

Parental Mental Health in the Perinatal Period

Becoming a parent brings both joy and new challenges. During pregnancy and the first year after birth, both mothers and fathers can experience perinatal mental health conditions. While changes in mood and emotions are common, these conditions are also common, treatable, and often go unrecognized. Early awareness, open conversations, and timely support can make a meaningful difference for both parents and their babies.



How common are parental mental health conditions during pregnancy and after the baby is born?

1 in 7 women will experience a mood or anxiety disorder during pregnancy or postpartum.

1 in 10 fathers will also struggle with depression or anxiety after having a baby.

Suicide is one of the leading causes of death among birthing women in the U. S.

Signs and Symptoms

Signs a parent may need support include:

- Persistent sadness, guilt, shame, or hopelessness
- Difficulty bonding with the baby or loss of joy
- Anger, irritability, or extreme mood changes
- Changes in sleep, appetite, or physical well-being
- Thoughts of self-harm, harming others, or experiencing hallucinations

If you or someone you know is experiencing these signs, seek support from a healthcare professional. If there is immediate danger or thoughts of harming yourself or others, **call 911** right away.

Common Perinatal Mental Health Conditions

Baby Blues - Affects 50% to 80% of birthing women. Mild mood swings, irritability, and crying typically begin a few days after birth and resolve within two weeks and do not get in the way of daily activities

Postpartum Depression - Affects 10% to 15% of parents. Persistent sadness, anxiety, and hopelessness that interfere with daily life and can last up to a year.

Postpartum Anxiety - Affects 11% to 21% of birthing women. Ongoing worry, nervousness, or panic after childbirth or adoption.

Perinatal Post-Traumatic Stress

Disorder (PTSD) - Trauma-related stress after childbirth or another traumatic experience, including flashbacks, nightmares, withdrawal, or new fears lasting more than a month.

Perinatal Obsessive Compulsive Disorder (OCD) - Affects 4–9% birthing women. Sudden onset of obsessive thoughts and compulsive behaviors, often centered on the baby or caregiving.

Postpartum Psychosis - Rare but serious. Hallucinations, paranoia, or thoughts of harm require immediate medical attention.

Ways to Support Parents

Normalize the Conversation - Talk about depression and anxiety as common, treatable health conditions. Acknowledge that stigma is real — many parents fear being judged as inadequate or unsafe if they speak up. Help dispel the myth of effortless bonding and reassure parents that struggling does not mean failing.

Encourage Getting Support - Share trusted resources, offer warm referrals to providers, and encourage reaching out to healthcare providers. Untreated perinatal mental health issues can affect pregnancy outcomes and early child development.

Be Informed About What Helps - Treatment works. Therapy and medication are effective, and so are social and partner support, parenting guidance, self-care, exercise, sleep, and healthy habits.

How You Can Help

- Bring up mental health directly to reduce stigma and give parents space to be honest.
- Follow up and recommend speaking with a pediatrician, OB/GYN, or mental health provider. Normalize getting help.
- Check in about self-care and remind parents that tending to their own well-being is not selfish — it benefits their child too.

When perinatal mental health conditions go untreated, symptoms can worsen and persist for eight years or more. Framing a parent's mental health as directly connected to their baby's health can motivate parents to open up, accept screening, and follow through on referrals to support.



For more resources, visit
mhamd.org/earlychildhood

