Module 1, Lesson 1:

Perinatal Depression and Anxiety

Lesson Transcript

Introduction

Hi, and welcome to Module 1 where we begin our focus on the different perinatal mental health disorders covered in the National Guideline [1].

As defined in the National Guideline, the term perinatal is the umbrella term used to refer to the period from conception to the first 12 months following the birth of a baby – so this module will focus on different disorders that can occur during this, often vulnerable, time.

To kick off this module, this first lesson will focus on Perinatal Depression and Anxiety Disorders. In this lesson, we will review the facts and stats about depression and anxiety, and provide you with a brief insight into what the experience is like for women in the perinatal period specifically. We will also explore the current barriers to identifying these conditions.

Awareness and understanding of these common disorders is crucial. We all know too well that if they are not identified or managed, that they can have detrimental impacts on individuals and families - whilst costing the community hundreds of millions of dollars each year. [2] To help reduce the impact, we will be providing you with quality information on perinatal depression and anxiety and how it differs from the more common babyblues - in line with Australia's Guideline.

We will also show you what you can do, to ensure that you, and women in your care are more aware, more informed and empowered with quality information and support.

All information is summarised in your fact sheets and notes, attached to the end of each lesson. And we have some fabulous new resources for the women in your care too, which we will outline in the lesson and provide in the resource section attached to each lesson.

So, let's get into it – starting with perinatal depression.

Perinatal Depression

Whilst we often hear of postnatal depression, the fact is depression also commonly begins in pregnancy. To address both the antenatal and postnatal periods we therefore talk about *perinatal depression*. This is much more serious than the baby blues, but is often mistaken for the baby blues in the postnatal period, and so treatment is not sought.

The Baby Blues

The baby blues affects up to 85% of women. It will occur in the first week to 10 days after having their baby, and can lead women to feeling teary, emotional or hypersensitive in their interactions. The good news is that the babyblues generally resolves on its own. Most women will not require treatment, but understanding about baby blues, reassurance and support from partners and family is important.

Having severe baby blues can be a risk factor for postnatal depression, and research indicates that up to a quarter of women who experience baby blues will go on to develop postnatal depression.[3]

But let's focus now on depression, which is a more serious mental health condition that is more likely to require treatment.

Depression

Typically a person experiencing depression will describe feeling sad or down, and/or having a loss of interest or pleasure in their life for most days over a period of two weeks or more plus they also have a range of other symptoms.[4]

Symptoms (from slide)

1. Feeling sad or down and/or

2. Loss of interest or pleasure in life (plus)

- Loss of confidence
- Changes in sleep
- Changes in appetite or weight
- Lack of interest or energy
- Difficulties concentrating, thinking clearly or making decisions
- Feeling isolated alone or disconnected
- Thought of death, harming oneself, the baby or other children

You will see the range of symptoms affects the way a woman, feels, thinks and behaves and her ability to function to her full capacity.

Whilst it's true that many women will experience some periods where they feel low as they adjust to pregnancy or life with a new baby, depression is characterised by experiencing *a number of such symptoms over the 2-week or more time period.* So, it's important to ask women *what symptoms* they are experiencing, and for *how long* they have felt this way. Too often women wait for a much longer period of time before disclosing or seeking help, and usually only when things have significantly deteriorated.

Let's take a listen to Maree, who was pregnant with her second child when she identified that something was wrong.

Video presentation

> *And then probably just after Christmas, I think I had two weeks where I felt as though I wasn't enjoying - I wasn't being - like my daughter was doing amazing, amazing things, and being so cute and funny and I just wasn't feeling like I was receiving - I think - feeling the happiness that I should be receiving from it and I felt like I wasn't appreciating her enough. And then I just felt very numb.*
>
> *But yeah, so the turning point was those two weeks where I was feeling really down. I spoke to my partner about it - because at some stages I felt like- that my family were better off without me and all that sorts of things. And I - then I realised, once I thought like that and once I was like, 'Oh, it'd be better if I was dead, because they'd be better off without me', I was like, 'Oh, that's like a big red signal. Go speak to somebody'.*
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> *And it was just like, 'Oh, what's wrong with me? Why - why am I feeling like this?' And yeah, so when - I think I actually rang my midwife, rather than waiting for my appointment. I said, 'Oh look, I'm having really bad thoughts and I really think that I need to speak to someone about them because it's basically ruining my family's life'. It probably wasn't ruining my family's life as much as I thought it was at the time, but it was definitely ruining my life and impacting theirs.*
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> *But I think that I didn't do it for my sake. I was doing it for my family's sake at the time and really I should have been doing it for my sake as well. But I think that, yeah, thinking that I wanted to kill myself would be a better option than what I was going through or what I - how I was feeling*

and that my family would be better off without me was when I realised, 'Oh, I think my daughter needs her mum and I am an okay person, so I deserve to be her mum. So I really need to do something about it'.

Maree

As you heard, whilst the first signs being lack of enjoyment in her first child, these progressed to include other symptoms in her pregnancy including feeling numb or dissociated, then escalated to negative thoughts which then include thoughts of suicide – at which point she finally spoke up and got help. As you can also hear, the depression can be very debilitating, especially when trying to cope with pregnancy or the demands of a new baby or other children, yet the lack of knowledge or understanding about these conditions can prevent early recognition of symptoms.

Large studies carried out in Australia reveal that up to one in ten women are likely to experience depression during pregnancy, and this rises to one in seven in the postnatal period.[5] Episodes of depression may arise in pregnancy or pre-exist the perinatal period.

In a large US study of women assessed at 6 weeks postpartum, about 40% of episodes of depression began postnatally, about a third during pregnancy and about a quarter had begun before pregnancy.[6]

So, you can see why it is important to be aware and assess women for depression right across the entire perinatal period. Whilst the symptoms of depression in the perinatal period are the same as those at other times of life – often these are missed as they are simply put down to being a normal part of pregnancy or having had a baby. For example, a lack of sleep or energy is common for women in pregnancy or after having a baby – but also a sign of depression. Support networks change and can lead new parents to feel socially isolated (social withdrawal is also a symptom of depression).

This is why, as we will also discuss in Module 2, specific scales have been developed to identify possible depression specifically within in the perinatal period – and also identify those at risk. But we will come to these later.

Let's turn our attention now to the other most common condition - and that is perinatal anxiety.

Perinatal Anxiety

Up to one in five women will have diagnosis of anxiety disorder in the first 6-8 months after birth[7] – and often this is likely to have developed during the pregnancy.

As with depression there are:

- *Physical symptoms* – such as heart palpitations, chest pain, rapid heartbeat muscle aches and shaking.
- *Psychological symptoms* – like worrying thoughts, a racing mind, or a mind that goes blank, feeling constantly on edge.
- *Behavioural symptoms*- can include avoiding situations, rituals or compulsive behaviours which a woman may engage in to alleviate her worrying thoughts and feelings. The nature and combination of these symptoms can manifest in the development of a range of different types of anxiety disorders.

If we look at the different *types* of anxiety disorders in this table (taken from the COPE website), you can see from these descriptions what some of the symptoms are, for the various types of anxiety disorders.

Underlying each of these disorders are physical symptoms of anxiety or feelings of being overwhelmed, this is typically accompanied by thoughts or fears that something terrible or catastrophic will happen, and in turn this can lead to specific behaviours – like checking for reassurance or avoiding situations.

Symptoms (from slide)

Type of anxiety disorder	Description
Generalised anxiety disorder (GAD)	Feeling anxious about a wide variety of things on most days over a long period of time (e.g. six months)
Obsessive compulsive disorder (OCD)	Ongoing unwanted/intrusive thoughts and fears that cause anxiety (obsessions) and a need to carry out certain rituals in order to feel less anxious (compulsions)
Panic disorder	Frequent attacks of intense feelings of anxiety that seem like they cannot be brought under control; this may go on to be associated with avoidance of certain situations (e.g. going into crowded places)
Social phobia	Intense fear of criticism, being embarrassed or humiliated, even in everyday situations (e.g. eating in public or making small talk)
Specific phobia	Fearful feelings about a particular object or situation (e.g. going near an animal, flying on a plane or receiving an injection)
Post-traumatic stress disorder (PTSD)	Bursts of anxiety any time from one month after experiencing a traumatic event (e.g. a traumatic delivery, sexual assault or violence).

As is the case for depression, anxiety symptoms are often missed as they are attributed to the context of pregnancy or parenthood. For example, the symptoms of generalised anxiety, which lead to physical feelings of anxiety (the butterflies in the stomach, inability to sleep) may be attributed to hormones. Similarly, behaviours like ritualised checking on the new baby, undue focus on cleanliness or fear of germs, which may reflect obsessive compulsive disorder or generalised anxiety – but this may be simply construed in in the context of being a cautious or protective parent.

Then there is post-traumatic stress disorder or PTSD, which can occur – particularly following a traumatic birth. PTSD can lead to depression and anxiety in the postnatal period, and even emerge or continue into a subsequent pregnancy if not identified or treated.

Whilst everyone feels stressed or anxious from time to time, once these feelings get to the point that they are taking over, or impacting on a person's ability to function in their everyday life, then this *may* indicate an underlying condition like an anxiety disorder. Similarly, it's normal to have good days and bad, but if a woman expresses feeling constantly sad or down, and not able to function – it is possibly depression.

But too often symptoms of anxiety are missed, as they are put down to the physical changes associated with having a baby, or as the awareness of anxiety is much lower than that of depression, people don't know where to go to start looking for information that describes what they are experiencing. Perinatal anxiety is also often missed or misdiagnosed by health professionals.

I'd like to show you an excerpt from an interview with Anna, who describes her experience. Here whilst when she calls her condition postnatal depression, when you listen closely, here a number of symptoms are also likely to reflect that of an anxiety disorder and possibly also depression.

Audio presentation

> *So, at first the symptoms of the actual postnatal depression were very much physical, I lost my appetite completely, I would sweat suddenly, and I - I had a dry mouth to a point that it didn't matter how much I drank, didn't matter how much I washed my teeth, my mouth was just dry and not very pleasant [laughs], so, you know, put that down to lack of sleep, exhaustion and so on. And that was the other thing that was happening, I wasn't able to sleep, and it didn't matter if my daughter was asleep. If she was awake I was wishing she was asleep. If she was asleep I couldn't rest. If I happened to fall asleep, I would wake up in a panic thinking that she was still on my breast and I fell asleep with her and something had happened to her.*
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> *And so this went on for a few days where - not eating but exhaustion plus some of these other physical symptoms, really started to take their toll and at that point my psychological state started to fall apart. It went from feelings of, I guess grief and loss of my old life, to me coming down the stairs one morning and saying, "I want to give her up for adoption". And of course, my partner responded with, "What are you talking about?" And realised at this point that, 'Hang on, things are really - things are going wrong'.*
>
> *Anna*

You can hear symptoms that may be indicative of anxiety – such as sweating, dry mouth, feelings of panic, catastrophic thoughts as well as some other symptoms which may be indicative of anxiety or depression – loss of appetite, sleep disturbance.

Not only is each of these conditions highly prevalent, but they also commonly co-exist. In fact, almost 40% of women with a major depression have co-existing anxiety symptoms.[7,8] This could possibly have been the case for Anna in the interview where there were possible symptoms of both anxiety and depression. Despite the high prevalence, there are many barriers to early identification and treatment of these both of these conditions.[9] Let's take a look at these.

Barriers to seeking help

Our own research at COPE with over 1,200 women with perinatal depression and anxiety revealed that 74% of these women did not seek help until they reached the point that they could no longer cope. That is almost three in four women with anxiety and/or depression not getting help early. There are a number of reasons for this not seeking help.[9-11]

As already described, help-seeking is often delayed because women, their family members and even health professionals are commonly misattributing symptoms to being a normal part of having a baby.

In addition to misattributing these symptoms, many women are not aware of the specific signs and symptoms of anxiety and depression. This is especially in pregnancy when women are not really thinking about emotional and mental health, but are often more focused on the *physical* changes they are going through. Often in the postnatal period, symptoms are commonly confused with the baby blues, or again simply put down to adjusting to a new baby. One woman describes missing symptoms in pregnancy

> *"I think I had depression during the pregnancy and I didn't realise…I couldn't work out why because I was thrilled I was having a baby"*

Hence, we also need to consider the context. For many, having a baby is filled with high expectations – which are all reinforced by media imagery of what pregnancy and having a baby is *meant to be like*. In our research,[9] 84% of women felt there was a lot of pressure to feel great in pregnancy AND to be the perfect mum.

"I didn't want people to think that I couldn't do something, that I wasn't on top of everything and you're supposed to be radiant and happy – like all those ads on TV. You see the mothers radiant and perfect and wonderful – which I am not"

This theme of trying to live up to high expectations consistently comes up not only in our own research but the personal stories of others.

Here is an interview with Erin, who talks about these community expectations and how it impacted on her being able to talk openly about her experience and seek the help that she needed at the time that she needed it.

Video presentation

And I think that I did have a bit of postnatal depression there, but I'd never got it diagnosed. I felt sort of ashamed, thinking that, it was like I would be admitting that it was a weakness. Like, I wasn't coping, but I couldn't - I couldn't talk about it, because I - yeah, I felt ashamed. You know, here I was, I had this new baby and, you know, I was supposed to be feeling happy and elated and I just didn't. All I wanted to do was cry and - which I did, a lot, but by myself, not so that others could see.

Erin

You can begin to see just how these expectations that women may put on themselves or feel from the community, can impact on emotional and mental health. When these expectations are not met this can result in denial, feelings of shame and non-disclosure – which can compound the illness even more. And this reflects the fact that there is a high level of stigma – especially surrounding perinatal mental health.

Feelings of failure in this context of high expectations, can impact upon a woman's mental health at this vulnerable time. Women fear how they will be judged by others - not only as a person but as an expectant or new mother.

Another mother, Elizabeth talks about the impact of this stigma and her feelings of shame and failure, which delayed her seeking help and accepting treatment.

Video presentation

And I guess I felt there was a stigma attached with having a mental health issue as opposed to a physical health issue. I was very happy to be vitamin D deficient, very happy to be iron deficient. I wasn't very happy for someone to say, "You have postnatal depression", because it felt like a personal failing, and coming from a high achieving background, doing well at school, doing well at uni, getting a good job and then – all of a sudden you fall in a heap and you have to say, "Actually, I'm not coping". That was - it felt like a personal failing, like there was something that I wasn't doing or something that I was doing wrong, that led me to where I was.

Elizabeth

As a result many women don't disclose how they are feeling, they don't seek help or treatment. And this can leave women feeling like they are the only ones going through this, and depriving themselves of opportunities for much needed support and treatment.[12] As a result the condition deteriorates even further or persists over a long period of time - well beyond the first year after having a baby.

Finally, many women may not only be reluctant to seek help, but they also don't' know where to go for help – or are not confident to talk with their health professional. Let's face it, there is a very varied range of providers out there with varying interest and skills in perinatal mental health – and we will talk about how to address this more in Module 3 – referral and treatment.

Not getting help costs individuals, families and the community.[2] In fact COPE commissioned PWC to look at the costs of not treating these conditions – which were almost $600M for one year.[13]

So what can we do about it?

How can we inform and empower women with knowledge and understanding, address these perceptions and expectations and tackle the stigma? Well that's coming up next.

Resources

Well here are some exciting new approaches that we at COPE have developed to inform and educate expectant and new parents, and this essentially involves providing people with *timely*, information in a way that is relevant to them, sensitive to their needs and is communicated in a way that is engaging and acceptable.

In fact, this is essentially why COPE has been established – to provide specialist emotional and mental health information within this delicate context - of having a baby.

And this is reflected on our website www.cope.org.au - which provides relevant information across *each stage* of the perinatal journey – from preconception, through the pregnancy, birth and the first year. The presentation of information within this specific context, ensures that all information is relevant to the stage that women are at.

Not only is there specific information for those trying to become pregnant or currently pregnant, but also for new parent facing the range of new adjustments and challenges in the postnatal period. There is also a dedicated section for fathers and partners, colleagues, family and friends as well for you as health professionals

COPE is your one stop shop for all the Guideline Resources covered in this online program. But we also have an exciting new resource for women and that's 'Ready to COPE'. Let's take a look at it.

New Resource – Ready to COPE

UTube Clip

Are you expecting a baby? Have you recently given birth?

When you're in this exciting phase of life there's so much to think about. So many changes and expectations.

Focusing on your baby is important. But it is equally important that you invest in your emotional wellbeing.

However, this can be very hard to do amongst everything else that is happening.

That's where Ready to COPE comes in.

Ready to COPE helps you set realistic expectations for motherhood, provides an understanding of the emotional challenges you may face and addresses the issues that women wish they would have been more prepared for before becoming a mother.

So what is Ready to COPE?

Ready to COPE is a free fortnightly email that comforts and supports you emotionally during your time as an expectant or new mother.

There's no talk of your baby's development or sleep and settling. The focus is on you and the emotional challenges that you may experience.

For example, will you feel love for your child at first sight and what if you don't? What can you do about judgmental and pushy advice from others? How can you prepare for and handle

changes in your relationships after your baby arrives? Why do you feel mummy guilt and how can you deal with it? And much, much more.

Ready to COPE also helps you identify possible signs of stress, anxiety or depression in yourself or others and how to get help as early as possible.

By signing up to Ready to COPE, you'll be more prepared for the challenging times that can come with pregnancy and motherhood and you'll feel empowered by strategies that can help you cope.

You can sign up early in pregnancy or any time after, and the emails will come to your inbox right up until your baby's first birthday. Each email will provide you with information and advice at the time you need it most, and by being in your inbox you can easily look back at past emails whenever you need to.

So go to Readytocope.org.au and sign up for Ready to COPE today. It's totally free and confidential. And it's something positive and proactive you can do for yourself today.

By encouraging women to sign up to Ready to COPE you can be assured that they will continue to have access to timely and quality information. Each edition contains links to factsheets and resources.

You can also download free posters to print and display in your setting. You can find out more about these resources in the 'Ready to COPE – how to guide' in the resources attached to this lesson.

And if you suspect that women may be experiencing anxiety or depression, we have factsheets especially for consumers and family members. These can be accessed directly through the cope website or through the ready to COPE guide. You can also access these directly here as they are attached to this lesson.

We also have a factsheet series designed specifically for health professionals, which summarises the information for each condition from the National guideline. You can download and print these factsheets designed for health professionals – to share with your colleagues, and these are always a good guide to refer to.

I hope this information has been helpful. And you have learned something new about perinatal depression and anxiety, and the new resources to support you in raising awareness, educating and supporting the women in your care.

Remember, these conditions are common and can be serious if not identified and treated – which too often is the case. This is why YOU need to be aware and informed about perinatal anxiety and depression – so that you can inform and educate those in your care and identify possible signs early.

So let's recap on our key learnings in this module on perinatal depression and anxiety.

Lesson Recap

Firstly, perinatal depression and anxiety are common.

In many instances they co-exist, so it's very common to experience both conditions at the same time.

Often the signs and symptoms are missed, as they are attributed to part of pregnancy or just part of having a baby – which is why education and screening is so important. We have seen that there are many barriers to care – including the misattribution of symptoms, denial, shame and stigma, and not knowing where to go for help. These are all reasons WHY we need to educate and direct women to timely and accurate information.

This includes accessing high quality information. Here the COPE website Australia's most extensive specialist perinatal mental health website, where all information is underpinned by the National Guidelines. Similarly this information can be disseminated through the Ready to Cope Guide which is free and women can sign up to receive timely, bite-sized information across pregnancy and the postnatal period.

All this information is summarised in the factsheets, and resources for women and their families and can be downloaded or ordered through the attached links. This is also the case for health professionals – all of which can be downloaded or ordered through the attached links.

Your next task is to now complete the quiz at the end of this module and then I'll catch up with you in lesson 2 where we will focus on the less common mental health conditions – starting with Bipolar Disorder.

See you there - Bye for now.

References

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