ABOUT YOUR MEDICINE

Zuranolone

Zurzuvae, a short-course medicine for depression after childbirth

Zuranolone is a two-week course for depression after childbirth, and many people feel a real difference within a few days.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Postpartum depression	Capsules nightly for 14 days	Often by day 3	No

⚠ IMPORTANT SAFETY WARNING

This medicine slows your thinking and your reactions, and you may not be able to tell that it has. Do not drive or use machinery for at least **12 hours** after every dose, on every day of the course, even if you feel fine.

WHAT THIS MEDICINE DOES

- **Zuranolone** copies a natural hormone that drops sharply after birth, helping the brain's calming signals settle again.
- It is a short course, not a long-term pill. You take it for **14 days**, and then the course is finished.
- It treats depression that begins late in pregnancy or in the months after you have had your baby.
- Needing it does not mean you are failing as a parent. This is an illness with a real, tested treatment.

WHAT TO EXPECT

- Many people feel a real change by about **day 3**, which is much faster than most antidepressants work.
- The benefit often keeps holding for weeks after your **14 day** course has already come to an end.
- Sleepiness is the effect people notice most, and it is usually strongest in the first few days.
- Working looks like the heaviness easing, resting when the baby rests, and feeling connected to your baby again.

HOW TO TAKE IT

- Take the capsules in the evening with a fatty food such as yogurt, cheese, avocado, or peanut butter.
- That fatty snack really matters. Without it your body takes in far less of the medicine than your prescriber planned.
- Take it at the same time each evening for the whole **14 days**, even once you start feeling better.
- If you miss an evening dose, simply take the next one at your usual time the following evening. Do not double up.
- Store the capsules in their own bottle at room temperature, out of reach of children and anyone else at home.

COMMON SIDE EFFECTS

- Sleepiness: take it in the evening, and if you can, arrange for someone else to handle the night feeds.
- Dizziness: get up slowly, hold the rail on stairs, and do not carry your baby while you feel unsteady.
- Feeling foggy or slow: it is temporary, so put off big decisions and paperwork until the course is over.
- Diarrhea or an upset stomach: usually mild, and drinking extra water through the day keeps you ahead of it.
- Dry mouth: sip water and chew sugar-free gum, especially in the evening when you tend to notice it most.
- Low energy the next morning: plan lighter days and lean on help for these two weeks. It is a short stretch.

⚠ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- New or worse thoughts of suicide: call or text **988** now, and tell your prescriber today.
- Thoughts of harming your baby: call **988** or **911**. This is treatable, and telling someone is right.
- Sleepiness so heavy you cannot stay safely awake with your baby needs a same-day call to your prescriber.
- Confusion, slurred speech, or trouble breathing means call **911** right away.

WHAT TO AVOID

- Do not drive or use machinery for at least **12 hours** after each dose, even when you feel completely normal.
- Skip alcohol during the course. It deepens the sleepiness in a way that is very hard to judge from the inside.
- Tell your prescriber about sleep aids, opioids, and anxiety medicines, since they add to the drowsy effect.
- Use reliable birth control during the course and for **1 week** afterward, because it could harm a pregnancy.
- Talk with your prescriber about breastfeeding so the two of you can decide with real information in hand.

STOPPING IT SAFELY

- The course is designed to end at **14 days**. Finishing it is the plan, not something to cut short.
- If side effects feel like too much, call your prescriber rather than stopping on your own. Things can be adjusted.
- Depression can come back after the course ends, so keep your follow-up visit and let someone check on you.
- If your mood dips again in the weeks that follow, that is worth a phone call rather than a wait and see.

QUESTIONS TO ASK

- What fatty snack should I eat with each evening dose?
- Who can drive me and help with the baby for these two weeks?
- Can I keep breastfeeding while I am taking this medicine?
- What happens if I still feel low once the course is over?

Where this information comes from

American College of Obstetricians and Gynecologists. (2023). *Postpartum depression*. https://www.acog.org/womens-health/faqs/postpartum-depression

National Alliance on Mental Illness. (2023). *Mental health medications*. https://www.nami.org/treatments-and-approaches/mental-health-medications/

National Institute of Mental Health. (2023). *Perinatal depression*. https://www.nimh.nih.gov/health/publications/perinatal-depression

National Institute of Mental Health. (2024). *Mental health medications*. https://www.nimh.nih.gov/health/topics/mental-health-medications

National Library of Medicine. (2025). *Zuranolone*. MedlinePlus. https://medlineplus.gov/druginfo/meds/a623048.html

U.S. Food and Drug Administration. (2025). *Drugs@FDA: Approved drug labels and medication guides*. https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm

U.S. National Library of Medicine. (2025). *DailyMed: Prescribing information for approved drugs*. https://dailymed.nlm.nih.gov/dailymed/

NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.