



Understanding and Supporting Emotional Changes in the Early Postpartum Period (“The Baby Blues”)

This resource provides information to assist public health nurses in understanding and talking to new parents about the temporary and normal nature of emotional changes that may occur in the early postpartum period.

Transient Symptoms in the Early Postpartum Adjustment Period

Also referred to as the maternity blues, postnatal blues, post-partum blues, the baby blues refers to temporary and transient symptoms which commonly occur during the immediate post-partum period.¹ These symptoms are attributed to hormonal changes occurring after birth², situational stressors, and the demands of caring for a new baby. The symptoms are not reflective of a mental health or psychiatric disorder.

Note to nurses: Consider using language such as “transitional time,” “adjustment period,” or “transient symptoms” instead of “baby blues.” This approach supports all changes in mood and helps to normalize this period as an expected time of transition for new parents.

Refer to the “Public Health Nursing Care Plans for Supporting Perinatal Mental Health” Practice Guidance document and Frameworks for additional information on how to recognize, assess, and respond to perinatal mental health concerns in practice.

Identification and Recognition of Emotional Changes in the Early Postpartum Period^{1,3}

- Tearfulness / crying episodes for no apparent reason
- Unstable moods/ mood swings
- Irritability
- Sadness
- Fatigue, difficulty sleeping
- Anxiety
- Confusion
- Appetite disturbances



Distinguishing Transient Postpartum Emotional Changes from Postpartum Mood Disorders^{1,3}

Aspect	Transient Symptoms	Postpartum Mood Disorder
Onset	Within the first few days after childbirth.	During pregnancy or within the first year postpartum.
Duration	Can resolve within 2 weeks. Symptoms are temporary and do not lead to long-term impairment.	Symptoms may persist longer than 2 weeks postpartum, and can persist for months.
Prevalence	Experienced by many individuals (up to 76%) in the postpartum period.	Approximately 15-25% of mothers report experiencing symptoms consistent with postpartum depression or an anxiety disorder.
Symptoms	Are typically mild (see list above) and do not impair day-to-day functioning.	Can include symptoms such as moderate to severe sadness, hopelessness, anger, intrusive thoughts, difficulty bonding with baby.
Intervention	Usually resolves without medical intervention.	Requires assessment and professional intervention.

Building rapport with your client on all home visits/encounters in the early postpartum period will aid in the identification of these types of transient symptoms. This can be done by asking **open-ended, non-judgmental questions** about the parent/caregiver's experiences. For example:

What has your experience been like since your baby arrived?

In what ways has life changed for you since welcoming your baby?

How would you describe the emotions and challenges of these first weeks with your baby?



Communicating With Parents & Caregivers About Transient Symptoms

Normalize

Provide health education

Assess severity of symptoms

Provide support and resources

Develop a follow-up plan

Normalize

Be less focused on providing the client with a specific statistic on “how common” these types of transient symptoms are.

Instead **normalize** clients’ experiences of the transient symptoms during this expected period of transition.

Use language that assures the client that emotional changes including mood disturbances in the early postpartum period are common.



Avoid pathologizing the “baby blues.”

Acknowledge the challenges of new motherhood/parenthood to help normalize feelings associated with this transition.

Provide health education

Symptoms may be resolved through support or by identifying and resolving a specific source of stress (e.g., sleep deprivation, difficulties initiating infant feeding, incision, or perineal pain). Welcoming a new child or children to the family may also result in transitional stress as the parent adapts to new family dynamics.

It’s common for new parents to feel a mix of emotions, from joy to exhaustion, especially in the first few weeks after baby arrives.

It is not unusual to experience periods of being teary, overwhelmed, irritable or anxious given all the other changes that are happening to you and your family. As a family you are now learning on how to best provide for your little one. You are running on little sleep, and little time for yourself.

This can be very difficult. Your body is also going through hormonal changes related to the birth (and feeding). These types of symptoms usually resolve on their own or because the main stressor (such as lack of sleep) is addressed within a few weeks.

It is normal for new parents to experience symptoms of common mental health concerns that don't last a long time, and don't interfere with your normal day-to-day functioning. These symptoms can be managed with support, or by resolving a specific source of stress, like lack of sleep and difficulties with infant feeding.

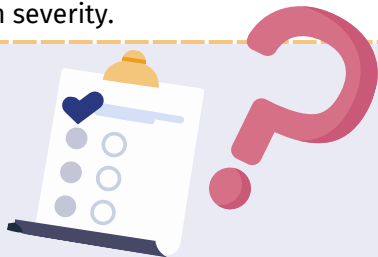


Assess severity of symptoms

Adjustment or resolution of transient concerns will occur over time, sometimes on their own or because the stressor (e.g., sleep deprivation) is identified and addressed with supportive interventions.

For persistent mental health concerns/symptoms or if the client is in distress, use a validated tool (e.g., EPDS or PHQ-9) to assess severity of symptoms.

Ask targeted open-ended questions to assess symptom severity.



How long have you been feeling this way?

Are you finding joy in things you used to enjoy?

*How is your sleep?
Are you able to rest when the baby is sleeping?*

*How is your sleep?
Are you able to rest when the baby is sleeping?*

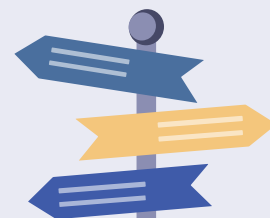


Provide support and resources

Reassure the caregiver/parent that help is available, and they are not alone. Share resources that are available to the client.

Orient client to resources available to them in their community or region (e.g., local support groups, telephone hotlines, community support centres, etc).

Offer verbal support.



It's really brave to share how you are feeling. Support is available and I'm here to help you navigate this.

If you continue to feel "blue" after 2 weeks, or if your symptoms worsen, please reach out to myself, a counsellor, or your healthcare provider. Never be afraid to ask for help. We are all here to support you and your family.



Develop a follow-up plan

Offer ongoing support, ensuring follow-up as appropriate.



I'd like to check in with you in a week or so, to see how you're doing. Would that be okay?

Inquire about other supports or plans already in place. This may include family members or friends, or other healthcare providers.

Do you have some help at home?

Do you have someone in your home who would notice you might not be feeling well, or who you could share those feelings with?

Do you have a follow-up visit scheduled with your physician, midwife or nurse practitioner?

Strategies for Partners and Family Members to Support Mothers/Individuals Experiencing Transient Symptoms

Open communication:

Encourage partners to talk openly about feelings and experiences. Explore how partners can actively listen to each other by listening to understand – and not just listening to respond! Validating the partner's experiences and feelings may also provide emotional relief.

Encourage self-care:

Remind partners to encourage and support the birthing parent (or primary caregiver) to take time for themselves. Activities like walking or other forms of movement/exercise, naps, meeting with friends or other new parents, standing in the shower alone, can help improve mood and energy levels.

Practical support:

Sharing, or even taking on new, household and baby care responsibilities can reduce the burden on the birthing parent (or primary caregiver). Having a partner or family member do the cooking, cleaning, housekeeping, and other household or family chores can be a big help.

Seeking help:

Provide the partner/family member with information on how to assess if symptoms are worsening, and when they should support the birthing parent (or primary caregiver) to seek professional help.



References

- ¹ Provincial Council for Maternal & Child Health (PCMCH). (2021). Perinatal mental health guidance for the identification and management of mental health in pregnant or postpartum individuals. https://www.pcmch.on.ca/wp-content/uploads/PCMCH-Perinatal-Mental-Health-Guidance-Documents_July2021.pdf
- ² Chechko, N., Losse, E., Frodl, T., & Nehls, S. (2023). Baby blues, premenstrual syndrome and postpartum affective disorders: Intersection of risk factors and reciprocal influences. *BJPsych Open*, 10(1), e3. <https://doi.org/10.1192/bjo.2023.612>
- ³ Rezaie-Keikhaie, K., Arbabshastan, M. E., Rafiemanesh, H., Amirshahi, M., Ostadkelayeh, S. M., & Arbabisarjou, A. (2020). Systematic review and meta-analysis of the prevalence of the maternity blues in the postpartum period. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 49(2), 127–136. <https://doi.org/10.1016/j.jogn.2020.01.001>

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