

Postpartum Depression

UNDERSTANDING WHAT YOU MAY BE EXPERIENCING

A GENTLE REMINDER

Postpartum depression can affect mood, energy, hope, identity, confidence, and connection. It is a treatable health condition - not a measure of how much you love your baby or how good of a parent you are.

WHAT PPD CAN FEEL LIKE

- Persistent sadness, emptiness, unhappiness, or feeling emotionally “flat.”
- Feeling overwhelmed by the demands of daily life or parenthood.
- Loss of interest, pleasure, motivation, or hope that things will improve.
- Irritability, frustration, resentment, or wishing you could escape the responsibilities of parenting.
- Feeling disconnected from your baby, not feeling “like a parent,” or wondering why the bond is not there.
- Guilt, shame, self-criticism, or thoughts such as “I should be happier” or “I am a bad parent.”
- Difficulty concentrating, making decisions, sleeping, or feeling rested.

CONNECTION MAY BE SLOW

Some parents do not experience an immediate emotional bond. Depression can make closeness, pleasure, and warmth harder to feel. Your relationship with your baby can develop over time.

FEELINGS ARE NOT VERDICTS

Feeling resentful, disconnected, or uncertain does not predict your future relationship with your child. Feelings can change as depression improves and confidence grows.

PPD DOES NOT LOOK THE SAME FOR EVERYONE

You can be depressed and still shower, leave the house, complete tasks, laugh, work, or do things for yourself. Functioning in some areas does not erase distress in others. For some parents, the biggest changes show up in hope, emotional connection, motivation to care for the baby, or how they experience the transition into parenthood.

BABY BLUES VS. PPD

The “baby blues” are usually mild and improve within about two weeks after birth. Symptoms that are more intense, last longer, or interfere with functioning or caring for yourself or your baby deserve clinical attention.

WHAT RECOVERY CAN LOOK LIKE

- Continuing therapy and talking openly about the parts of postpartum life that feel difficult, disappointing, or unwanted.
- Discussing medication or other medical treatment options with an OB-GYN, primary care provider, or psychiatric prescriber when symptoms are significant.
- Getting practical support for sleep, meals, appointments, household responsibilities, and recovery.
- Building caregiving confidence through small, repeated experiences of responding to your baby - even when the emotional connection has not caught up yet.
- Tracking changes in mood, hope, functioning, and connection over time rather than expecting an overnight shift.

A USEFUL REFRAME

Instead of “I should feel like a better parent by now,” try: “I am experiencing depression, and I am learning how to care for my baby while I recover.”

CAREGIVING CAN COME BEFORE CONNECTION

You do not have to wait for a strong emotional bond before practicing the role of caregiver. Small, repeated experiences can help build familiarity, confidence, and a sense of capability.

- Choose one or two predictable caregiving tasks to practice regularly.
- Let success mean “I responded and cared for my baby” - not “I felt happy or bonded.”
- Notice evidence of competence: what you handled, learned, or completed.
- Allow connection to develop on its own timeline rather than treating it as a test.

WHEN THE FUTURE FEELS HARD TO IMAGINE

Depression often makes the future look permanent and hopeless. That feeling is part of the illness, not proof that your life or your relationship with your baby will always feel this way.

WHEN TO REACH OUT URGENTLY

Tell your treatment team promptly if symptoms are worsening or you begin to feel unable to function safely. Seek urgent/emergency help for thoughts of harming yourself or your baby, feeling unable to keep yourself or your baby safe, or symptoms such as hallucinations, delusions, severe confusion, paranoia, or markedly unusual/elevated behavior.

SUPPORT & CRISIS RESOURCES

National Maternal Mental Health Hotline: 1-833-TLC-MAMA (1-833-852-6262), 24/7

Postpartum Support International HelpLine: 1-800-944-4773 (call or text)

988 Suicide & Crisis Lifeline: call or text 988. In a life-threatening emergency, call 911 or go to the nearest ER

Partner & family resource: [Postpartum Support International - Help for Partners & Families](#)

Learn more: [NIMH Perinatal Depression](#) • [ACOG Postpartum Depression](#) • [Postpartum Support International](#)