

Pregnancy/ Postnatal Depression

**Are you expecting a baby?
Have you had a baby recently?**

Do you feel:

- Tearful
- Anxious
- Lacking in concentration/energy
- That you are not coping with your baby and routine tasks

Are you:

- Depressed
- Sleeping too little or too much
- Eating too little or too much
- Feeling isolated
- Feeling that you can't leave the house
- Feeling resentful towards your partner or baby
- Needing someone to talk to but you're not sure who to ask
- Less confident

Be kind to yourself

- Share your feelings and concerns with someone you trust.
- Make contact with other mothers or groups that offer support and friendship.
- Ask for and accept offers of help. Be specific – ask for help with dishes, laundry, ironing, baby care and so on. Delegate as much as possible.
- Get adequate rest – prioritise and keep your workload down.
- Get help to fill your freezer with baking, cooked meals. Canned and packet meals are useful too.
- Regularly eat sufficient nutritious, high protein food.
- Get outdoors every day for exercise – walk to the shop/school/friends or even just up your street.
- Take short breaks away from the home (and perhaps the family) on a regular basis, even an hour a week.

Fathers Matter Too

Fathers play a very important role in child rearing, starting with helping care for the new baby and supporting the new mother. They are also at risk of developing a depression in this period.

Seek help and support

If these symptoms persist and you feel that you and your family would like some help, or referral to our service, please contact your GP.

Some agencies that may help you

- GP
- Midwife
- Plunket Family Centres
- Plunket
- Maternal Mental Health Team
- La Leche League (Breastfeeding information /support)
- Health line 0800-611-116
- Depression Hotline 0800-111-757
- Plunket Line 0800-933-922
- Mental Health Urgent Response Service 0800-800-717

Produced by ADHB Maternal Mental Health Team

Who might experience PND?

PND can affect anyone.

Added risk factors

- Previous depression / family history of depression
- Unplanned pregnancy
- Traumatic birth
- Previous loss of a child through stillbirth, cot death, adoption, abortion
- Previous trauma in life, sexual/physical/emotional
- Sleep Deprivation
- High expectations
- 'In control' people
- Lack of supports
- New country
- Relationship difficulties
- Losses of childbirth (job, independence)
- Baby with high needs, unsettled due to reflux, colic or other physical health symptoms

Why do you feel this way?

The expected arrival and the arrival itself of a new baby is usually a happy event. It can also be a stressful time during which many adjustments have to be made, regardless of how prepared you have been or how much you have looked forward to your baby's birth.

Mood changes are common after childbirth and vary from very mild to very severe. The onset seems to involve variations in hormone levels and physical, psychological and social changes which can occur during pregnancy and after the birth. Mood changes are temporary and with support the woman and family will recover.

Antenatal Depression

It is not uncommon for women to become depressed during their pregnancy and, if this is not addressed, it will often continue after their baby is born.

Baby Blues

Up to 80% of women experience a feeling of emotional distress and tearfulness during the first week after birth. This feeling usually passes within a few hours or days.

Postnatal Depression

This can happen to any woman after any pregnancy. Research has shown that up to 20% of mothers suffer from an episode of depression lasting longer than a month in the year following childbirth. It is important to get help as it may have an impact on both you and your baby.

Postnatal Psychosis

This affects 2 in 1000 women, so is quite rare and is characterised by:

- Delusions – persistent beliefs which are out of keeping with reality.
- Feelings of hostility toward the father of the baby.
- Feelings of guilt.
- Remorse and very depressed mood states.
- Difficulty getting to sleep and early morning awakening.

Medical assistance is essential

Breastfeeding & Medication

There are a variety of medications that can be used to treat depression. Most of these are safe with breastfeeding (and pregnancy). This needs to be discussed with each individual on a case-by-case basis.

Rest/sleep is vital to a new mother. Plan for an afternoon rest each day starting when you are in hospital. It is good to learn to sleep when your baby is sleeping. In hospital you will be assisted to care for your baby at night. Breastfeeding is encouraged (unless medically contra-indicated).

