



## What this fact sheet covers:

- Types of depression in pregnancy and the postnatal period
- Symptoms, causes and risk factors
- Treatments and medication during breastfeeding
- Finding help
- Key points to remember
- Where to get more information

This fact sheet provides some information related to depression and anxiety with onset in pregnancy or the postnatal period (perinatal depression). The childbearing years, particularly the first few weeks after childbirth, are the peak period for onset of depression in women and 15–20 percent of women will be affected. Disorders vary with respect to symptoms, timing of onset, causes, risk factors, severity and duration. They also vary in the need for professional assessment, and in the type of treatment.

## Types of depression in pregnancy and the postnatal period

– distinguishing between the ‘baby blues’, antenatal and postnatal depression.

Short episodes of tiredness, nausea, aches and pains, irritability, sleep disturbance and loss of interest in sex are relatively common as part of the normal adjustment process in the perinatal period and **will not require treatment**.

### The ‘baby blues’

The term ‘baby blues’ refers to a brief episode of mood swings, tearfulness, anxiety and difficulty in sleeping that is very common in the first week after the birth of a baby. It requires no special treatment, unless the symptoms are severe.

### Antenatal depression

Antenatal depression means depression that starts during pregnancy. Between 10-15 percent of pregnant women experience mood swings during pregnancy that last more than two weeks at a time and interfere with normal day-to-day functioning. Medical assessment is necessary in such circumstances.

### Postnatal depression (PND)

PND describes the more **severe or prolonged** symptoms of depression (*clinical depression*) that last more than a week or two and interfere with the ability to function with normal routines on a daily basis, including caring for a baby. Around one in seven women experience PND and for around 40 percent of these women the symptoms begin in pregnancy.

### Different types of PND:

It can be helpful to know that there are different types of PND. Why? Because not only can the symptoms vary between different types of depression, but they tend to respond best to different treatments. Two main types are outlined below:



## Melancholic depression

Melancholic depression is relatively uncommon and affects only 1- 2 percent of adults. This is usually a more severe type of depression than the other type (*non-melancholic depression*) and has a more distinct genetic and biological basis. Someone who is pre-disposed to melancholic depression might have an episode of depression triggered by a stressful life-event (e.g. a death in the family) but this is not usually the primary cause of their depression.

## Non-melancholic depression

Non-melancholic depression is the most common form of PND and is linked more to psychosocial risk factors than to genetic and biological causes.

For more information, see our fact sheet: '*Types of Depression*':

[www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)

## Symptoms of PND:

There can be differences in the nature, severity and duration of the symptoms of depression seen in women who are pregnant or have recently given birth. Professional help is generally required to diagnose the type of depression and decide the best approach to treatment.

Common symptoms of PND include:

- loss of enjoyment in usual pursuits
- loss of self-esteem and confidence
- loss of appetite and weight, or weight gain
- difficulty with sleep (irrespective of the baby's routine)
- a sense of hopelessness and of being a failure
- a wish not to be alive
- frank suicidal thoughts or ideas
- panic attacks
- loss of libido
- fears for the baby's or partners' safety or wellbeing.

**NB:** It is very important that any talk of suicide be taken seriously and treatment from a mental health professional or other appropriate person be sought immediately.

## Postnatal (puerperal) psychosis

This is an uncommon disorder that occurs in 1–2 individuals per 1,000 women. It has a sudden onset with severe symptoms – usually within two to three weeks of childbirth. Symptoms can also begin during pregnancy, especially where there has been a prior episode of psychosis or bipolar disorder. This illness requires **urgent** medical assessment and treatment.



The symptoms of postnatal psychosis can be severe and include the following features in an individual:

- confused thinking
- they may start to imagine things
- restlessness, sometimes agitated behaviour, or strange movements
- fearful and worrying (often about the baby)
- mood swings, sometimes with inappropriate emotions
- elevated mood and heightened energy levels to an extreme degree, leading to manic patterns of behaviour
- inability to sleep
- their behaviour may appear out of touch with reality ('psychotic'), suspicious, or inappropriate.

**NB:** Medical assessment is necessary if any of these symptoms are present.

## Causes of depression during pregnancy and the postnatal period

There are a variety of causes or 'triggers' that can lead to the onset of clinical depression.

Melancholic depression, puerperal psychosis and bipolar disorder are all known to be linked to *biological* (genetic or biochemical) causes.

Non-melancholic depression is usually associated with psychosocial stress – *psychological* (linked with behaviour patterns, thought processes, personality and coping styles), *social* (linked with key relationships), and/or *environmental* (living conditions and life events).

## Risk factors

Certain risk factors and 'triggers' have been identified, including:

- a previous history of depression, bipolar disorder, or psychosis
- psychosocial influences: e.g. stressful life events
- insufficient family or social supports
- a history of physical, sexual or emotional abuse
- pregnancy loss
- childbirth-related distress
- a baby that is difficult to settle, restless or unwell
- personality types – certain personality styles may increase the possibility of depression, for example the 'anxious worrier', 'socially avoidant', 'perfectionistic' or 'self-critical' styles.



## Finding help

Various health professionals are qualified to assist you to get help including:

- Your doctor (GP, obstetrician, psychiatrist)
- Midwife
- Child and family health nurse
- Psychologist
- Social worker
- Counsellor.

## Treatments

The symptoms of depression or anxiety that occur amongst childbearing women are similar to those that occur at other times of life, however the choices for treatment may differ during pregnancy or when a woman is breastfeeding. Treatment options include counselling, psychological therapies and medications.

It is important to treat depression and anxiety as early as possible because these conditions not only cause distress for the mother but also influence her ability to cope with the infant, and their developing relationship. Partners and young children can also become stressed when a parent is anxious or depressed.

Types of treatment will vary with the nature and severity of the symptoms and the type of depression experienced. Wherever possible, doctors try to avoid the use of medication that might affect the developing foetus or the breastfeeding infant. However, in certain cases, the severity of symptoms sometimes makes it necessary for medication to be used as part of the treatment. A consultation with your GP or psychiatrist will assist you to get help about management of symptoms.

### ***Psychological or counselling treatments***

Stressful life events, relationship difficulties or personality patterns can contribute to the difficulties of coping with a newborn baby. Psychological therapies and counselling are particularly helpful for managing non-melancholic depression. In many cases, the simplest treatments are those that are supportive and educational and which aim to give the woman and her partner some understanding and acceptance of the causes for the depression or anxiety disorder and information about ways of coping. Your doctor will be able to advise where you can access a psychologist or counsellor.

### ***Medication***

Always discuss medication issues with your doctor before taking any medication whilst pregnant or breastfeeding. There are potential risks associated with exposure of the foetus or breastfed infant to medications so the decision to use medication needs to be weighed carefully in terms of benefits versus risks.



# Depression during pregnancy and the postnatal period

If you are taking prescribed medication and plan to become pregnant, discuss your plans with your doctor before discontinuing your medication to ensure that you do not experience adverse withdrawal effects or a relapse of the condition being treated.

## ***Antidepressants***

Current research shows that some medications appear to be relatively safe when used in pregnancy and do not appear to cause congenital abnormalities. These are the SSRIs (selective serotonin re-uptake inhibitors) and Tricyclic antidepressants. A recent drug company alert on *Aropax* (an SSRI) suggests that it may be associated with heart defects and thus should not be taken in pregnancy. Your doctor will know which are the safest medications for use at this time.

## ***In breastfeeding***

In breastfeeding, less than 5 percent and as little as 1 percent of the drug passes into the breast milk, which means that exposure of the baby to the drugs is minimal. Some babies show withdrawal effects from SSRIs and may need medical supervision for a short time.

## **Key points to remember**

- The childbearing years, particularly the first few weeks after childbirth, are the peak period for onset of depression in women
- Depression can begin during pregnancy
- Excessive fatigue can contribute to low mood, adequate rest can help
- Around 13 percent of women will suffer postnatal depression
- Anxiety and depression often go hand-in-hand
- Symptoms of anxiety and depression should be treated as early as possible
- Treatment options include counselling or medication
- Doctors, child and family health nurses, midwives, psychologists, counsellors, social workers and others can advise you about getting help.

## **Where to get more information**

- See our other fact sheets: '*Safety of Antidepressants in Pregnancy and Breastfeeding*' and '*Treatments for Bipolar Disorder During Pregnancy and the Postnatal Period*' available on our website [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)
- Post and Antenatal Depression Association Inc [www.panda.org.au](http://www.panda.org.au)

### **Black Dog Institute**

Hospital Road, Prince of Wales Hospital, Randwick NSW 2031

(02) 9382 4530 / (02) 9382 4523

[www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)

Email: [blackdog@blackdog.org.au](mailto:blackdog@blackdog.org.au)