

Perinatal Depression and Anxiety (PNDA)

English

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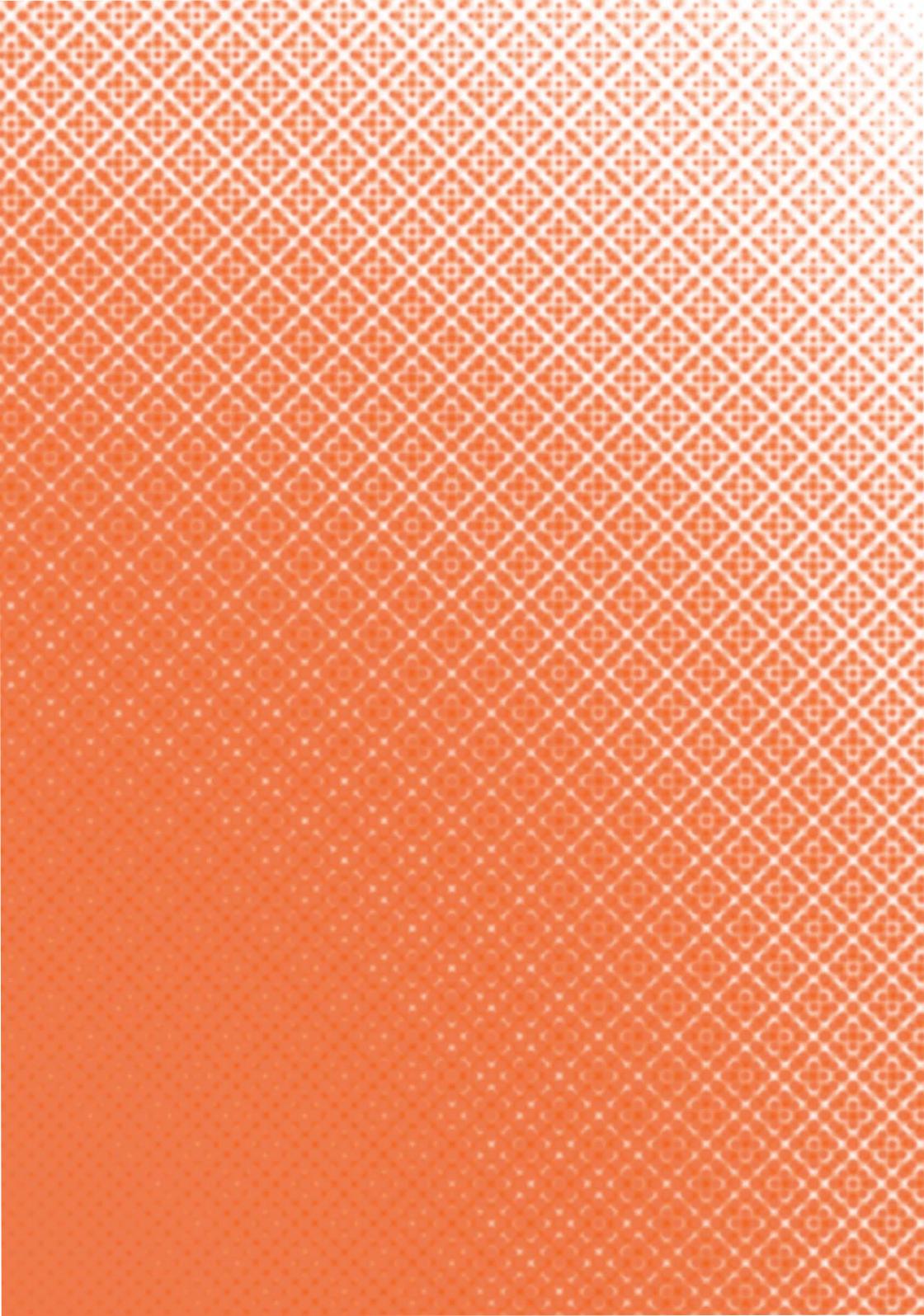
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What is perinatal depression and anxiety (PNDA)?

Perinatal depression and anxiety (PNDA) occurs **before** and **after** the baby is born.

Perinatal means around the time of birth, and is preferred to “postnatal” which means after the birth, as, for some people, symptoms can occur during pregnancy or in the lead up to a child’s arrival.

Generally, perinatal depression and/or anxiety occurs between finding out that a baby or child is arriving and up to a year after the child’s arrival. Other words which might be used to describe this period include “postpartum”, “antenatal”, or “puerperal”.

Who can get PNDA?

PNDA doesn’t just affect new mums, it can happen to all sorts of parents: dads and non-birth parents, trans and gender diverse birth parents, and gestational surrogates. Foster carers, adoptive parents, and extended family can also experience perinatal mental health issues surrounding the arrival of a new baby or child.

When is it a problem?

Most new parents and caregivers have ups and downs; the lead up to a child joining your family can be tense, and even a little scary. After the arrival of a baby or child, emotions can be high for a number of reasons; a new baby can be stressful, many parents and caregivers experience lack of sleep, and everyone is adjusting to a new routine. PNDA is a bit different though.

If your stress, worry, or feelings of sadness last more than two weeks, it could be time to reach out and get some extra help. PNDA can make it hard to respond to and care for your baby. The good news is that with the right support, PNDA has a very high recovery rate. People affected by PNDA can still be responsive and sensitive caregivers, especially if they are supported by their loved ones and trusted health care professionals.

What to look out for with PNDA

There are a number of things you could look out for if you think you might be experiencing PNDA:

- Feeling more worried than usual.
- Feeling like you can't cope.
- Feeling sadder than usual.
- Feeling worthless.
- No longer interested in your baby, partner, or friends.
- Finding it harder to do daily tasks.
- Constant worrying.
- Experiencing changes in appetite.
- Loss of concentration.
- Losing interest in sex or intimacy.
- Extended periods of irritability and anger.

If you, or someone you care about, has been experiencing any of these, especially if they have lasted longer than two weeks, it's important to reach out – your local GP, child and family health nurse, or the PANDA Help Line – 1300 726 306 are great first steps.

How common is it?

Across Australia, 100,000 families each year will experience some form of perinatal depression and anxiety as part of the period extending from the beginning of pregnancy up to the baby's first birthday.

1 in 5 birth parents, and up to 1 in 10 non-birth parents experience problematic symptoms of anxiety and/or depression during the perinatal period.

Postnatal psychosis

Postnatal psychosis usually occurs within three weeks of the birth of the baby. Like perinatal depression and anxiety, postnatal psychosis responds well to treatment and support, especially when identified early.

1 to 2 birth parents in every 1000 experience postnatal psychosis after the birth of their child. Although rare, postnatal psychosis can be serious, and can put both parent and baby at risk.

If you, or someone you care about, experience any of the following symptoms, it's important to see a doctor straight away.

- Unexplained behaviour and/or changes in thinking – which may include paranoia, for example that the baby will be harmed.
- Disconnect with reality or uncertain sense of reality – this may include seeing or hearing things that aren't there.
- Noticeable and unexplained shift in perceptions, including believing things are real which are not real.
- Thoughts about harming self or baby.

These symptoms may not be present at all times, but should never be ignored, even if they seem to have subsided.

It can be worrying, but please remember that perinatal psychosis has a high remission rate with the right treatment and support.

Effective treatment

Seeking help early for Perinatal Depression and Anxiety can lead to a quicker recovery and reduce the impact it has on you, your baby and your support network (partner, family, and friends).

There is a lot of support available, and the first step would be to talk to your GP or child and family health nurse about any concerns you have regarding your own mental health. They can provide you with more information about what support is available, and appropriate treatment options.

Talk about your concerns to your partner, friends, or family members so they are aware of your thoughts and feelings and can support you through this period in time. It can also be helpful to speak to others who have experienced perinatal depression and anxiety so you can hear about their personal story and can look to their recovery as an inspiration in your own journey.

If you feel you are not receiving the level of care that you would like, or feel there has been no improvement, seek a second opinion.

Worried about someone else?

Have you noticed any changes in your partner, friend or family member's thoughts, feelings, or behaviour? Have they been feeling overwhelmed? Stressed?

Uncharacteristically messy house? Not wanting to see friends or family or spend time with their partner? Not going out? Mood swings? Getting overly annoyed at little things?

Often emotional and practical support is all that is needed for someone experiencing symptoms of PNDA. You can offer this support by:

- Being a good listener – listen to what the person has to say, how they are feeling.
- Check in regularly – other than being a good listener, make sure you ask them how they are feeling and validate those feelings.
- Offer to help – contribute more to household chores or offer to watch the baby while they go out with friends, get some rest or spend one-on-one time with their partner.
- Help them get sleep – a good night’s sleep can make the world of difference. Taking over some or all-night feedings can make the world of difference

It is also a good idea to reassure your partner, friend, or family member that they are not alone in their feelings and there is a lot support available to them.

This information is from WayAhead’s PNDA website:
<http://pnda.wayahead.org.au/what-is-pnda/>

Please visit the website for additional information.

Useful Phone Lines and Websites

The PANDA National Helpline -
1300 726 306

<https://www.panda.org.au/>

The WayAhead Directory -
Online resource providing a
comprehensive list of mental
health related services in NSW –
www.directory.wayahead.org.au/

Mental Health Information Line
– 1300 794 991
www.wayahead.org.au/

MumMoodBooster
[www.mummoodbooster.com/
public/](http://www.mummoodbooster.com/public/)

Beyond Blue - 1300 22 4636
<https://www.beyondblue.org.au/>

Australian Psychological
Society - 1800 333 497
<https://www.psychology.org.au/>



Interpreter service

If you need an interpreter, please call the Telephone Interpreter Service on 131 450.

Disclaimer

This information is for educational purposes. As neither brochures nor websites can diagnose people, it is always important to obtain professional advice and/or help when needed. WayAhead encourages feedback and welcomes comments about the information provided. This Fact sheet may be reproduced with an acknowledgement to WayAhead – Mental Health Association NSW.

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