

Depression during Pregnancy and Early Parenthood

During pregnancy and early motherhood, some women report that they feel:

- Angry
- Stressed
- Guilty
- Confused
- Anxious
- Resentful
- Depressed
- Fearful

Some women comment:

'I'm just so worried about everything.'

'I want to cry all the time ...'

'I can't concentrate, I don't seem able to do anything ...'

'How can I feel so bad when I've got this beautiful baby?'

'I'm confused and have no energy.'

'I'm tired ... so tired, but I can't sleep.'

'People are only interested in the baby ... no-one is interested in how I feel.'

'I don't want to see anyone.'

If you frequently experience a number of these feelings, you may be suffering depression.

Depression disrupts women's lives at a crucial time and can have effects on the baby, older children and couple relationship. Levels of depression for fathers also increase significantly in the year following childbirth.

Signs and symptoms of depression include:

- Always exhausted or hyperactive.
- Not being able to sleep even when you have the chance.
- Crying uncontrollably or feeling teary.
- Finding that your moods change dramatically.
- Feeling very irritable or sensitive to noise or touch.
- Constantly thinking in a negative way.
- Unrealistic feelings that you are inadequate.
- Anxiety or panic attacks.
- Not being able to concentrate.
- Becoming more forgetful.
- Confusion and guilt.
- Loss of interest in sex or other things you liked.
- Feeling scared, alone, but also not wanting to be with other people.
- Eating too little or too much.



A combined project of





- Feeling unable to cope.
- Preoccupied with obsessive or morbid thoughts.
- Thoughts of self harm or harm to your baby.
- Loss of confidence and low self esteem.
- Inability to enjoy yourself.

Persistent low mood, together with some of these feelings, for a period of at least 2 weeks, may indicate clinical depression. This may require further assessment and treatment.

Causes of Depression

Depression can occur at any time in your life. It is usually related to some major event that needs to be coped with. These events can include:

Change in Family Relationships:

- Divorce.
- Death.
- Moving house.
- Marriage.
- Child or other family member moving away from home or 'leaving home'.

Health Related Events:

- Personal injury / illness.
- Illness of close family member.

Work Related / Financial Events:

- Changing job.
- Being fired / losing your job.
- Partner starting / stopping work.
- Debt or loss of property.

There are also a number of important risk factors that can make women more vulnerable to depression both before and after birth. These include:

- Family history of depression.
- Previous depressive episode.
- Poor relationship with partner / no partner.
- Lack of perceived support from those close to you.
- Difficult or unhappy childhood.
- Delivery complications for mother or baby.
- Premature, postmature or multiple births.
- Negative feelings toward or limited bonding with baby.
- Problems with baby's health.
- Not the expected baby (appearance, gender).
- Separation of mother and baby.



- 'Difficult baby' (temperament, sleeping habits, feeding behaviour).
- Socio-economic disadvantage.
- Unplanned pregnancy.
- Past history of sexual abuse or assault.

The exact causes of depression before and after childbirth are not really known. Different risk factors play a role for each woman but it's the combination of life stresses that can precipitate depression, together with physical, hormonal and social factors.

Depression following childbirth should not be confused with the 'baby blues'. Up to 80% of women experience the 'blues' which tends to peak three-to-five days following delivery and is caused mainly by hormonal changes at birth. Women often feel teary and a bit overwhelmed for a few days.

It is important to realize that depression is a treatable condition, one from which you can recover given the appropriate treatment (e.g. medication and counselling), support from family and friends and TIME.

Treatment Options

There are many options available to women with depression. We suggest in the first instance telling your Doctor, Midwife, Child Health Nurse, Obstetrician or other involved health professional that you are experiencing some of these feelings. In some cases, being able to acknowledge and talk about your feelings, gives those around you the chance to reassure and support you in finding the help you need.

Options include:

- **Individual counselling**
The counsellor listens to your problems in a non-judgemental way and provides support to help you work through them.
- **Physical treatment**
Therapy aims to provide support and teach you strategies to deal with symptoms while addressing the underlying factors that may have increased your vulnerability to developing problems.
- **Couple counselling**
The couple relationship changes during pregnancy and early parenting and any communication difficulties between partners may be highlighted. Counselling helps couples work effectively together and assists their adjustment to the changes experienced before and after childbirth.
- **Support Groups**
These include local self-help groups conducted by people who have experienced the same sorts of problems, or support groups which provide an op-



portunity to share experiences, obtain useful information and develop strategies to overcome difficulties.

- **Medication**

Medication, whilst effective, generally shouldn't be used alone and should be accompanied by counselling, therapy or other support services. Medication may have annoying side effects. You should seek advice from your Doctor regarding the use of medication and which antidepressants are safe to take during pregnancy and/or breastfeeding.

- **Admission to hospital or mother-baby unit**

Occasionally a woman may experience depression so severely that she may threaten to harm herself or her baby. In-patient admission to a mother-baby unit or hospital is an important consideration.

If your State has a unit, they provide a safe place for a mother and her baby to be monitored 24-hours a day.

Some centres also provide programs for women and their partners to deal with couple issues, parenting skills and the mother-infant relationship.

Residential family care centres (Karitane & Tresillian) may also be able to offer in-patient stay to resolve infant-related behavioural problems.

Useful coping Strategies for Pregnancy and Early Parenthood

There are many things that women and their partners can do to make the experience of pregnancy and parenting easier. These are some suggestions:

For Mothers

- Lots of things change during pregnancy and change can be stressful. Be aware of this and talk about it.
- Plan to have additional support in the first month or two by asking your partner or a family member to stay at home with you.
- Discuss with your partner the difference you think a baby will make to your lives and the changes you'll need to make, e.g. negotiate ways to share household chores.
- Try not to make major life changes (move house, change jobs) in the first few months after you have your baby, or late in pregnancy.
- Share your concerns with someone you trust.
- Have regular health check-ups.
- Trust your own judgement and remind yourself that things will become more manageable as you adjust to your new role.
- Keep a sense of humour!
- Involve your partner in the care of your baby from the beginning.
- Try to rest or sleep when your baby is sleeping.



- Get to know your local Maternal and Child Health Nurse or mothers' group to extend your support system.
- Find someone reliable and trustworthy to baby-sit so you can spend time alone with your partner.

For Fathers

- Encourage your partner to seek professional help if needed and even accompany her.
- Be aware of your own health and wellbeing and seek professional help yourself if you feel depressed.
- Provide reassurance and support to your partner.
- Actively become involved in the care of your new baby.
- Try to be understanding of your partner's needs and modify your expectations of her.
- Accept reasonable offers of help from others.
- Plan some time together as a couple and do some activities together that you enjoyed before you had your baby.
- Be aware that women often have decreased sexual desire following childbirth. Show affection and intimacy without the pressure for sex.

You can do something about it ...

Many women feel ashamed if they are not coping, believing this should be the happiest time of their lives.

It is important to acknowledge to yourself when something is wrong and realize that it's OK to seek help and tell people you are feeling depressed, anxious, angry or confused.

Depression is not always something that you can get over by yourself and the most difficult part is to reach out and ask for help. This booklet should help you make those first steps to recovery.

Remember, depression is a treatable condition and one from which you can recover.

Finding Help

- Seek a professional with experience in working with women with childbirth-related mental health problems. Many Doctors will be happy to provide this, or a referral if appropriate.
- Ask other women you know about their experiences and how they coped with the demands of pregnancy and parenthood. Ask where they sought help or from whom.



- Find someone (friend, relative, work associate) who listens to you in a supportive and non-judgemental way, who seems to understand what you're experiencing and someone with whom you feel safe and can ask questions.

If you are concerned about the way you're feeling or coping with parenthood, talk to your Doctor, Midwife, Obstetrician or Early childhood Nurse.

If you need specialist advice on post natal depression you can call the Transcultural Mental Health Centre on (02) 9840 3800.

If you need help making phone calls in English, ring the Translating and Interpreting Service on 131 450, who may contact the Transcultural Mental Health Centre on your behalf.

You can find more health information in your language on the Multicultural Communication website at <http://mhcs.health.nsw.gov.au>

Telephone numbers are correct at time of publication but are not continually updated. You may need to check the numbers in the telephone directory.