

Anxiety & Depression in Pregnancy & Early Parenthood

If you are reading this, you may have concerns about your thoughts, feelings or behaviours, or those of your partner or someone close to you who is pregnant or recently had a baby. You may have heard of antenatal or postnatal anxiety and depression, and be wondering:

- Could this be what is happening to me, or to someone close to me?
- How are these feelings different from the expected stresses that go with pregnancy and a new baby?

Having a baby is both an exciting and challenging time. Adding anxiety or depression can make it difficult to function and feel like you are a good enough parent. Both women and men can experience perinatal (during pregnancy and the year after birth) mental health issues and these can vary in intensity and symptoms. As a mum or dad it is easy to feel guilt and shame that can get in the way of seeking the help you need. If this is how you feel, know that you are not alone. Having perinatal anxiety or depression does not make you a 'bad parent'. In fact, seeking help early leads to a faster recovery with less impact on you, your relationship with your baby, partner and family.

There are a range of treatment options that can be discussed with your GP from medication approved for use during pregnancy to counselling, social support, speaking with someone who has been through a similar experience (peer support), exercise and a healthy diet.

This FACTSHEET is to help you understand more about your concerns and where to go for further information and help.

Help and support
is available and
getting the right
help early leads to
a faster recovery

Antenatal Anxiety & Depression

When anxiety or depression occurs during pregnancy it is referred to as **antenatal anxiety** or **antenatal depression**. Up to 1 in 10 women and 1 in 20 men experience antenatal depression¹. Anxiety is thought to be as common, and many parents experience anxiety and depression at the same time.

It is normal to experience a degree of anxiety and 'ups and downs' when expecting a baby. However, some people develop a more pronounced anxiety or lower mood (depression) which affects their daily life and functioning. There are treatments, supports and services available to help you through this experience. If symptoms last for more than two weeks, it's time to seek support.

The signs and symptoms of antenatal anxiety and depression can vary and may include:

- Panic attacks (a racing heart, palpitations, shortness of breath, shaking or feeling physically 'detached' from your surroundings)
- Persistent, generalised worry, often focused on fears for the health or wellbeing of the baby
- The development of obsessive or compulsive behaviours
- Abrupt mood swings
- Feeling constantly sad, low, or crying for no obvious reason

¹ Deloitte Access Economics. The cost of perinatal depression in Australia Report. Post and Antenatal Depression Association 2012.

Up to 1 in 10 women
and 1 in 20 men struggle
with antenatal depression.

More than 1 in 7 new
mums and up to 1 in 10
new dads experience
postnatal depression

- Being nervous, 'on edge', or panicky
- Feeling constantly tired and lacking energy
- Having little or no interest in all the normal things that bring joy (like time with friends, exercise, eating, or sharing partner time)
- Sleeping too much or not sleeping very well at all
- Losing interest in sex or intimacy
- Withdrawing from friends and family
- Being easily annoyed or irritated
- Finding it difficult to focus, concentrate or remember (people with depression often describe this as a 'brain fog')
- Engaging in more risk taking behavior (e.g., alcohol or drug use)
- Having thoughts of death or suicide

How expectant parents describe the experience

Although the experience of antenatal anxiety and depression will be different for everyone, some common feelings and thoughts expressed by expecting parents' include:

- *"I'm not supposed to feel like this. Pregnancy is supposed to be a time of great happiness, so why am I so miserable?"*
- *"I felt numb and lacking emotional connection and it scared me"*
- *"I couldn't do anything. I found it hard even to leave the house, I felt so down"*
- *"My whole relationship to my body changed, and I hated it"*

Baby Blues

It is not uncommon for women to experience the 'baby blues' in the first few days after birth, however, this is not considered a mental health concern requiring treatment. The baby blues symptoms of teariness, anxiety or irritability usually resolve in a few days with understanding, acknowledgment and support.

Postnatal Anxiety & Depression

When anxiety or depression begins in the year after birth, it is referred to as **postnatal anxiety** or **postnatal depression**. More than 1 in 7 new mums² and up to 1 in 10 new dads³ experience postnatal depression each year in Australia. Postnatal anxiety is thought to be as common, and many parents experience anxiety and depression at the same time.

Postnatal anxiety and depression can be a frightening and isolating experience as parents try to deal with their symptoms at the same time as needing to care for a new baby. There are treatments, supports and services available to help you through this experience. If symptoms last for more than two weeks, it's time to seek support.

The signs and symptoms of postnatal anxiety and depression can vary and may include:

- Panic attacks (a racing heart, palpitations, shortness of breath, shaking or feeling physically 'detached' from your surroundings)
- Persistent, generalised worry, often focused on fears for the health or wellbeing of baby
- The development of obsessive or compulsive behaviours
- Increased sensitivity to noise or touch
- Changes in appetite: under or overeating
- Sleep problems unrelated to the baby's needs
- Extreme lethargy: a feeling of being physically or emotionally overwhelmed and unable to cope with the demands of chores and looking after baby

² Deloitte Access Economics. The cost of perinatal depression in Australia. Report. Post and Antenatal Depression Association 2012.

³ Paulson, J. F. & Bazemore, S. D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: A meta-analysis. *JAMA*, 303(19), 1961-1969. (doi:10.1001/jama.2010.605)

- Memory problems or loss of concentration ('brain fog')
- Loss of confidence and lowered self esteem
- Constant sadness or crying
- Withdrawal from friends and family
- Fear of being alone with baby
- Intrusive thoughts of harm to yourself or baby
- Irritability and/or anger
- Increased alcohol or drug use
- Loss of interest in sex or previously enjoyed activities
- Thoughts of death or suicide

How parents describe the experience

Parents who have postnatal anxiety or depression describe some of the following experiences and thoughts:

- Anger or guilt about not having 'normal' feelings of maternal or paternal love
- Confusion or frustration about feeling low during a time when everyone is saying, *"You must be so happy!"*
- Being overwhelmed or confused by the advice or opinions of doctors, family or friends about how to manage their baby
- Wondering if their relationship with their partner will ever be the same
- Resenting physical changes to their bodies after childbirth and motherhood (*"I was just a mum in some piked on dressing gown, day in day out"*)

The symptoms are generally sudden and very noticeable, and can include:

- Extreme sudden mood swings, from very high to very low
- Aggressive or even violent behavior
- A high level of agitation
- Irrational or delusional thoughts or beliefs, which may include irrational beliefs or thoughts about the baby
- Hallucinations and changes in sense perception, such as smelling, hearing or seeing things that are not actually there
- Paranoid or strange beliefs about the baby that cannot be countered by rational discussion
- Grandiose or unrealistic beliefs about own abilities as a mother
- Unusual or inappropriate responses to the baby
- Thoughts and conversations may be disordered or nonsensical

Postpartum Psychosis

Postpartum (or **puerperal**) psychosis is a form of acute mental illness that usually occurs within the first four weeks after giving birth but may occur up to 12 weeks post birth.

Although relatively rare (1 or 2 in every 1,000 women), it is a serious and potentially life-threatening condition that puts both mother and baby at risk.

It is important to recognise postpartum psychosis as soon as possible. Women with postpartum psychosis will almost always need admission to hospital for specialised psychiatric assessment and treatment. Beyond the immediate treatment period, a lot of support and care is required throughout the recovery process. The good news is women generally experience a full recovery with time and appropriate treatment.

Having perinatal anxiety or depression does not make you a 'bad parent'

Many other women and men have come through this experience to find joy and fulfillment as a parent. You are not alone, and you don't have to go through it alone

Factors that Contribute to Perinatal Anxiety & Depression

There are a number of factors that can contribute to developing perinatal anxiety and depression. These include:

- History of anxiety and depression
- Family history of mental illness
- Previous reproductive loss (infertility, IVF, miscarriage, termination, stillbirth, death of baby)
- Difficult or complex pregnancy
- Birth trauma
- Premature or sick baby
- Challenges with feeding or settling
- Sleep deprivation
- Pre-existing physical illnesses
- Financial stress
- Relationship stress

- Family violence
- Lack of social support
- History of childhood trauma or neglect
- Isolation and lack of social connections
- Loss and grief issues
- Absence of your own mother or mothering figure

Getting Help for a Perinatal Mental Health Issue

If you're concerned about what is happening to you, you can:

- Confide in your partner, a trusted friend or family member
- Let your GP or other trusted health professional know what you're experiencing
- Talk to other parents who have recovered from perinatal anxiety or depression
- Call the PANDA Helpline to talk about your thoughts and feelings and explore options for support

If you are worried about someone close to you, you can:

- Gently ask if they are able or willing to share what is going on
- Reassure them that they are not alone. There are things that can be done to help
- Suggest that they speak to their GP, other trusted health professional or PANDA
- Phone PANDA for further guidance on how best to support them

If you're worried you could have antenatal or postnatal anxiety or depression, be assured that many other women and men have come through this experience to find joy and fulfillment as a parent. You are not alone, and you don't have to go through it alone.

