

The management of perinatal anxiety and depression



What the fact sheet covers:

- Types of treatments for perinatal depression and anxiety
- Where to get more information.

Types of treatments for perinatal depression and anxiety

Although the symptoms of depression and anxiety 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.

Treatment will vary with the nature and severity of the symptoms and may include psychological therapy, medication, and lifestyle interventions.

1. Psychological therapy or counselling treatments

Stressful life events, past trauma including pregnancy loss, relationship difficulties or unhelpful thinking patterns can contribute to perinatal mental health difficulties.

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 and anxiety 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 as some types of medication may be unsafe during the perinatal period whereas others are safe. 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.

3. Lifestyle interventions

Physical activity, getting adequate sleep, mindfulness, journaling, yoga, massage, and seeking social support can be useful in managing low mood and anxiety during the perinatal period.

Key points to remember

- Symptoms of depression and anxiety 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



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