Depression and anxiety can happen at any time – but we know women are more likely to experience these conditions during pregnancy and the year following the birth of a baby (the perinatal period).

Pregnancy and adjusting to a new baby is rewarding, but also brings changes and challenges. While some days will be better than others, for some women who experience mental health problems each day is a struggle.

Just like physical health problems experienced during pregnancy, birth or early parenthood (e.g. high blood pressure), mental health problems can happen to anyone. It’s important to recognise the signs and seek help early.

While depression and anxiety are the most common type of mental health problems in the perinatal period, there are other serious mental health problems that can also occur at this time (see ‘Other mental health conditions’).

**Depression**

“I felt nothing...just numb, emotionally dead/flat.”

Perinatal depression affects up to one in 10 women during pregnancy, and almost one in seven women in the first year after the birth.

Unlike the ‘baby blues’, which is temporary, depression does not go away on its own. Women with depression describe feeling sad, down, numb and empty, with no interest in their baby, other people or things they used to enjoy.
Anxiety

“I’m just so worried about everything.”

“I can’t stop feeling that something will go wrong with this pregnancy.”

While we all experience some anxiety from time to time, for some people, these feelings keep going and can have an impact on their ability to function from day to day. Anxiety conditions are likely to be at least as common as depression during pregnancy and the year following, and many women experience both anxiety and depression at the same time.

Symptoms of anxiety include feelings of worry, panic or fear that are difficult to stop or control.

Getting help

Talking to your general practitioner (GP) or other health professional is a good first step in getting help. By discussing your experiences with you and assessing your answers to the questions in the Edinburgh Postnatal Depression Scale (EPDS) (see the panel to the right), a health professional can help you to work out if you may be experiencing depression or anxiety and whether you could benefit from some additional advice or help.

Depending on your symptoms, you may be referred to a specialist (e.g. psychologist, psychiatrist).

When is urgent assistance needed?

If you or someone you care about is in crisis, contact your GP or local health care provider.

Thoughts of suicide, harming yourself or your baby can accompany mental health conditions.

If you think your partner or baby would be better off without you, or you are having thoughts of suicide or thoughts of harming the baby, seek emergency assistance by calling 000 or go to your local hospital emergency department.
Treating perinatal depression and anxiety

“I knew I needed help, it was just a matter of finding the right combination of help for me.”

The type of treatment varies according to the individual and the severity of the condition. Often a combination of treatments is most effective for depression and/or anxiety.

- **Psychological therapy**, often referred to as ‘talking therapy’, can be effective in changing negative thoughts and feelings, stopping symptoms from getting serious and helping recovery.

- **Medication** can also play an important role in reducing the impact of depression or anxiety on the mother, baby and other family members. Research has shown that certain medications are effective and can be used safely during pregnancy and breastfeeding.

**Medicare rebates are available for a range of mental health services. For more information, call beyondblue on 1300 22 4636.**

Other mental health conditions

There are other less common mental health conditions that can occur during pregnancy or in the year following birth.

- **Bipolar disorder** affects a small number of women in the perinatal period and involves periods of feeling low (depressed) and high (mania). Medication and extra support are required to treat and manage this condition.

- **Puerperal (postpartum) psychosis** is a serious but rare condition that occurs in the first weeks after the birth. It involves marked changes in moods, thoughts, perceptions and behaviour. Women with puerperal psychosis can become very confused and may be at risk of harming themselves or others. This is a **medical emergency** and a doctor should be contacted immediately.

Women who have had bipolar disorder or puerperal psychosis before have a high risk of relapse in the perinatal period.
Tips for looking after yourself

“Talking with others who really do understand has helped me not to worry about the birth and being a mother.”

- Develop a support network of friends, family and/or health professionals and organise extra help in the first few weeks after the birth.
- Involve your partner and family in day-to-day care of your baby and household chores.
- Organise your routine so you get some time for yourself — use the time to relax or do something you enjoy.
- Talk to someone you trust about your feelings. Sharing your concerns can be really helpful.

Tips for partners

“My husband was fantastic... he spent as much time as he could at home helping with the children.”

- Become involved in day-to-day tasks related to caring for the new baby and the household.
- Accept offers of help from friends or family members or organise someone to help with meals, housework and the child/ren.
- Plan some time as a couple and try to do something you both enjoy.
- Be aware of your own health and wellbeing. Make sure you exercise, relax and set aside time for yourself.

Tips for family and friends

“My mother stayed over as much as possible and a neighbour and other friends cooked meals.”

- Spend time listening, without needing to offer solutions and advice unless it is requested.
- Offer to look after the baby or older children, help with cooking and cleaning or whatever else is needed.
- Encourage the mother and/or father/partner to seek professional help if necessary.
Edinburgh Postnatal Depression Scale (EPDS)

The EPDS asks about symptoms that are common in women with depression and anxiety during the perinatal period. **It is not intended to provide a diagnosis** — only trained health professionals should do this.

Please circle the number next to the response that comes closest to how you have felt in the PAST SEVEN DAYS.

Calculate your score by adding the numbers you circled for each of the 10 items. If your score is **10 points or more**, you should speak to a health professional.

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<tbody>
<tr>
<td><strong>1.</strong></td>
<td>I have been able to laugh and see the funny side of things</td>
<td>As much as I always could</td>
<td>0</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Not quite so much now</td>
<td>1</td>
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<td></td>
<td>Definitely not so much now</td>
<td>2</td>
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<td></td>
<td></td>
<td>Not at all</td>
<td>3</td>
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<td><strong>2.</strong></td>
<td>I have looked forward with enjoyment to things</td>
<td>As much as I ever did</td>
<td>0</td>
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<td></td>
<td></td>
<td>Rather less than I used to</td>
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<td></td>
<td></td>
<td>Definitely less than I used to</td>
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<td></td>
<td></td>
<td>Hardly at all</td>
<td>3</td>
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<td><strong>3.</strong></td>
<td>I have blamed myself unnecessarily when things went wrong</td>
<td>Yes, most of the time</td>
<td>3</td>
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<td></td>
<td></td>
<td>Yes, some of the time</td>
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<td></td>
<td>Not very often</td>
<td>1</td>
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<td></td>
<td>No, never</td>
<td>0</td>
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<td><strong>4.</strong></td>
<td>I have been anxious or worried for no good reason</td>
<td>No, not at all</td>
<td>0</td>
<td></td>
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<td></td>
<td></td>
<td>Hardly ever</td>
<td>1</td>
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<td>Yes, sometimes</td>
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<td></td>
<td></td>
<td>Yes, very often</td>
<td>3</td>
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<td><strong>5.</strong></td>
<td>I have felt scared or panicky for no very good reason</td>
<td>Yes, quite a lot</td>
<td>3</td>
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<td></td>
<td></td>
<td>Yes, sometimes</td>
<td>2</td>
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<td></td>
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<td>No, not much</td>
<td>1</td>
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<td>No, not at all</td>
<td>0</td>
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<td><strong>6.</strong></td>
<td>Things have been getting on top of me</td>
<td>Yes, most of the time I haven’t been able to cope at all</td>
<td>3</td>
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<td>Yes, sometimes I haven’t been coping as well as usual</td>
<td>2</td>
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<td></td>
<td></td>
<td>No, most of the time I have coped quite well</td>
<td>1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>No, I have been coping as well as ever</td>
<td>0</td>
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</table>
1. I have been able to laugh and see the funny side of things
   - As much as I always could 0
   - Not quite so much now 1
   - Definitely not so much now 2
   - Not at all 3

2. I have looked forward with enjoyment to things
   - As much as I ever did 0
   - Rather less than I used to 1
   - Definitely less than I used to 2
   - Hardly at all 3

3. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time 3
   - Yes, some of the time 2
   - Not very often 1
   - No, never 0

4. I have been anxious or worried for no good reason
   - No, not at all 0
   - Hardly ever 1
   - Yes, sometimes 2
   - Yes, very often 3

5. I have felt scared or panicky for no very good reason
   - Yes, quite a lot 3
   - Yes, sometimes 2
   - No, not much 1

6. Things have been getting on top of me
   - Yes, most of the time I haven't been able to cope at all 3
   - Yes, sometimes I haven't been coping as well as usual 2
   - No, most of the time I have coped quite well 1

7. I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time 3
   - Yes, sometimes 2
   - Not very often 1
   - No, not at all 0

8. I have felt sad or miserable
   - Yes, most of the time 3
   - Yes, quite often 2
   - Not very often 1
   - No, not at all 0

9. I have been so unhappy that I have been crying
   - Yes, most of the time 3
   - Yes, quite often 2
   - Only occasionally 1
   - No, never 0

10. The thought of harming myself has occurred to me**
    - Yes, quite often 3
    - Sometimes 2
    - Hardly ever 1
    - Never 0

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** Thoughts of suicide, harming yourself or your baby can accompany depression and anxiety. If you are feeling this way, seek emergency assistance by calling 000 or go to your local hospital emergency department.

Information resources for new and expecting parents

- Booklet – A guide to emotional health and wellbeing during pregnancy and early parenthood.
- Booklet – Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families.
- Booklet – Dad’s handbook: A guide to the first 12 months

To download PDF files or order hard copies of available information resources please visit [www.beyondblue.org.au/resources](http://www.beyondblue.org.au/resources) or call the beyondblue Support Service 1300 22 4636.

This publication is funded by the Australian Government.
Where to find more information

beyondblue
www.beyondblue.org.au
Learn more about anxiety and depression, or talk it through with our Support Service.

1300 22 4636
Email or chat to us online at www.beyondblue.org.au/getsupport

Perinatal Anxiety & Depression Australia (PANDA)
1300 726 306 (Mon–Fri 10am–5pm EST)
www.panda.org.au

Pregnancy, Birth and Baby
1800 882 436 (helpline)
www.pregnancybirthbaby.org.au

Australian Multiple Birth Association
www.amba.org.au

Miracle Babies Foundation
1300 622 243
www.miraclebabies.org.au

MensLine Australia
1300 78 99 78
www.mensline.org.au

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