

11

Postpartum Depression Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

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4 · Good Enough Is Enough

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How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

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Introduction

Postpartum depression (PPD) is depression occurring during the first year after giving birth. PPD may also start during pregnancy.

Often mistaken for “baby blues”, postpartum depression lasts much longer and its symptoms are more intense, they might even interfere with your ability to care for your baby.

Note on suicidal thoughts

About one in five mothers with PPD has thoughts of harming themselves. If you have thoughts of harming yourself, your baby, or someone else, please do not be embarrassed and seek help immediately.

In the USA, the National Suicide Prevention Lifeline is [Call or text 988](tel:18009888888) (U.S.), or you can call 911.

The crisis text line is available 24/7 in the United States and Canada (text 741741), the UK (text 85258), and Ireland (text 086 1800 280).

International hotlines are listed on 988lifeline.org 

PPD is very treatable. Therapies like cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT), social support, support groups, medication, nutrition and exercise can all help.

Postpartum Support International offers a directory, PSIDirectory.com , to help you find a specialist worldwide.

Why Treat PPD?

Treating PPD isn't something you do only for yourself, it also benefits your baby.

Babies born to depressed mothers are more likely to experience delayed development, reduced attachment, and behavioral problems throughout childhood and even into adolescence.

Risk Factors for PPD

Although PPD can affect anyone, there are certain characteristics and experiences that can increase the likelihood of someone developing PPD.

Read the following risk factors and check the ones that apply to you:

- ☐ Previous history of depression
- ☐ History of or current drug or alcohol abuse
- ☐ History of trauma
- ☐ Traumatic pregnancy or delivery
- ☐ Lack of social support or difficult asking for help or both
- ☐ Perfectionism
- ☐ Special needs baby
- ☐ Having twins
- ☐ Financial stress or other life stressors
- ☐ Issues with breastfeeding
- ☐ Older mom or teen mom
- ☐ History of premenstrual dysphoric disorder (PMDD) or severe Premenstrual syndrome (PMS)
- ☐ Being a single parent, woman of color/BIPOC (Black, Indigenous, and people of color), LGBTQIA birthing parent
- ☐ _____
- ☐ _____

What Causes PPD?

PPD can be caused by biological (such as massive hormonal changes, thyroid changes, the physiological toll of births, sleep deprivation), psychological (such as traumatic birth experience, difficulty adjusting to changes, judging yourself and your performance as a mother), social (lack of social support), or cultural factors.

What about dads and non-birthing partners?

One in 10 new fathers meets the criteria for paternal perinatal depression, though PPD might look different in men.

Rather than sadness, men may experience irritability or avoidance behaviors like substance abuse, video games, or any other compulsive behavior.

When Is It Time To See A Doctor?

When left unaddressed, postpartum depression's symptoms can last longer and worsen.

If these symptoms do not dissipate in two weeks, get worse, or hinder you from completing daily tasks, it is time to seek professional help.

Do You Have Postpartum Depression?

Having a baby takes a tremendous toll on a mother's life. Depression and anxiety are common among postpartum mothers.

To determine if you have postpartum depression, we consider your symptoms, their severity, how long you have had them, and how much they are interfering with your life.

Following is a list of symptoms that could be considered normal and a list of symptoms that are serious and could indicate Postpartum Depression. Check off the symptoms you relate to:

Baby blues		Postpartum Depression	
Feeling sad or moody for several days		Feeling very down or really anxious for more than two weeks	
Occasional worries that come and go		Relentless anxiety that never goes away	
Negative thoughts that come and go		Negative thoughts that are intrusive and disturbing	
You can still take care of yourself and your baby		You are unable to cope with your life or your baby	
Experiencing some escape fantasies		Having thoughts about harming yourself or your baby	
Poor sleep due to caring for your baby		Not being able to sleep, even when your baby is sleeping peacefully	
Fatigue		Extreme exhaustion or restlessness	
Normal appetite with normal fluctuations		Loss of appetite or compulsive overeating	
Forgetfulness		Severe inability to focus or concentrate	
Needing a break from your responsibilities		Avoiding your baby	
Wanting to limit visitors		Withdrawing from the world	
Occasional irritability		Feelings of intense irritability	

Checking-in With Yourself

To improve your mood, you need to first observe it and understand it.

Keep mood log where you note your mood.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							

Once you have tracked your mood for a few weeks, take a look. Are there any patterns?

Opposite Action

The opposite action is a concept that comes from dialectical behavioral therapy DBT. It consists of deliberately attempting to do the opposite of what your emotions urge you to do.

The premise is that our actions can impact the way we feel.

For example, doing the thing you fear and avoid can reduce your fear around it and build confidence.

Things you can do when you're feeling down may include:

- ☐ Going outside when all you want to do is stay in bed.
- ☐ Reaching out to friends and family members when you feel like isolating yourself.
- ☐ _____
- ☐ _____
- ☐ _____

What opposite action can you try to change the way you feel?

Good Enough Is Enough

One major trigger of postpartum depression is the belief of inadequacy, that “I’m doing it wrong,” and that “I’m the worst mother in the world.”

Paediatrician Donald Winnicott introduced the concept of ‘good enough’ in the 1950s. He said:

‘The good-enough mother ... starts off with an almost complete adaptation to her infant’s needs, and as time proceeds she adapts less and less completely, gradually, according to the infant’s growing ability to deal with her failure.’

Winnicott suggested that no child needs the perfect parent. They just need a decent, good-intentioned parent who loves them limitlessly.

Good enough doesn’t mean mediocrity or merely good.

Good enough means that, all things considered, there are enough benefits and no critical problems.

Use affirmations to remind yourself that good enough is enough. Read through the following list. Check off the ones you think you can use and add more:

- ☐ I am good enough.
- ☐ I am a good mother.
- ☐ I am not my symptoms.
- ☐ Nothing bad is happening.
- ☐ Everything is okay.

☐ I don't have to do this alone.

☐ I will not always feel this way.

☐ I will feel like myself again.

☐ I am stronger than I think.

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

Challenge Your Negative Thoughts

The following are some common negative filters (also called cognitive distortions) that many postpartum women struggle with. Some people call them “monkey thoughts” or “stinking thinking.” Check off the ones that apply to you:

All-or-Nothing

All-or-nothing thinking is when you look at things in absolute.

For example, anything you do that is less than perfect would be a failure for you.

This way of thinking can worsen your mental health.

The truth is black-and-white extremes rarely exist. Things are rarely completely horrible or absolutely perfect.

Overgeneralizing

Overgeneralizing is deciding that a negative experience, a specific flaw, or a mistake describe your life completely. Or you might generalize the way you’re feeling right now. If you’re feeling depressed right now, you may assume that you’ll always feel this way.

Watch out for statements that start with “I always . . .” or “I never . . .” or “You always . . .” or “You never . . .”

Catastrophizing

You catastrophize when you go to the worst possible scenario.

For example, you may think about extreme situation when it comes to your baby's safety.

These concerns might come from reality-based fear after your child was in the NICU, for example. However, if your thoughts are going to unrealistic extremes, you might be catastrophizing.

Shoulds

Ideas about what new parents should be doing, how their partners should be acting, or how their babies should be developing can create painfully unrealistic expectations, which are likely to make you feel more depressed and anxious.

Notice when you say or think to yourself, "I should..."

Personalization

Personalizing is when you assign an unreasonable amount of blame to yourself for things that are beyond your control.

You may blame yourself for experiencing a miscarriage or other perinatal loss, or for perceived developmental differences in your baby.

Jumping to Conclusions (Mind Reading and Fortune Telling)

This is when you jump to upsetting conclusions without really having facts to support them.

You use mind reading when you imagine what others are thinking and take it as a fact, especially when it comes to negative things about you.

You use fortune telling when you predict what will happen, especially bad things and take them as facts.

Can you think of an example of a distortion you experience or have experienced? The following are common negative beliefs some women experience:

- ☐ Breastfeeding should come naturally.
- ☐ Women should naturally know how to breastfeed and care for babies.
- ☐ If I can't soothe/feed/comfort my baby, then I'm not good enough.
- ☐ Everyone else has everything all together.
- ☐ I should be enjoying motherhood; otherwise, I'm not a good mom.
- ☐ I'm failing as a mom.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Considering the negative statement you provided, answer the following questions to challenge your negative thinking.

Thought	Yes	No
Is this helpful thought?		
Is this thought self-loving?		
Am I taking this personally when it may not be a personal matter?		
Am I blaming myself unnecessarily?		
Am I making assumptions?		
Can I test my assumptions?		
Am I holding myself to unrealistic standards?		
Is it in my control?		
Am I jumping to conclusions?		
Do I have evidence to support this thought?		
Are there exceptions to this negative statement?		
Could there be other perspectives?		
Is there someone I can seek feedback from on the accuracy of this thought?		
Would I say this to a friend?		

Think of a more positive or neutral thought to challenge your negative thoughts. If you can't think of one, imagine what you'd tell a friend in the same situation having the same thought:

Scary Thoughts

Karen Kleiman and Molly McIntyre wrote a book named “Good Moms Have Scary Thoughts.” In their book they featured true secrets submitted by real people having scary thoughts of hurting themselves or their baby.

The premise is that many women feel ashamed to feel anything other than enjoyment of motherhood.

Postpartum depression is often an anxious depression. It is not unusual to experience intrusive thoughts and worries of accidentally, or even intentionally, hurting your baby or someone else.

One reason you may experience intrusive thoughts is because they represent your worst fear, rather than having intent to hurt someone. This can be your mind’s way of preparing you for the worst-case scenario and helping you stay safe.

- What scary thoughts have you had?

- What do you think it would be like to share these thoughts with someone safe?

- If you were to share these thoughts with someone, who would it be?

Stop The Train of Thought

If you're struggling with intrusive thoughts and worrying, try the following:

1. Keeping in mind that worrying can serve to help us prepare, notice your intrusive thoughts. Are they productive or unhelpful?
2. If your thoughts are unhelpful, acknowledge that and shift your focus onto something else, such as calling a friend, listening to music, etc.

Practice Self-Compassion

Kristin Neff, Ph.D. is a pioneer in the study of self-compassion, describes self-compassion as involving three components:

- (1) Self-kindness: being kind to oneself in times of suffering,
- (2) A sense of common humanity: recognizing that suffering of any kind is an inevitable aspect of the shared human experience, and
- (3) Mindfulness: self-compassion entails an objective awareness of one's own emotions, without being "over-identified" with one's internal experience.

Neff, points out that unlike self-esteem, self-compassion is not derived from a sense of worthiness. Rather, self-compassion comes from caring about yourself, just as you would someone else.

Self-compassion protects you from feeling inadequate when you fail or suffer.

To practice self-compassion, Neff suggests repeating self-compassionate statements while performing a physical gesture, such as crossing your hands, one on top of the other, across your heart and pressing gently into your chest.

The following is a list of self-compassionate statements. Check off the ones you think you can use and add more to the list:

- ☐ This is a moment of suffering.
- ☐ Suffering is part of life.
- ☐ May I be kind to myself in this moment.
- ☐ May I give myself the compassion that I need.

- ☐ May I accept myself as I am
- ☐ May I remember that we are all human
- ☐ May I know that others struggle along with me
- ☐ May I give myself the compassion I need
- ☐ May I have courage
- ☐ May I be kind to myself, unconditionally

☐ _____

☐ _____

☐ _____

☐ _____

1. How do you feel right now? Where do you feel it in your body?

2. What do you need right now?

3. What one self-care practice you can add to your routine to feel more joy or calm?

4. What standards you have of yourself have you been pressuring yourself to meet? How can you adjust that standard to be more realistic?

5. If you loved yourself fully, how would you treat yourself every day? What's one small step you can take towards that?

6. Did you recently make a mistake? What can you say to yourself show yourself more self-compassion?

Postpartum Body Image

How do you feel about your body now that you have given birth? What changes in your body did you experience? How do you feel about the changes?

It can be challenging to love your body after giving birth, which will in turn affect your mental health.

Think of five affirmations, or positive statements, you can say about your body?

The following are some examples:

- ☐ This body nourished my baby for nine months. [If you are breastfeeding, it still is!]
- ☐ I appreciate my body for all it has done for me and my baby
- ☐ My body deserves love and compassion
- ☐ My body is recovering
- ☐ I am more than my physical body
- ☐ _____

URGENT REVIEW: Assess suicidality, psychosis, mania, severe insomnia, impaired judgment, and ability to care for self or dependents; use emergency pathways when indicated.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Use these affirmations to practice saying them aloud in front of your bathroom or bedroom mirror.

Improve Your Confidence

Confidence is a great resource in coping with difficult situations.

1. List some recent challenges you have faced and how you coped with these challenges.

2. What accomplishments, big or small, are you most proud of?

3. What compliment do you receive most often?

4. What skills or expertise do you use to help others?

Social Support

1. Think about people in your life. Write down their names:

People close to you: _____

People who are just a little less close to you: _____

People who are in your life but not close to you: _____

2. What do you think about the social support you have in your life? Is there anything you'd like to change? For example, Who could you rely on more? What relationships would you like to further develop? What relationships you should distance yourself from?

5 Minutes Journal

Take a few minutes every day to journal down your thoughts and feelings.

Use the following prompts as a starting point for whatever you want to process in your journaling practice:

1. Name at least three things, no matter how small, that make you feel proud of yourself as a mom.

2. What is one difficult thing you had to do today?

3. What was one advice you were given that you found especially helpful? Do you have any advice that you want to pass on to other new moms?

4. What do you feel when you look at your baby? What surprises you about them?

5. How have your priorities changed since you became a mom?

6. How has your relationship with your partner changed since you gave birth? Do you feel supported? Are you communicating effectively? What do you need more of from your partner?

7. What has surprised you about motherhood?

8. Is there anything you're struggling with at this time? What can you do about it?

9. Write down 3 things you are grateful for now you are a mom.

Resources For Postpartum Depression

HELPLINES

NAMI Helpline for support and referrals 1-800-950-6264

UK: Mind Infoline 0300 123 3393

Australia: SANE Help Centre 1800 18 7263

India: Vandrevala Foundation Helpline 1860 2662 345 or 1800 2333 330

Canada: Mood Disorders Society of Canada 519-824-5565

SUICIDE PREVENTION HELP

National Suicide Prevention Lifeline (is a 24-hour, toll-free) 1-800-988

UK: Samaritans UK 116 123

Australia: Lifeline Australia 13 11 14

The crisis text line is available 24/7 in the United States and Canada (text 741741), the UK (text 85258), and Ireland (text 086 1800 280).

Other countries: Visit [International Suicide Hotlines](http://988lifeline.org/international-suicide-hotlines.html) to find a helpline near you (<http://988lifeline.org> [/international-suicide-hotlines.html](http://988lifeline.org/international-suicide-hotlines.html)) or 988lifeline.org

TREATMENT & THERAPY SERVICES

Postpartum Support International offers a directory, [PSIDirectory.com](https://www.psidi.org/), to help you find a specialist worldwide.

Psychology Today: A directory that helps you sort treatment providers by specialty, insurance, and location. (<https://www.psychologytoday.com/intl>)

Counselling Directory – A UK directory connecting you to local counsellors and psychotherapists. (<https://www.counselling-directory.org.uk/>)

RESOURCES SPECIFICALLY FOR MOTHERS WHO ARE BLACK, INDIGENOUS, AND PEOPLE OF COLOR

Shades of Blue Project

[ShadesofBlueProject.org](https://shadesofblueproject.org/)
[@shadesofblueproject](https://www.instagram.com/shadesofblueproject)

Black Mamas Matter Alliance

[BlackMamasMatter.org](https://blackmamasmatter.org/)
[@blackmamasmatter](https://www.instagram.com/blackmamasmatter)

Every Mother Counts

EveryMotherCounts.org
[@everymomcounts](https://www.instagram.com/everymomcounts)

The Black Doula

TheBlackDoula.com

[@theblackdoula](#)

National Birth Equity Collaboration

[BirthEquity.org](#)

[@birthequity](#)

Black Emotional Mental Health Collective (BEAM)

[BEAM.Community](#)

[@_beamorg](#)

Sisters in Loss

[SistersInLoss.com](#)

[@sistersinloss](#)

Broken Brown Egg

[TheBrokenBrownEgg.org](#)

[@brokenbrownegg](#)

The Lactation Therapist

[TheLactationTherapist.com](#)

[@thelactationtherapist](#)

Shivonne Odom, LCPC, LPC, NCC, CSC

[AkomaCounselingConcepts.com](#)

[@akoma_counseling](#)

PERINATAL LOSS RESOURCES

Star Legacy Foundation

Star Legacy Foundation provides live, interactive, online support groups for families who have experienced a perinatal loss and for individuals experiencing a pregnancy after a loss.

StarLegacyFoundation.org

[@starlegacyfoundation](https://twitter.com/starlegacyfoundation)

Miscarriage Hurts

MiscarriageHurts.com

Return to Zero: H.O.P.E.

RTZ HOPE is dedicated to “transforming the culture of silence and isolation around pregnancy and infant loss.”

RTZHope.org

[@rtzhope](https://twitter.com/rtzhope)

Accounts that focus on PPD and maternal mental health:

[@burdtherapy](https://twitter.com/burdtherapy)

[@postpartumstress](https://twitter.com/postpartumstress) (and the hashtag #SpeakTheSecret)

[@fourthtrimestercollective](https://twitter.com/fourthtrimestercollective)

[@momandmind](https://twitter.com/momandmind) (and her podcast Mom & Mind)

[@shadesofblueproject](https://twitter.com/shadesofblueproject)

[@postpartumsupportinternational](https://twitter.com/postpartumsupportinternational)

[@postpartumhealthalliance](https://twitter.com/postpartumhealthalliance)

[@mommyandme.therapist](https://twitter.com/mommyandme.therapist)

[@nayeli_lcsw](https://twitter.com/nayeli_lcsw)

[@momdocpsychology](https://twitter.com/momdocpsychology)

Accounts that support new moms and parents:

[@mother.ly](https://twitter.com/mother.ly) (and their website Mother.ly)

[@firstlatch](#)

[@iamksealsallers](#)

[@blackmamasmatter](#)

[@drsterlingobgyn](#)

[@imomsohard](#)

[@sobermomtribe](#)

For transgestational, genderqueer, and non-binary parents:

[@biffandi](#)

[@familyequality](#)

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: Major depressive disorder, with peripartum onset · Postpartum depression · is a common clinical label; DSM uses a mood-episode specifier rather than a standalone disorder.
- ICD-11 CDDR: 6A70; 6E20 where applicable Depressive episode; mental or behavioural disorder associated with pregnancy, childbirth or puerperium · Not a simple one-to-one standalone diagnosis.
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Establish depressive episode duration/impairment; urgently exclude bipolar mania/mixed features and postpartum psychosis; assess suicidality, infant safety, medical causes, medication/substance effects, and normative adjustment.

Document-specific corrections

- Pages [2, 5, 6] · Frame Postpartum Depression · using the DSM/ICD status below; add duration, impairment, exclusions, and differentials without reproducing criteria. The title alone must never be treated as a diagnosis.
- Pages [1, 2, 7] · Treat the Postpartum Depression ratings/checklists as author-created reflection tools only. Remove unsupported severity bands, cutoffs, totals, or language suggesting diagnostic validity; label response anchors and recall period explicitly.
- Pages [3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32] · Screen immediately for suicidality, infant safety, psychosis, mania/mixed symptoms, severe insomnia, impaired judgment, and bipolar history; a positive screen requires timely diagnostic assessment and a response pathway, not workbook-only follow-up. Apply this specifically to the workbook's Introduction, Do You Have Postpartum Depression?, Checking-in With Yourself, Good Enough Is Enough sections.
- Pages [1, 3, 4, 5, 6, 7, 10, 12, 13, 16, 21, 28, 29, 31] · Review all medical assertions in Postpartum Depression with a qualified medical professional; distinguish psychoeducation from individualized advice and add referral thresholds, contraindications, and medication/procedure cautions appropriate to this population.
- Pages [4, 28, 29, 30, 31] · Delete the obsolete National Suicide Prevention Lifeline presentation and the obsolete third-party crisis-directory routing. For U.S. crisis support use ·call or text 988· and 988lifeline.org; direct immediate danger to local emergency services. International editions require a separately verified country-specific resource and last-checked date.
- Pages [1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32] · Use validated perinatal screening only with systems for timely assessment, diagnosis, monitoring, and follow-up. Positive self-harm responses require immediate acuity assessment; suspected postpartum psychosis requires immediate medical attention. Screen for bipolar disorder before antidepressant-only treatment decisions.

Measures, scoring, and permissions

- Treat the Postpartum Depression ratings/checklists as author-created reflection tools only. Remove unsupported severity bands, cutoffs, totals, or language suggesting diagnostic validity; label response anchors and recall period explicitly. custom/unvalidated unless evidence is supplied confirm no third-party item wording was adapted

Intervention scope and contraindications

- Screen immediately for suicidality, infant safety, psychosis, mania/mixed symptoms, severe insomnia, impaired judgment, and bipolar history; a positive screen requires timely diagnostic assessment and a response pathway, not workbook-only follow-up.
- Screen with validated instruments only when administration and interpretation are appropriate; assess bipolar disorder, psychosis, suicidality, medical contributors, medication issues, and risk to dependents where relevant.

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Crisis and current resources

- U.S.: call or text 988; chat at <https://988lifeline.org/>. Immediate danger: local emergency services. International resources must be separately verified for the intended country and dated.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.acog.org/programs/perinatal-mental-health/patient-screening>
- <https://988lifeline.org/>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline/articles/2023/06/screening-and-diagnosis-of-mental-health-conditions-during-pregnancy-and-postpartum>