BirthX

WORKBOOK · 2026 EDITION

Postpartum mental health

What to expect, how to tell the baby blues from something more, and a plan you make before you need it.



Know more. Fear less.

birthx.org

Mental health in parenthood

There's a big push to be "ready" for a baby: the car seat installed, the hospital bag packed, the nursery set up. Those things matter. So does getting ready emotionally.

Becoming a parent is one of the biggest changes most people ever go through. It touches almost every part of life, from sleep and work to relationships, goals and your sense of who you are. Even when everything goes well, it's a lot.

It's normal to feel overwhelmed, teary, drained or out of your depth. You're healing from pregnancy and birth, caring for a newborn around the clock, and adjusting to a life that may look very different from what you pictured. Go slow. Rest when you can. Give yourself time.

For some people, those feelings become something more. About 1 in 5 people develop a mental health condition during pregnancy or in the year after birth.[4] These are called **perinatal mood and anxiety disorders (PMADs)**. They are common, they are not your fault, and they are treatable.

How to use this workbook

- **Pages 4–11:** learn the signs of each PMAD and how they're treated.
- **Pages 12–19:** fill in your postpartum plan, ideally during pregnancy.
- **Pages 20–22:** know when to reach out, and where.
- Share your plan with your partner and support team.

If you need help right now

- **Thoughts of harming yourself or your baby, or seeing or hearing things others don't:** call 911 or go to the nearest emergency room.
- **In crisis:** call or text **988**, any time.
- **Need to talk:** call or text **1-833-TLC-MAMA** (1-833-852-6262), 24/7, in English and Spanish.[20]

You can and will get better.

With support and treatment, most people recover fully. You are the right parent for your baby.

The PMADs in this workbook

Depression	Anxiety	OCD	Psychosis	PTSD
page 5	page 6	page 6	page 7	page 7

Contents

04 The baby blues, or something more?

05 Postpartum depression

06 Postpartum anxiety and OCD

07 Postpartum psychosis and PTSD

08 Getting treatment

09 Coping tools

10 Black maternal mental health

11 Partners and fathers

12 Your postpartum plan

13 Roles, family and visitors

14 Your support team

15 Sharing the load

16 Knowing yourself

17 Early signs and what helps

18 When your team is worried

19 My care contacts

20 When to reach out

21 Psychiatric advance directives

22 Resources

23 Sources

What's new in this edition

- Current U.S. statistics and guidelines, with sources
- The National Maternal Mental Health Hotline and 988
- Newer treatment options, including the first pill approved for postpartum depression
- Reassurance about intrusive thoughts
- Up-to-date facts on psychiatric advance directives
- A care contacts page and a fillable version



UNDERSTANDING PMADS

The baby blues, or something more?

The baby blues are very common; estimates range from 50% to 80% of new mothers.[3] You may feel weepy, moody, irritable, anxious or unsure of yourself, and you may grieve your old life. The blues usually start about 3 days after birth and get better on their own within 1 to 2 weeks.[2]

If the feelings last longer than 2 weeks, feel intense, or get in the way of caring for yourself or your baby, it may be a PMAD. Tell your provider; don't wait for your postpartum visit.[2]

	Baby blues	Postpartum depression or anxiety
How common	Very common	About 1 in 8 report depression symptoms[1]
When it starts	About 3 days after birth	Any time in pregnancy or the first year; most often 1–3 weeks after birth[2]
How long	Up to 2 weeks	Longer than 2 weeks
Day-to-day life	You can still get through the day	Hard to function, sleep, eat or bond
What helps	Rest, food, support and time	Treatment: therapy, medicine, support

Getting through the blues

- Sleep whenever someone else can watch the baby
- Eat and drink regularly; keep snacks within reach
- Say yes to help with meals, laundry and errands
- Get outside for a few minutes each day
- Talk with someone you trust about how you feel
- Keep visits short, or skip them for now

Postpartum depression

Postpartum depression (PPD) can start during pregnancy or any time in the first year after birth. It is the most common complication of having a baby.

Signs to watch for

- Sadness or emptiness most of the day
- Crying often, even over small things
- Losing interest in things you used to enjoy
- Trouble sleeping, even when baby sleeps
- Eating much more or less than usual
- Trouble focusing or remembering
- Feeling worthless, guilty or like a bad parent
- Anger, irritability or big mood swings
- Pulling away from family and friends
- Trouble bonding with your baby
- No energy to shower, dress or eat
- Thoughts of harming yourself or your baby

Thoughts of harming yourself or your baby need help today. Call or text 988, call your provider, or go to the emergency room.

Why it happens

There's no single cause. Hormone shifts, exhaustion, genetics and big life changes can all play a part. It is an illness, not a weakness or a sign you aren't a good parent.

How common it is

About 1 in 8 people with a recent birth report depression symptoms, and rates are higher in some states and groups.[1] Many cases are never diagnosed, which is why screening matters.

Higher risk if you have

- A history of depression or anxiety
- Little support at home
- Money stress or major life changes
- A traumatic birth or a baby in the NICU
- A baby with health problems
- Feeding challenges
- An unplanned pregnancy
- Substance use
- Experienced intimate partner violence

Screening is part of your care

ACOG recommends screening for depression and anxiety during pregnancy and after birth.[4] The American Academy of Pediatrics recommends that your baby's doctor screen you at the 1-, 2-, 4- and 6-month checkups.[6] Answer honestly; screening is how you get help, not how you get judged.

Postpartum anxiety and OCD

Some worry is part of caring for a newborn. Anxiety becomes a problem when it takes over.

Postpartum anxiety

Postpartum anxiety can feel like constant worry about your baby's health or safety, your own, or anything else. About 15% of people have anxiety symptoms in the first 6 months after birth.[7] It often shows up alongside depression.

- Racing thoughts you can't turn off
- Panic attacks, a pounding heart, shortness of breath
- Feeling on edge or unable to relax
- Trouble sleeping, even when you can
- Avoiding people, places or activities
- Trouble concentrating

Higher risk: past anxiety or depression, money stress, health problems, lack of support, an unplanned pregnancy, or substance use.

Postpartum OCD

Perinatal obsessive-compulsive disorder is more common than many people think. Estimates range from about 2.5% to as high as 7% at a time in the months after birth.[8,9] It can affect non-birthing parents too.

- **Obsessions:** unwanted, upsetting thoughts or images, often about the baby being harmed by accident or on purpose
- **Compulsions:** things you do over and over to feel safer, like checking, cleaning or avoiding
- Being afraid to be alone with the baby

Higher risk: a personal or family history of OCD or anxiety.

About intrusive thoughts

Scary thoughts that pop into your head, like dropping the baby, are very common after birth. In OCD, these thoughts feel horrifying and go against everything you want; that distress is the point. They are different from psychosis, where a person may not recognize that their thoughts aren't real. Tell your provider about them. Saying them out loud is the first step to getting relief, and OCD is very treatable.

Postpartum psychosis and PTSD

Postpartum psychosis

Postpartum psychosis is a medical emergency. Call 911 or go to the emergency room. Don't leave the person alone with the baby, and don't wait to see if it passes.

Postpartum psychosis is rare, affecting about 1 to 2 in every 1,000 people who give birth.[10] It usually starts suddenly, within days to a few weeks after birth.[4] With fast treatment, most people recover fully.

Higher risk: bipolar disorder, a past episode of psychosis, or a family history of bipolar disorder or postpartum psychosis. Many people have no known risk factors.

- Seeing or hearing things others don't
- Strange beliefs, or feeling watched or targeted
- Confusion or feeling out of touch with reality
- Not sleeping and not feeling tired
- Fast-changing moods, restlessness or acting unlike yourself
- Thoughts that the baby is being harmed or needs to be harmed

Postpartum PTSD

Posttraumatic stress disorder can follow a birth that felt frightening or out of control, or health scares for you or your baby, including a NICU stay. About 4.7% of mothers develop birth-related PTSD, and more have some symptoms.[11] In groups with complicated births, rates reach about 18.5%.[12] Partners can have it too.[11]

Higher risk: emergencies during birth, an unplanned cesarean or assisted birth, a NICU stay, feeling powerless or unsupported, being mistreated during care, or past trauma.[12]

- Reliving the birth in flashbacks or nightmares
- Avoiding reminders: places, people, even thinking about it
- Feeling on guard, jumpy or easily startled
- Trouble sleeping, irritability or anger
- Anxiety or panic attacks
- Feeling numb, detached or unreal

Getting treatment

All PMADs are treatable. Your plan should fit you, your goals and your life, including how you feed your baby.

Talk therapy

Cognitive behavioral therapy (CBT) and interpersonal therapy (IPT) work well for perinatal depression and anxiety. Many therapists see clients by video.

Medicine

Antidepressants such as SSRIs are often used during pregnancy and breastfeeding. ACOG advises weighing the risks of medicine against the risks of untreated illness.[5]

Support

Peer support groups, help at home, and sleep protection all help recovery, alongside other treatment.

Newer options

In 2023, the FDA approved zuranolone (Zurzuvae), the first pill made for postpartum depression. It's taken once a day for 14 days.[13] The earlier IV treatment, brexanolone (Zulresso), is no longer sold.[14] Ask your provider whether either kind of treatment fits you.

If you think you have a PMAD

- **Tell someone today.** Your OB, midwife, primary care provider, your baby's doctor or a therapist can screen you and refer you.
- **If you feel brushed off, ask again** or ask for a referral. You can also call PSI for help finding care.[21]
- **Questions about medicine and breastfeeding?** MotherToBaby's experts answer free: call 866-626-6847 or text 855-999-3525.[22]
- **Bring in your people.** Let your partner, family, friends or doula know so they can help you get care.



Coping tools

These don't replace treatment, but they help everyone. Pick the ones that fit you.

Recruit support

You aren't meant to do this alone. Ask a partner, family or friends for specific help. A meal train, a house cleaner or a dog walker, if it fits your budget, can make a big difference.

Self-compassion

Talk to yourself the way you'd talk to your best friend. Notice harsh self-talk and swap it for something kinder.

Move your body

Once your provider says it's OK, walking, stretching or gentle yoga can lift your mood. Start slow and build up.[23]

Change of scenery

Feeling stuck? Step outside, sit on the porch, or just move from the bedroom to the couch. It counts.

Set boundaries

You can decide who visits, when and for how long. Saying what does and doesn't feel right is powerful.

Eat and drink regularly

Keep easy snacks and water where you feed the baby. Aim for protein, fruits, vegetables and whole grains when you can.

Breathe slowly

Try box breathing: in for 4, hold for 4, out for 4, hold for 4. Repeat a few times when you feel anxiety rise.

Protect your sleep

Sleep loss can trigger or worsen PMADs. Trade night feeds or shifts with a partner or helper so you get one longer stretch.

My go-to coping tools

Which three will you try first? Who can help you make time for them?

Black maternal mental health

Black mothers and birthing people deserve care that sees them and believes them.

Black parents are more likely to have postpartum depression symptoms but less likely to get treatment. One study found Black mothers were about twice as likely as white mothers to report early postpartum depression symptoms.[24] Among low-income mothers on Medicaid, Black mothers were much less likely to start treatment for postpartum depression.[15]

The reasons aren't personal failings. Everyday racism and discrimination add stress. Many Black parents have been dismissed by providers, and some fear that asking for help could bring child welfare involvement. Screening tools and treatment aren't always offered in ways that feel safe.

Finding care that fits

Look for a provider who understands your experience and, if it matters to you, shares it.

- **Therapy for Black Girls** (therapyforblackgirls.com)
- **Black Therapists Rock** (blacktherapistsrock.com)
- **Psychology Today** directory, which lets you filter by identity and specialty
- **PSI provider directory** for perinatal mental health specialists (postpartum.net)

Community support

- **PSI's free online groups** include groups for Black moms and birth trauma support for BIPOC birthing people.
- A doula, especially one from your community, can support you through pregnancy and postpartum.
- Bring a trusted person to appointments to help you speak up.

You have the right to be listened to, to ask questions, to get a second opinion, and to bring someone with you. If a provider dismisses your concerns, ask them to note it in your chart, and seek care elsewhere.

Questions to ask a new therapist

- Have you worked with Black parents before?
- How do you talk about racism and its effects on mental health?
- Do you have training in perinatal mental health?
- Do you take my insurance or offer a sliding scale?
- Can we meet by video so I don't have to arrange childcare?
- What should I do if I need help between sessions?

Partners and fathers

Postpartum mental health struggles affect partners too, and they often go unnoticed.

About 8% to 10% of fathers have depression during pregnancy or the first year after birth.[16,17] Risk peaks when the baby is 3 to 6 months old.[16] It is more likely when the other parent has a PMAD, so when one parent is struggling, check on both.[17]

Signs in partners

- Anger, frustration or irritability
- Losing interest in usual activities
- Pulling away from family, friends or the baby
- Working much more, or using alcohol or other substances to cope
- Feeling sad, hopeless, stressed or overwhelmed
- Headaches, stomach problems or trouble sleeping

Why it happens

Lost sleep, new routines, money stress, changes in the relationship and hormone shifts can all play a part. Partners with a history of depression or anxiety are at higher risk.

Partners can also have anxiety, OCD or birth-related PTSD after a hard birth.[11]

Where partners can get help

- Talk with your own primary care provider; ask to be screened.
- The AAP encourages your baby's doctor to screen partners too, around the 6-month visit.[6]
- PSI offers free online support groups and resources for dads and partners (postpartum.net).
- The National Maternal Mental Health Hotline also supports family members: 1-833-TLC-MAMA.

A weekly check-in for both parents

Take turns asking each other, and really listen:

- How are you really doing this week?
- How are you sleeping?
- What felt hardest?
- What's one thing I can take off your plate?
- Have you had any time to yourself?
- Is it time to call someone for help?

Depression in partners and fathers is real, common and treatable.

YOUR WORKBOOK

Your postpartum plan

Take some quiet time with the questions on the next pages. They're most helpful during pregnancy, and still worth doing after your baby arrives.

There are no wrong answers. You are the expert on your own mind and body, always.

Tips

- Fill it in with your partner or a support person.
- Share your finished plan with your support team and your provider.
- Keep it somewhere easy to find, like on the fridge or as a photo on your phone.
- Revisit it in the weeks after birth. It's OK if your answers change.

Roles, family and visitors

01 **What will my partner's role be in caring for the baby, and what will mine be?**

Talk together about what each of you expects after the baby arrives, including nights.

02 **How would I like my family, or my partner's family, to be involved?**

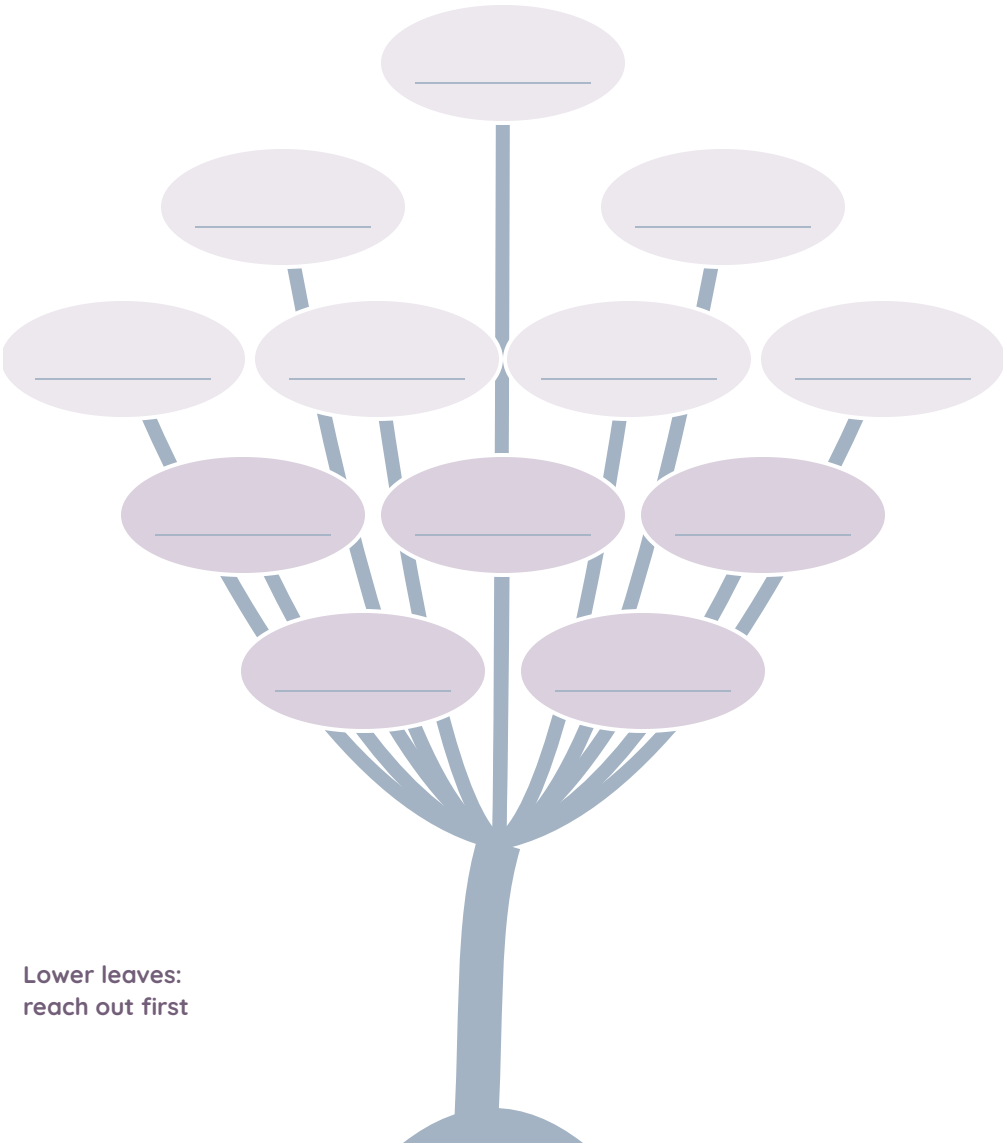
03 **How will we handle visitors?**

Which days or times work? How long should visits last? What can visitors do or bring to help?

BirthX

Your support team

Write the names of people you could turn to on the leaves. Put the people you'd call first on the lower, darker leaves and back-ups higher up.



Preferred support person

Back-up support person

Once your team is set, tell each person they're on it, and talk about how they can help.

Sharing the load

List what you usually handle, then decide what someone else can take on for the first weeks.

	My responsibilities	Can I hand this off?	To whom?
Home			
Baby			
Work			
Family			
Pets			
Other			

04 How will I make sure I'm eating and sleeping enough?

Knowing yourself

05 What foods or activities help me feel nourished?

06 When I am well, I usually feel...

07 When I am not well, I usually feel...

Early signs and what helps

08 **What are my early signs that I'm not feeling well?**

For example: not sleeping even when I can, snapping at people, skipping meals, not wanting to leave the house.

09 **What do I need when this happens? What usually helps?**

10 **What has helped me most in hard times before?**

BirthX

When your team is worried

Share these answers with your support team so they know how to help.

11 **What can my support team do for me if they're worried?**

For example: take the baby for a few hours, call my provider with me, come stay over.

12 **What should my support team not do?**

13 **What words or actions comfort me when I'm struggling?**

BirthX

My care contacts

Fill this in before your baby arrives, then snap a photo so it's always on your phone.

	Name	Phone
OB or midwife		
Primary care		
Baby's doctor		
Therapist		
Psychiatrist		
Doula		
Lactation support		
Preferred support person		
Back-up support person		
Pharmacy		

Numbers to keep

Emergency: 911

Crisis: call or text 988

National Maternal Mental Health Hotline: call or text 1-833-TLC-MAMA (1-833-852-6262)

PSI HelpLine: call 1-800-944-4773; text 800-944-4773 (English) or 971-203-7773 (Spanish)

When to reach out

Asking for help is a skill, not a weakness. Reach out to your support team when:

You need help with daily tasks
Groceries, meals, laundry, dishes, walking the dog.

You need a few minutes for yourself
To shower, brush your teeth, eat or sleep while someone holds the baby.

You want company
Someone to talk to or just sit with you.

Your needs aren't being met
When people on your team aren't helping or aren't respecting your boundaries.

Call your provider when

- The baby blues last more than 2 weeks
- Symptoms are getting worse
- It's hard to care for yourself or your baby
- You can't sleep even when you have the chance
- Intrusive thoughts are scaring you

Get help now: 911 or 988

- Thoughts of harming yourself or your baby
- Seeing or hearing things others don't
- Feeling confused or out of touch with reality
- Not sleeping for days and not feeling tired
- Feeling hopeless or like your family would be better off without you



BirthX

Psychiatric advance directives

If you've had a mental health condition before, a psychiatric advance directive (PAD) lets you decide now about care you might need later.

A PAD is a legal document you make while you're well. It records your choices about mental health treatment in case a future crisis makes it hard to speak for yourself. It can help hospital and mental health staff understand your wishes and improve communication during a crisis.

A PAD can also name a trusted person, sometimes called an agent, to make treatment decisions for you if you can't. Choose someone you trust, and talk through your wishes with them and with your mental health provider before you name them.

What a PAD can include

- Your preferences about hospitals, treatments and alternatives
- Medicines that have and haven't worked for you, and any feeding plans
- Who to notify right away if you're admitted
- Who may and may not visit
- Who will care for your children

Know your state's rules

About 25 states have laws made just for PADs. Nearly all states let you name an agent for at least some mental health decisions, and most let you write instructions in advance.[19]

PADs can't always prevent involuntary treatment in an emergency. Check your state's forms through the National Resource Center on Psychiatric Advance Directives (nrc-pad.org). You may not need a lawyer, but one can help.

Making a PAD, step by step

1
Find your state's form or rules at nrc-pad.org.

2
Write down your wishes while you're well, with your provider's help.

3
Choose and talk with your agent, then sign as your state requires.

4
Give copies to your agent, providers and hospital, and keep one handy.

This page is general information, not legal advice.

Resources

All lines and directories here are free to use and available nationwide. The cost of therapy varies; ask about insurance and sliding-scale fees.

Call or text now

988 Suicide & Crisis Lifeline
Call or text 988, or chat at 988lifeline.org. 24/7.

National Maternal Mental Health Hotline
Call or text 1-833-TLC-MAMA (1-833-852-6262). 24/7, English and Spanish, with interpreters for more languages. TTY: dial 711, then 1-833-852-6262.[20]

Crisis Text Line
Text HOME to 741741. 24/7.

PSI HelpLine
Call 1-800-944-4773 (press 1 for Spanish, 2 for English). Text 800-944-4773 (English) or 971-203-7773 (Spanish). Not a crisis line; volunteers return messages.[21]

SAMHSA National Helpline
Call 1-800-662-4357 for mental health and substance use treatment referrals. 24/7.

Medicine questions

MotherToBaby
Medicines during pregnancy and breastfeeding. Call 866-626-6847, text 855-999-3525, or chat at mothertobaby.org.[22]

Find a provider

PSI Provider Directory
Perinatal mental health specialists, including telehealth: postpartum.net

Psychology Today
Therapist directory with filters for specialty, insurance and identity.

Therapy for Black Girls
therapyforblackgirls.com

Black Therapists Rock
blacktherapistsrock.com

Support groups

PSI Online Support Groups
Free groups for many experiences, including Black moms, dads, queer and trans parents, NICU parents, birth trauma, loss and postpartum psychosis: postpartum.net

Your hospital or birth center
Many host free new-parent groups. Ask your nurse or provider.

Planning ahead

National Resource Center on Psychiatric Advance Directives
State forms and guides: nrc-pad.org

Sources

Numbers in the text match this list. Statistics were checked in November 2026.

1. Centers for Disease Control and Prevention. Symptoms of depression among women.
2. American College of Obstetricians and Gynecologists. Postpartum depression (patient FAQ).
3. Contemporary Pediatrics. Parental postpartum depression: more than “baby blues.”
4. ACOG. Screening and diagnosis of mental health conditions during pregnancy and postpartum. Clinical Practice Guideline No. 4. 2023.
5. ACOG. Treatment and management of mental health conditions during pregnancy and postpartum. Clinical Practice Guideline No. 5. 2023.
6. Earls MF, et al. Incorporating recognition and management of perinatal depression into pediatric practice. Pediatrics. 2019;143(1):e20183259 (AAP policy statement).
7. Dennis CL, Falah-Hassani K, Shiri R. Prevalence of antenatal and postnatal anxiety: systematic review and meta-analysis. Br J Psychiatry. 2017;210(5):315-323.
8. Goodman JH, Watson GR, Stubbs B. Anxiety disorders in postpartum women: a systematic review and meta-analysis. J Affect Disord. 2016;203:292-331.
9. Fairbrother N, et al. High prevalence and incidence of obsessive-compulsive disorder among women across pregnancy and the postpartum. J Clin Psychiatry. 2021;82(2):20m13398.
10. VanderKruik R, et al. The global prevalence of postpartum psychosis: a systematic review. BMC Psychiatry. 2017;17:272.
11. Heyne CS, et al. Prevalence and risk factors of birth-related posttraumatic stress among parents: a comparative systematic review and meta-analysis. Clin Psychol Rev. 2022;94:102157.
12. Yildiz PD, Ayers S, Phillips L. The prevalence of posttraumatic stress disorder in pregnancy and after birth: a systematic review and meta-analysis. J Affect Disord. 2017;208:634-645.
13. U.S. Food and Drug Administration. FDA approves first oral treatment for postpartum depression. August 4, 2023.
14. Pharmacy Times. Zuranolone offers new hope for postpartum depression. November 27, 2025.
15. Kozhimannil KB, et al. Racial and ethnic disparities in postpartum depression care among low-income women. Psychiatr Serv. 2011;62(6):619-625.
16. Cameron EE, Sedov ID, Tomfohr-Madsen LM. Prevalence of paternal depression in pregnancy and the postpartum: an updated meta-analysis. J Affect Disord. 2016;206:189-203.
17. Paulson JF, Bazemore SD. Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. JAMA. 2010;303(19):1961-1969.
18. CDC. Pregnancy-related deaths: data from maternal mortality review committees in 36 U.S. states, 2017–2019. 2022.
19. American Psychiatric Association. Psychiatric advance directives.
20. Health Resources and Services Administration. National Maternal Mental Health Hotline. mchb.hrsa.gov
21. Postpartum Support International. Call or text the PSI HelpLine. postpartum.net
22. MotherToBaby (Organization of Teratology Information Specialists). Contact an expert. mothertobaby.org
23. ACOG. Physical activity and exercise during pregnancy and the postpartum period. Committee Opinion No. 804. 2020.
24. Howell EA, et al. Racial and ethnic differences in factors associated with early postpartum depressive symptoms. Obstet Gynecol. 2005;105(6):1442-1450.

About this edition. Updated by the BirthX Team in November 2026 from the original BirthX Postpartum Mental Health Workbook. Mental health conditions, including deaths to suicide and overdose, are a leading cause of pregnancy-related deaths in the U.S.[18] That is why every BirthX resource points to help you can reach today.

Thank you for using the Postpartum Mental Health Workbook

Birth is transformative. Your education should be, too.



Childbirth class, one text at a time.

BirthBot sends evidence-based tips by text through pregnancy. Text JOIN to (617) 882-7724 or visit birthbot.org. $5.99 a week; message and data rates may apply.

BirthX

Know more. Fear less. · birthx.org