The management of antenatal and postnatal depression

What this fact sheet covers:
- Types of treatments for antenatal and postnatal depression
- Key points to remember
- Where to get more information

Types of treatments for antenatal and postnatal depression

Although the symptoms of depression that occur during pregnancy and in the postnatal period are similar to those that occur at other times of a woman’s life, treatment options may differ during pregnancy or when a woman is breastfeeding. Types of treatment will also vary with the nature and severity of the symptoms and the type of depression experienced. Wherever possible, doctors try to avoid the use of medications that might affect a developing foetus or a breastfeeding infant. However, in certain cases, the severity of symptoms can make it necessary for medication to be used as part of the management plan. Treatments may include counselling, psychological therapies and medications.

1. 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 supportive and educational, and aim to give the woman and her partner a greater understanding of the causes and information on how to cope. Doctors can also advise on how to access a psychologist or counsellor.

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

2. Medication

It’s essential to discuss medication issues with a doctor before taking any prescription or on-prescription medication whilst pregnant or breastfeeding. In breastfeeding, less than five per cent and as little as one per cent of antidepressant drugs pass into the breast milk, which means that exposure of the baby to the drugs is minimal. However, there are potential risks associated with exposing a foetus or breastfed infant to medications so the decision to use medication needs to be considered in terms of benefits versus risks.
If a woman is taking prescribed medication and is planning to become pregnant, they will need to discuss their plans with their doctor before discontinuing medication. This will ensure that they do not experience adverse withdrawal effects or a relapse of the condition being treated.

**Key points to remember:**
- Symptoms of depression should be treated as early as possible.
- Treatment options include counselling and/or medication.
- Doctors, child and family health nurses, midwives, psychologists, counsellors, social workers and others can provide advice about getting help.

**Where to get more information**
- **MotherSafe:** For advice about exposure to drugs during pregnancy and breastfeeding
- **Journeys with the Black Dog: Inspirational stories of bringing depression to heel,** Tessa Wigney, Kerrie Eyers & Gordon Parker (2007), Allen & Unwin
- **1800 011 511 Mental Health Line** is a NSW Government phone service operating 24 hours a day, seven days a week and will provide a telephone triage assessment and referral service staffed by mental health clinicians.
- **Post and Antenatal Depression Association Inc:** www.panda.org.au