7

For Mothers

The postpartum period begins immediately after delivering your baby and lasts six to eight weeks. It is during this time that you and your newborn will get to know each other. While your body undergoes many physical and emotional changes during pregnancy and after delivery, reach out to your obstetrician if you develop physical issues, such as difficulty urinating, problems breathing, constipation or hemorrhoids, or if you show signs of infection or postpartum depression.
Postpartum Depression

Postpartum depression, or more broadly, perinatal mood and anxiety disorders, are common. In fact, data suggests that one in seven moms, or 10 to 15 percent of women, suffer from postpartum depression. Early identification and treatment of postpartum depression is essential to the well-being of both mother and child.

The most obvious difference between what is known as the “baby blues” and postpartum depression is that while the baby blues should resolve on its own within one to two weeks, postpartum depression does not go away on its own, and may intensify with time if a woman is not being treated by a health care professional.

Signs of postpartum depression include:

- Ongoing and intensifying anxiety or depression
- Crying a lot over an extended period of time
- Trouble bonding with your baby
- Intense guilt about not feeling happier
- Feelings of helplessness or inadequacy
- Loss of interest in usual activities
- Suicidal thoughts

Other perinatal mood and anxiety disorders, including panic disorder, obsessive compulsive disorder and generalized anxiety, may present with symptoms including heart palpitations, hyperventilation, trouble sleeping, loss of appetite, trouble focusing, or repeated thoughts or images of frightening things happening to your baby.

In rare cases, women may experience a serious and life threatening condition called postpartum psychosis, which requires immediate medical attention. Symptoms of postpartum psychosis include delusions, hallucinations and disorganized thinking.

New moms may be at an increased risk for postpartum depression if they have a personal or family history of depression or anxiety; a history of postpartum depression after a previous pregnancy; stressful or traumatic life events; poor social support; poor partner support; a baby who is sick, premature or difficult to console; or low self-esteem.

If you are experiencing any symptoms associated with postpartum depression or another perinatal mood or anxiety disorder, let your obstetrician and pediatrician know so that they can connect you with the support and the services you need. Treatment for postpartum depression usually includes medication along with some form of counseling or therapy. When appropriately treated, women can recover and move forward as healthy, engaged mothers.
In the first few weeks of a baby’s life, a mother’s primary responsibility is to feed the baby and take care of herself. It is important that caregivers and other family members handle other household responsibilities during this time.

It is helpful for new moms to try and sleep when the baby is sleeping, and never feel obligated during this transition period to entertain family or friends. When possible, a walk outside will help your body recover from childbirth and also give you a break.

It is also important for new moms to eat a healthy and balanced diet while their bodies are recovering from childbirth. Many mothers find it difficult to find the time to eat, so other caregivers and family members should help plan and prepare simple, healthy meals. In addition to balanced meals, new mothers must drink plenty of fluids, especially if they are breastfeeding.

Remember that as a new mom, you must take care of yourself so that you can take care of your baby. Prioritize getting ample sleep and eating healthy and nutritious meals from the start so that you can keep your energy up and start your journey in motherhood on the right track.

Medications While Breastfeeding

Most medications and immunizations are safe during lactation and breastfeeding. If you have a question about a specific medication, you should consult your doctor or your child’s pediatrician, or check the National Institutes of Health’s public Drugs and Lactation Database, called LactMed: ncbi.nlm.nih.gov/books/NBK501922. Information in this database is regularly updated.