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Contraception During Breastfeeding

I've heard that you can't get pregnant while you breastfeed. Is that true?

Not necessarily. During breastfeeding, the chance of getting pregnant is lower. However, women can still get pregnant.

When should I start using contraception?

It's a good idea to discuss contraception with your clinician before you give birth. Breastfeeding women have many birth control options.

Non-hormonal methods of contraception

- **Condoms and spermicides:** These can be used with no impact on breastfeeding. The vagina of the nursing mother might be dryer than normal, which can make condoms irritating. If this is a problem, use additional lubrication.
- **Barrier methods:** These methods, such as the diaphragm and cervical cap with spermicides, have no effect on breastfeeding. Check with your clinician to refit the device because you might need a larger device after having a child.
- **The intrauterine device (IUD) non hormonal:** This type of IUD is a copper-containing device (ParaGard®). The IUD does not affect the quality and quantity of breast milk. ParaGard IUD is safe and effective for 10 years.
- **Tubal sterilization:** This is a surgical, permanent form of birth control, known as “having your tubes tied” that only affects breastfeeding if general anesthesia is required. (That means you are put to sleep for the operation.) Anesthetic medicine can pass through the breast milk.

Hormonal methods of contraception

- **Progestin-only oral contraceptives, or “The Mini-Pill,”** contain only a progestin (a female hormone). The method, when used daily, is highly effective for breastfeeding women. This method of contraception has a slightly higher failure rate than oral contraceptives (OCs) containing both estrogen and progestin. During breastfeeding, however, women are not as fertile.

A small amount of hormone passes into the breast milk but has no known bad effects on the infant. Indeed, some studies have suggested a good effect on the quantity and quality of breast milk. When the woman stops breastfeeding the baby, or when menses returns, some clinicians suggest switching to combination OCs, which have a slightly higher effectiveness.

- Combination oral contraceptives, or "The Pill," contain both estrogen and progestin. The American Academy of Pediatrics has approved the use of low-dose OCs in breastfeeding women once milk production is well established.
- NuvaRing® contains estrogen and progestin, but with a lower systemic absorption than OCs.
- The intrauterine device (IUD) hormonal: This type of IUD is a progesterone-containing device. The IUD (Mirena®) releases a very small amount of hormone into the uterus, where it works locally. This IUD does not affect the quality and quantity of breast milk. The Mirena IUD is safe and effective for 5 years.

- Medroxyprogesterone: This is an injection or shot that can be safely used during breastfeeding and does not suppress milk production.

- Nexplanon: This is a hormone-releasing implant that is placed under the skin. Nexplanon is effective for 3 years.

Remember: If you are at risk for a sexually transmitted disease (STD), use condoms to protect yourself. Sexually transmitted diseases can happen to anyone who is sexually active, even during breastfeeding. Don't stop taking or using your birth control method on your own. Always call your clinician to talk things over.

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What to Expect after Delivery

Right after birth, you may be able to hold your baby. If possible, your baby will be placed, skin-to-skin, with you for at least an hour. The baby may search for the breast or begin to breastfeed at this time. In most cases, your baby will be weighed and examined in the labor and delivery room right in front of you.

If you or your baby have special medical needs or need special procedures during labor or birth, a team of pediatric caregivers will be present when your baby is born.

In some cases, your baby might need to go to the nursery for special care. Generally, babies stay in the nursery for a short time and then are returned to your room. You and your partner are welcome in the nursery to hold and feed your baby. When you want to visit your baby in the nursery, please ask your nurse.

After you and your baby have had time to recover, often times you will be transferred from the labor and delivery room to a postpartum room. Check with your hospital about its specific room arrangements.

Throughout your hospital stay, your heart rate, temperature, and blood pressure will be checked often. Your health care provider also will check the size of your uterus and rub your abdomen to keep your uterus firm and to reduce bleeding.

You will be encouraged to get up and walk around as soon as possible.

Breastfeeding your baby

You can start to breastfeed soon after birth. Your baby's sucking will help stimulate your milk flow and will stimulate the uterus to contract to its normal size more quickly. Make sure you feel comfortable feeding your baby before you go home. Help with breastfeeding is available. Visit with a lactation consultant or nurse who can observe you breastfeeding and help you comfortably and properly feed your baby.

Getting to know your baby

The best way to learn how to take care of your newborn is to spend a lot of time with him or her by Rooming-In. This is when your baby stays with you and your partner in your room from birth until you go home. Rooming-In

with your baby helps you learn your baby's cues-- how he or she responds when hungry, tired, or wants to be held. Your health care provider will probably ask you to keep a record of when and how much (time on breast or ounces of formula) your baby eats. Your health care provider might give you a form to record this information. It's important to record when you change your baby's diaper and whether it was urine or a bowel movement. Your nurse will give you a form to record this information. Your nurse can help you learn your baby's cues. Your partner or members of the nursing staff can help you care for your baby if needed.

Visitors

You might want to limit visitors for the first few hours after birth, since you and your partner will be tired and might want to spend time alone with your baby.

Check with your hospital regarding visiting hours and their policy on visitors under age 12. Before holding your baby, visitors should wash their hands to protect your baby from germs. Please ask visitors who are sick or have a fever, cough, or runny nose to visit the baby when they are well.

How long will I stay in the hospital?

Check about the specific laws in your state. Many states require insurance companies, by law, to provide cover-

age for 48 hours after a vaginal birth and 96 hours after a cesarean birth. The length of your hospital stay will depend on the type of birth you had, and how you and your baby are feeling. Your health care provider will talk with you about you and your baby's readiness to go home. Together you will decide the length of stay that's best for you and your baby. If your stay is less than 48 hours (or less than 96 hours if you had a cesarean birth), your hospital might arrange for a nurse to come to your house to evaluate how you and your baby are doing. Ask your health care provider if this is a service that is offered.

Before you go home, your health care provider will perform a physical exam and teach you how to care for yourself and your newborn. The health care provider will answer your questions to help assure a smooth transition for you at home.

If you have been discharged from the hospital but your baby needs to stay for observation, medicine, or other medical procedures, you might be able to stay in the hospital, but in a different room. Ask your hospital about their specific policy.

Before you leave the hospital

Make an appointment for baby's first checkup, as instructed by the hospital pediatrician.

How should I prepare for our first ride home?

As you may know, all state laws require children less than 40 pounds to be secured in an approved, properly used child safety seat while being transported in a motor vehicle.

Be sure to have an infant car seat that meets federal safety standards. It is a good idea to bring your baby's car seat to your hospital room on the day of discharge. When you are ready to go home, place your baby in the safety seat and adjust the straps as needed. If you need help, please ask your health care provider. Put the baby's safety seat in the back seat of the car (facing the back of the car) and be sure to follow the instructions on the safety seat so that it is properly secured in your motor vehicle.

If you have questions about child safety seats, please call the Auto Safety Hotline at 1.800.424.9393 or refer to "Car Seat Safety" in the Baby Care section of this book.

Follow-up visit

Within the first week after you leave the hospital, schedule a follow-up appointment with your health care provider for four to six weeks after delivery. In some cases, you might need to have an earlier follow-up visit.

Physical Changes After Delivery

Here are some of the physical changes you can expect:

Lochia (vaginal discharge)

Lochia is the vaginal discharge you have after a vaginal delivery. It has a stale, musty odor like menstrual discharge. Lochia is dark red in color for the first three days after delivery. A few small blood clots, no larger than a plum, are normal. For about the fourth through tenth day after delivery, the lochia will be more watery and pinkish to brownish in color. From about the seventh to tenth day through the fourteenth day after delivery, the lochia is creamy or yellowish in color.

You might notice increased lochia when you get up in the morning, when you are physically active, or while breastfeeding. Moms who have cesarean sections may have less lochia after 24 hours than moms who had vaginal deliveries. The bleeding generally stops within four to six weeks after delivery. You should wear pads, not tampons, as nothing should go in the vagina for six weeks.

Incision drainage

If you had a c-section or tubal ligation, it is normal to have a small amount of pink, watery drainage from the incision. Keep the incision clean and dry. Wash the incision with soap and warm water. You can bathe or shower as usual. If the drainage doesn't stop, call your health care provider.

Breast milk

When you are breastfeeding, your breasts may leak milk. If you are unable to breastfeed, the leaking may occur initially and will stop within one to two weeks after delivery. Breast pads, worn inside your bra, may help keep you dry.

Breast engorgement

Breast engorgement is breast swelling characterized by a feeling of warmth, hardness, and heaviness in the breasts. Engorgement is caused by increased circulation to the breasts. It can happen as milk comes in or if you miss a feeding (if you are breastfeeding).

If you are bottle-feeding your baby, you can relieve the discomfort of engorgement by taking pain medication as directed by your health care provider. You can also apply ice packs. Wearing a supportive bra also helps.

When breastfeeding, you can usually prevent engorgement by frequently feeding your baby or pumping your breasts. To relieve the discomfort, apply warm compresses or take a warm shower to help the milk let down (but then feed your baby or pump immediately after).

If you still have discomfort, you may try the following:

- Apply ice packs
- Express some milk before feeding
- Use an anti-inflammatory such as ibuprofen, as directed by your health care provider, to reduce swelling
- Wear a supportive bra

Seek help from your health care provider, lactation consultant, attend a lactation support group, or call the lactation hotline if this continues to be a problem for you. If there is one area of the breast that is red and wedge-shaped and toward the nipple, this may mean there is an infection. Call your health care provider if you suspect an infection at any time.

Discomfort in the perineal area

If you had an episiotomy, the area of skin between the vagina and anus (called the perineum) might be very sore and sensitive. To relieve discomfort, try warm sitz baths. Sit in a tub filled with a few inches of water. (To prevent infection, do not add bubble bath or other products.) You can also buy a small basin that fits

on the toilet. You may also use this treatment for discomfort associated with hemorrhoids.

Perineal care

Keeping the perineum clean will increase comfort and prevent the risk of infection. After each time you use the bathroom and/or change your pads, fill the peri bottle (given to you in the hospital) with warm water. Squirt the water over the area between your vagina and rectum in a front-to-back motion. Pat the area dry with toilet tissue. Do not rub the area. Apply a clean pad often to maintain cleanliness. Continue to do the perineal care for one week after delivery.

Uterine contractions

Within a few hours after birth, the upper portion of your uterus (fundus) is at about the level of your navel. It remains there for about a day then gradually descends each day. If you are breastfeeding, this may occur more rapidly. Without complications, your uterus will return to its approximate non-pregnant size (the size of a pear) in about six weeks.

After-pains, or cramps, are caused by uterine contractions that stop the bleeding from the area where the placenta was attached. These pains are more common in women who have had more than one pregnancy. The discomfort can be intense--especially if you are breastfeeding--for

about five minutes, but will gradually subside.

To relieve discomfort, you may try these methods:

- Lie on your stomach with a pillow under your lower abdomen
- Take a walk
- Take pain medication as recommended by your health care provider
- Take a sitz bath
- Use a heating pad on your stomach

Urination contractions

You may feel discomfort when urinating. Discomfort is common, but be sure to tell your health care provider if you feel pain or if urinating is difficult.

Incontinence

The stretching of your muscles during delivery can cause temporary loss of urinary and sometimes bowel control. Urinary incontinence may occur more frequently when you laugh, cough, or strain.

Practice Kegel exercises to improve urinary incontinence. It will improve a few weeks after delivery. If incontinence continues to be a problem after your first postpartum check-up, talk to your health care provider.

Constipation

The first bowel movement after delivery may be delayed until the third

or fourth day after delivery. Your health care provider may prescribe or recommend an over-the-counter stool softener to soften the stool and make bowel movements less uncomfortable. Increase fruits, vegetables, and whole grains in your diet to keep your bowel movements regular. Also, make sure you are drinking at least 10 to 12 glasses of fluid per day. Narcotic pain relievers may worsen the situation, so minimize their use, if possible. Over-the-counter creams can help hemorrhoid discomfort, as can sitz baths. If constipation continues to be a problem, call your health care provider.

Perspiration

Increased perspiration, especially at night, is common after delivery as your body adjusts to new hormone levels after delivery. Protect yourself from getting the chills by showering and changing your clothes and changing bed linens. Also, increase fluids to quench your thirst during this time.

Menstruation

If you are breastfeeding, you may not get your period (menstruate) until after your baby weans from the breast. Please be aware that although you may not get your period while breastfeeding, you can still get pregnant. If you are bottle feeding, you will usually menstruate six to 12 weeks after delivery. The first few periods after delivery may be irregular.

When to call your health care provider after delivery

Call your health care provider if you have:

- A fever over 100.4 degrees Fahrenheit or severe chills
- Foul-smelling vaginal discharge
- Bright red bleeding that continues beyond the third day
- Passing of large blood clots (larger than a plum)
- Pain, burning, or trouble urinating
- Increase in the amount of vaginal discharge or bleeding in which you need to use more than one sanitary pad per hour
- Blurred vision
- Severe headaches or fainting
- Increased pain, redness, drainage or separation of abdominal incision (cesarean delivery)
- Severe pain, swelling, or redness, of one extremity more than the other
- Warm, red painful areas on either or both breasts
- Difficulty breathing
- Any signs of postpartum depression such as: being unable to cope with everyday situations, thoughts of harming yourself or your baby, feeling anxious, panicked or scared most of the day. Please see the “Depression After the Birth of a Child or Pregnancy Loss” hand-out for more information.

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Exercise after Delivery

Typically, if you're ready to start a fitness routine, you should check with your health care provider to make sure it's safe for you to begin exercising, especially if you have had a c-section.

If your goal is weight loss, consistent exercise and a healthy diet are the best ways to lose weight and return to your "pre-pregnant" weight. But don't overdo it. A one- to two-pound weight loss per week is the healthiest rate of weight loss. It's not uncommon for it to take up to twelve months for you to return to your previous weight.

Here are some questions you can think about before choosing an exercise routine:

- What physical activities do I enjoy?
- Do I prefer group or individual activities?
- Are there any activities I can do with my baby?
- What programs best fit my schedule?
- Do I have physical conditions that limit my choice of exercise?
- What goals do I have in mind? (e.g., losing weight, strengthening muscles, or improving flexibility)

How do I get started?

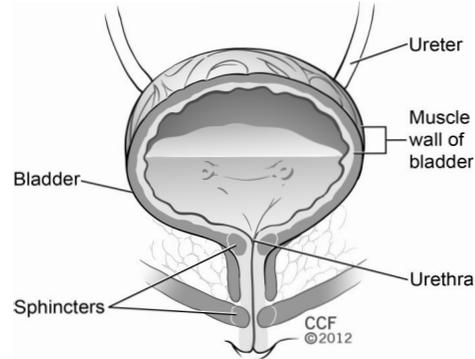
When starting out, you should plan a routine that is easy to follow and stay with. As the program becomes more routine, you can vary your exercise times and activities.

- Choose an activity you enjoy. Exercising should be fun and not a chore. You might even be able to include your baby. Try jogging or walking with the stroller, and think of your little bundle of joy as a 12+ pound weight. Exercise can double as playtime.
- Schedule regular exercise into your daily routine. Add a variety of exercises so you do not get bored.
- Abdominal exercises will be most effective after six weeks.
- Stick with it. If you exercise regularly, it will soon become part of your lifestyle.

Pregnancy, Childbirth and Bladder Control

Many women experience urine leakage, which is also called incontinence, during pregnancy or after they have given birth.

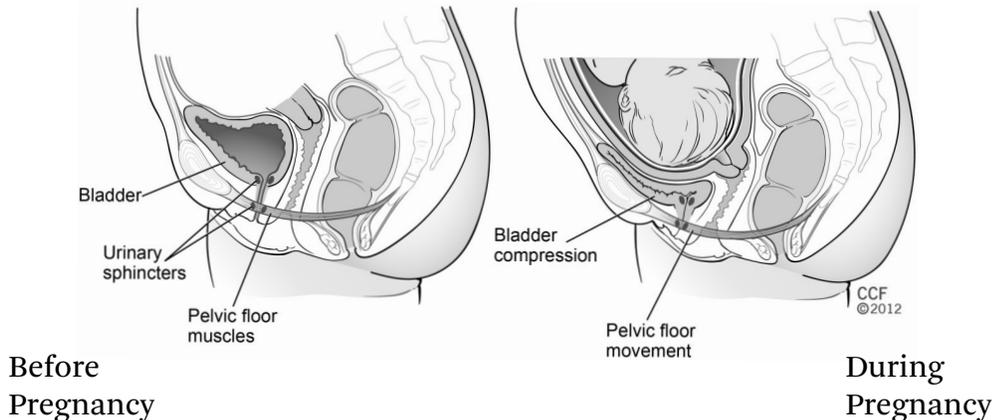
The bladder is a round, muscular organ that is located above the pelvic bones. It is supported by the pelvic muscles. A tube called the urethra allows urine to flow out of the bladder. The bladder muscle relaxes as the bladder fills with urine, while the sphincter muscles help to keep the bladder closed until you are ready to urinate.



There are other systems of the body that help to control the bladder. Nerves from the bladder send signals to the brain when the bladder is full, and nerves from the brain signal the bladder when it needs to be emptied. All of these nerves and muscles must work together so the bladder can function normally.

How do pregnancy and childbirth affect bladder control?

During pregnancy, you may leak urine between trips to the bathroom. This type of leakage is called stress incontinence, due to the pressure that the unborn baby exerts on the pelvic floor muscles, the bladder and the urethra. The extra pressure can make you feel the urge to urinate more often. Stress incontinence may be only temporary and often ends within a few weeks after the baby is born.



Pregnancy, the type of delivery and the number of children a woman has are factors that can increase the risk of incontinence. Women who have given birth, whether by vaginal delivery or cesarean section, have much higher rates of stress incontinence than those who never have had a baby.

Loss of bladder control may be caused by pelvic organ prolapse that sometimes occurs after childbirth. The pelvic muscles can stretch and become weaker during pregnancy or vaginal delivery. If the pelvic muscles do not provide adequate support, your bladder may sag or droop. This condition is known as a cystocele. When the bladder sags, it can cause the urethra's opening to stretch.

Pelvic nerves that regulate bladder function may be injured during a long or difficult vaginal delivery. Delivery with forceps can result in injuries to the pelvic floor and anal sphincter muscles. Prolonged pushing during a vaginal delivery also increases the likelihood of injury to the pelvic nerves and subsequent bladder control problems.

How are bladder control problems diagnosed?

Although most problems with bladder control during or after pregnancy disappear over time,

you should visit your doctor if they persist for six weeks or more after you have given birth. It is a good idea to keep a diary to record your trips to the bathroom, how often you experience urine leakage, and when it occurs.

The doctor will perform a physical examination to rule out various medical conditions and see how well your bladder is functioning. Your doctor may order various tests, which might include:

- **Urinalysis**--You will be asked to provide a urine sample to be analyzed for possible infections that could cause incontinence.
- **Ultrasound**--Images produced by ultrasound waves can show the kidneys, bladder and urethra.
- **Bladder stress test**--Your doctor will check for signs of urine leakage when you cough forcefully or bear down.
- **Cystoscopy**--A thin tube with a miniature camera at one end is inserted into the urethra so the doctor can examine your bladder and urethra.
- **Urodynamics**--A thin tube is inserted into the bladder to fill it with water so the pressure inside the bladder can be measured.

How are bladder control problems treated?

There are several techniques for treating bladder control problems. Practicing Kegel exercises may help to improve bladder control and reduce urine leakage.

In addition, changing your diet, losing weight, and timing your trips to the bathroom may help.

Drinking beverages such as carbonated drinks, coffee and tea might make you feel like you need to urinate more often. Switching to decaffeinated beverages or water can help to prevent urine leakage. Limit your consumption of fluids after dinner to reduce the number of trips to the bathroom during the night. You should consume foods high in fiber to avoid being constipated, since constipation may also result in urine leakage.

Excess body weight can put additional pressure on the bladder. Losing weight after your baby is born can help to relieve some of the pressure.

Keeping a record of the times during the day when you are most likely to experience urine leakage, you may be able to avoid leakage by planning trips to the bathroom ahead of time.

After you have established a regular pattern, you might be able to extend the time between trips to the bathroom. By making yourself hold on longer, you will strengthen your pelvic muscles and increase control over your bladder.

How can loss of bladder control due to pregnancy or childbirth be prevented?

Labor and vaginal delivery have an impact on the pelvic floor muscles and nerves that affect bladder control, so you should discuss your options with your health care provider.

Cesarean sections are associated with a lower risk of incontinence or pelvic prolapse than vaginal deliveries, but they may present other risks. Large babies who weigh more than nine pounds at birth may increase the risk of nerve damage during delivery.

Exercising pelvic floor muscles with Kegel exercises can help prevent bladder control problems. Bladder control problems might show up months to years after childbirth.

Talk to your health care team if this happens to you.

Kegel exercises

Kegel exercises, also called pelvic floor exercises, help strengthen the muscles that support the bladder, uterus, and bowels. By strengthening these muscles during pregnancy, you can develop the ability to relax and control the muscles in preparation for labor and birth. Kegel exercises are highly recommended during the postpartum period to promote the healing of perineal tissues, increase the strength of the pelvic floor muscles, and help these muscles return to a healthy state, including increased urinary control.

How do I do Kegel exercises?

Imagine you are trying to hold something in your vagina, stop the flow of urine, or trying not to pass gas. When you do this, you are contracting the muscles of the pelvic floor and are practicing Kegel exercises. While doing Kegel exercises, try not to move your leg, buttock, or abdominal muscles. In fact, no one should be able to tell that you are doing Kegel exercises.

How often should I do Kegel exercises?

Kegel exercises should be done every day. We recommend doing three sets of Kegel exercises a day. Each time you contract the muscles of the pelvic floor, hold for a slow count of 10 seconds and then relax. Repeat this 15 times for one set of Kegels.

Notes

Depression after the Birth of a Child or Pregnancy Loss

What is postpartum depression?

Postpartum depression is a complex mix of physical, emotional, and behavioral changes that occur after giving birth and are attributed to the chemical, social, and psychological changes associated with having a baby.



Who is affected by postpartum depression?

Postpartum depression is common. As many as 50 to 75 percent of new mothers experience the "baby blues" after delivery. Up to 15 percent of these women will develop a more severe and longer-lasting depression--called postpartum depression--after delivery.

One in 1,000 women develop the more serious condition called postpartum psychosis.

What factors increase my risk of being depressed after the birth of my child?

- Having a personal or family history of depression or premenstrual dysphoric disorder (PMDD)
- Limited social support
- Marital conflict
- Ambivalence about the pregnancy
- A history of depression during pregnancy -- 50 percent of depressed pregnant women will have postpartum depression

Types of postpartum depression

Postpartum blues -- Better known as the "baby blues," this condition affects between 50 and 75 percent of women after delivery. If you are experiencing the baby blues, you will have frequent, prolonged bouts of crying for no apparent reason, sadness, and anxiety. The condition usually begins in the first week (one to four days) after delivery. Although the experience is unpleasant, the condition usually subsides within two weeks without treatment. All you'll need is reassurance and help with the baby and household chores.

Postpartum depression -- This is a far more serious condition than postpartum blues, affecting about one in 10 new mothers. If you've had postpartum depression before, your risk increases to 30 percent. You may experience alternating "highs" and "lows," frequent crying, irritability, and fatigue, as well as feelings of guilt, anxiety, and inability to care for your baby or yourself. Symptoms range from mild to severe and may appear within days of the delivery or gradually, even up to a year later. Although symptoms can last from several weeks up to a year, treatment with psychotherapy or antidepressants is very effective.

Postpartum psychosis -- This is an extremely severe form of postpartum depression and requires emergency medical attention. This condition is relatively rare, affecting only one in 1,000 women after delivery. The symptoms generally occur quickly after delivery and are severe, lasting for a few weeks to several months. Symptoms include severe agitation, confusion, feelings of hopelessness and shame, insomnia, paranoia, delusions or hallucinations, hyperactivity, rapid speech, or mania. Postpartum psychosis requires immediate medical attention since there is an increased risk of suicide and risk of harm to the baby. Treatment will usually include admission to hospital for the mother and medicine.

What causes postpartum depression?

More research is needed to determine the link between the rapid drop in hormones after delivery and depression. The levels of estrogen and progesterone, the female reproductive hormones, increase tenfold during pregnancy but drop sharply after delivery. By three days postpartum, levels of these hormones drop back to pre-pregnant levels. In addition to these chemical changes, the social and psychological changes associated with having a baby create an increased risk of postpartum depression.

If you have had any of the following symptoms, please notify your health care provider right away:

- Thoughts of harming yourself or your baby
- Recurrent thoughts of death or suicide
- Depressed mood for most of the day, nearly every day for the last two weeks
- Feeling anxious, guilty, hopeless, scared, panicked or worthless
- Difficulty thinking, concentrating, making decisions, or dealing with everyday situations
- Loss of interest or pleasure in most of the activities during the day nearly everyday for the last two weeks

If you do have any of the previous symptoms, your health care provider may ask you the following two questions:

1. “Over the past two weeks, have you felt down, depressed, or hopeless?”
2. “Over the past two weeks, have you felt little interest or pleasure in doing things?”

If you answer yes to either one, your health care provider will administer a more in-depth depression screening.

Can postpartum depression be prevented?

Here are some tips that can help prevent, or help you cope with postpartum depression:

- Be realistic about your expectations for yourself and your baby
- Limit visitors when you first go home
- Ask for help -- let others know how they can help you
- Sleep or rest when your baby sleeps
- Exercise; take a walk and get out of the house for a break
- Screen your phone calls
- Follow a sensible diet; avoid alcohol and caffeine

- Keep in touch with your family and friends -- do not isolate yourself
- Foster your relationship with your partner -- make time for each other
- Expect some good days and some bad days

Treating postpartum depression

Postpartum depression is treated differently depending on the type and severity of the woman’s symptoms. Treatment options include anti-anxiety or antidepressant medicines, psychotherapy, and support group participation.

In the case of postpartum psychosis, medicines used to treat psychosis are usually added. Hospital admission is also usually necessary.

If you are breastfeeding, don’t assume that you can’t take medicines for depression, anxiety, or even psychosis. Speak to your health care provider about your options.

What is the outlook?

With professional help, almost all women who experience postpartum depression are able to overcome their symptoms.

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