



Baby Blues *or Something More?*

Knowing the difference, spotting the signs that don't look like sadness, and where to turn.

START HERE

The blues, or *something more?*

Up to 80% of new moms get the baby blues in the first two weeks. It is a time when your mood can swing between feeling fine and crying at the drop of a hat for no clear reason. This is normal, and typically driven by hormones. But for about 1 in 5, it runs deeper and lasts longer. Here is the part that catches so many women off guard: postpartum depression often does not look like sadness at all. It can look like rage, anxiety, numbness, or simply not feeling like yourself. This guide helps you tell the two apart and know when to reach out.

HOW TO TELL THEM APART

	BABY BLUES	POSTPARTUM DEPRESSION
When it starts	Days 3 to 5	Any time in the first year
How long	Lifts by about two weeks	Lasts longer than two weeks
How it feels	Tearful and up and down, with real moments of joy	Heavy, stuck, or not yourself, most of the day
What it needs	Rest and support	Support and treatment, which work

The baby blues are normal. Weepiness, mood swings, and feeling overwhelmed in the first couple of weeks are your body adjusting, not a sign something is wrong. Rest when you can, accept help, and let people feed you. Most women feel steadier by week three. If it does not lift, or it turns into something heavier, that is worth a closer look, and the next page shows what to watch for.

THE PART NO ONE WARNS YOU ABOUT

It doesn't always look like *sadness*

The picture most people carry of postpartum depression is a tearful mom who cannot get out of bed. Many of the women I see never feel that. They feel furious, wired, flat, or foggy. Because it does not match the stereotype, they blame themselves instead of getting help. If any of these sound like you, it is worth paying attention.

Rage and irritability. The one no one warns you about.

Snapping at the people you love, seething over small things, slamming a cabinet, a hot anger that scares you, and then a wave of guilt. Postpartum rage is one of the most common and least talked-about signs of a perinatal mood disorder. It is a symptom of being depleted and overwhelmed, not a character flaw, and it responds to the same support and treatment.

OTHER FACES IT CAN WEAR

- ◇ **Anxiety and dread.** A racing mind, constant what-ifs, checking on the baby again and again, a knot that will not loosen.
- ◇ **Numbness and disconnection.** Feeling flat, going through the motions, struggling to bond or to feel joy.
- ◇ **Intrusive thoughts.** Unwanted, frightening images or what-ifs. They upset you precisely because they go against everything you want. They are common and treatable, and they do not mean you will act on them.

“Feeling down, numb, anxious, or angry after birth is not proof that you are a bad mom. It is often a sign that you are depleted, unsupported, and carrying too much. That is treatable.”

CHECK IN, AND REACH OUT

You don't have to *be sure* to ask

You do not need to diagnose yourself. If something has felt off for more than two weeks, that is reason enough to talk to someone. This quick self-check is drawn from the Edinburgh Postnatal Depression Scale, the screen your provider uses.

A QUICK CHECK-IN · THE LAST 7 DAYS

- ◇ I have been able to laugh and enjoy things far less than usual.
- ◇ I have blamed myself unnecessarily, or felt anxious or panicky for no clear reason.
- ◇ I have felt angry, on edge, or unable to cope more days than not.
- ◇ I have been unable to sleep even when I had the chance, or felt disconnected from my baby.

If several of these ring true, or have lasted more than two weeks, reach out to your provider for the full screen. This is a guide, not a diagnosis.

TREATMENT WORKS, AND IT WORKS WELL

- ◇ **Therapy.** CBT and interpersonal therapy have strong evidence for perinatal mood and anxiety.
- ◇ **Medication.** There are options considered compatible with breastfeeding. Your provider can help you weigh them.
- ◇ **Support and the basics.** Peer groups, protected sleep, food, and movement all move the needle.

Reach out right away if you have thoughts of harming yourself or your baby, feel unable to care for yourself, or feel confused or disconnected from reality. Call or text **988**, or go to your nearest emergency room. This is rare, it is a medical emergency, and help is available now.

For everyday support, the **National Maternal Mental Health Hotline** is free, confidential, and open 24/7: call or text **1-833-852-6262**. You do not have to have it all figured out to call.

Your next step can be *a small one*

Wherever you are today, there is a next step that fits. Pick the one that feels doable right now.

START TONIGHT · FREE

A 4-minute postpartum check-in

In "What do I need today?", Dr. Jana Rundle helps you pause and name what you need right now. Watch it on your phone during a feed. No account needed.

calmnewmom.com/check-in



Scan to watch

TALK WITH SOMEONE

You don't have to sort this out alone

Already seeing a therapist, midwife or doctor? Bring this guide to your next visit and point to what stood out.

Looking for support? Dr. Jana Rundle is a licensed psychologist and certified perinatal mental health specialist. She sees new parents by secure video in Texas and many other states through PSYPACT.

calmnewmom.com/book

If you need someone right now

National Maternal Mental Health Hotline, 24/7

call or text 1-833-852-6262

Postpartum Support International helpline

1-800-944-4773

Thoughts of harming yourself or your baby

call or text 988, or 911

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