

Depression during pregnancy

A guide for women and their families



During pregnancy women experience many physical, emotional and social changes. This makes the chance of experiencing depression higher. So, pregnancy is a time when it is important to watch for its signs and symptoms. If you think you may have depression, seek help early so you can take steps to get on top of the depression, before your baby arrives.

How common is depression in pregnancy?

Up to **1 in 10** Australian women feel depressed when they are pregnant. It is common for pregnant women to experience depression and anxiety at the same time.

What causes depression in pregnancy?

There is no single cause of depression. It is likely to be a result of:

- your genetic make-up and family history
- your personal way of thinking and coping
- features of your environment that influence your mental and emotional wellbeing.

A combination of these factors may make your risk of developing depression higher. There are also factors that protect you, such as having good support networks.

What are the signs and symptoms?

Many women miss the early signs of depression – sometimes because they think they are signs of pregnancy (e.g. hormones). It is important to be aware of common symptoms including:

- feeling low or numb – some women describe feeling nothing at all
- loss of confidence, feeling helpless, hopeless and worthless
- feeling teary and emotional, angry, irritable or resentful towards others
- changes in sleep – not being able to sleep even when you have the chance or wanting to sleep all the time
- changes in appetite – accompanied by weight loss or weight gain
- lack of interest and/or energy
- difficulties concentrating, thinking clearly or making decisions (which can also result from lack of sleep)
- feeling isolated, alone and disconnected from others
- having thoughts of harming yourself, your baby and/or other children
- finding it difficult to cope and get through the day.

How is depression in pregnancy identified and diagnosed?

Your doctor or maternal and child health nurse may offer you screening with the Edinburgh Postnatal Depression Scale and/or the Antenatal Risk Questionnaire.

- The Edinburgh Postnatal Depression Scale is series of 10 questions about how you have been feeling in the last 7 days. For each question, you choose the response that describes your feelings.
- The Antenatal Risk Questionnaire asks questions about your life more generally and helps to identify factors that may place you at greater risk of experiencing depression.

If you think you might be experiencing depression, you can ask your doctor or maternal and child health nurse for these screening assessments. Your score(s) will tell you and your doctor or maternal and child health nurse whether it would be helpful to further assess your mental health.

A GP or trained mental health professional can diagnose depression. They do this by asking whether you have had certain symptoms over a period of time (usually 2 weeks or more).

How is depression in pregnancy treated?

Your doctor will talk to you about psychological (talking) therapies and possibly medicines for treating depression. You will also benefit from emotional and physical support. The type of treatment that is right for you will depend on your situation, your symptoms and the treatments you can access. The sooner you seek help, the sooner you can work towards recovery. Getting help early is best for both you and your baby.

Talking therapies

Talking therapies can be very helpful if you have mild to moderate symptoms. Talking therapies can help you recognise and change the negative thinking and feelings that depression brings. They also give you useful tools to stop depression coming back.



Depression during pregnancy

A guide for women and their families

Talking therapies include:

- Cognitive-behavioural therapy (CBT): the cognitive (or thinking) part of this therapy teaches you to think logically and challenge negative thoughts. The behaviour part helps you change the way you react in situations and can help you to get involved in activities that you have been avoiding or have stopped doing
- Interpersonal therapy (IPT): helps you to find new ways to connect with others, and overcome losses, challenges and conflicts that you may have.

Registered practitioners with appropriate training and experience provide talking therapies for individuals or groups.

Medicines

If you have moderate to severe symptoms, you may need to take medicine. Talking therapies will also be helpful once your symptoms have begun to improve.

Medicines for depression are called antidepressants. There are different types of medicine and they work in different ways. Selective serotonin reuptake inhibitors (SSRIs) can be safely used when you are pregnant and can also help with anxiety symptoms. Your doctor may also suggest another type of medicine called tricyclic antidepressants, especially if they have worked for you in the past.

Some useful tips about taking antidepressants in pregnancy:

- The medicine can take up to 3 weeks to have an effect so other supports can be helpful in the meantime.
- You may experience some mild side-effects – talk to your doctor if these become too hard to cope with.
- You may need to try more than one medicine to find the one that is best for you.
- Most women stay on their medicine for 6–24 months – don't stop taking a medicine suddenly once you start feeling better.
- When you come off the medicine, you should do this slowly – your doctor will help you and check for any side-effects or symptoms of relapse.

Electroconvulsive therapy (ECT)

ECT is used when symptoms of depression are severe, medicine is not working and the risks of symptoms (e.g. thoughts of self-harm) are very high. It is safe during pregnancy when carried out by a specialist perinatal psychiatrist. The mother and unborn baby are closely monitored.

Advice for women experiencing depression during pregnancy

Seek help and treatment

- Seek help from a doctor or other health professional.
- Learn about effective treatments.
- Call a support service or mental health crisis line if other help is not available.

Accept help and support

- Develop a support system of friends, family and professionals and accept help.
- Discuss your feelings with your partner, family and friends.

Look after your physical health

- Try to eat healthy meals, including fruit, vegetables, whole grains and lots of water.
- Plan some enjoyable physical activity every day.
- Try to establish good sleeping patterns.
- Practice techniques to reduce stress, such as muscle relaxation and deep breathing.

Advice for family and friends providing support

Listen and reassure:

- Encourage the woman to discuss her symptoms.
- Explain that depression can be treated and managed.

Provide information:

- Give the woman good quality information about depression in pregnancy, such as this fact sheet.
- Give details of helplines if she is feeling distressed and needs support.
- Offer information to the woman's partner/others.

Direct to care and support:

- Encourage the woman to talk to her GP or other health professional.
- Encourage the woman to identify and draw on possible supports and services that may be available to her for practical and/or emotional support.
- Remind the woman that she can go to her doctor or local hospital if she is at risk of harming herself or others.

