

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Postpartum Depression

Depression after childbirth—also called **postpartum depression**—is more than just feeling sad or blue for a few days. It is a serious illness that can greatly affect the woman, her baby, and her family.

Some women do not realize that they have postpartum depression. Family or friends may be the ones who notice that something is wrong. Once it is diagnosed, postpartum depression can be treated with medication and therapy.

This pamphlet explains

- the difference between the **baby blues** and postpartum depression
- reasons for postpartum depression
- signs and symptoms
- treatment and prevention

Baby Blues and Postpartum Depression

About 2–3 days after childbirth, some women begin to feel depressed, anxious, and upset. They may feel angry with the new baby, their partners, or their other children. They also may

- cry for no clear reason
- have trouble sleeping, eating, and making choices
- question whether they can handle caring for a baby

These feelings, often called the baby blues, may come and go in the first few days after childbirth. The baby blues usually get better within a few days or 1–2 weeks without any treatment. If they do not go away or become more intense, this may be a sign of a more serious condition called postpartum depression.

Women with postpartum depression have intense feelings of sadness, anxiety, or despair that prevent them from being able to do their daily tasks. Postpartum depression can occur up to 1 year after having a baby, but it most commonly starts about 1–3 weeks after childbirth.

Reasons for Postpartum Depression

Postpartum depression probably is caused by a combination of body, mind, and lifestyle factors. No two women have the same physical makeup or life experiences. These differences may be why some women have postpartum depression and others do not.

Finally...

Many new mothers feel sadness, fear, anger, and anxiety after having a baby. These feelings, called the baby blues, are common. If the blues do not improve or your symptoms get worse, you may have postpartum depression. Postpartum depression is an illness that can be treated with medication and therapy. Recognizing the signs and symptoms and contacting your ob-gyn or other health care professional right away are essential in getting the treatment you need to start feeling better.

Glossary

Antidepressants: Drugs that are used to treat depression.

Baby Blues: Feelings of sadness, fear, anger, or anxiety occurring about 3 days after childbirth and usually ending within 1 to 2 weeks.

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Estrogen: A female hormone produced in the ovaries.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Hormones: Substances made in the body that control the function of cells or organs.

Menstrual Periods: The monthly shedding of blood and tissue from the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Postpartum Depression: A type of depressive mood disorder that develops in the first year after the birth of a child. This type of depression can affect a woman's ability to take care of her child.

Premenstrual Dysphoric Disorder (PMDD): A severe form of premenstrual syndrome (PMS) that interferes with a woman's daily life. Symptoms may include sharp mood swings, irritability, hopelessness, anxiety, problems concentrating, changes in appetite, sleep problems, and bloating.

Premenstrual Syndrome (PMS): A term used to describe a group of physical and behavioral changes that some women experience before their menstrual periods every month.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Progesterone: A female hormone that is made in the ovaries and prepares the lining of the uterus for pregnancy.

Psychotherapy: Working with a therapist to identify problems and find ways to change behavior.

Thyroid Gland: A butterfly-shaped gland located at the base of the neck in front of the windpipe. This gland makes, stores, and releases thyroid hormone, which controls the body's metabolism and regulates how parts of the body work.

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American College of Obstetricians and Gynecologists
409 12th Street SW
Washington, DC 20024-2188

Group B Strep and Pregnancy

About 1 in 4 pregnant women carry a type of *bacteria* known as *group B streptococcus (GBS)*. If you have GBS, you can pass it to your fetus during labor and delivery. Most newborns who get GBS from their mothers do not have health problems, but a few will get sick. For a small number of babies, the illness can be serious and even cause death.

A test can detect if you carry GBS. If you do, treatment with *antibiotics* can be given during labor. This treatment may help prevent your newborn from getting GBS disease.

This pamphlet explains

- what GBS is
- how GBS may affect a newborn
- testing and treatment
- special situations

What Is GBS?

GBS is one of the many bacteria that live in the body. It usually does not cause serious illness, and it is not a *sexually transmitted infection (STI)*. Also, although the names are similar, GBS is different from group A streptococcus, the bacteria that causes “strep throat.”

In women, GBS is most often found in the *vagina* and *rectum*. GBS does not usually cause symptoms in adults. But if GBS is passed from you to your fetus, the baby may get sick after birth. This is rare. It happens to 1 or 2 babies out of 100 when the mother does not receive treatment during labor. The chance of a newborn getting sick is much lower when the mother receives treatment.

Although GBS is fairly common in pregnancy, very few babies get sick with GBS disease. The risk of GBS disease is higher in babies who are born before 37 weeks of pregnancy.

How GBS May Affect a Newborn

Even though it is rare for a baby to get GBS, it can be very serious when it happens. Babies who get GBS may have early-onset or late-onset disease.

Early-Onset Disease

With early-onset disease, a baby typically gets sick within 12 to 48 hours after birth or up to the first 7 days. Early-onset disease can cause severe problems, such as

- inflammation of the covering of the brain or spinal cord (*meningitis*)
- infection of the lungs (*pneumonia*)
- infection in the blood (*sepsis*)

A small number of babies with early-onset disease die even with immediate treatment.

Late-Onset Disease

With late-onset disease, a baby gets sick between a week to a few months after birth. The disease is usually caused by contact

with the mother after delivery if she is infected. But it can come from other sources too, such as contact with other people who have GBS.

Late-onset disease is also serious and can cause meningitis (read the box “Signs and Symptoms of Late-Onset Disease”). While antibiotic treatment during labor can help prevent early-onset disease in a baby, this treatment does not prevent late-onset disease.

Testing and Treatment

You should be screened for GBS as part of routine *prenatal care*. The test for GBS is called a culture. It is now done between 36 and 38 weeks of pregnancy. In this test, a swab is used to take a sample from the vagina and rectum.

If the results show that GBS is present, antibiotics are usually given through an *intravenous (IV) line* once labor has started. This is done to help protect the fetus from being infected. The best time for treatment is during labor.

You likely will have a GBS test during each pregnancy no matter what your test results were in a past pregnancy. In some cases, your doctor may recommend antibiotics during labor without testing for GBS. Antibiotics may be given without testing if

- you had a previous child who had GBS disease
- you have GBS bacteria in your urine at any point during your pregnancy
- your GBS status is not known when you go into labor and you have a fever
- your GBS status is not known and you go into labor before 37 weeks
- your GBS status is not known and it has been 18 hours or more since your water broke
- your GBS status for this pregnancy is not known but you tested positive for GBS in a past pregnancy

Penicillin is the antibiotic that is most often given to prevent early-onset disease in newborns. If you are allergic to penicillin, tell your health care professional before you are tested for GBS. You may have a skin test to determine the severity of your allergies. If needed, other antibiotics can be used.

Special Situations

If you have a *cesarean birth*, you do not need antibiotics for GBS during delivery if your labor has not started and the *amniotic sac* has not ruptured (your water has not broken). But you should still be tested for GBS because labor may happen before a cesarean birth. If the test result is positive, the baby may need to be monitored for GBS disease after birth.

Signs and Symptoms of Late-Onset Disease

Treatment with antibiotics during labor can help prevent early-onset GBS disease, but it does not prevent late-onset disease. Babies may pick up GBS from people they come in contact with.

Late-onset disease most commonly causes meningitis. In newborns, the signs and symptoms of meningitis can be hard to spot. Contact your baby's health care professional right away if your baby has any signs or symptoms of disease, including

- lack of energy
- irritability
- poor feeding
- high fever

Finally...

GBS can cause serious health problems in newborns. You should be tested for GBS late in pregnancy. If you have GBS, treatment during labor and delivery may help prevent early-onset GBS disease in your baby. Tell your health care professional

- about your GBS status in past pregnancies
- whether you have had a baby with GBS disease
- if you are allergic to penicillin

Group B Streptococcus (GBS): A type of bacteria that many people carry normally and can be passed to the fetus at the time of delivery. GBS can cause serious infection in some newborns. Antibiotics are given to women who carry the bacteria during labor to prevent newborn infection.

Intravenous (IV) Line: A tube inserted into a vein and used to deliver medication or fluids.

Meningitis: Inflammation of the covering of the brain or spinal cord.

Pneumonia: An infection of the lungs.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Rectum: The last part of the digestive tract.

Sepsis: A condition in which infectious toxins (usually from bacteria) are in the blood. It is a serious condition that can be life threatening. Symptoms include fever, rapid heart rate, breathing difficulty, and mental confusion.

Sexually Transmitted Infection (STI): An infection that is spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

Glossary

Amniotic Sac: Fluid-filled sac in a woman's uterus. The fetus develops in this sac.

Antibiotics: Drugs that treat certain types of infections.

Bacteria: One-celled organisms that can cause infections in the human body.

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

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