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# Return to You



A Postpartum Plan  
for New Moms

Natasha K. Sriraman, MD, MPH, FAAP

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## **A Postpartum Plan for New Moms**

***Natasha K. Sriraman, MD, MPH, FAAP***

American Academy of Pediatrics

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Published by the American Academy of Pediatrics  
345 Park Blvd  
Itasca, IL 60143  
Telephone: 630/626-6000  
Facsimile: 847/434-8000  
[www.aap.org](http://www.aap.org)

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Printed in the United States of America

9-473 1 2 3 4 5 6 7 8 9 10  
CB0129  
ISBN: 978-1-61002-594-2  
eBook: 978-1-61002-597-3  
EPUB: 978-1-61002-595-9

Cover design by Daniel Rembert

Cover and publication design by Peg Mulcahy

Library of Congress Control Number: 2021913037

# What People Are Saying About *Return to You*

Dr Sriraman offers new parents a wonderfully comprehensive and much-needed resource for this challenging time in their lives. With sensitivity and compassion, Dr Sriraman addresses the complex variables that contribute to a new mother's vulnerability. The reader will feel empowered by the soothing, personal tone along with the evidenced-based strategies for support. *Return to You* is packed with essential information and should be handed to every single new mother and father.

Karen Kleiman, founding director, The Postpartum Stress Center, and author of *Good Moms Have Scary Thoughts* and numerous books on postpartum depression and anxiety

Compassionate, validating, honest, and evidence-based, Dr Sriraman skillfully outlines practical guidance to moms and moms-to-be. As a pioneer of maternal mental health in the US, I am absolutely delighted to recommend *Return to You* to all my pregnant and postpartum clients.

Shoshana S. Bennett, PhD, clinical psychologist and author of *Postpartum Depression for Dummies*

As a mother who battled postpartum depression, this book is something I wish I had read before I delivered. Dr Sriraman's approach to honest, science-based information is expertly combined with real-life experience and knowledge. This is an eye-opening read on the fourth trimester and the discrepancies we face and how to become your own advocate.

Kristen Crowley, CPT, working mom of 2, television host, and entrepreneur

An intentionally culturally sensitive guide for parents from a source everyone can trust: a pediatrician and a mom who's seen it all personally and professionally. *Return to You* takes preparing for early parenthood to a new level.

Whitney Casares, MD, MPH, FAAP, author of *The Working Mom Blueprint*

Moms should pack this as an essential in their hospital bag! Finally, there's a book dedicated to the profound mental, physical, and social changes new moms experience in the months following childbirth.

Having cared for thousands of moms and their children, Dr Sriraman speaks as a pediatrician and mom of 3, sharing honest perspectives, medical guidance, and sage mom advice to help navigate those intense postpartum months. From the stethoscope and the heart, she offers insights on topics you don't find in other resources—cultural approaches to postpartum, mom guilt, social media, breastfeeding, partner expectations, rights on the job, mood, anxiety disorders, and so much more.

Sharon Cindrich, MPAL, author of the column *Plugged In Parent* and *E-Parenting: Keeping Up With Your Tech-Savvy Kids*

I love this book! Dr Sriraman's new book *Return to Me* is filled with extremely practical advice for new mothers. She gives excellent clinical guidance, peppered with personal anecdotes that make the book fun to read. She covers important postpartum topics such as fourth trimester, dealing with partner support and cultural issues, mama boundaries, handling visitors, postpartum depression, and so much more. I highly recommend this book!

Susan Landers, MD, FAAP, FABM, author of *So Many Babies: My Life Balancing a Busy Medical Career and Motherhood*

This book is like a coffee cup conversation of exploration and truth telling between mothers, only Dr Sriraman is both a mother and a medical expert in infant care and breastfeeding, talking with you as your BFF.

Robert M. Lawrence, MD, FABM, coeditor and coauthor of *Breastfeeding: A Guide for the Medical Profession* and adjunct clinical professor of pediatrics, University of Florida College of Medicine

As a colleague of Dr Sriraman's for more than a decade and as a reproductive psychiatrist who works exclusively with pregnant and parenting persons, it is fantastic to know that Dr Sriraman's practical and evidence-based approach to the postpartum period will now be available to all parents.

When I read this book I hear Dr Sriraman's calm, practical, and reassuring voice explaining to parenting couples what I have heard her say so many times to patients, trainees, and audiences over the past decade. I am so thankful that more parents will benefit from her advice, explanations, and perspective.

Christine Truman, MD, reproductive psychiatrist at Partners in Women's Mental Health and assistant professor, community faculty track, Department of Psychiatry and Behavioral Sciences, Eastern Virginia Medical School

To all the mothers who have trusted me to  
care for their babies over the  
last 20 years.

To all the mothers who have confided in and  
trusted me with their  
worries, concerns, and fears.

While motherhood can be joyous, it can also  
be difficult and scary.

Mamas, this book is dedicated to you.

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## CHAPTER 9

# Postpartum Depression and Anxiety

*Trigger Warning: This chapter will discuss depression, anxiety, and other mood disorders. If you think you may be experiencing any of these conditions, please speak to your physician or call 911.*

**DEPRESSION**/də'preSH(ə)n/noun: health condition characterized by feelings of severe despondency and dejection, typically also with feelings of inadequacy and guilt, often accompanied by lack of energy and disturbance of appetite and sleep

**ANXIETY**/aNG'zīədē/noun: a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome

**MOOD**/moōd/noun: a temporary state of mind or feeling

After moving to Virginia shortly after my third child was born, I was back at work and helping to plan a conference about postpartum depression and anxiety for doctors, nurses, and other health care professionals who work with new mothers and babies. Right before the lunch break, a panel of mothers were asked to share their own personal stories about their pregnancy and postpartum journeys. We explained to the audience that we were not allowing a question and answer session at the end. The guest speakers were telling their own stories, without interruption, which gave them a safe space to share. I sat in the front row, keeping an eye on the clock because, as the moderator, I needed to make sure everything stayed on schedule and nobody raised their hand to ask a question. Listening intently, I began to tear up, right there in the front row. It hit me right then and there, listening to these moms talk. What I had experienced 4 years earlier, after the birth of my second child, was not a feeling of being overwhelmed or just really tired because I had 2 kids in diapers. I realized, in that moment, that all those years ago, I had experienced postpartum depression. However, unlike these mothers, neither my husband nor I knew how to get the help I needed.

As a physician, I see lots of patients every day. A patient with a preterm baby came to see me for that first newborn visit. Because of that mom and baby, I started to realize that mom's postpartum mental health (actually, her mental health even *during* the pregnancy) does not receive enough attention, and this aspect of the fourth trimester is often missed. The more I read and learned, the more intense my interest became. I realized that mom's mental health and well-being are *directly* linked not only to her overall health but also to that of her baby. This is a time of intense emotion and dramatic change in a woman's life. We need to acknowledge this and provide greater support for all mothers.

Honestly, the fact that mom's and baby's mental and physical health are so connected is not rocket science. You carried that child for 9 months; is it surprising that the baby depends on you after your delivery? In those early days, weeks, and months, you

are the primary caregiver for that newborn. This is not to say that your spouse/partner, family member, babysitter, or friend is not a big part of your baby's care, but mom is the number 1 person for that baby. While that mother-child connection can feel precious and priceless at times, being the primary person responsible for your new baby can also sometimes feel like overwhelming pressure. At times, mothers are not sure if they even feel that bond and worry that they are not cut out to be good mothers as a result. These feelings and concerns are common, especially among those mothers experiencing postpartum anxiety and depression. But whether you have some risk factors or none, postpartum depression and anxiety, also known as postpartum mood and anxiety disorders, is *the* most common complication of childbirth and affects up to 25% of mothers. And it can significantly affect the health and well-being of mothers, their infants, and families.

## THE POSTPARTUM SPECTRUM OF PSYCHIATRIC SYNDROMES



### ***Postpartum Blues***

The postpartum spectrum of psychiatric syndromes can be classified into 3 major categories: postpartum blues, postpartum psychosis, and postpartum depression. *Postpartum blues* are a common emotional experience for women after delivery, affecting up to 80% of women. Symptoms of postpartum blues include emotional imbalance, difficulty sleeping, decreased appetite, and excessive anxiety. These feelings typically begin within the first 5 days after delivery and sometimes resolve on their own by day 14.

### ***Postpartum Psychosis***

*Postpartum psychosis* is a psychiatric emergency that occurs in the first month. It must be addressed immediately and mom needs to be taken to the hospital. Symptoms include substantial mood shifts, paranoia, hallucinations, delusions, and suicidal or homicidal thoughts, which may put mom and/or the newborn at risk. Although the incidence of psychosis is extremely low, women with a history of bipolar disorder have a higher risk

of developing postpartum psychosis. However, some women who develop postpartum psychosis have no previous psychiatric history. Postpartum psychosis is a psychiatric emergency, and those around mom (partner/family member/friend) must promptly get her to the closest emergency department.

### ***Postpartum Depression***

*Postpartum depression* occurs at delivery or within the first 4 months after delivery and can last several months to a year and can range from mild to severe. Although postpartum mood and anxiety disorders are common, the variation in timing and symptoms, along with other conditions, such as anxiety and bipolar disorder, can complicate the diagnosis.

Many new mothers experience trouble sleeping, weight loss, exhaustion, anxiety, loss of interest in usual activities, and depressed mood. However, with postpartum depression, the symptoms last longer and generally are more severe than those in moms with postpartum blues. Postpartum depression and anxiety last longer than 2 weeks, symptoms can occur daily, and they can cause functional impairment with daily activities, including caring for your newborn and yourself.

Postpartum depression and anxiety can range from mild to severe. However, based on certain risk factors, some mothers will be more likely to develop postpartum depression and/or postpartum anxiety. Untreated anxiety and/or depression during pregnancy puts moms at a greater risk of developing postpartum anxiety and/or depression. Other factors that increase the likelihood of developing postpartum depression and/or anxiety are young maternal age, lower socioeconomic status, lack of social support, unplanned pregnancy, psychosocial stress from partner/spouse, alcohol or substance abuse, and a family history of depression. However, even if you have none of these risk factors, you can still develop a postpartum mood disorder. Remember, it is the most common complication of childbirth. But with proper support, guidance, and resources, you will get better, leading to improved outcomes for both you and your baby.

## INTRUSIVE THOUGHTS

A distinct aspect of postpartum mood disorders that we do not find with major depressive disorder or generalized anxiety disorder outside of the perinatal or postpartum period is something called *intrusive thoughts*. I think everyone who works with pregnant moms, new moms, and newborns during the postpartum period should be aware of these symptoms, not only because they are common, but also because they can be downright scary. Intrusive or obsessive thoughts are involuntary thoughts or subconscious ideas that can become repetitive and compulsive in nature. These stressful thoughts can be difficult to control and eliminate for new moms. We often refer to them as *ego-dystonic*, meaning that these are part of your subconscious and do not reflect your actual thoughts; basically, these are thoughts that pop into your head, and as a new mom, you do not want them there. An example of an intrusive thought is a mother envisioning hurting her infant. Other examples I've heard are the following: "What if I accidentally fall down the stairs while holding my baby?" "What if I accidentally let go of my baby while bathing her?" "What if I accidentally drive off the road?" These thoughts are common; in fact, some studies show that 85% of women experience them in the postpartum period. The fear is not only that these things could happen, but that somehow you may subconsciously do something like that on purpose.

A close friend uttered these words to me when I was talking about my work with postpartum mothers. She said that during the entire time she was experiencing these thoughts, she told no one. Not her doctor, her baby's pediatrician, her mother, her best friend, or

“

I was so scared, I couldn't even  
tell my husband.  
I thought I was going crazy.

”

her husband. The thought of my mamas feeling this fear and terror while believing that something is wrong with them and then being too scared to ask for help just breaks my heart.

If any of you reading this have ever experienced intrusive thoughts, I am so sorry. If anyone reading this is currently experiencing them, please reach out for help (see Resources for Moms). These thoughts are a normal part of postpartum depression/anxiety and are not a sign that you are experiencing postpartum psychosis or that you are an unfit mother. I don't want any of my mothers to think that their baby will be taken away from them. What is most important is for you to get the help you need.

### **Screening**

The American College of Obstetricians and Gynecologists recommends that a mother should be screened at least once during pregnancy and at their 6-week postpartum checkup with their obstetrician. Can I rant a little? If moms can start experiencing postpartum depression and/or anxiety within the first week or 2 after delivery, how is seeing your obstetrician and getting screened for postpartum depression/postpartum anxiety sufficient at the 6-week mark? Do not get me wrong; this is *not* the fault of your obstetrician. As I've mentioned time and time again, in the United States at least, visits and payments for these visits are controlled by the health insurance companies. Many of us across the fields of obstetrics and pediatrics continue to fight on a legislative and policy level for moms to receive more frequent and individualized postpartum care.

You're probably thinking that if depression and anxiety are so common and I don't see my physician until 6 weeks after delivery, who is going to help me if I need it before then? First, let me start by saying that you do not need a professional to screen you to be diagnosed and get help. The resources listed at the end of this chapter include sites you can access to get the help you need without waiting.



To address this issue, the American Academy of Pediatrics recommends that all pediatricians/pediatric health care providers first screen by the baby's 1-month well-child check, followed by screening at the 2-month, 4-month, and 6-month checkups. However, please note that not all pediatricians feel comfortable screening or have all the information needed to screen mothers for postpartum depression/anxiety. Still, if your pediatrician doesn't automatically screen, please ask. Feel free to show the pediatrician this page and talk about all of your questions and concerns. The more that physicians know, the better. When other physicians in my health care system started screening, they were shocked to find out how many of their mothers were experiencing it and *never* knew. They were grateful to be made aware so they could help their mamas and babies.

When I started screening, based on what I was seeing in my practice, I actually wanted to begin earlier, and we now screen at the 2-week weight-check visit. As a result, we find more mothers who are at risk, and the clinical protocol is now being used across our entire health system as well as in our neonatal intensive care unit for moms of our preterm babies.

When pediatricians screen for postpartum depression/anxiety, most use the Edinburgh Postnatal Depression Scale (EPDS). What is important to know is that while the tool does not diagnose postpartum depression/anxiety, it helps us determine if you are at risk. The scale also allows us to follow your progress and improvement once you receive help. Using the EPDS table on pages 100 and 101, you also can screen yourself and then ask for the help you need. As you can see, the questions on the EPDS ask about a variety of symptoms, and the final question asks about any harmful thoughts. Since starting to screen in my practice 11 years ago, I have observed that moms are predominantly honest, even with that last question because they *want* to talk about it, they want help. They want to be heard. And even



## Edinburgh Postnatal Depression Scale

You can screen yourself using the Edinburgh Postnatal Depression Scale below. (It's freely available at <https://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>.)

### Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- ☐ Yes, all the time  
☒ Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.  
☐ No, not very often      Please complete the other questions in the same way.  
☐ No, not at all

In the past 7 days:

- |  |  |
|--|--|
| <p>1. I have been able to laugh and see the funny side of things</p> <p><input type="checkbox"/> As much as I always could<br/> <input type="checkbox"/> Not quite so much now<br/> <input type="checkbox"/> Definitely not so much now<br/> <input type="checkbox"/> Not at all</p> <p>2. I have looked forward with enjoyment to things</p> <p><input type="checkbox"/> As much as I ever did<br/> <input type="checkbox"/> Rather less than I used to<br/> <input type="checkbox"/> Definitely less than I used to<br/> <input type="checkbox"/> Hardly at all</p> <p>*3. I have blamed myself unnecessarily when things went wrong</p> <p><input type="checkbox"/> Yes, most of the time<br/> <input type="checkbox"/> Yes, some of the time<br/> <input type="checkbox"/> Not very often<br/> <input type="checkbox"/> No, never</p> <p>4. I have been anxious or worried for no good reason</p> <p><input type="checkbox"/> No, not at all<br/> <input type="checkbox"/> Hardly ever<br/> <input type="checkbox"/> Yes, sometimes<br/> <input type="checkbox"/> Yes, very often</p> <p>*5. I have felt scared or panicky for no very good reason</p> <p><input type="checkbox"/> Yes, quite a lot<br/> <input type="checkbox"/> Yes, sometimes<br/> <input type="checkbox"/> No, not much<br/> <input type="checkbox"/> No, not at all</p> | <p>*6. Things have been getting on top of me</p> <p><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all<br/> <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual<br/> <input type="checkbox"/> No, most of the time I have coped quite well<br/> <input type="checkbox"/> No, I have been coping as well as ever</p> <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <p><input type="checkbox"/> Yes, most of the time<br/> <input type="checkbox"/> Yes, sometimes<br/> <input type="checkbox"/> Not very often<br/> <input type="checkbox"/> No, not at all</p> <p>*8. I have felt sad or miserable</p> <p><input type="checkbox"/> Yes, most of the time<br/> <input type="checkbox"/> Yes, quite often<br/> <input type="checkbox"/> Not very often<br/> <input type="checkbox"/> No, not at all</p> <p>*9. I have been so unhappy that I have been crying</p> <p><input type="checkbox"/> Yes, most of the time<br/> <input type="checkbox"/> Yes, quite often<br/> <input type="checkbox"/> Only occasionally<br/> <input type="checkbox"/> No, never</p> <p>*10. The thought of harming myself has occurred to me</p> <p><input type="checkbox"/> Yes, quite often<br/> <input type="checkbox"/> Sometimes<br/> <input type="checkbox"/> Hardly ever<br/> <input type="checkbox"/> Never</p> |
|--|--|

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Rontek, Postpartum Depression *N Engl J Med* vol. 347, No 3, July 18, 2002, 194-199

Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

### **Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)**

Postpartum depression is the most common complication of childbearing.<sup>2</sup> The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

### **Scoring**

#### **QUESTIONS 1, 2, & 4 (without an \*)**

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

#### **QUESTIONS 3, 5-10 (marked with an \*)**

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30

Possible Depression: 10 or greater

Always look at item 10 (suicidal thoughts)

### **Instructions for using the Edinburgh Postnatal Depression Scale:**

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

though the scale cannot diagnose postpartum depression in any of my mamas, it helps me start the conversation with zero judgment. My hope is that universal screening during well-child (health supervision) visits will help reduce the stigma associated with postpartum depression/anxiety, regardless of whether you are a new mom or a seasoned mom with 3 children. On a personal and professional level, I know that postpartum depression/anxiety can affect *any one* of us as mothers. You are not alone and there is absolutely nothing to be ashamed of. You are not a bad mother. You are a strong and nurturing mama taking care of yourself and your new baby. Please don't ever forget that!

Postpartum depression is increasingly becoming recognized as more high-profile women, such as Brooke Shields, Serena Williams, and Bryce Howard, are talking about their experiences; however, postpartum mood disorders do not always present as sadness or a tearful mother. More often than not, they present with symptoms of anxiety or severe worry.

Moms with postpartum anxiety and excessive worry typically say things like this:

“ My daughter got sick and I had to take her to the emergency room 3 times last week, and the doctors said there is nothing wrong with her. I don't get it, when she's with my husband, she is OK. ”

Moms with feelings of anxiety about the baby's safety are unable to sleep or rest while the baby sleeps:



Even when she sleeps, I can't rest.  
I check to make sure she's breathing or I  
scroll through Facebook and see these moms  
who are doing everything right.



### ***Getting Help***

I have heard these statements and others from many moms, both in my practice as well as from friends and acquaintances who confide in me when they find out I am a pediatrician. Postpartum anxiety is extremely common; in fact, postpartum anxiety is often more prevalent than postpartum depression and is the most common postpartum mood disorder that many mothers face. Often, anxiety and depression occur at the same time. Excessive worry, inability to rest, continued worrying that can be debilitating are all signs that a mom may be experiencing postpartum anxiety. Please do not ignore these symptoms just because you are not feeling sad, hopeless, or tearful. Every mom and every postpartum period is different. Please understand that you are not alone and that it is OK to ask for help.