Depression is a problem that is widely misunderstood. It may affect any parent who has endured the stress of having a baby in the neonatal intensive care unit (NICU). Although it can be a common problem during such a stressful time, it may be overlooked by health care staff, family, friends and by parents themselves. The effects of depression range from mild to severe. Many people often feel ashamed of their low mood and try to hide it from others. Yet, this approach may lead to worse depression that can have a lasting effect not only on you, but also on your spouse, your family, other children and your new infant.

Causes: Depression can sometimes be a hidden problem among parents of premature babies. It is well known that depression, in any person, is caused by a mix of factors, such as a family history of depression, a chemical imbalance, and life events. One of the main factors is severe and prolonged stress. For parents of babies in the NICU, stress may be physical, emotional, and quite prolonged. Parents endure the acute event of their baby’s birth and/or ill health. They may have had a stressful pregnancy and their own ill health. They then may face the prolonged stress of caring for a baby who may have a range of physical and emotional needs. The added problems of learning to cope with the subtle changes in their infant’s cues and learning how to bond with their baby often adds to feelings of stress and depression. Many studies now show that babies born early present more challenges as they get older* and that parents of multiple births have a higher risk for depression because these stressors are compounded. Add to this mix other emotions, such as guilt, fear, worry, grief and many others, and the triggers for depression are set.

NICU parents and depression: A few facts

Depression after birth of a child can affect both parents. Up to 53 percent of parents of premature infants may be affected by depression to some degree.*

Depression is more than just sadness. It brings with it both physical signs and emotions all wrapped into one. A key feature of severe depression is feeling a profound loss of a sense of self and a loss of control over life’s events.

**How do I know if I'm depressed?**

It can be hard to tell. Often, you may be so focused on your infant that you are not aware you are feeling depressed. It often builds up over time and can sneak up before you notice it. Friends or family members may notice it, but you may not believe them. Since it is easy to confuse stress with depression, mental health experts advise that one way to know if depression is affecting you is if your mood and the way you feel disrupts your ability to carry out daily activities. Some key signs of the onset of depression may include:

- anxiety
- binge eating
- crying often
- fatigue
- fear of being alone
- feeling guilty or hopeless
- feeling overwhelmed

- low mood most of the day
- sleep problems
- low mood nearly every day
- lack of appetite
- guilt
- panic attacks
- obsessive thoughts or worries

Keep in mind that symptoms may range from mild to severe and differ in everyone. Many symptoms may get worse with lack of sleep.

**How can depression affect me as a parent?**

Along with the signs listed above, depression also can affect your actions as a parent. For instance, you may feel distant from your baby and may engage less with your baby. For some women, it also may decrease the ability to breastfeed.*

**How can my depression affect my baby?**

Many studies now show that depression in either the mother or father may lead to problems with the baby’s behavior and physical health. Infants use ▲ cues to mirror their parents’ emotion, forming their own self-image using their parents’ reaction to them as a guide, and rely on this process in order to ▲ bond with the parent. Babies of depressed parents may have problems keeping their own moods in balance. Studies show that infants of depressed parents may have poor sleep patterns,** increased heart rate, decreased muscle tone, poor eating, and slower growth. Studies also found these infants to be less active and harder to console.***

Many people are not aware of the domino effect emotions may have within families. The issues that affect one member may also affect others. Everyone changes their own behaviors and feelings in order to adjust to the other person, which can lead to a downward cycle that affects the entire family.


What can be done to help depression? While there are no quick answers to this question or simple steps to follow, there are a few ways to help you begin to address depression:

- **Keep in touch with others.** Don’t be afraid to share your feelings with others. In some cases, simply talking to friends or family can help you keep stress under control and may prevent the onset of depression. You can also ask the NICU staff if they know of support groups consisting of other parents who would like to talk and share their own stories.

- **Try to take action once you find out a problem exists.** Seek help from a mental health worker, such as a counselor, psychotherapist, psychologist, psychiatrist or a member of the clergy. You can find sources of help at the hospital and/or within your community. The medical and nursing staff may also help recommend someone to you.

- **In some cases, taking medicine along with talk therapy may be helpful.** If a doctor advises this, ask about the risks and benefits of the medicine, especially if you are breastfeeding. Since any type of medicine that mothers take can get into breast milk and affect the baby, it is best to talk with your doctor before taking any medicine.* If, at any time, you think you may be in danger of hurting yourself, your child or someone else, seek help right away. You can phone one of the hotline numbers listed on the NICU Resources page, phone 911, go to a hospital or ask someone you know to help you find help.

- **Help yourself and your baby at the same time.** Studies show that treating depression in parents should target not only the parents’ symptoms, but also should address the parent-infant bond.** A child life specialist or a psychotherapist who has special training to work with infants can help with this. Using kangaroo care (skin-to-skin contact with your baby) can be helpful. Not only is it known to help with bonding, but it also causes the mother’s body to release oxytocin, which may help improve mood for some women.***

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Factors that may increase your risk for depression

<table>
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<tr>
<th>Depression before pregnancy</th>
<th>Alcohol or other drug abuse</th>
<th>Unsupportive spouse</th>
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<tbody>
<tr>
<td>Family history of depression</td>
<td>Premenstrual syndrome (PMS)</td>
<td>Depressed spouse</td>
</tr>
<tr>
<td>High levels of stress and worry</td>
<td>Breastfeeding problems</td>
<td>Other life events</td>
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<tr>
<td>Pre-term or high-need infant</td>
<td>Sudden stop to breastfeeding</td>
<td>Problems with marriage or partner</td>
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<tr>
<td>Little to no social support</td>
<td>Child care stress</td>
<td>Depression at other times in life</td>
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<td>Unemployment</td>
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Keep in mind that taking time for yourself can also help you address depression. One option is to ask others to help care for your children from time to time, so you can take time to help yourself find your way through this complex problem.

Although depression can be a very difficult problem to live through, most people recover from it. Knowing the signs of depression and when to seek help for yourself and your family are key steps in finding a way forward.

**Notes**

This information is for educational purposes only and is not intended to substitute for professional medical advice. Always consult with a health care professional if you have any questions about the health of your baby.

**Take a closer look at these Pediatrix topics**

- [stress - D1 - Coping with stress in the NICU](#)
- [cues - B3 - Cues: “How does my baby feel?”](#)
- [bond - B4 - Bonding with your baby](#)