Baby blues *or postnatal depression?*

Understanding the difference between the common, short-lived baby blues and postnatal depression, what to look out for, and when and how to get support.

MOTHER GROUND
YOUR VILLAGE

The weeks after having a baby can bring a huge mix of feelings: love, joy, relief, but also exhaustion, overwhelm, tearfulness and worry. Many new mothers wonder, **"Is this normal, or is it something more?"**

This handout explains the difference between the **baby blues**, which are very common and pass on their own, and **postnatal depression (PND)**, which is also common, but needs support to get better. It also mentions some less common conditions it's important to know about.

How common is it?

BABY BLUES
So common that the NHS considers it a normal part of the first weeks after birth. It doesn't last more than two weeks.

POSTNATAL DEPRESSION
Affects more than 1 in 10 women within a year of giving birth. Fathers and partners can be affected too.

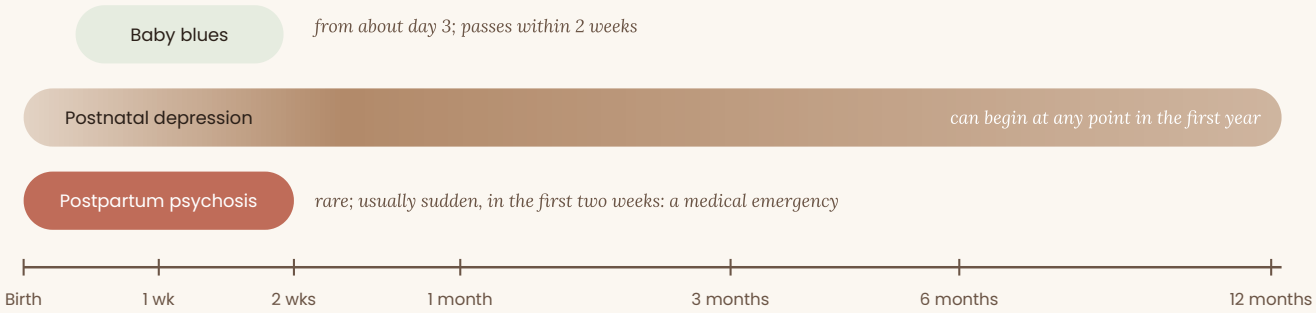
POSTPARTUM PSYCHOSIS
Rare, affecting around 1 to 2 in every 1,000 new mothers, but serious and needing urgent help.

YOU ARE NOT ALONE, AND IT'S NOT YOUR FAULT

Struggling after having a baby doesn't mean you're a bad mother, that you don't love your baby, or that you've failed. Perinatal mental health difficulties are common, treatable, and nothing to be ashamed of. **Asking for help is one of the most caring things you can do, for you and your baby.**

SPOTTING THE DIFFERENCE

Blues *or more?*



	BABY BLUES	POSTNATAL DEPRESSION
When it starts	Usually 2 to 3 days after birth	Any time in the first year; may build gradually
How long it lasts	Passes within 2 weeks, often by day 10	More than 2 weeks; can last months without support
How it feels	Tearful, emotional, up and down, anxious, irritable; moments of feeling OK in between	Persistent low mood, hopelessness, numbness, or anxiety most of the time
Enjoyment	Can still enjoy things and feel connected	Hard to enjoy anything; may feel detached from baby
Daily life	Able to cope, with support	Struggling to cope, even with support
Thought to be linked to	Sudden hormone changes, exhaustion, adjustment	Many factors: history, stress, support, birth experience, sleep
What helps	Rest, reassurance, kindness, practical help	Talking to your GP, midwife or health visitor; therapy; support; sometimes medication

THE TWO-WEEK GUIDE

If low mood, tearfulness or anxiety **lasts longer than two weeks** after birth, or starts later, it may be postnatal depression. Speak to your GP, midwife or health visitor. You know yourself best: if something doesn't feel right, trust that.

Signs *to look out for*

Postnatal depression can look different for different people. It can creep up slowly, so it can be hard to spot, both for you and those around you.

MOOD

- Persistent sadness or low mood
- Feeling numb or empty
- Tearful for no clear reason
- Irritability, anger

THOUGHTS

- "I'm a bad mother"
- Guilt and self-blame
- Hopelessness
- Difficulty concentrating

BODY

- Exhaustion beyond tiredness
- Can't sleep even when baby sleeps
- Changes in appetite
- Aches, feeling unwell

CONNECTION

- Feeling detached from baby
- Withdrawing from others
- Not enjoying anything
- Feeling like you're "acting"

Common myths

MYTH	THE REALITY
"It's less serious than other depression."	It is just as serious as other types of depression.
"It's just hormones."	Many factors are involved: past mental health, stress, support, sleep, birth experiences and more.
"It will pass on its own."	Unlike the baby blues, it can last for months without support. Getting help early makes a difference.
"Only mothers get it."	Up to 1 in 10 new fathers also become depressed after having a baby.
"If I tell someone, they'll take my baby."	Professionals want to help you and your baby stay well together. Asking for help is a sign of care.

Things that can make PND more likely

- Past depression or anxiety, including during pregnancy
- A difficult or traumatic birth
- Lack of support from partner, family or friends
- Stressful life events, such as bereavement or money worries
- Relationship difficulties or domestic abuse
- A baby who is unwell, or feeding difficulties

If you would like a warm, non-judgemental space to talk about how motherhood really feels, you are welcome to get in touch at **velvetcouchtherapy.co.uk**.

OTHER PERINATAL DIFFICULTIES

It's not always *depression*

Postnatal anxiety

Constant worry about your baby's health or safety, racing thoughts, checking repeatedly, feeling on edge, panic attacks, difficulty sleeping. As common as depression, and often occurs alongside it.

Perinatal OCD

Unwanted, distressing thoughts or images, often of harm coming to the baby, with checking, cleaning or avoiding to feel safer.

Birth trauma

Flashbacks, nightmares, avoiding reminders, or feeling on high alert after a frightening birth. See our birth trauma handouts.

Antenatal depression

Depression can begin during pregnancy too. It is common, and support can start before your baby arrives.

SCARY THOUGHTS ARE COMMON

Many new parents have sudden, upsetting thoughts, such as dropping the baby or something terrible happening. These **intrusive thoughts** are very common, and the distress they cause shows they go against everything you want. They do not mean you will act on them. Talking about them with a professional can bring huge relief.

POSTPARTUM PSYCHOSIS: A MEDICAL EMERGENCY

Signs usually appear suddenly, often within the first two weeks: feeling very high or very low, confusion, racing thoughts, believing things that aren't true, seeing or hearing things others don't, acting out of character, or not sleeping. **If you notice these in yourself or someone else, call 999 or NHS 111, or contact the GP or perinatal mental health team urgently.** With quick treatment, women do fully recover.

Partners can struggle too

Fathers and partners can also experience depression and anxiety, often feeling they must stay strong and put their own needs aside. Signs can include withdrawal, irritability, working longer hours or drinking more. They deserve support too.

WHAT HELPS

Looking after *yourself*

Through the baby blues

Rest when you can. Sleep deprivation intensifies every emotion. Let someone else do a night feed if possible.

Let it out. Tears are normal. You don't need to explain or fix them.

Accept help. Meals, washing, holding the baby while you shower. Say yes.

Eat and drink. Keep snacks and water within reach during feeds.

Lower expectations. The house, visitors and plans can wait. Your recovery matters.

Talk about it. Share how you really feel with someone you trust.

If it might be postnatal depression

1 · TELL SOMEONE
Your GP, midwife or health visitor. You can take this handout with you.

2 · BE HONEST
Say how you really feel, not how you think you should feel.

3 · EXPLORE SUPPORT
Therapy, support groups, and sometimes medication that's safe while breastfeeding.

4 · BUILD YOUR VILLAGE
Partner, family, friends, other parents.

Why therapy matters

Therapy offers a space to say the things that feel hard to say: the guilt, the grief for your old life, the ambivalence, the fear. It can help you understand what's contributing to how you feel, ease self-criticism, and support your bond with your baby. Many mothers find that having a space that is **just for them** is a turning point.

Asking for help

TO A PARTNER
"I'm not feeling like myself and it's been more than two weeks. I think I need to speak to someone. Will you come with me?"

TO A HEALTH VISITOR
"I keep saying I'm fine, but I'm not. I feel low and anxious most of the time."

TOOLS AND SUPPORT

How am I *really* doing?

A gentle weekly check-in. Notice patterns, and share them with your GP, midwife or health visitor if anything worries you.

THIS WEEK I HAVE…	RARELY	SOMETIMES	MOST OF THE TIME
Felt low or tearful			
Felt anxious or on edge			
Enjoyed some moments			
Felt connected to my baby			
Been able to rest			
Felt supported			

Recommended reading



What No One Tells You
Alexandra Sacks & Catherine Birndorf (2019)
An honest guide to the emotions of new motherhood.



Why Postnatal Depression Matters
Mia Scotland (2013)
A clinical psychologist on understanding and recovering from PND.



Good Moms Have Scary Thoughts
Karen Kleiman (2019)
A gentle, illustrated guide to intrusive thoughts.



Matrescence
Lucy Jones (2023)
On the profound transformation of becoming a mother.

Useful websites

NHS: postnatal depression
nhs.uk/mental-health
Symptoms, causes and getting help.

Tommy's
tommys.org
Information on perinatal mental health.

PANDAS Foundation
pandasfoundation.org.uk
Charity supporting parents with perinatal mental illness.

Action on Postpartum Psychosis
app-network.org
Information about postpartum psychosis.

Looking after you

If you have thoughts of harming yourself or your baby, or notice signs of postpartum psychosis, call 999, or contact your GP, midwife or health visitor urgently. Samaritans: **116 123** (free, 24 hours). NHS 111, mental health option. In an emergency, call **999**.

This information sheet offers general support and is **not intended to replace therapy, or medical or professional advice, diagnosis or treatment.** Statistics from NHS information on postnatal depression and the Royal College of Psychiatrists on postpartum psychosis. Draws on Tommy's and NHS guidance on perinatal mental health. © Velvet Couch Therapy. For personal use only.