

Perinatal Mood and Anxiety Disorders

A plain-English guide for you and your family

WHAT IS HAPPENING

During pregnancy and after the baby arrives, a mother's brain and body go through huge hormone shifts, sleep loss, and new stress. Most of the time the brain adapts and mood stays stable. But sometimes the combination of a steep drop in estrogen and progesterone (the main pregnancy hormones), not sleeping, past history of depression or bipolar disorder, and lack of support overwhelms the brain's ability to regulate feelings. When that happens, a mother can develop depression (deep sadness that won't lift, loss of joy, trouble sleeping even when the baby sleeps, scary thoughts about herself or the baby, and feeling disconnected from the baby) or anxiety (constant worry, racing thoughts, panic attacks). In rare cases the brain tips into postpartum psychosis within the first two weeks: the mother sees or hears things that aren't there, believes things that aren't true, acts confused, and may be at risk of harming herself or the baby. None of this is the mother's fault, and none of it means she is a bad parent. These are real medical illnesses triggered by biology, and they respond to treatment—medication, therapy, and support. The key is to catch them early and get help, because untreated perinatal mood disorders hurt both mother and baby.

What you might feel

- Persistent sadness or crying for no clear reason
- Feeling worthless or like a bad mother
- Loss of interest or pleasure in activities that used to feel good
- Trouble sleeping even when the baby is asleep, or sleeping too much
- Racing thoughts, constant worry, or being unable to turn off anxious thoughts
- Avoiding the baby, feeling disconnected, or having scary thoughts about harming the baby
- Physical restlessness or feeling slowed down
- Changes in appetite—eating much less or much more than usual
- Thoughts of self-harm or that the baby would be better off without her
- Seeing or hearing things that are not there, or holding false unshakable beliefs

Call the doctor right away if...

- Thoughts of hurting herself or the baby
- Seeing or hearing things that are not there (hallucinations)
- Belief that the baby is possessed, in danger, or better off dead (delusions)
- Extreme agitation, confusion, or inability to care for herself or the baby
- Rapid mood swings from very high energy or euphoria to very low mood (suggests postpartum psychosis, a medical emergency)

What the care team will do

- Ask directly about suicide and harming the baby at every visit using clear words, not hints
- Screen with the EPDS at the first prenatal visit, each trimester, six-week postpartum visit, and well-child visits up to six months
- Separate the mother from other people to ask mental health questions in private
- Call emergency services or a psychiatrist immediately if the mother reports psychosis symptoms like hearing voices or believing the baby is possessed
- Teach the mother that postpartum depression is a medical illness caused by hormone changes and brain chemistry, not weakness or bad parenting
- Assess whether the mother has safe help at home and should not be alone with the baby if severely depressed
- Refer to therapy (cognitive behavioral therapy or interpersonal therapy) plus medicine for moderate to severe symptoms; therapy alone may work for mild symptoms
- Teach that sertraline and other SSRIs are safe during breastfeeding because only tiny amounts pass into breast milk

Medicines you may be given — and why

Sertraline (Zoloft)

Sertraline blocks the pumps that suck serotonin (a brain messenger that steadies mood and keeps worry in check) back into nerve cells after it's released. By keeping more serotonin floating in the gaps between brain cells, it gives the mood circuits a stronger, steadier signal. Over weeks, this helps lift sadness, quiet racing worry, and steady emotions. It is the most-studied antidepressant in breastfeeding mothers and passes into milk in very low amounts, making it the first-choice medicine for moderate or severe perinatal depression and anxiety.

Escitalopram (Lexapro)

Escitalopram blocks the pumps that pull serotonin (a brain messenger that steadies mood and calms anxiety) back into nerve cells. By keeping serotonin in the gaps between cells longer, it strengthens the calming signal in the brain's worry and mood circuits. It is very similar to sertraline but may work at slightly lower doses for some people. It is also safe during breastfeeding, with low transfer into milk.

Brexanolone (Zulresso)

Brexanolone is a lab-made copy of allopregnanolone, a calming brain steroid that normally rises during pregnancy and then drops sharply after birth. This sudden drop is thought to destabilize the brain's GABA system (GABA is the main brake signal that keeps the brain calm). Brexanolone boosts GABA-A receptors (the receivers for the brain's calming signal), which quickly restores the brain's ability to quiet runaway worry, sadness, and hopelessness. It is given as a continuous IV drip over sixty hours in a hospital and can lift severe postpartum depression within days — much faster than oral antidepressants.

Zuranolone (Zurzuvae)

Zuranolone is a pill version of a neuroactive steroid similar to allopregnanolone (the calming brain steroid that drops sharply after birth). Like brexanolone, it boosts GABA-A receptors (the receivers for GABA, the brain's main calming signal), which helps restore the brain's ability to quiet sadness, worry, and hopelessness after the hormonal crash of childbirth. Unlike brexanolone, zuranolone is taken as a once-daily pill for fourteen days and can be used at home. It can lift severe postpartum depression faster than traditional SSRIs.

Cognitive Behavioral Therapy (CBT)

CBT is a structured talk therapy that teaches you to notice the automatic negative thoughts that fuel depression and anxiety (like 'I'm a terrible mother' or 'Something bad will happen'), test whether those thoughts are really true, and replace them with more balanced, realistic ones. By changing the thinking patterns, CBT rewires the brain's emotional circuits over time — especially the connections between the prefrontal cortex (the front of the brain that controls thoughts) and the amygdala (the alarm center that drives fear and sadness). For perinatal mood disorders, CBT also teaches coping skills for sleep loss, adjusting to the baby, and managing worry about the baby's health or your own ability as a parent.

Interpersonal Therapy (IPT)

IPT is a structured talk therapy that focuses on the relationships and life changes that trigger or worsen depression and anxiety. For perinatal mood disorders, IPT helps you work through the huge role transition of becoming a mother (or adding another child), grief over lost freedoms or your pre-baby identity, conflicts with your partner or family, and isolation from

friends or support. By improving communication, processing feelings about these changes, and building a stronger support network, IPT reduces the stress that keeps depression and anxiety going. Like CBT, IPT also rewires emotional brain circuits over time by strengthening the prefrontal cortex's ability to regulate the amygdala's distress signals.

Haloperidol (Haldol) - for postpartum psychosis

Haloperidol blocks dopamine D2 receptors (receivers for dopamine, a brain messenger involved in reward, movement, and — when overactive in certain circuits — psychosis). In postpartum psychosis, the brain's dopamine system becomes unstable, leading to delusions (false, unshakable beliefs like 'the baby is possessed'), hallucinations (hearing or seeing things that aren't there), and disorganized thinking. By blocking excess dopamine signaling in the mesolimbic pathway (the brain's psychosis circuit), haloperidol quiets the hallucinations, delusions, and confusion. It works within hours to days and is often combined with a mood stabilizer (like lithium or valproate) because postpartum psychosis is closely linked to bipolar disorder.

Lithium - for postpartum psychosis (especially with mania)

Lithium is a naturally occurring element (a simple salt) that stabilizes electrical signaling in nerve cells and protects brain circuits from the wild swings of mania and depression. In postpartum psychosis, which is almost always linked to bipolar disorder, lithium calms overactive nerve firing in mood and thought circuits, prevents manic highs (racing thoughts, feeling invincible, risky behavior), and reduces the risk of future psychotic or depressive episodes. It works more slowly than antipsychotics (days to weeks) but is one of the best long-term protections against bipolar relapse. It is usually started alongside an antipsychotic (like haloperidol) for fast control of psychosis, then continued for months to years.

Where this information comes from

- ACOG Committee Opinion 757 (2018) Screening for Perinatal Depression
- APA DSM-5-TR (2022) Diagnostic Criteria for Major Depressive Disorder with Peripartum Onset
- USPSTF (2023) Recommendation on Perinatal Depression Screening
- Cochrane Database Systematic Reviews (2021) Interventions for Preventing Postnatal Depression

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