

HEALTH FAQ

Postpartum depression questions answered

Postpartum depression (PPD) is a major depressive episode that begins within the first year after childbirth, though it most often starts within the first few weeks or months. It can begin as early as the first week after delivery. There is a range of these symptoms, from postpartum blues to postpartum depression to postpartum psychosis.

Postpartum blues occur in up to 80% of childbirths, typically emerging within the first few days after delivery and resolving spontaneously within one to two weeks. Postpartum depression affects approximately 13% of mothers and usually begins within one to three weeks postpartum. Symptoms must persist for at least two weeks to meet diagnostic criteria. Unlike the transient nature of postpartum blues, postpartum depression often lasts longer and does not simply fade away without treatment. Postpartum psychosis is a rare condition, affecting about 0.2% of childbirths, and is strongly associated with underlying bipolar disorder. This condition typically presents with a sudden onset within two to four weeks after delivery.

What are the signs of postpartum depression?

Symptoms are similar to major depressive disorder and generally last at least two weeks. Key signs include persistent sadness, hopelessness, loss of interest or pleasure in activities, difficulty bonding with your infant, excessive guilt, fatigue or a significant lack of energy, sleep disturbances, changes in appetite, difficulty concentrating, making decisions or thinking clearly. It is important to note, however, that some of these symptoms may be common to postpartum, such as sleep disturbance, but they are concerning when severe or persistent. One of the most important symptoms is thoughts of harming oneself or the baby. This is a medical emergency, and one needs to seek help immediately.

Who is at risk for postpartum depression?

Several risk factors contribute to the development of this condition. One of the most important is hormonal changes. Levels of estrogen and progesterone decrease sharply after delivery, which can trigger mood shifts. A personal or family history of depression, anxiety, or bipolar disorder also increases risk. Emotional and lifestyle stressors such as fatigue, financial strain, loss or relationship issues can contribute as well. A few factors that physicians or hospital personnel can help with are lack of social support or isolation, marital or partner conflict, complications during pregnancy or childbirth or giving birth prematurely and dealing with a baby who has health issues or needs intensive care.

What are the risks of untreated postpartum depression for the child?

When postpartum depression goes untreated, it can affect not only the mother but also the child. In infancy, babies may cry more, sleep less, and be harder to comfort, showing stress early in life. Bonding can suffer, with mothers finding it harder to connect, which may affect the child's sense of security. During childhood, risks include learning delays, emotional struggles, and trouble with focus or behavior. In adolescence, children may face higher chances of aggression, acting out or mental health problems. Even before birth, depression during pregnancy can influence the baby's brain and stress systems, impacting growth and development later. Getting help protects both mother and child.

What is the treatment? Who should I contact if I need help? How can you lower the risk of postpartum depression?

The most important step is to reach out to your OB/GYN or healthcare provider right away if you notice mood changes after delivery. Treatment for postpartum depression is effective and may include therapy, antidepressant medications (some of which are safe while breastfeeding), or both. These are the main treatments and should not be replaced by self-care alone. Lifestyle steps such as resting when you can, eating balanced meals, gentle physical activity like short walks, and leaning on family, friends or local support groups can support recovery, but they are not substitutes for medical care. Getting help is a sign of strength, and with the right treatment and support, recovery is very possible.

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Members of the NC House of Representatives on the floor of the chamber on Sept. 23. Credit: Jaymie Baxley / NC Health News

Medicaid standoff could put health care for many North Carolinians at risk

Jaymie Baxley
NC Health News

Efforts to prevent cuts that could significantly lower reimbursement to providers for services for North Carolinians on Medicaid stalled last week amid a three-way standoff between the state's Senate, House of Representatives and governor.

Lawmakers are at odds over dueling proposals to fully fund the state's Medicaid rebase, an annual budget adjustment that accounts for changes in the number of people enrolled in the government-run health insurance program, and the cost of providing their care.

In July, the General Assembly approved a stopgap "mini budget" that fell \$319 million short of the \$819 million the N.C. Department of Health and Human Services had requested for the rebase. Devdutta Sangvai, secretary of the department, later warned legislative leaders that NC DHHS would be forced to make "painful cuts" with "serious and far-reaching consequences" to adjust for the shortfall.

Providers across the state say those cuts would leave them with little choice but to reduce the number of patients they serve in the Medicaid program, which covers the cost of care for 3.1 million North Carolinians.

The cuts will take effect Wednesday unless the House and Senate reach an agreement or Gov. Josh Stein intervenes.

Impasse on hospital funds

The showdown began on Sept. 22, when the Senate passed a bill that would fund the Medicaid rebase and avert the looming cuts.

However, that bill also earmarked more than \$103 million for the construction of a 500-bed children's hospital in Apex.

Both chambers agreed to set aside \$320 million in funding for the project, a collaboration between UNC Health and Duke Health, in the state's 2023 budget. But the funds must be re-approved for the 2025 budget.

Members of the House now believe the money would be better spent on more pressing needs.

During an impromptu news conference after his chamber's working session, Senate leader Phil Berger (R-Eden) defended the decision to tie funding for the hospital to the rebase. He also accused the House of

renegeing on the project. "A deal is a deal, and they agreed to it," he said. "They need to live up to what the arrangement was. They need to agree to this bill, and then we'll go ahead and fund Medicaid."

That didn't happen. Instead, the House on Sept. 23 unanimously voted in support of a substitute bill that would fund the rebase but removes funding for the hospital.

"As time has moved on, the facts have changed. And so even if there was, you know, some sort of agreement that they feel like needed to be honored, the facts have substantially changed," House Speaker Destin Hall (R-Granite Falls) said, citing inflation. "They're not the same as they were back in 2023 because the value of \$1 is not the same as to the Children's Hospital."

"We have at least five children's hospitals in this state. We've got three or four really big ones," he continued. "Obviously, if we felt like the children of this state were not getting health care, we would act. But the fact is, they are getting health care."

Hall also talked about how the two chambers differed on a multiyear plan to lower taxes in North Carolina that has divided the two Republican-led arms of the General Assembly. The Senate wants to disregard state revenue triggers to push rates lower, while Hall is interested in a more cautious approach.

"The tax triggers no longer make sense," he said.

Rep. Donny Lambeth (R-Winston-Salem) told NC Health News that the Medicaid funding bill approved by the House was "cleaner" than what the Senate had proposed.

"We don't have a lot of things in it other than what we have to," said Lambeth, one of the chairs of the General Assembly's Joint Legislative Oversight Committee on Medicaid. "They want other things commingled in their bill, which we're not going to take up."

The House's version of the bill has been sent to the Senate for a vote, but neither chamber is scheduled to meet again until Oct. 20 — weeks after the cuts take effect.

"This was their moment" Addressing a phalanx of TV cameras at Alliance Medical Ministry during a Sept. 25 news conference in Raleigh, Governor Stein, a Democrat, accused the state legislature of putting politics before people.

"The General Assembly has failed you," he said. "But it is not too late for them to step up and do the right thing. I'd hoped that the legislature would realize that helping people get the health care they need is more important than grinding their political axes."

In interviews with NC Health News, Berger, Lambeth and other lawmakers contended that the cuts could be avoided, or at least postponed, without the legislature's involvement. They argued that NC DHHS has enough money and could use it to cover the shortfall while the House and Senate work to overcome their impasse once they return to Raleigh in earnest in early 2026 for their biennial "short" session.

"Making provider cuts is solely the choice of the department and how they choose to deal with budget surpluses or budget deficits, perceived or real," Sen. Ralph Hise (R-Spruce Pines) said.

Rep. Donna McDowell White (R-Clayton) agreed, calling Wednesday's deadline a "false date."

"My constituents are very concerned about that, and what I'm telling them is that the money's there," said White, a registered nurse who serves on the Medicaid oversight committee. "October 1st should not even be on anybody's calendar."

Stein, however, insisted that the department has already stretched its resources to delay the cuts as long as possible.

He said NC DHHS had been cautioning about the possibility of rate cuts since May — "in meetings, in emails, in-person briefings, letters, conversations and press conferences, over and over until we were blue in the face."

"We put off the cuts for a full quarter of this fiscal year," Stein said. "We did not institute these cuts in July, in August or September

because we knew they were coming back in September. We were as clear as a ringing bell that this was their moment to solve this problem, and we could put the cuts off till October."

Further delaying the cuts, he said, will "just increase the pain."

"The same amount of money is still going to be needed to address the shortfall," he said. "They've had the opportunity to solve this repeatedly. This was their moment. We could not have been more clear; they had to solve this in September. They chose to put their political differences ahead of our people's health."

Behind the scenes, officials from NC DHHS have proposed a solution that would allow lawmakers to buy more time.

In anticipation of a stalemate between the House and Senate, the department floated the idea of pulling funds from the state's Medicaid contingency reserve — a pool of money set aside to cover unexpected costs in the program — to legislative leaders last week.

Neither chamber has moved to pursue that option, although Lambeth said he wasn't opposed to it.

"We have to be able to at least freeze the rates while we continue to work toward a longer-term solution," he said. "We need to do whatever we need to do, whether it's pulling from the contingency, which they could do, or the governor calling for a halt to the cuts while we continue to work through it."

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