

Mamavela

After Baby: Taking Care of Your Mind

Baby blues, postpartum depression and anxiety, explained calmly, with a support plan and helplines that answer.



Free sample

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If you are in danger right now.

If you are thinking about ending your life, if you feel you might harm yourself or your baby, or if someone you love seems confused, sees or hears things that are not there, or is suddenly "high" and not sleeping after a birth: call your emergency number now. **911** in the US and Canada, **999** or **112** in the UK, **112** or **999** in Ireland, **000** in Australia, **112** in India and across the European Union, **911** in Mexico, **192** (SAMU) in Brazil. In the US you can also call or text **988**, day or night. The full list of helplines by country is in Chapter 19. You are not a burden. This is exactly what these numbers are for.

Before you start: a letter to you

If you are reading this with a baby asleep on your chest, or at 3 a.m. with your phone turned down to its lowest brightness, or in a waiting room before an appointment you have been dreading: welcome. You are in the right place.

Having a baby changes everything at once. Your body, your sleep, your hormones, your relationships, your work, your sense of who you are. Most people are told to expect joy, and joy often does come. What fewer people are told is that the weeks and months after a birth can also bring tears that arrive out of nowhere, worry that will not switch off, thoughts that frighten you, a heaviness that does not lift, or a feeling of being far away from your own life. These experiences are common. They are recognized by every major health body in the world. And they are treatable.

The US National Institute of Mental Health (NIMH) says it in plain words: perinatal depression can affect any pregnant or postpartum woman, "regardless of age, race, ethnicity, income, culture, or education", and a woman "is not to blame or at fault for having perinatal depression: it is not caused by anything she has or has not done." Read that sentence twice if you need to. Nothing you are feeling means you are a bad parent.

This book exists for one reason: to help you feel better, faster, with less fear and less searching. It gathers what the official health bodies say (the NHS and NICE in the UK, NIMH, ACOG, the CDC, the FDA and the US Preventive Services Task Force in the US, the World Health Organization, the Royal College of Psychiatrists, Postpartum Support International) together with a handful of large, well-conducted studies. Every fact comes with its source, listed at the end with its full web address. Then it turns all of that into things you can actually use: words to say to your doctor, a seven-day plan of tiny steps, a support plan to fill in with the people around you, checklists, and a directory of helplines in twelve countries.

What this book is, and what it is not

This book is information, not medical care. It cannot assess you, it does not know your history, and it never replaces your midwife, your obstetrician (OB-GYN), your family doctor (GP), your health visitor, your pediatrician, a psychologist or a psychiatrist. It does not diagnose anything, and it does not recommend any medicine or any dose. When a chapter talks about treatment, it describes what the official guidelines say exists, so that you can have a better conversation with a professional. The decision is always yours, made with them.

You will read the words "talk to your doctor or midwife" many times. That is on purpose. The single most useful thing this book can do is help you have that conversation sooner.

A note on words.

Health bodies use different words: woman, mother, mom, mum, birthing parent, postpartum person, father, partner, co-parent. We mostly say "you". Whether you gave birth, adopted, used a

surrogate, are a solo parent, a father, a wife, a husband or a co-mother, whether this is your first baby or your fourth, this book is for you. "Postpartum" (US) and "postnatal" (UK) mean the same thing: the time after the birth. "Perinatal" means pregnancy plus the first year after birth.

How to use this book

You do not have to read it in order. You probably should not, if you are tired.

- **If you feel very unwell right now**, go to Chapter 19 (helplines) and Chapter 11 (what to say to your doctor), and make one call today.
- **If you are not sure whether what you feel is "normal"**, read Chapter 1, then the chapter that sounds most like you: depression (Chapter 2), anxiety (Chapter 3), frightening thoughts (Chapter 4), a difficult birth (Chapter 5).
- **If you are pregnant and planning ahead**, read Chapters 1, 6, 8 and 13 with your partner or support person, and fill in the support plan before the birth.
- **If you are a partner, a parent, a sister or a friend**, start with Chapter 14, then read Chapter 6 so you know the one situation where you must act immediately.
- **If you are a father or co-parent who is struggling yourself**, Chapter 7 is for you.

Keep a pen nearby. The pages with lines and boxes are meant to be written on, printed, photographed and stuck on the fridge.

Chapter 1. What is normal after a birth: the baby blues and the big feelings

Your feelings have a reason

In the hours after a birth, levels of the hormones estrogen and progesterone fall sharply. ACOG, the American College of Obstetricians and Gynecologists, describes this drop and notes that it may affect mood in a way similar to the smaller hormonal changes before a period. Add to that a body that is healing, nights broken into short pieces, a tiny person who needs feeding every few hours, visitors, decisions, and the sheer size of the responsibility, and it would be strange if your emotions did not move.

The NIMH puts it simply: "Babies require around-the-clock care, so it's normal for new mothers to feel tired or overwhelmed sometimes."

The baby blues: what they are

The "baby blues" is the name for the short, mild wave of emotional ups and downs that many people go through in the first days after birth. The official descriptions are remarkably consistent:

Source	When it starts	How long it lasts	What it feels like
ACOG	About 3 days after childbirth	Usually better within 1 to 2 weeks, without treatment	Sadness, fear, anger or anxiety
NHS	A few days after the birth	Usually goes away within 2 weeks of the birth	Down, anxious or irritable
Royal College of Psychiatrists	3 to 4 days after birth	Usually stops by the time the baby is about 10 days old	Mood swings, bursting into tears easily, irritable, low, anxious, over-reacting
NIMH	In the first 2 weeks	Short-lasting	Worry, unhappiness, exhaustion

How common are the baby blues?

Very common. How common exactly depends on who you ask and how it is measured:

- The Royal College of Psychiatrists says the baby blues affect "more than half" of new mothers.
- The American Psychiatric Association writes that "up to 85%" of new mothers experience them.
- A 2020 systematic review and meta-analysis that pooled 26 studies (5,667 women) found an

average prevalence of 39%, with individual studies ranging from about 14% to 76% (Rezaie-Keikhaie and colleagues, 2020).

The honest summary: somewhere between a large minority and a large majority of new mothers go through the baby blues. If it is happening to you, you are in very good company.

What helps during the baby blues

The baby blues do not need medical treatment, according to ACOG and the Royal College of Psychiatrists. They do need kindness and practical help.

- ☐ Sleep whenever someone else can hold the baby, even for 40 minutes.
- ☐ Eat something at every feed, even if it is a handful of something simple.
- ☐ Say how you feel out loud to one person: "I keep crying and I don't really know why."
- ☐ Let visitors help or let them wait. Both are allowed.
- ☐ Go outside for a few minutes every day if your recovery allows it.
- ☐ Lower the bar: a fed baby and a fed you are enough for today.

When it is no longer "just the blues"

The baby blues pass. The key marker, used by the NHS, ACOG and NIMH alike, is **two weeks**.

Is this normal? When to call.

Tearful, up-and-down days in the first two weeks are common. Call your midwife, health visitor, GP or OB-GYN if:

- low mood, worry or irritability last longer than two weeks after the birth, or get worse instead of better;
- you are struggling to cope with daily life, or cannot sleep even when you have the chance;
- you have thoughts that frighten you, about yourself or your baby;
- you feel nothing at all, or feel far away from yourself and your baby.

ACOG adds: do not wait for your scheduled postpartum check to talk to your OB-GYN if you think something is wrong. **Call 911, 999 or 112 immediately** if you have thoughts of harming yourself or your baby, or if you or your loved one notice confusion, seeing or hearing things, or a sudden "high" with little sleep (Chapter 6).

Big feelings that are also normal

Besides the blues, there is a whole range of feelings that new parents rarely talk about, but which are common and not, on their own, a sign of illness:

- **Not feeling instant love.** Bonding can take days or weeks. It grows through ordinary moments of care. (If you feel no connection at all for a long time, or feel detached from everything, mention it: "difficult feelings about, or difficulty bonding with your baby" is on the NHS list of

signs of postnatal depression.)

- **Grief for your old life.** Missing your freedom, your body, your work, your evenings, while loving your baby, is not a contradiction.
- **Feelings about the birth.** Disappointment, anger or sadness if it did not go as planned. Chapter 5 is for you if the birth felt frightening.
- **Irritation with your partner.** Sleep loss shortens everyone's fuse.
- **Fear for your baby's safety.** Many new parents check breathing at night. Chapter 4 explains when that worry becomes too much.

The difference between "normal hard" and "time to get help" is not always sharp. When you are unsure, ask. Asking costs nothing, and no professional will think less of you for it.

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 65 pages.

Get it here: <https://mamavela.com/shop/after-baby-taking-care-of-your-mind/>

One-time payment, instant PDF.