



BLACK DOG INSTITUTE

DEPRESSION DURING PREGNANCY & THE POSTNATAL PERIOD

What this fact sheet covers:

- Types of depression during pregnancy and the postnatal period
- Symptoms of postnatal depression
- Causes of pregnancy related depression
- Risk factors and triggers for pregnancy related depression
- Finding help
- Key points to remember

Perinatal depression refers to depression that occurs during pregnancy or the postnatal period and affects 15–20 per cent of women in Australia. The childbearing years, especially the first few weeks after childbirth, are the peak period for the onset of depression in women. Perinatal depression varies with respect to symptoms, timing of onset, causes, risk factors, severity and duration. It can also vary in the need for professional assessment and the type of treatment.

Types of depression during pregnancy and the postnatal period

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.

It is important to distinguish between the 'baby blues', antenatal depression and postnatal depression.

1. 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.

2. Antenatal depression

Antenatal depression refers to depression that starts during pregnancy. Between 10-15 per cent 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.

3. Postnatal depression (PND)

PND describes the more severe or prolonged symptoms of depression (clinical depression) that last more than two weeks and interfere with the ability to function with normal routines on a daily basis including caring for a baby. Around 14 per cent women (one in seven) experience PND and for around 40 per cent of these women, the symptoms begin in pregnancy.



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4. 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.

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 activities
- 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
- suicidal thoughts or ideas
- panic attacks
- loss of libido
- fears for the baby's or partner's safety or wellbeing.

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

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

- confused thinking
- hallucinations
- restlessness, agitated behaviours, or strange movements
- fearfulness and worrying (often about the baby)
- mood swings sometimes with inappropriate emotions
- elevated mood, extremely heightened energy levels and manic behaviours
- inability to sleep
- appearing out of touch with reality ('psychotic'), suspicious or inappropriate behaviours.

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



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Causes of pregnancy related depression

There are a variety of causes or triggers that can lead to the onset of clinical depression during pregnancy and the postnatal period.

Some mood disorders such as puerperal psychosis and bipolar disorder are known to be linked to biological (genetic or biochemical) causes.

Perinatal depression can also be associated with psychosocial stressors such as:

- Maladaptive behaviour patterns and dysfunctional thought processes and coping styles
- Problems with key relationships
- Difficult living conditions and negative life events.

Risk factors and triggers for pregnancy related depression include:

- a previous history of depression, bipolar disorder or psychosis
- stressful life events
- lack of 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 that increase vulnerability to depression such as the anxious worrier or socially avoidant personality styles.

Finding help

Various health professionals are qualified to help people experiencing depression during pregnancy and the postnatal period including:

- Doctors - general practitioner (GP), obstetrician, psychiatrist, midwives, child and family health nurses, psychologists, social workers, counsellors.

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 so adequate rest can help to prevent exhaustion
- Around 14 percent of women will suffer postnatal depression
- Anxiety and depression often go hand-in-hand

For advice about medications during pregnancy and breastfeeding:

- Contact MotherSafe 1800 647 848 www.mothersafe.org.au

www.blackdoginstitute.org.au

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