symptoms start soon after birth.
- Symptoms usually go away after 1-4 weeks.
- These mood changes are due to hormone fluctuations.
- They are very common. 50-80 percent of new moms get the "baby blues" within two weeks after birth.
- Symptoms may include:
  - › Tearfulness.
  - › Crying.
  - › Feeling overwhelmed.

### Where can I get help?

There is help and you can feel better. Talk to your provider about how you feel.

If you are having any of these symptoms or something just doesn't feel right, you can talk to a MDwise case manager. **Call MDwise customer service at 1-800-356-1204. Choose your program option. Then choose option 2 for behavioral health.**



For more information, visit  
[MDwise.org/INcontrol/depression](https://MDwise.org/INcontrol/depression)



[MDwise.org](https://MDwise.org)

#### Sources:

American College of Obstetricians and Gynecologists ([www.ACOG.org](http://www.ACOG.org))  
Office on Women's Health, U.S. Department of Health and Human Services ([www.womenshealth.gov](http://www.womenshealth.gov))  
Postpartum Services International ([www.psi.net](http://www.psi.net))

RR2022\_APM0223  
Revised 11/2022



## Mood Changes During and After Pregnancy



## Do I have more than the “baby blues”?

- Can start anytime during pregnancy or up to 1-2 months after birth.
- Can last many weeks.
- More likely to happen in women with a history of mood disorders.
- Less common than “baby blues”. One out of every 7 mothers experiences some form of depression and/or anxiety during their pregnancy or after birth.
- Symptoms may include:
  - › Depression – not having any interest in the baby, sleeping too much or too little, losing your appetite, anger, guilt, hopelessness, thoughts of hurting yourself or thoughts of hurting your baby.
  - › Anxiety – agitation, feeling fidgety, excessive worry about baby’s safety, racing thoughts, feelings of panic, fear of dying, fear of losing control and/or going crazy.
  - › Obsessive Compulsive Disorder (OCD) – uncontrollable and unwanted thoughts, shame, guilt, repetitive and ritualistic behaviors to avoid doing something you think could bring harm to the baby.

## Am I at risk?

All pregnant women and new moms are at risk. The following things put you at higher risk:

- You have had depression, anxiety or OCD during or after a past pregnancy.
- You or someone in your family has a history or current:
  - › Depression.
  - › Anxiety.
  - › OCD.
  - › Bipolar disorder.
  - › Eating disorders.
- You have complications during pregnancy or birth.
- Current or past abuse of any type. This includes physical, sexual, verbal or mental abuse.
- Trauma when you were a child. This can include things like losing a parent or a difficult relationship with your parents.
- Major stress in your life like losing someone you love, losing your job, money problems, divorce or strain in your relationship.
- A lack of support from your partner, family or friends.
- Previous premenstrual dysphoric disorder (PMDD). This is the severe type of premenstrual syndrome (PMS).

- Thyroid disorder or diabetes.
- An unplanned or unwanted pregnancy.
- A history or current substance abuse.
- A chronic lack of sleep.
- A sick or colicky baby.

If you know the risks, you can be prepared. You can learn the symptoms of perinatal mood disorders. That way, you will know if you need to ask for help. You can be sure your family, friends or someone who cares about you knows what to watch for. You can prepare and know who to contact for help.

