Perinatal mood and anxiety disorders (PMADs) affect up to 1 in 5 women during pregnancy or the first year after having a baby. PMADs are caused by changes in biology, physiology, environment, and expectations. Women of every culture, age, income level, and race can develop PMADs. Onset of symptoms may be gradual or sudden. Fortunately, PMADs are temporary and best treated with a combination of self-care, social support, talk therapy, and medication. 

You are not alone. You are not to blame. With help, you will be well.

**Baby Blues** are a period of normal adjustment. In fact, most new mothers (about 80%) will experience mood swings, tearfulness, lack of concentration, irritability and anxiety during the first few weeks. These changes are caused primarily by fluctuations in hormones as well as the major lifestyle changes caused by introducing a new baby into the world. The first few weeks with baby consist of round-the-clock baby care which can cause even the most competent and confident parents to question their parenting skills. Baby Blues usually last 2-3 weeks and resolve without medical intervention. Learn more about the Baby Blues.

**Depression.** Symptoms of depression during pregnancy or the first year after having a baby include anger, sadness, irritability, lack of interest in the baby, changes in eating and sleeping habits, trouble concentrating, thoughts of hopelessness and sometimes even thoughts of harming the baby or herself. New mothers often feel guilty for having these feelings. Learn more depression, including risk factors, symptoms, and treatment options.

**Anxiety.** A woman with anxiety may experience extreme worries and fears, often over the health and safety of the baby. Some women may feel 'out of control' or have panic attacks (see below). Learn more about anxiety, including risk factors, symptoms and treatment options.

**Obsessive-Compulsive Disorder (OCD).** Women experiencing OCD can have repetitive, upsetting and unwanted thoughts or mental images (obsessions), and sometimes they need to do certain things over and over (compulsions) to reduce the anxiety caused by those thoughts. These moms find these thoughts very scary and unusual and are very unlikely to ever act on them. Learn more about OCD, including risk factors, symptoms, and treatment options.
Panic Disorder. This is a form of anxiety in which the sufferer feels very nervous and has recurring panic attacks. During a panic attack, she may experience shortness of breath, chest pain, claustrophobia, dizziness, heart palpitations, and numbness and tingling in the extremities. Panic attacks seem to go in waves, but they are temporary and resolve without assistance.

Post-Traumatic Stress Disorder (PTSD) is often caused by a traumatic or frightening childbirth, and symptoms may include flashbacks of the trauma with feelings of anxiety and the need to avoid things related to that event. Learn more about PTSD, including risk factors, symptoms, and treatment options.

Psychosis. Individuals experiencing psychosis sometimes see and hear voices or images that others can’t, called hallucinations. They may believe things that aren’t true and distrust those around them. They may also have periods of confusion and memory loss, and seem manic. This severe condition is dangerous so it is important to seek help immediately. Postpartum psychosis is a very serious emergency and requires immediate medical help. If you or someone you know may be experiencing postpartum psychosis, call a doctor or go to the nearest hospital emergency room. Women with severe postpartum psychosis may require hospitalization and medication. Learn more about psychosis, including risk factors, symptoms, and treatment options.

Perinatal mood and anxiety disorders (PMADs) are temporary and can be treated with a combination of self-care, social support, talk therapy, medication if necessary.

Hope and help for new mothers