Managing mental health conditions during pregnancy and early parenthood
A guide for women and their families

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Together we can work to reduce the debilitating and often devastating impact of perinatal mental health conditions.

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“I think this booklet has covered everything that a woman and her family need to understand that mental illness is a real possibility during pregnancy and beyond and that it is nothing to feel ashamed about.

I know what I know now, through experience. The experience of feeling alone, guilty, unsupported, with nowhere to go or no one to turn to, when really it was all there, but how was I to know? Just knowing that what I was experiencing was an illness, that was experienced by others and not only me, would have made a difference. If I wasn’t sharing what I was going through then how many other women were doing the same?

This booklet normalises the occurrence of mental health [issues] during the perinatal period and gives women permission to seek help. I remember feeling incredibly guilty while I was pregnant that I had such negative and ‘disturbing’ thoughts. The thought of sharing these thoughts with anybody, let alone a ‘professional’ that could have actually helped me was taboo. I look back now and realise that my obstetrician would ask me was I ‘really’ ok. If I’d have had access to this booklet, the floodgates would have opened.”

– Stacey, mother of two
About this booklet

The numerous changes experienced during pregnancy and the following year place some women at risk of developing depression, anxiety or other less common mental health conditions, such as bipolar disorder and puerperal (postpartum) psychosis. This is more likely for women who have had a mental health condition before, but it’s important to remember that mental health conditions can happen to anyone — just like any other complication of pregnancy, birth or early parenthood (e.g. high blood pressure or mastitis).

Research suggests that some degree of depression is experienced by up to one in ten women during pregnancy and one in seven women in the year after the birth of their baby. Anxiety conditions are also common at this time and can occur alone or with depression. The good news is that there are safe and effective treatments for mental health conditions, including less common conditions like bipolar disorder and puerperal psychosis. The earlier these conditions are picked up, the faster you can recover. This is important not only for you, but also for the wellbeing of your baby and family.

Informed by the beyondblue Perinatal Clinical Practice Guidelines, this booklet follows on from The beyondblue guide to emotional health and wellbeing during pregnancy and early parenthood. It includes more detailed information about depression, anxiety, bipolar disorder and puerperal psychosis. It aims to assist women, partners and families to seek help and find the right treatment.

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Mental health conditions during pregnancy and early parenthood

What increases the chance that a woman will develop a mental health condition during pregnancy and early parenthood?

Mental health conditions during pregnancy and early parenthood can affect anyone, and occur in every culture. Like depression or anxiety that occur at any other time, these mental health conditions don’t have one definite cause — rather, they are likely to result from a combination of factors.

Factors that are known to place women at greater risk of developing mental health conditions

- Personal or family history of mental health conditions or current mental health condition
- Current alcohol and/or drug problems
- Lack of available support (e.g. practical or emotional support)
- Current or past history of abuse (e.g. physical, psychological, sexual)
- Negative or stressful life events (such as previous miscarriage or stillbirth, loss of a job or moving house)

As well, a range of circumstances may increase the level of stress around the time of having a baby. If increased stress continues, it may cause feelings of distress. Continuing distress increases the likelihood of a mental health condition developing.

Factors that may increase stress
- A stressful or unplanned pregnancy
- Obstetric complications in the past, including fertility problems
- A very long labour and/or complicated birth
- Severe ‘baby blues’ after the birth
- An anxious, perfectionist personality or being a ‘worrier’
- Low self-esteem, especially being very self-critical
- Difficulty with breastfeeding
- Premature baby or problems with the mother or baby’s health — including separation from the baby
- Continuing lack of sleep or rest
- An unsettled baby (e.g. problems with feeding and sleeping)
- Being a single parent
- Being a teenage parent
- Being the parent of more than one baby (e.g. twins or triplets)

The impact of these factors varies — although most women can manage a few antenatal or postnatal difficulties or stressors, multiple problems can take their toll, and over time may be too much.

Some groups of women may be at greater risk, because it is harder for them to get the help they need, they are socially isolated, experiencing cultural issues or are unable to engage in their cultural practices.

Aboriginal families
There are several factors that may affect the emotions of Aboriginal parents including historical events (e.g. the stolen generation) and related issues of grief and loss.

In traditional Aboriginal culture, babies were seen as ‘born of place’. Traditional birthing places still exist today, but many Aboriginal women now give birth in hospital. For some Aboriginal women, the first time they go to hospital is when they have a baby. This can add to the distress women may already feel at this time. They may feel very isolated from the social, cultural and spiritual support of family and friends. It can also be very hard if they have to travel to a city to give birth.

“I became very withdrawn. I cried a lot… I was angry at everyone. And even though my children were the joy of my life — now I can see — but at that time they weren’t. They were like a burden to me... I [didn’t let] what was happening in my life be known to anyone. I thought to myself ‘...I am a powerful black woman because I keep all my business in my house’.”

Nyoongar woman
Migrants and refugees

People who have moved to Australia from another country might not have support from family or friends to help them. It can be hard to adjust to or understand a new health system, especially while still learning English (or not speaking English at all). Many recent immigrants to Australia also feel upset and distressed if they can’t welcome their baby in the traditional way. Giving birth in a hospital may have an effect on traditional practices and parents may not have family and friends with whom to celebrate the birth. Refugee families may also be affected by trauma that was part of their refugee experience.

“When you give birth in [my home country] all your neighbours and families come to visit to congratulate you, to share the happiness and to help you. In Australia, only my husband and I open the door of the house and celebrate. No one celebrated with us.”

_Ethiopian woman_

Normal emotional reactions during pregnancy and following birth

Women and their partners may go through a wide range of emotional experiences during pregnancy and the following year. Feelings of distress such as being teary, irritable or oversensitive happen normally at various times during pregnancy and in the year following the birth. Some common emotional reactions and experiences are discussed below. These will usually pass on their own with support and understanding.

Emotional distress and the ‘baby blues’

Emotional distress is especially common in the days following the birth — this is known as the ‘baby blues’ and it affects around 80 per cent of women. Women with the baby blues may feel tearful and overwhelmed, due to changes in hormone levels following childbirth.

Signs of the baby blues include being teary, irritable or oversensitive in your interactions with others, and having lots of mood changes.

The baby blues usually disappear within a few days without treatment. If they don’t go away, it may be a sign of something more serious — like depression or anxiety — and if so, you may need treatment. This is important not only for you, but also for the wellbeing of your baby and family.
Problems with adjusting and bonding with your baby

Often, being a parent is very different from what was expected. All parents go through a period of adjustment as they try to handle the huge changes a baby brings. For most people, this time of adjustment will be temporary and will not be overly distressing. For others, however, adjusting to life with a baby can take a long time and cause a lot of distress. No longer being able to enjoy anything (including the baby) is a real sign that something is wrong. When this is the case, talking to a health professional (such as a general practitioner (GP) or Maternal, Child and Family Health Nurse) can be helpful.

“I found it difficult coping with the demands of a newborn. No sleep, constant crying and a lack of time for myself. This was supposed to be the most beautiful time of my life.”

After the birth, most people expect an instant bond with their baby, but for some women, this doesn’t happen. This can create feelings of guilt, stress and disappointment. It may take a few days or even weeks to feel a connection to your baby. When a woman feels little or no connection to her baby, she may be ‘distant’ or ‘withdrawn’ and can react negatively toward the baby. These interactions between the mother and baby can affect the baby’s development even at these early stages, so if this is happening, it’s important to seek assistance early.

“I was worried that it would be hard to bond with two babies… but we got there, even though we had time apart while the twins were still in the neonatal care unit.”

“As I looked at my baby… I felt numb, emptiness. It was as if I was looking at someone else’s baby.”

Usually, with support and rest, most women will feel more attached to their baby within a few days. If a connection is not beginning to be established within a couple of weeks, it is important to talk to a health professional (such as a Maternal, Child and Family Health Nurse or GP). Some mothers will benefit from admission to specialist parenting centres — these offer support, parenting education and guidance, which can increase parenting confidence, alleviate distress and allow for rest in a supportive environment. Some of these parenting centres also cater for fathers and siblings. Talk to your GP or Maternal, Child and Family Health Nurse about how you can access this support.

When is help needed?

If you are experiencing ongoing distress that does not pass on its own and begins to affect your ability to function from day to day, and/or you are not feeling close or connected to your baby over time, it is important to seek help. This may be a sign that you are experiencing a mental health problem — these are covered in the following sections.
Depression

Depression is a mental health condition that may develop gradually or within a short period of time, and may go on for many months, or even years if not treated. Depression may start before or during pregnancy and then continue after childbirth, or it may develop for the first time after the baby has arrived. In many instances, depression is not recognised and may get worse – which may interfere with your pregnancy or becoming a parent. Depression may also return in a following pregnancy or after the birth of another child.

Depression affects not only the mother, but also her relationship with her partner, her baby, and the baby’s development.

“I had never had a history of depression before. This was a very wanted baby... and I remember it clearly... one day a black curtain descended on me... I could feel it coming down...”
It was the worst experience of my life, worse than grief, worse than loss... there was nothing I could do about it and I was scared it would last the rest of my life.

What are the symptoms of depression?

The symptoms of depression during pregnancy or early parenthood are the same as those experienced at any other time of life, but depression can be a little harder to identify and to deal with when you are pregnant or have a baby. Some of the changes that come with being a mother overlap with the symptoms of depression — such as changes in sleeping or appetite — and it can be hard to tell the difference. It’s also a time of great change.

If you have experienced some of the following symptoms for two weeks or more, it’s time to get help.

- Low mood and/or feeling numb
- Feeling inadequate, like a failure, guilty, ashamed, worthless, hopeless, helpless, empty or sad
- Often feeling close to tears
- Feeling angry, irritable or resentful (e.g. feeling easily irritated by your other children or your partner)
- Fear for the baby and/or fear of being alone with the baby or the baby being unsettled
- Fear of being alone or going out
- Loss of interest in things that you would normally enjoy
- Insomnia (being unable to fall asleep or get back to sleep after night feeds) or excessive (too much) sleep, having nightmares
- Appetite changes (not eating or over-eating)
- Feeling unmotivated and unable to cope with the daily routine
- Withdrawing from social contact and/or not looking after yourself properly
- Decreased energy* and feeling exhausted*
- Having trouble thinking clearly or making decisions*, lack of concentration and poor memory*
- Having thoughts about harming yourself or the baby, ending your life, or wanting to escape or get away from everything

*These symptoms can also result from a lack of sleep — which often happens with a new baby.

It is quite common to experience symptoms of anxiety as well as depression. Symptoms of anxiety are outlined on page 12.

By discussing your experiences with you and using the Edinburgh Postnatal Depression Scale (EPDS)¹, a health professional can help you to work out if the symptoms are within the normal range, or whether they could indicate depression and/or anxiety. The questions from the EPDS are included at the back of this booklet.

¹ This assessment tool was originally developed to check for symptoms of depression in the postnatal period. We now understand that it is also useful during pregnancy and can help to identify symptoms of anxiety as well as depression.
If you think your partner or baby would be better off without you, or you are having thoughts of suicide or harming yourself or your baby, seek professional help immediately. There is a list of helpful services in the back of this booklet.

Often the woman’s partner and/or family members will need to initiate help and play a major role in the ongoing care of the woman and the family.

Some people’s experiences of depression
Depression is associated with a wide range of symptoms and each woman has a unique experience.

“I lost the capacity to process, to make decisions... every decision was too hard... I just wanted to go to bed.”

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

“The thought of getting through the day is daunting... no-one tells people how hard it is... usually easy tasks are beyond your ability.”

“You feel very vulnerable... I was crying all the time... I thought maybe this is how it is.”

“Nothing made me smile, nothing made me happy, nothing made me enjoy anything... my husband spent a fortune on my favourite foods... I didn’t eat a mouthful.”

“I think it was about inadequacy and a bit of jealousy... watching other mums enjoy and cope... I couldn’t even have a shower... I couldn’t cope with the inadequacy I felt.”
What treatments for depression are safe and effective?

Women who experience mild to moderate symptoms of depression may benefit from emotional and practical support (see page 31) and psychological therapy (see next section). Women with diagnosed moderate to severe symptoms are likely to require a treatment plan (care plan) that can be developed in consultation with a GP. The plan may include a range of treatments and the woman might also need to consider taking medication.

Psychological therapy

Psychological therapy can be an effective approach to treating depression during pregnancy and following the birth. Psychological therapy can help by changing negative thoughts and feelings that accompany depression and may help recovery and stop depression from getting serious again.

There are different types of therapy that can help women manage depression. Two common therapies that have been found to be effective are:

- **Cognitive behaviour therapy (CBT)** teaches people to think logically, and to challenge and change their negative thinking and the way they react to certain situations. Behavioural therapy approaches can also assist people to become involved in activities that they may have stopped doing or are avoiding.

- **Interpersonal psychotherapy (IPT)** helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships to reduce the impact of depression.

Psychological therapy can be provided to a person either individually or in a group. Treatment or therapy groups are usually run by a trained mental health professional. These groups usually run for a set time (e.g. 10 weeks). There is normally an assessment before the first session and partners may be invited to attend at least one session in the program.

Medical treatments

Antidepressants are medications that are an effective treatment for depression. Research has shown that certain antidepressants — selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants — can be safely used in pregnancy as they are not associated with birth defects. As these medications pass into the breast milk at
very low levels they can also be safely used during breastfeeding.

If you are prescribed an antidepressant, be aware that it will take up to three weeks to have an effect, and that during this time you may experience some mild side-effects. You may also need to try more than one type of antidepressant to find one that is best for you and that causes the least amount of side-effects. Once settled on a medication, you should not stop taking it suddenly, once you start feeling better. Usually, antidepressant treatment should continue for six to 24 months after full recovery is achieved. You should be assessed by your GP or psychiatrist for side-effects and symptoms of relapse when coming off medication.

**Hospital/mother–baby unit**

A woman with severe symptoms may need to go into a psychiatric hospital setting (see page 30). This allows health professionals to monitor and provide treatment and ongoing support in a safe place.

**Electroconvulsive therapy (ECT)**

ECT is an effective treatment for severe depression that may be considered when other options like medication are not working. It can be used safely during pregnancy and following the birth of a baby (see page 31).
Anxiety

Some degree of worry or anxiety is normal when you are pregnant or have become a parent. The trouble is, too much anxiety and distress may affect your ability to enjoy your pregnancy and manage the challenges of caring for a newborn. Anxiety conditions involve excessive worry occurring on most days and significantly affecting everyday life.

There are a number of different types of anxiety conditions. The most common conditions that arise in pregnancy or after birth are:

- **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)
• **Generalised anxiety disorder** — feeling anxious about a wide variety of things on most days over a long period of time (e.g. six months)

• **Specific phobia** — fearful feelings about a particular object or situation (e.g. going near an animal, flying on a plane or receiving an injection)

• **Obsessive compulsive disorder** — 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]

• **Post-traumatic stress disorder** — bursts of anxiety any time from one month after experiencing a traumatic event (e.g. a traumatic delivery, sexual assault or violence).

Mothers with anxiety often fear they are losing control or ‘going crazy’. Many are driven to try to do everything without any help (e.g. keep the house immaculate) and often worry that what they are doing with their baby is not ‘right’. This can lead to low self-confidence and a fear that they are not doing well as a parent, partner or in managing the home.

Women who have experienced anxiety before having children may find their symptoms get worse during pregnancy or in the year after the baby is born. For other women, the first time anxiety problems arise is during the antenatal or postnatal period.

Regardless of when or why feelings of anxiety may arise, it is important to seek help from a health professional, such as your GP or Maternal, Child and Family Health Nurse.

“I [was thinking] this is not the way you are supposed to feel when you have a baby... you are supposed to look at it and feel completely in love and all the rest of it... but I was completely panicked... it was like this tidal wave of anxiety sort of crashed down on me.”

“I just felt so sad and anxious about everything... I’d lie awake at night waiting for her to cry... the sleeplessness, the anxiety, not being able to watch the news because everything made me sad.”

What are the symptoms of anxiety?

The symptoms of anxiety may sometimes be ignored, as they often develop gradually over time. Given that we all experience some anxiety, it can be hard to know how much is too much. If you have one or more of these symptoms, you may need help.

• Anxiety or fear that interrupts your thoughts and interferes with daily tasks

• Panic attacks — outbursts of extreme fear and panic that are overwhelming and feel difficult to bring under control

• Anxiety and worries that keep coming into your mind and are difficult to stop or control

• Constantly feeling irritable, restless or ‘on edge’

• Having tense muscles, a ‘tight’ chest and heart palpitations
• Finding it difficult to relax and/or taking a long time to fall asleep at night
• Anxiety or fear that stops you going out with your baby
• Anxiety or fear that leads you to check on your baby constantly.

It is quite common to experience symptoms of depression as well as anxiety. Symptoms of depression are outlined on page 7.

By discussing your experiences with you and assessing your answers to some of the questions in the EPDS (see the back of this booklet) — especially questions 3, 4 and 5 — a health professional can help you to work out if you may be experiencing anxiety and if you could benefit from some additional advice or help.

If you are experiencing symptoms of anxiety yourself, or notice any changes like those described here in a woman who is pregnant or recently had a baby, seek professional help. There is a list of helpful services in the back of this booklet. Often the partner and/or family members will need to initiate help and play a major role in the ongoing care of the woman and the family.

Some people’s experiences of anxiety

“I was so aggressive and angry and I would sit with the baby all day and not do anything... I was frightened to leave him, thinking that something would happen even in my own home.”

“What treatments for anxiety are safe and effective?

Women who experience mild to moderate symptoms of anxiety may benefit from emotional and practical support (see page 31) and psychological therapy (see next page). Women with diagnosed moderate to severe symptoms are likely to require a treatment or care plan that includes these approaches and medication may also need to be considered.

“I was just scared I didn’t know what was going on... I felt so disconnected from my mind that I was scared that I would get up and walk across the road or something, like I actually felt I had no control over my mind or my body.”

“I was folding washing at 2am, couldn’t bear to leave things undone, didn’t want anyone to help me, didn’t want to leave her with anyone — even to sleep.”

“When I came back to hospital to visit a friend, my heart was racing, I felt nauseous, hot, sweaty, I had flashes of how helpless I felt in the delivery. I just wanted to get out of there.”
Psychological therapy

Psychological therapy can be an effective way to treat anxiety during pregnancy and following the birth. Psychological therapy can help by changing frightening or alarming thoughts and feelings that accompany anxiety. It can also help people to approach situations that they may be avoiding for fear of what might happen to them or the baby. Psychological therapy may help recovery and stop anxiety from getting serious again.

There are different types of therapy that can help women manage antenatal and postnatal anxiety conditions. Two common and effective therapies are:

- **Cognitive behaviour therapy (CBT)** teaches people to think logically, and to challenge and change their unhelpful thinking and the way they react to certain situations. Behavioural therapy approaches include relaxation training to relax body and mind as well as techniques to assist people to face thoughts or situations that they have been avoiding.

- **Interpersonal psychotherapy (IPT)** helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships to lessen the impact of anxiety.

Psychological therapy can be provided to a person either individually or in a group. Treatment or therapy groups are usually run by a trained mental health professional.

These groups usually run for a set time (e.g. 10 weeks). There is normally an assessment before the first session and partners may be invited to attend at least one session in the program.

“The group was fantastic. I still use its principles to this day. The greatest gift of the group was support from other women who knew exactly how I felt. There was no judgement, no ridicule or hurt. Just nurturing and support.”

Medications

Antidepressants — selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants — can be helpful in the treatment for anxiety. These medications are safe to use during pregnancy and breastfeeding.

For women with severe symptoms, benzodiazepines may also be prescribed until the antidepressant takes effect (up to three weeks). They should not be continued beyond three to four weeks and are best avoided if possible. These medications vary in the amount of time it takes for the body to eliminate them. Those that are eliminated more quickly — “short-acting” benzodiazepines — can be used safely during pregnancy and breastfeeding if they are only used for a short time. The use of “long-acting” benzodiazepines should be avoided, and so it is important to talk to your health professional.

Hospital/mother–baby units

A woman with severe symptoms may need to go into a psychiatric hospital setting (see page 30). This allows health professionals to monitor and provide treatment and ongoing support in a safe place.
Bipolar disorder is a serious mental health condition that affects a small number of women during pregnancy and after the birth. The causes of bipolar disorder aren’t known, but it is frequently inherited and often linked to stressful life events. Because life events can trigger episodes of bipolar disorder, women with a family history of bipolar disorder are more likely to develop the condition when they are pregnant or after the baby is born. Also, women who have had episodes of bipolar disorder in the past are very likely to have a relapse at this time.

“I had been diagnosed with bipolar disorder for seven years, but I had no idea that pregnancy or birth could trigger another manic episode. My husband and I were totally unprepared. Thankfully, it didn’t have an impact on our bond and — after better preparing ourselves — we went on to have two more children.”
What are the symptoms of bipolar disorder?

Bipolar disorder, which used to be called manic depression, involves periods of feeling both low (depression) and high (mania). The extreme moods of bipolar disorder can change regularly and may not relate to what is happening in the person’s life, although the mood swings may be triggered by certain events.

The symptoms of bipolar disorder during pregnancy and early parenthood are the same as those at other times. The symptoms of depression are likely to be the same as those listed in the section on depression (see page 7). Common behaviour associated with mania includes the following.

- Increased energy
- Irritability
- Overactivity
- Increased spending
- Being reckless or taking unnecessary risks (e.g. driving fast or dangerously)
- Increased sex drive
- Racing thoughts
- Rapid speech
- Decreased sleep
- Grandiose ideas (e.g. being famous, knowledgeable about everything)
- Seeing or hearing things/people that are not there (hallucinations)
- Having beliefs that are not based on reality (delusions)
- Feeling everyone is against you (paranoia)

A woman experiencing bipolar disorder during pregnancy may focus her fears and depressive concerns on her and the baby’s wellbeing during pregnancy or whether she will be a good mother. After the birth, her concerns may focus on the baby’s health or feeling that she is inadequate as a parent.

“The biggest feature of my bipolar disorder has been the depression. These episodes can be intense, almost like they ‘swallow me up’, leaving me paralysed and able to do very little, except cry and lie on my bed. Plus, I self-isolate.”

“After the birth of my second son, it was discovered that I had bipolar disorder and my life changed forever. People thought that I was putting on this extravagant display because I wanted attention.”

Bipolar disorder does not go away without medical treatment and medication is required to treat and manage this biological condition. Recognising symptoms and talking to a doctor is important. The earlier a woman is diagnosed, the sooner she will be able to get the right treatment.

If you are experiencing these symptoms yourself or notice any changes, like those described here, in a woman who is pregnant or recently had a baby, seek urgent assistance from a GP, mental health service or a hospital emergency department. Often, the partner and/or family members will need to initiate help and play a major role in the ongoing care of the woman and the family.
Treatment and management of bipolar disorder

Medications

Bipolar disorder is treated and managed using medications that stabilise symptoms and help to reduce the likelihood of relapse. Different types of medication are used to treat the range of symptoms that a woman may experience, including depression, mania or both depression and mania (mixed episode).

These medications may include:

- mood stabilisers — stabilise mood and help to reduce the likelihood of relapse
- antidepressants — reduce depressive symptoms which are part of a depressive phase of bipolar disorder
- antipsychotics — assist with both manic symptoms and psychotic symptoms (delusions or hallucinations).

It is important to discuss and review medication if you are planning a pregnancy, when a pregnancy is confirmed and following the birth. The type of medication used will depend on your symptoms and the stage you’re at, i.e. whether you are planning a pregnancy, pregnant or breastfeeding.

If mood stabilisers or antipsychotic medications (such as sodium valproate, clozapine or lithium) are prescribed for bipolar disorder, this should involve consultation with a psychiatrist who will need to weigh up the potential risks and benefits to the woman and fetus/baby. Particular care is needed with sodium valproate and a psychiatrist should always be consulted.

Folate supplements are important if you are taking mood stabilising medications while trying to conceive and in the first trimester of pregnancy (to reduce the small increased risk of birth defects with these medications).

Advice should be sought from a psychiatrist before medications are prescribed, changed or stopped. Medication should not be stopped suddenly. It may also be helpful to develop a care plan with your health professional (including contact numbers and support people) that you and your family can refer to as needed.
Hospital/mother–baby units
A woman with severe symptoms will almost always need to go into a psychiatric hospital setting (see page 30), especially if she, or her partner or family, feels she may be at risk of harming herself or her baby. This allows health professionals to monitor and provide treatment and ongoing support in a safe place.

Psychological treatments
As you begin to benefit from the prescribed medication and are recovering, psychological therapies such as cognitive behavioural therapy (CBT) or interpersonal psychotherapy (IPT) can help you to develop effective coping strategies (see page 9). You may also benefit from mother–infant therapy aimed at helping mother–infant bonding. Counselling/support is also recommended for your partner and main support people.

Electroconvulsive therapy (ECT)
ECT is a specialist treatment that can be used safely for treating acute mania, psychosis and severe depression during pregnancy or following the birth (see page 31).

For further advice on antipsychotic medications visit the National Registry of Antipsychotic Medications in Pregnancy website www.maprc.org.au/nramp
Puerperal psychosis (also referred to as postpartum or postnatal psychosis) is a rare mental health condition that affects a small number of women (one or two in every 1,000 mothers) in the first days or weeks after the birth of their babies. Puerperal psychosis is very serious as the mother may be at risk of self-harm and there is risk of potential harm for the infant and/or other children. Recognising symptoms and seeking urgent professional assistance is essential. The earlier a woman is diagnosed, the sooner she will able to get the right treatment and improve her mental health and wellbeing.

Although we do not know what causes puerperal psychosis, we do know that women with a history of bipolar disorder or who have experienced puerperal psychosis after previous births are at greater risk of the illness. In some cases, puerperal psychosis is the first episode of bipolar disorder, or less commonly, another psychotic illness.
What are the symptoms of puerperal psychosis?

Puerperal psychosis causes changes in a woman’s usual behaviour. These changes usually start within 48 hours to 2 weeks after giving birth, but may develop up to 12 weeks after the birth. They can be extremely distressing for the woman experiencing them and for her family.

Early changes in usual behaviour include:

- finding it hard to sleep
- feeling full of energy or restless and irritable
- feeling strong, powerful, unbeatable
- having strange beliefs (e.g. people are trying to harm the baby).

This may be followed by a combination of manic or depressive symptoms including:

- manic symptoms (e.g. high energy, hearing voices or seeing things that aren’t there (hallucinations), believing things that are not based on reality (delusions), talking quickly)
- depressed symptoms (e.g. low energy, not sleeping or eating, having thoughts of harming herself or the baby, feeling hopeless or helpless as a mother).

The woman may seem confused and forgetful, change moods in a short space of time and have difficulty concentrating.

Women who experience the symptoms of puerperal psychosis can become very confused and may be at risk of harming themselves or others (including their baby). If you are experiencing these symptoms yourself, or notice any changes like those described here in a woman who has recently had a baby, seek urgent assistance from a GP, mental health service or a hospital emergency department. Often, the partner and/or family members will need to initiate help and play a major role in the ongoing care of the woman and the family.
Treatment and management of puerperal psychosis

Medications
Medication is essential for treating and managing puerperal psychosis. Different medications may be used including:

• **antipsychotics** — assist with both manic symptoms and psychotic symptoms (delusions or hallucinations); these are essential to treatment in the first instance

• **mood stabilisers** — may need to be used to stabilise mood and help to reduce the likelihood of relapse

• **antidepressants** — may also be used to reduce depressive symptoms which are part of a depressive psychosis.

If mood stabilisers or antipsychotic medications (such as sodium valproate, clozapine or lithium) are prescribed for puerperal psychosis, this should involve consultation with a psychiatrist. It is important to weigh up the potential risks and benefits to the woman and baby.

If you have been treated for puerperal psychosis, it is important to discuss and review medication if you are planning a pregnancy, when a pregnancy is confirmed and following the birth. Folate supplements are important if you are taking mood stabilising medications while trying to conceive and in the first trimester of pregnancy (to reduce the small increased risk of birth defects with these medications).

Advice should be sought from a psychiatrist before medications are prescribed, changed or stopped. Medication should not be stopped suddenly.
Hospital/mother–baby units
A woman with puerperal psychosis will almost always need to go into a psychiatric hospital setting [see page 30]. This allows health professionals to monitor and provide treatment and ongoing support in a safe place.

Psychological treatments
As you begin to benefit from the prescribed medication and are recovering, psychological therapies such as cognitive behaviour therapy (CBT) or interpersonal psychotherapy (IPT) can help you to develop effective coping strategies [see page 10]. You may also benefit from mother–infant therapy aimed at helping mother–infant bonding. Counselling/support is also recommended for the partner and main support people.

Electroconvulsive therapy (ECT)
ECT is a specialist treatment that can be used safely for treating acute mania, psychosis and severe depression during pregnancy or following the birth [see page 31].

For further advice on antipsychotic medications visit the National Registry of Antipsychotic Medications in Pregnancy website www.maprc.org.au/nramp
What to do if you experience a mental health condition

There are many different ways that mental health conditions may be picked up during pregnancy and early parenthood. Most women see a doctor, midwife or Maternal, Child and Family Health Nurse regularly during this time — these health professionals are ideally placed to identify when a woman may need help. Alternatively, the woman, her partner or family may realise that something is not quite right (e.g. if the woman is finding it difficult to manage from day to day). In some instances there may be significant changes in the woman’s behaviour (e.g. behaving erratically or seeing/hearing things that are not there).

These mental health conditions can be treated effectively, and like physical conditions such as diabetes or asthma, they can be managed. However, if they are not identified or treated, there can be long-lasting problems, not just for the woman, but also for her partner, the baby and the whole family. It’s important to seek help early, as perinatal mental health conditions generally don’t go away on their own.
...I wasn’t ready to admit something was wrong... I did a really good job of tricking myself into believing that I was fine... until I wasn’t able to cope at all.”

**Ask for help**

“I never sought or received any help or treatment. I tried very hard to hide what I was experiencing because I felt sure that people would think that I was crazy. In the end, it broke up my marriage. Looking back, I realise how easy it would have been to just tell someone and how I needn’t have struggled through it all alone. But at the time, it seemed impossible for me to admit what was really going on or to seek help.”

These days, we know much more about mental health problems in pregnancy and early parenthood, and many women are choosing to share their stories of hope and recovery (visit Just Speak Up at www.justspeakup.com.au).

For many women, it is hard to accept that they may have a mental health condition when they are pregnant or when they become a mother. Some women think that feelings of distress are a normal part of motherhood and expect the symptoms will pass on their own. This may be partly because ‘baby blues’ is often confused with other mental health conditions like depression and anxiety.

Some women feel they should be able to cope on their own and are reluctant to talk about it when things aren’t going well. This may be made worse by comments from family or friends who do not have an understanding of mental health conditions.

“We now know that many women do not speak up as they worry that they will be perceived as ‘not able to cope’ or seen to be ‘incompetent’.

“I knew that my family would just think ‘she’s just not coping’... I knew the mothers in my mothers’ group would think the same... you do not want to be seen as not coping.”

This, together with the high expectations of motherhood that women and families often hold, can make it difficult to come to terms with, or accept what is happening and ask for help.

“You feel like a failure. You have this beautiful new baby and you are not able to provide for him as you expect from all the ads and all the ideals.”

The very nature of mental health conditions during pregnancy and early parenthood can also make it difficult for a woman to recognise the symptoms and seek help. Feeling isolated, disconnected or disorganised, women report that they lose the ability to make the choice to care for themselves or get help.
“If I had the right help, it would have been easier... you stop being able to make clear decisions... your mind is not working properly, so you’re making the wrong decisions or you are looking at it in the wrong way.”

Some women have practical problems that stop them from seeking help, such as lack of time, problems finding childcare, the cost of treatment, or transport problems if they live in rural or remote areas. In some cultures, feelings of stress or depression are talked about only in terms of physical symptoms (e.g. headache, stomach ache, feeling tired), not as emotional or mental health issues. In some languages, there is not even a word for ‘depression’ or ‘anxiety’. People may not want to seek help for fear of how others may judge them, and may worry about the impact this would have on their family. For these reasons, it can be hard for them to get treatment that will help them recover.

It’s important to remember that mental health conditions can be a complication of pregnancy and early parenthood. Like other physical health complications (e.g. mastitis, high blood pressure, diabetes), these are conditions that happen to some people, and are no one’s fault. It’s important to be aware of these conditions so you can seek advice early.

“If you had broken a leg, you would seek help — no question. But if something is wrong with our thoughts, we often feel we should sort it out on our own. Seek help for your mind like you would for your body.”

Accepting a diagnosis

“It had a diagnosis and prognosis... I could just focus on that, rather than being completely overwhelmed... accepting where I was, knowing there was a light, I couldn’t see it yet but I knew it was coming.”

It can be a shock to be diagnosed with a mental health condition and to acknowledge that you need treatment, but it can also be a real relief, especially if you have been struggling with symptoms for a while.

You can think of a diagnosis as a turning point, when you can get an understanding of what you have been experiencing and begin to look at steps to recovery. To do this, you’ll need help from health professionals, family and friends. The type and amount of support you’ll need will vary from person to person. This will depend on the nature and severity of your illness and what you and your health professional consider to be the most appropriate treatment for you and your situation. The research indicates that there is a range of effective treatments including medication and talking therapies or counselling. In addition, some people may find it helpful to share
experiences with other women through support groups or online forums, and become aware of strategies to help manage their illness. Actively seeking support or practical help from family and friends can also be beneficial.

It is essential to understand and accept that you have an illness and need professional advice and treatment. While it is a strong instinct to put the needs of the baby or others before your own, at this time you need to look after yourself.

Remember...

Take small steps, recognise and accept that recovery takes time and some days will be harder than others.

You are your baby’s most important asset, and an asset that should be looked after — caring for yourself is as important as caring for the baby.

You don’t have to suffer — accept help and work towards recovery.

You are not the only one — many other women go through this.

This is happening to you — it is not your fault; this is an illness, there is nothing to be ashamed of.

Mental health conditions won’t go away on their own — you must get help.

The faster you get help, the faster you can recover.

Where to find help

It is a good idea to talk to the health professionals you see regularly at this time — your midwife, Maternal, Child and Family Health Nurse and GP are your first line of support. If you feel that your needs aren’t being met, don’t give up. It can take time to find someone with whom you can talk comfortably. To assist your health professionals to work out the best treatment for you, it’s important that you tell them about all of your symptoms and your situation. If you have a history of mental health conditions, it is very important that you tell your treating health professional as early as possible in the pregnancy and/or postnatal period so that he or she can work with you to minimise your risk this time around.

General Practitioners (GPs)

A GP is a good person with whom to discuss your concerns in the first instance. A GP can conduct or arrange any necessary medical tests, assess your mental health and, depending on his or her training, provide treatment or refer you to a mental health professional. It’s highly recommended that you have a regular GP to go to, or see another GP in the same clinic who will have access to your medical file. However, if you don’t have a GP or clinic that you visit regularly, or don’t feel comfortable with your current GP, a list of GPs with expertise in treating common mental health problems is available at www.beyondblue.org.au/find-a-professional or you can call the beyondblue support

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2 The research is discussed in the beyondblue Clinical practice guidelines depression and related disorders — anxiety, bipolar disorder and puerperal psychosis — in the perinatal period, which is available at www.beyondblue.org.au/perinatal-guidelines
service on 1300 22 4636 (local call cost from a landline).

If you see an obstetrician (specialist in pregnancy and childbirth) rather than a GP, he or she can also assess your symptoms and refer you if necessary.

“My doctor was wonderful and somehow made out my words through my sobbing.”

“My doctor organised help for me, I was happy that they knew what I needed.”

**Midwives/Maternal, Child and Family Health Nurses**

Many women see a midwife regularly during pregnancy and a Maternal, Child and Family Health Nurse after the baby is born. These health professionals provide free help and information about pregnancy, breastfeeding, health, immunisation, nutrition, parenting, sleeping patterns, child development and safety, and will be able to support you and help you work out if what you are going through suggests you may have a mental health condition. If you need further assessment or treatment, they can refer you to a GP or mental health professional. Some Maternal, Child and Family Health Nurses also have additional training and are able to provide mental health support.

**Psychologists**

Psychologists are health professionals who provide psychological therapies and treatments for people experiencing a range of general psychological difficulties such as depression, anxiety and feelings of panic. If you would like a referral to a psychologist who may have expertise in this area, ask your GP or you can access one through the Australian Psychological Society website www.psychology.org.au

**Psychiatrists**

Psychiatrists are doctors who specialise in mental health. They can make medical and psychological assessments, conduct medical tests and prescribe medication. Some psychiatrists use psychological treatments. If you would like a referral to a psychiatrist, ask your GP.

**Mental Health Nurses**

Mental health nurses are registered nurses with special training in caring for people with mental health conditions. Mental health nurses work in collaboration with psychiatrists, GPs and in some maternity settings. Their role can include reviewing a person’s mental health, monitoring medication and providing information on mental health conditions and treatment. In some settings, mental health nurses also provide psychological treatments. If you would like a referral to a mental health nurse, ask your GP.
Social Workers
Social workers can assist people with depression, anxiety and related conditions by helping them find better ways to manage some of the social stresses that trigger these conditions such as family and work issues, financial and housing problems. Mental health social workers can also provide psychological treatment to help people understand more about their mental health condition and learn strategies to manage the difficulties they’re experiencing.

Occupational Therapists
Occupational therapists help people experiencing difficulties because of a physical or mental health condition to participate in everyday activities. Mental health occupational therapists can also provide psychological treatment.

For a list of psychologists, social workers and occupational therapists with expertise in treating mental health problems, visit www.beyondblue.org.au/find-a-professional or call the beyondblue support service on 1300 22 4636 (local call cost from a landline).

Available support under Medicare
Medicare rebates are available on a range of mental health services.

As well as Medicare rebates when you see your GP or a specialist, rebates are available for psychological treatment by psychiatrists, psychologists and appropriately-trained GPs, social workers, occupational therapists and mental health nurses. So you can get the rebate, your GP will need to complete a detailed mental health assessment and prepare a Mental Health Treatment Plan before referring you for psychological therapy. If possible, you should book a longer session with your GP to allow time for this.

If a woman is in need of treatment and she is not readily able to see a GP in the first instance to develop a treatment plan (for example if she lives in a remote area), a Maternal, Child and Family Health Nurse or midwife can refer her for psychological treatment. Ultimately, a GP will be required to complete the treatment plan.

Eligible people can generally be referred to individual and/or group therapy sessions, of which there are a limited number, over the course of a year. The cost to you will vary, depending on your personal circumstances, the length of the session, the availability of services in the area, and whether a fee is being charged by the health professional. Talk to your GP or health professional about the options available to you.

Some women benefit from counselling in which they explore and resolve concerns they have about a current or recent pregnancy. If your doctor refers you, you can get a rebate for up to three sessions of pregnancy support counselling with an eligible GP, psychologist, social worker or mental health nurse.

For more information about the cost of getting treatment see beyondblue’s Getting help – How much does it cost? fact sheet at www.beyondblue.org.au/resources
Making choices about treatments

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

Most mental health problems in pregnancy or early parenthood are no different from mental health problems at any other time. But the way they are treated may be different at this time, because there is the baby to consider as well as the mother. The type of treatment will vary, depending on your situation, your diagnosis and how severe your symptoms are. Often a combination of treatments is most effective. The combination of treatments will depend on your needs and the services available in your community. The most effective treatments for the different mental health conditions are outlined in the relevant sections of this booklet.

Your GP, obstetrician, midwife or Maternal, Child and Family Health Nurse can help you find the best treatment approach for you, and you may be referred to other health professionals if necessary, depending on the services that are available to you. Your primary care health professional may ask you to see a psychiatrist if advice on the most appropriate medication is needed or your current or previous mental health condition is severe and/or reoccurring. If you have bipolar disorder or a history or current diagnosis of puerperal psychosis, specialist treatment with a psychiatrist is required.

You and your partner, or support person, together with your health professional, should decide on your treatment plan, after full discussion of your wishes and the benefits and risks of each treatment.

The most important thing is to talk to a health professional who will help to find the treatment that is right for you. Remember, the faster you get help, the faster you can recover.

Remember...

If you’re not sure about your symptoms, diagnosis or treatment options, keep asking questions until you are clear.

You have a right to change your health professional if you are not comfortable or feel that you are not making progress.

If you need time to think things over (unless in crisis) take time to consider your options.

If you are experiencing mild depression or anxiety, in agreement with your health professional, you may choose to start with one type of treatment (such as support) and add others later if they are needed.
**Urgent assistance**

If you, or someone you care about is in crisis and emergency assistance is needed, call 000 or go to your local hospital emergency department. You can also contact one of the services listed in the back of this booklet or consult your local telephone directory for emergency support.

**Decision-making about medications**

Although personal preference is important, best recovery is likely when evidence-based treatments are used. Psychological therapy and support alone can help some people with depression and/or anxiety. However medication, when used alongside psychological treatment and support, can also play an important role in helping people with severe depression, anxiety and other mental health conditions to manage from day to day.

Many women are worried about taking medication and the effect it will have on their baby. If you are pregnant or breastfeeding, ask your GP or psychiatrist for advice and information about any medication prescribed for you. Some medications are safe to use during pregnancy and breastfeeding, particularly for depression and/or anxiety. Ultimately, the decision to take medication involves weighing up the risks and benefits to both the mother and baby. You should make this decision in consultation with your doctor, partner and/or other family members.

If you have bipolar disorder or puerperal psychosis, you are very likely to need one or more different medications. It is recommended that a psychiatrist is involved when considering and making these decisions.

Needing medication doesn’t mean you’ve failed or haven’t tried hard enough. Many people find that when they are depressed or anxious, they feel sleepy, have little motivation, and their thoughts are ‘foggy’. This can make it hard to use self-help or psychological treatments. Medication often helps improve your symptoms, helping you cope better so you can try other strategies that will help you recover and prevent relapses.

“I went on medication which was the best thing I ever did. It took the edge off my feelings, enabling me to step back and look at the real things in my life. I now enjoy my life and family so much more, and have learned to prioritise.”

“The combination of medication and regular support group sessions was my saviour. The medication helped me see clearly so I could focus on getting well.”

“Medication can get your head back to a place where you can cope better and then can use other treatments — such as counselling — to get your life back.”

**Hospitals/mother–baby units**

Sometimes psychiatrists will recommend that women go to hospital, to make sure they are safe and to work out the best treatment for them. Time in hospital helps symptoms to become stable and
allows a woman to start treatment while she is in a safe place with ongoing monitoring by health professionals. Whenever possible, mothers and babies are kept together. To allow for this, some states and territories have hospitals with special mother and baby units that provide a safe and supportive place for a mother and her baby to receive assistance and be monitored 24 hours a day. Mothers and babies are referred to these units by GPs, paediatricians, obstetricians or psychiatrists. In some situations, these facilities may not be available or appropriate, however, when possible, contact between mother and baby is maintained.

Electroconvulsive therapy (ECT)
Electroconvulsive therapy is a specialist treatment that is effective for treating major mental health conditions (e.g. severe depression and some forms of mania). During pregnancy, it is only used when the risk of untreated symptoms (e.g. strong suicidal urges) may outweigh those of the treatment. The treatment can only be prescribed by a perinatal psychiatrist and is conducted with close monitoring of the woman and her unborn baby by a psychiatrist, obstetrician and specialist obstetric anaesthetist. The risks to the woman and baby from the treatment are low.

Other support for your emotional health and wellbeing
There are many helpful services for depression, anxiety and related conditions during pregnancy and following birth. These include self-help measures and community support, as well as psychological treatments (non-drug, talking therapies) and medical treatments. Some additional approaches that may be helpful for women and families include:

- lifestyle changes
- social and/or peer support and practical support in the home
- counselling — individual or couple.

Lifestyle changes
While lifestyle changes are unlikely to reduce mental health symptoms on their own, they can enhance the effects of other treatments and are an important part of looking after yourself.

- **Exercise** — Exercise can improve mood and create a sense of wellbeing. Mood and energy levels can be increased even through gentle exercise and getting you out of the house. It can be even better if you exercise with someone else, like your partner or a friend. Talk to your GP or obstetrician and ask when it is safe to start exercising, especially if you have had a caesarean. If your health professional agrees, and you have no other physical complications, exercise is likely to be great for you.
• **Sleep** — Healthy sleep patterns can assist with a sense of wellbeing. While your sleep is likely to be disrupted, especially in late pregnancy and after the baby is born, you should take any opportunity you can to rest or nap during the day (e.g. when the baby is asleep) so that you don’t get too tired.

• **Nutrition** — It’s important to eat well for your physical and emotional wellbeing. It is especially important when you are pregnant or have just had a baby because of the major nutritional stresses on your body at this time. Healthy eating is a great way to take care of yourself. Talk with your health professional about the type of foods you should be eating.

**Support**

Support from family, friends and health professionals can benefit many families dealing with perinatal mental health conditions. For some people, this extra practical or emotional support is enough to set them on the road to recovery, especially if their depression and/or anxiety symptoms are mild.

**Social support**

Your GP, specialist or Maternal, Child and Family Health Nurse may suggest social support options in your area, such as parent education groups. For example, many Maternal and Child Health Centres offer group sessions for parents caring for their first baby, which help families learn how to look after a new baby and give them an opportunity to meet other families who live in the same area. There may also be playgroups that you can access through your local council to connect you with other parents in your area.

**Support groups**

Support groups provide an opportunity for people with mental health conditions to share experiences, obtain useful information and develop new ways to cope. There are several different types of support groups. For example, some organisations conduct peer support groups, run by women who have recovered from antenatal or postnatal mental health conditions themselves. In some instances, the group co-ordinator has peer training and provides information and support by telephone and regular group meetings, while others may be run by a health professional with specialist training. To find your nearest support group, contact your local Maternal and Child and/or Health Service, or phone PANDA 1300 726 306 or the beyondblue support service on 1300 22 4636 (local call cost from a landline).

“Talking with others who really do understand helped me realise that there is hope after all.”

“Attending regular support groups made me realise I wasn’t the only one to go through this and that it wasn’t something to be ashamed of.”

**Practical support**

Practical, at-home support usually involves help for parents with tasks like cooking, cleaning and taking care of the baby (or any older children). This kind of help can take some pressure off you while you adjust to life with your new baby. Practical support can be provided by a variety of sources including family,
friends, and even your neighbours. Some community services also offer in-home support services using volunteers or support workers.

**Counselling**

Counselling can be provided either individually or in group settings, and involves talking about any problems or issues with a mental health professional. This provides an opportunity for the health professional to support and listen to you in a non-judgmental way, and may help you develop effective ways to deal with challenges in your life.

Counselling for couples can be useful to help you and your partner understand each other and maintain a good relationship. The demands on both of you during pregnancy and after childbirth can create tension and conflict in your relationship. A skilled couples counsellor or relationship therapist can help you find positive ways to adjust to changes, relate to each other and improve your relationship. If your problems are caused from parenting problems, parenting centres may be considered [see page 5].

If you find the counselling is not helping, don’t hesitate to go back to your GP to discuss other options.

**Alternative medicines**

Herb-based products are sometimes used to treat mild depression. However, these treatments may not be safe for pregnant or breastfeeding women, or women with mental health conditions. Also, these treatments can interact with other medications prescribed by your doctor.
Talk to your doctor before using any kind of alternative medicines. If you are pregnant, breastfeeding or have a mental health condition, alternative medications may not be appropriate for you.

Tips for helping yourself
There are many things you can do to help yourself and support your recovery.

- Seek help and treatment from a doctor or other qualified health professional.
- Seek contact with other women, including other women who have antenatal or postnatal mental health conditions — contact your local council for information on available support groups.
- Organise childcare or ask friends or family to look after the child or children occasionally to allow you to have time to yourself.
- Make sure you take time to do the things you enjoy like reading a book, listening to music or having a bath.
- Spend some time with your partner to help nurture the relationship.
- Join a supported playgroup to help nurture your relationship with your baby.
- Develop a support system of friends, family and professionals and accept help.
- Restrict visitors when feeling unwell, overwhelmed or tired.
- Take things one step at a time.

- Don’t bottle up feelings — discuss them with friends, family and your partner.
- Eat a balanced diet.
- Practise deep breathing and muscle relaxation techniques.
- Try to establish good sleeping patterns and rest during the day when you can.
- Learn about perinatal mental health conditions and the effective treatments that are available.
- Call a support service or mental health line if things are getting tough and other help is not available.

For more information on treatment and support available for women with antenatal or postnatal depression, anxiety or other mental health conditions, check the back of this booklet, visit www.beyondblue.org.au/beyondbabyblues or call the beyondblue support service on 1300 22 4636.
Supporting a woman with a mental health condition

Some mothers become so preoccupied with their baby that they don’t realise how much they are struggling. It is often the partner or another family member who notices that something is wrong. Other mothers may know that they are struggling, but not know how to talk to anyone about it.

If you are worried about a woman you know who is pregnant or has recently had a baby, tell her you are concerned about her and offer your support. You might not understand fully what she is going through, but it can be a huge help for her just knowing she’s not alone. Encourage her to get professional help.

You can download or order the free booklet *The beyondblue guide for carers* at [www.beyondblue.org.au/resources](http://www.beyondblue.org.au/resources)

Tips for partners

When a woman is experiencing a mental health condition, partners might need to ‘take the initiative’ — some ways to do this are listed below.
• Remember that mental health problems are more common around the time of having a baby. Encourage your partner to see a health professional if you are concerned about her. You may need to make the initial phone call and take her to the first appointment.

• Choose a time when you are both calm and not too distracted, and talk about some of the things you’ve noticed. It may be useful to look at this booklet together. Try to be understanding, even when you’re both tired and cranky.

• Spend time listening, without feeling the need to offer solutions.

• Offer to spend time looking after the baby or older children or discuss other childcare options so that each of you can have time to yourself.

• Offer to help with housework like cooking and cleaning.

• Let your partner know how well she is doing when she makes small gains.

• Encourage your partner to use some self-help strategies.

• Looking after someone with depression and/or anxiety can be a challenge. You may need to get help for yourself as well (see section opposite ‘What about fathers/partners?’).

Tips for family and friends

• Be available to talk, even if it is by phone. Try to listen without the need to make suggestions or offer advice.

• Offer to help with cooking, housework or looking after the baby (or older children), but try not to take over.

• Be aware that while a new mother may need help, she may also need some space. Being surrounded by many visitors — however well meaning — can be exhausting.

• Encourage her to look after herself (eat well, sleep when possible, exercise) and seek help from a health professional if needed.

What about fathers/partners?

“I felt I couldn’t do anything right. Everything seemed like my fault. I tried to think of a solution to the problem, but my suggestions fell on deaf ears.”

Unlike mothers, fathers/partners do not go through all the physical changes of pregnancy and giving birth so they may not begin to adjust to parenthood until the baby is born. Becoming a parent can be an important milestone in a person’s life and often marks a change in family relationships. Some people believe that a baby will enhance their relationship, however most find a new baby brings
extra stress as the reality of parenthood may be different from the expectation. Partners may struggle to adapt when the family dynamics change and may feel unsure about their place in the family.

It’s important to understand that both parents may experience emotional distress, depression or anxiety in the year after the birth. For example, research shows that some men experience depression either during their partner’s pregnancy or following the birth of their child — particularly if their partner is experiencing a mental health condition. While the symptoms may vary from those experienced by mothers, many of the symptoms listed in this booklet still apply.

Partners often end up needing to be the main caregiver for the family, which can be very demanding and exhausting, particularly when they are unable to get other support.

In these circumstances, partners need to take particular care of themselves, including seeking help if they experience symptoms. Many men do not feel comfortable seeking help for any kind of health issue, but it is very important that symptoms of depression and anxiety are assessed and treated.

“You need to monitor yourself as well as looking out for your partner otherwise you can experience depression as well. For me, this was a double whammy. This was a hard lesson learned.”

A range of booklets have been developed to support the emotional health and wellbeing of families in the perinatal period, including Dad’s handbook: A guide to the first 12 months and The beyondblue guide to emotional health and wellbeing during pregnancy and early parenthood. These resources are free and available to download or order from www.beyondblue.org.au/resources

Ways partners can help themselves

- Talk to friends or workmates who’ve recently become parents. You’d be surprised how much you have in common now.
- Have a check-up with your GP in the year after the birth. If you’re feeling tired, cranky and low in energy, it might be exhaustion.
- Don’t expect to be a superhero! You can’t always fix everything that goes wrong.
- Let your employer and workmates know if you’re not getting much sleep. Try to arrange your work hours to suit family life.
- Think about the sort of partner and parent you want to be and work out how you can achieve those goals.
- One of the best things you can do to keep your relationship on track is to talk with your partner, both before and after the birth. Who will do what around the house? How much time will you each spend with your baby? How do you each feel about the changes you have to make?
- Nurture your relationship — spending time together everyday, even a few hours a week can help.
- There are groups just for men to help with adjusting to fatherhood, which are often run by men. Contact your local council or Maternal,
Child and Family Health Nurse for more information.

**Tips for mothers to involve and support partners**

- Encourage your partner to be involved in the care of the baby. Greater involvement increases confidence and helps build a strong relationship with the child (while taking some pressure off you).
- Give your partner some credit for feeling comfortable in the role of parent and accept that when someone does something differently from you, it doesn’t mean it’s wrong. Give your partner a little space to explore parenthood without you watching over their activities or giving advice.
- Invite your partner to attend appointments or groups with you. This is a good opportunity for your partner to be involved with the child and can provide a chance to touch base with a health professional.
- Remember — you will both need ‘time out’, away from each other and the baby. Also remember to take ‘time out’ together to be a couple.
If you or someone you care about is in crisis and you think immediate action is needed, call emergency services (triple zero — 000) or go to your local hospital emergency department.

For other assistance please contact your local doctor/GP or Maternal, Child and Family Health Nurse/Parenting Service.

Aboriginal or Torres Strait Islander people please contact your local Aboriginal Community Controlled Health Organisation or Aboriginal Health Worker at your local health service.

Contact your local Council or Community Health Centre for more information about support groups running in your local area.
NATIONAL

**beyondblue**
1300 22 4636

**Lifeline**
13 11 14

**MensLine Australia**
1300 78 99 78

**Pregnancy, Birth and Baby Helpline**
1800 882 436

**SANE Australia Helpline**
1800 18 7263

**Suicide Call Back Service**
1300 659 467

**Australian Psychological Society Referral Line**
1800 333 497

**Kids Helpline**
1800 55 1800

**SIDS and Kids**
1300 308 307

**SANDS Australia Support Line**
1300 072 637

**Post and Antenatal Depression Association Inc (PANDA)**
1300 726 306

**Relationships Australia**
1300 364 277

**Grow Support Groups**
1800 558 268

AUSTRALIAN CAPITAL TERRITORY

**Crisis Assessment and Treatment Team**
1800 629 354

**healthdirect**
1800 022 222

**Parentline**
(02) 6287 3833

**Maternal Child Health Clinics**
(02) 6207 9977

**Post and Antenatal Depression Support and Information (PANDSI)**
(02) 6288 1936

**Perinatal Mental Health Consultation Service**
(02) 6205 1469

**Winnunga Nimmityjah Aboriginal Health Services**
(02) 6284 6222
NEW SOUTH WALES

Salvo Crisis Line NSW
1300 36 36 22

Karitane
1300 227 464

Tresillian Parent’s Help Line
(02) 9787 0855 (metro)
1800 637 357 (non metro)

Parentline
1300 1300 52

Mental Health Line (24 hrs/day)
1800 011 511

NORTHERN TERRITORY

NT Crisis Assessment Telephone Triage and Liaison Service
1800 682 288

Parentline
1300 30 1300

healthdirect
1800 022 222

Play Group (NT)
1800 171 882

Mind Carer Helpline
1800 985 944

QUEENSLAND

Queensland Health
13 HEALTH (13 43 25 84)

Salvo Crisis Line QLD
1300 36 36 22

Women’s Infolink
1800 177 577

Health Information Line (Women’s Health Queensland Wide Inc.)
(07) 3839 9988 (Brisbane metro)
1800 017 676

Parentline
1300 30 1300
SOUTH AUSTRALIA

SA Mental Health Assessment and Crisis Intervention Service
13 14 65

Parent Helpline
1300 364 100

Women’s Healthline
1300 882 880 (metro)
1800 182 098 (non metro)

Carers SA
1800 242 636

TASMANIA

Mental Health Services Helpline
1800 332 388

Parentline Tasmania
1300 808 178

healthdirect
1800 022 222

Hobart Women’s Health Centre
1800 675 028

Dads in Distress
(Helpline and support service)
1300 853 437

Early Support for Parents
(03) 6223 2937

Good Beginnings
(Family Support Hobart)
(03) 6223 5810

Mental Health Carers Australia
(03) 6228 7448

Aboriginal Health Services
(03) 6234 0777

VICTORIA

SuicideLine
1300 651 251

Maternal and Child Health Line
13 22 29

Parentline
13 22 89

healthdirect
1300 60 60 24

Women’s Health and Information Centre – Health Information Line
(03) 8345 3045 (metro)
1800 422 007 (non metro)

Women’s Information and Referral Exchange
1300 134 130

Caroline Chisholm Society – pregnancy and family support
(03) 9361 7000

Mind Carer Helpline
1300 550 265

The Infant Clinic, Parent Infant Research Institute
(03) 9496 4496
### WESTERN AUSTRALIA

<table>
<thead>
<tr>
<th>Service</th>
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</tr>
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<tbody>
<tr>
<td>Mental Health Emergency Response Line</td>
<td>1300 555 788 (metro) 1800 676 822 (non metro)</td>
</tr>
<tr>
<td>Parenting WA</td>
<td>(08) 6279 1200 (metro) 1800 654 432 (non metro)</td>
</tr>
<tr>
<td>healthdirect</td>
<td>1800 022 222</td>
</tr>
<tr>
<td>Ngala Helpline (Parenting)</td>
<td>(08) 9368 9368 or 1800 111 546</td>
</tr>
<tr>
<td>Raphael Centre (St John of God Health Care) WA</td>
<td>08 6226 9444 (Murdoch) 08 9382 6828 (Subiaco)</td>
</tr>
<tr>
<td>Association of Relatives and Friends of the Mentally Ill (ARAFMI)</td>
<td>1800 811 747</td>
</tr>
<tr>
<td>Red Cross Family Support Services</td>
<td>1800 810 710 or (08) 9225 8888</td>
</tr>
<tr>
<td>Playgroup WA</td>
<td>1800 171 882</td>
</tr>
<tr>
<td>TheBumpWA</td>
<td>(08) 9430 6882</td>
</tr>
</tbody>
</table>

Contact details are correct at the time of publication. Services are subject to change without notice.
Edinburgh Postnatal Depression Scale (EPDS)\(^1\)

The EPDS is a set of questions that can tell you whether you have symptoms that are common in women with depression and anxiety during pregnancy and in the year following the birth of a child. **This is not intended to provide a diagnosis** — only trained health professionals should do this. It is strongly recommended that you complete this set of questions with a health professional.

To complete this set of questions, please circle the number next to the response that comes closest to how you have felt in the PAST SEVEN DAYS.

The total score is calculated by adding the numbers you circled for each of the ten items. **If your score is 10 points or above, you should speak to a health professional about those symptoms.**

1. I have been able to laugh and see the funny side of things
   - 0 As much as I always could
   - 1 Not quite so much now
   - 2 Definitely not so much now
   - 3 Not at all

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

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

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

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

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

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

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

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

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

** Thoughts of suicide, harming yourself or your baby can accompany depression and anxiety. If you are feeling this way, it is important to consult your doctor, local hospital or your local telephone directory for emergency support.

\(^1\) © 1987 The Royal College of Psychiatrists. The Edinburgh Postnatal Depression Scale (British Journal of Psychiatry, 150, 782-786) is reproduced with permission. Developed as the Edinburgh Postnatal Depression Scale and validated for use in both pregnancy and the postnatal period to assess for possible depression and anxiety.
beyondblue has a number of free information resources available for women and their families in addition to this booklet.

To download PDF files or order hard copies of available information resources please visit www.beyondblue.org.au/resources to access beyondblue’s online ordering catalogue, or call 1300 22 4636.

A guide to emotional health and wellbeing during pregnancy and early parenthood

This booklet explains some of the common emotional challenges faced by new and expectant parents, and offers practical advice for mothers and partners on how to deal with these challenges.

Dad’s handbook: A guide to the first 12 months

The beyondblue guide for carers
Supporting and caring for a person with anxiety and depression

Getting help – How much does it cost?
“Our minds are capable of limitless imagery, speaking up about how crappy you feel helps to contain it to words. Words you can accept, own and ultimately gain control of.”

Em spoke up about her experience of hope and recovery and shared her story on our website. To see more stories of hope and recovery, and share your own, visit justspeakup.com.au
"Our minds are capable of limitless imagery, speaking up about how crappy you feel helps to contain it to words. Words you can accept, own and ultimately gain control of."

Em spoke up about her experience of hope and recovery and shared her story on our website. To see more stories of hope and recovery, and share your own, visit justspeakup.com.au.
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

mindhealthconnect
www.mindhealthconnect.org.au
Access to trusted, relevant mental health care services, online programs and resources.

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