



beyondblue
Depression. Anxiety.



Emotional health and wellbeing: A guide for pregnant women, new mums and other carers

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The information in this document is general advice only. The advice within it may therefore not apply to your circumstances and is not intended to replace the advice of a healthcare professional.

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“I can't believe what a difference [this booklet] would have made to me if I had access to this when I was experiencing antenatal and postnatal depression. I think the content is very detailed and provides valuable information to a new/expecting mum, dad/partner, family/friend.

A new mum is more likely to accept how she is feeling and get help if she feels she is not alone and can relate to others.

It doesn't matter if things are done differently from one person to another. I think this is one thing that stands out for me, that in those early days it is about survival and once a new mum becomes stronger and more confident, she can worry about 'doing it right'.

There is so much emphasis placed on the physical health of the mother/baby during the antenatal period and no preparation for what reality looks like. I remember thinking that my baby would wake during the night for feeding and changing, but I had no concept of the complexities of a real baby. I think normalising the transition to parenthood as being a huge change/shock and highlighting some of the things that new parents can expect can eliminate some of the guilt we feel when we don't enjoy the experience as we had hoped.”

– Stacey, mother of two

About this booklet

Having a baby can be one of the most exciting and challenging things you will ever do. From the moment you find out you're expecting a baby, you will notice your life starts to change. Although life will never be exactly the same again, you will learn something new each day, which can enrich your life and make you have all kinds of intense feelings. This is one of life's adventures! Some experiences with your baby will fill you with love, joy, delight and surprise. At other times, you might feel stressed, frustrated, angry and even disappointed. All these feelings are common and you might find yourself going through them all in a single day.

The numerous changes experienced during pregnancy and the following year (the perinatal period) place some women at risk of developing depression, anxiety or other less common mental health conditions, such as bipolar disorder, postpartum (puerperal) psychosis and schizophrenia. 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 one in 10 women during pregnancy and one in six

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 effective treatments for mental health conditions. 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.

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

Informed by Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline (Austin, Hightet and Expert Working Group, 2017)¹, this booklet also includes detailed information about mental health conditions. It aims to assist women, men, partners and families to seek support and find the right treatment.

For more information visit
healthyfamilies.org.au

We wish you well on your journey into parenthood.

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Adjusting to pregnancy



"I thought when you're pregnant, everything must be fine, because no one ever tells you any different."

Each pregnancy is the beginning of a new stage of life. From the moment you find out you're expecting a baby you may experience a wide range of emotions. Many women describe joy and excitement as well as fear, worry and tearfulness.

Common concerns women may have during pregnancy include:

- Is this the right time for me to be pregnant?
- Will I be a good parent?
- Can I/we afford a child?

- How will I cope with childbirth?
- Will I have a healthy baby?
- How will I/we cope with twins or triplets?
- What impact will this have on my/our lives?

There is no right or wrong way to feel when you find out you're pregnant — your reactions and emotions will depend on you and your situation. If you're feeling confused or unhappy, talk to someone you trust about your feelings. You can also talk to your general practitioner (GP) or obstetrician about a referral to a counsellor or psychologist — sharing your concerns can be very helpful.

How to look after your emotional health during pregnancy

Emotional health is a state of wellbeing. When we feel well and content, we are better able to cope with stress, maintain relationships and enjoy life. Just as there are many benefits from being physically healthy, you and your baby can benefit from being emotionally healthy.

Some helpful ways to prepare for parenthood include:

- speaking to others
- developing a network with other women or parents who are also pregnant or who have children of a similar age (e.g. mothers' group)
- reading parenting books and attending antenatal classes
- being aware of your expectations about pregnancy, birth and becoming a parent
- thinking about who might be able to support you if you need it.

While preparation is important, it's also good to remember that you can't prepare for everything and some things that happen to us are beyond our control.



Looking after yourself

Here are some ways that you can look after your emotions while you're expecting a baby, to help you get the most out of this stage and optimise your health and that of your baby.

- Don't expect too much of yourself — make time to slow down, rest and relax.
- If you have a partner, talk about the difference a baby will make to your lives.
- Talk to someone you trust about your feelings. Sharing your concerns can be really helpful.
- Don't be afraid to ask questions when you visit your GP, obstetrician or midwife.
- If your emotions are starting to interrupt your day-to-day life, talk to your GP, obstetrician or midwife — the earlier the better.
- If you have experienced a mental health condition before, discuss this with your health professional. This can improve the care you get.

Pregnancy loss

It doesn't matter at what stage of pregnancy it occurs or why, miscarriage can be traumatic for everyone, including parents, family and friends.

It's important that parents who have lost a baby keep in touch with health professionals or organisations that provide support for families at this time (see page 41).

What to expect from the birth



The experience for women

The emotions often described after bringing a baby into the world are happiness, achievement, relief and pride. However, it can be very disappointing and distressing if everything doesn't go as planned. The process of giving birth can also be accompanied by feelings of anxiety and exhaustion.

Women, and in some instances their partners, may find it even more difficult if:

- there are complications during pregnancy or the birth involves more medical intervention, pain or time than expected

- the baby arrives late or early, especially if it is premature and needs to stay in neonatal intensive care
- they don't feel supported or acknowledged
- they have more than one baby
- there are problems with their baby's health.

“I always hoped for a natural birth, but things didn't turn out that way. The main thing was that everyone was healthy.”

Keep in mind:

- there is no one 'right' way to give birth
- parents do not always instantly fall in love with their baby — it may take some time after the birth (especially after a very long or difficult birth)
- it is very common to feel emotional and/or overwhelmed in the week after the birth.

Emotional responses following the birth — the 'baby blues'

As well as the range of emotions you may experience during or following the birth, around 80 per cent of women experience the 'baby blues' in the first few days after childbirth².

Signs of the baby blues include being teary, irritable or oversensitive and having lots of mood changes.

The baby blues usually disappear within a few days without treatment, other than support and understanding. If they don't go away it's important to speak with your GP or maternal, child and family health nurse as this may be a sign of something more serious — like depression or anxiety (see page 14).



What to expect in early parenthood



The experience of early parenthood

While for some, the transition into parenthood is enormously enjoyable and satisfying, it can be very difficult, especially at first. The first year of life with a new baby is a constant and demanding job that can involve sleepless nights, spells of crying and times of not knowing what to do. Birth and breastfeeding involve many physical changes and recovery can take time. Common challenges after birth include tiredness, loss of libido, loss of couple time and little time to yourself.

Dealing with changes in your everyday routine, as well as learning to look after a baby, requires lots of energy, emotional commitment and patience.

It's not surprising that parents find it hard to cope at times.

"Just after I gave birth to my daughter, the midwife handed her over to me. I felt so relieved that it (the birth) went fine, but I also felt a sudden wave of fear at the thought of taking this huge step — this little life was completely dependent on me. Then she started crying and it dawned on me that I had no idea what to do to make her feel better. I had always thought when the time came I would just know what to do, but I felt completely out of my depth in a way I never had."

If motherhood is not what you expected, it's easy to blame yourself or believe motherhood is not for you. Remember that adjusting to parenthood is an enormously challenging job. It's important to acknowledge how you feel and confide in someone you trust.

Many things can make your adjustment more difficult:

- disappointment that the birth was not as you planned
- worrying about the baby's health or how you're coping as a parent
- feeling upset if your baby is unsettled
- not getting enough sleep
- disappointment if you find breastfeeding difficult, which is made worse if you feel a sense of failure for bottle feeding your baby (remember, you are caring for your baby in the best way you can)
- feeling that you are not having the ideal baby experience you imagined
- reduced income
- coping with the loss of freedom and changes to your roles and lifestyle that happen after having a baby
- worrying that you will be seen as not coping or incompetent and therefore will be judged as a bad mother
- lack of expected emotional and financial support from your partner or other family members and friends
- feeling guilty and sad that you are not with your baby if you return to work
- coping with physical changes, illness or complications that affect you and/or the baby.

Tips on how to look after your emotional health during early parenthood are on

page 36. Remember to ask for help and accept support. Planning to have additional support in the first few months (partner, family member or friend) can make the transition to parenthood less stressful.

Looking after yourself and your needs is looking after your baby! You may receive a lot of advice, but work out what suits you and is best for you and your baby.

“Everyone, from people at work to strangers down the street were offering their expert advice and how you ‘should’ feel.”

Check out *beyondblue*'s Dadvice for insight and information relating to new dads and becoming a new parent, at *beyondblue*'s Healthy Families website: healthyfamilies.org.au

Getting to know your baby

Some parents don't always feel close to their baby right away or know just what to do to settle their baby — it's common to take a while to feel comfortable and confident in your new role.

“Every day is so different — some days, everything goes pretty smoothly and at other times, it feels a bit uphill, but we're getting there!”

Your baby is ready to interact with you from the first day and will communicate with you through their crying, gurgling and body language. To be in tune with your baby's needs, it helps to know what these different communications look and sound like. This will help build a foundation for your early relationship. Every time you interact with your child, you are helping him/her develop new connections within the brain. To find out more about getting to know your baby visit healthyfamilies.org.au

It will take time and patience to reach a point where you can feel comfortable with knowing what your baby needs. Every baby is different with their own temperament, their own way of interacting and with different sleep patterns. By observing your baby's behavioural cues and coming to recognise their hungry and tired signs you will be best able to respond to them. Remember that most new parents will have their own sleeping disrupted so getting as much rest when possible is important.

For more information around infant sleep and feeding visit raisingchildren.net.au

It's important to seek support

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, this may be a sign that you are experiencing a mental health condition — these are covered in the following sections. If you are feeling like this or you are not feeling close or connected to your baby over time, discuss this with a health professional. It's also helpful to tell your health professional if you have experienced mental health issues before. This can help you identify and respond early if symptoms return.



Emotional and 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.

Depression and anxiety don't have one definite cause — rather, they are likely to result from a combination of factors:

- 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)
- lack of available support (e.g. practical or emotional support)
- lack of partner support or relationship difficulties
- current alcohol and/or drug problems.

- personal or family history of mental health conditions or current mental health condition

Although less is known about the causes of severe mental health conditions such as bipolar disorder, postnatal psychosis and schizophrenia, a family history increases the risk.

Relapse is more likely around pregnancy and childbirth. For more information around these conditions visit the Centre of Perinatal Excellence (COPE) at cope.org.au

In addition, a range of circumstances may increase the level of stress around the time of having a baby. Continuing distress increases the likelihood of a mental health condition developing.

Factors that may increase stress

- a stressful or unplanned pregnancy
- being a single parent
- being a teenage parent
- being the parent of more than one baby (e.g. twins or triplets)
- illness
- 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)

- a difficult relationship with your own mother when growing up

The impact of these factors varies — although most mothers 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's harder for them to get the support they need, they may be socially isolated, experiencing cultural issues or unable to engage in their cultural practices.



Aboriginal and Torres Strait Islander families

If you or your partner identifies as Aboriginal or Torres Strait Islander, there may be experiences in relation to child birthing that could affect your or your family's social and emotional wellbeing.

You or your family may hold cultural beliefs about the importance of babies being born on Country or in traditional birthing places. It can be very difficult to give birth in a hospital or if you must travel away from home to a city to birth your baby. This can leave you and your family feeling culturally and spiritually

disconnected and isolated from the social support of extended family, friends and community.

Past negative experiences, such as stolen generations or racism and discrimination, can also have an impact on your and your family's sense of safety and wellbeing. You may have never been to a hospital before or you may not feel safe going to one. The first time you or your family visit a hospital could be when it's time to have your baby. You may also not feel comfortable working with a healthcare professional whom you don't know. This may cause you and your family to feel distrust towards hospital staff, uncertainty about what to expect or fear for the wellbeing of your baby. This can add to the worry and distress that you may already feel at this time.

"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

Adjusting to or understanding a new health system, especially if you are still learning English, can create additional stress during the pregnancy and with the new baby. In some cases, as a recent immigrant to Australia you may also feel upset if it is difficult to welcome your baby in the traditional ways you are used to, as giving birth in a hospital may have an effect on traditional practices.

Depending on your past experiences before coming to Australia, you, your partner and your family may also be affected by past trauma.

"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

Migrants and refugees

If you have recently moved to Australia from another country you might not have family and friends with you to celebrate the birth and provide support afterwards.

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. It affects one in 10 women in pregnancy and one in six women in the year after giving birth. 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?

Sometimes it can be difficult to know whether you are just feeling a little down or stressed, or whether you may have symptoms of a mental health condition.

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 deal with when you are pregnant or have a baby. Some of the changes that come with being a new parent overlap with the symptoms of depression — such as changes in sleep 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 seek support.

- low mood and/or feeling sad
- loss of interest in things that you would normally enjoy
- appetite or weight changes (not eating or over-eating)
- insomnia (being unable to fall asleep or get back to sleep after night feeds) or excessive (too much) sleep
- feeling either agitated or slowed down
- decreased energy* and feeling exhausted*
- feeling inadequate, like a failure, guilty, ashamed, worthless, hopeless, helpless, empty or sad
- 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
- often feeling close to tears

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

It's quite common to experience symptoms of anxiety as well as depression. Symptoms of anxiety are outlined on page 20.

Some women also describe:

- 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
- feeling unmotivated and unable to cope with the daily routine
- withdrawing from social contact
- fear of being alone or going out
- not looking after yourself properly.

By discussing your experiences with you and using the Edinburgh Postnatal Depression Scale (EPDS), a health professional can help you to work out if your symptoms are within the normal range, or whether they could indicate depression. Your health professional is also likely to ask you other questions about your life experiences. The EPDS is also useful during pregnancy and can help identify symptoms of anxiety as well as depression. The questions from the EPDS are included at the back of this booklet.

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 emergency assistance by calling triple zero (000) or go to your local hospital emergency department.

You can also phone the *beyondblue* Support Service and speak with a trained mental health professional by calling **1300 22 4636**.

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 women's experiences of depression

Depression is associated with a wide range of symptoms and each woman has a unique experience.



"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."

"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."

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

"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."

At times a mother's relationship with her child can be affected.

"Generally not interested — especially not interested in my baby ... I never felt like I wanted to harm her ... I always felt a great deal of love, but I wasn't happy, the interactions were not positive. I didn't want to play ... didn't want to interact with her."



What treatments are effective for depression?

Parents who experience mild to moderate symptoms of depression may benefit from emotional and practical support (see page 33) and psychological therapy (see page 22).

Women or men 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, including taking medication. For some parents, parenting support can also be helpful.

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 may involve excessive worry occurring on most days and significantly affect everyday life. These conditions affect one in five women in pregnancy and the year after giving birth.

There are a number of different types of anxiety and anxiety-related 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 (OCD)** — ongoing unwanted/intrusive thoughts and fears that cause anxiety (obsessions) and a need to carry out certain rituals in order to feel less anxious (compulsions)
- **Post-traumatic stress disorder (PTSD)** — bursts of anxiety any time from one month after experiencing a traumatic event (e.g. a traumatic birth, 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 issues arise is during the antenatal or postnatal period.

Regardless of when or why feelings of anxiety may arise, it's 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. Depending on the type of anxiety condition, you may have one or more of these symptoms:

- 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 gets in the way of doing things such as going out with your baby
- anxiety or fear that leads you to check on your baby constantly.

It's quite common to experience symptoms of depression as well as anxiety. Symptoms of depression are outlined on page 15.

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 work out if you may be experiencing anxiety and if you could benefit from some additional advice or support.

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

Some women's experiences of anxiety

"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."

"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."



What treatments are effective for anxiety?

Parents who experience mild to moderate symptoms of anxiety may benefit from emotional and practical support (see page 33) and psychological therapy (see page 22). Women or men with diagnosed moderate to severe symptoms are likely to require a treatment or a care plan that includes these approaches, and medication may also need to be considered. For some parents, parenting support can also be helpful.

Less common mental health conditions

There are less common mental health conditions that can affect a woman during pregnancy or in the year following birth, and can be serious. These conditions include bipolar disorder, postpartum (puerperal) psychosis and schizophrenia. Further information around these conditions, including management options, can be found at the Centre of Perinatal Excellence (COPE) at cope.org.au

Treatments

Treatment and management of depression and anxiety

There are a range of effective treatments for a parent experiencing depression or anxiety. Evidence-based treatments include medications and 'talking' therapies. Which treatment is most suitable for you will depend on the type and severity of symptoms. An effective care plan may include more than one treatment (e.g. talking with a psychologist plus taking an antidepressant under the care of a GP or psychiatrist).

Psychological therapy

Psychological therapy can be an effective approach to treating depression and anxiety during pregnancy and following the birth. Psychological therapy can help by changing negative and worrying thoughts and feelings that accompany depression and anxiety. Psychological therapy may help recovery and stop symptoms from getting serious again. Approaches that help you learn more about your symptoms and management options (psychoeducation) can also be helpful. Providing information and supporting you to better understand your mental health condition can help you cope more effectively, feel informed about available treatments and assist in decision-making.

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

- Cognitive behaviour therapy (CBT) teaches people to change negative thoughts that often underlie depression and anxiety, and to challenge these thoughts to change the way they react to certain situations. Behavioural approaches introduce ways of increasing pleasant activities. Stress management and relaxation skills are also taught.
- 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 and anxiety.

Psychological therapy can be provided either individually or in a group. It may be helpful for partners to take part in some sessions, and counselling can also be helpful (see page 35). Increasingly, these approaches are being delivered in a self-help format, e.g. internet treatment or workbook with telephone support. Mother-baby programs may also be available for reconnecting with your baby (see page 36).

"In therapy I gained an enormous amount of self-awareness. I feel like I know myself properly now and I have learned new ways of coping with the issues in my life."

"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."

Medication

Antidepressants can be effective in treatment for more severe depression and anxiety. Psychological therapy can also be useful at the same time.

If you are prescribed an antidepressant, be aware that it is likely to take some 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. Your doctor will discuss benefits and potential side-effects so you can make the best decision for your situation. They will consider the wellbeing of both you and your baby, in pregnancy and also while breastfeeding. Once settled on a medication, you should not stop taking it suddenly, once you start feeling better. Usually, antidepressant treatment should continue for six months or more after you've fully recovered. You should continue to see your GP or psychiatrist for monitoring and when coming off medication.

Antidepressants can be used for women with more severe symptoms of anxiety. Until the antidepressant takes effect, benzodiazepines (a class of drug commonly known as minor tranquillisers and sleeping pills) may also be prescribed for anxiety. Generally, doctors will prescribe these only for a short time and with caution. These medications vary in the amount of time it takes for the body to eliminate them. Benzodiazepines are used with particular caution close to the birth so it's important to talk to your health professional.

At times, non-benzodiazepines are used for sleeping difficulties, although they should be prescribed cautiously in pregnancy.



Complementary therapies

Complementary therapies, such as herbal treatments are sometimes thought to help with mild depression. However, these treatments are not recommended as there is limited or no evidence to suggest they are effective.¹ They may also not be safe for pregnant or breastfeeding women, or women with mental health conditions. These treatments can also interact with other medications prescribed by your doctor.

Making choices about treatments

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

The best 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.

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 sooner you get support, the sooner you can recover.



Remember:

- If you’re not sure about your symptoms, diagnosis or treatment options, keep asking questions until you are clear. Take your time to consider your options.
- You have the right to see a different health professional if you are not comfortable or feel that you are not making progress.

Urgent assistance:

If you, or someone you care about is in crisis and emergency assistance is needed, call triple zero (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 *beyondblue*'s Support Service on 1300 22 4636



Decision-making about medication

Although personal preference is important, the best recovery is likely when evidence-based treatments are used. Psychological therapy can help 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 can be used 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.

Needing medication doesn't mean you've failed or haven't tried hard enough. For some, medication helps 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."

Additional treatments for women with severe symptoms

Hospital/mother–baby units

Women with severe mental health conditions (such as bipolar disorder, postpartum psychosis or schizophrenia) or experiencing severe symptoms of depression or anxiety may at times need to be admitted into a hospital setting. Sometimes psychiatrists will recommend this to make sure the woman is 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's in a safe place with 24-hour support and monitoring.

Some states and territories have hospitals with special mother and baby psychiatric units. In some situations, these facilities may not be available or appropriate, however, when possible, contact between mother and baby is maintained. This provides support not only for the mental health condition but also for mother–infant therapy.

GPs, paediatricians, obstetricians, psychiatrists and some other health professionals can refer mothers and babies to these units. Women may also benefit from programs promoting bonding (see pages 35 and 36). Counselling/support may also be helpful for your partner and main support people.

Electroconvulsive therapy

Electroconvulsive therapy (ECT) is a specialist treatment that is considered if a postnatal woman has a high risk of suicide and has not responded to medications. It can be used for treating acute mania, psychosis and severe depression.

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 mother and her unborn baby by a psychiatrist, obstetrician and specialist obstetric anaesthetist. The risks to the mother and baby from the treatment are low.



Getting the support you need



A number of health professionals are ideally placed to identify when a mother may need support for a mental health condition (GP, midwife or maternal, child and family health nurse). Alternatively, a mother, 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 unusual changes in the mother's behaviour.

Mental health conditions can be treated effectively, just like physical conditions. However, it's important to seek support early, as 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."



“I never sought or received any help or treatment. 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.”

“Thank goodness there is more awareness these days. I had some older women say to me that they ‘just got on with it, I didn’t have time to feel sorry for myself.’”

Ask for support

For many women, it’s hard to accept that they may have a mental health condition when they are pregnant or when they become a parent. Some women think that feelings of distress are a normal part of motherhood and expect the symptoms will pass on their own.

Some parents 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.

Many women struggle with high expectations of motherhood.

“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, e.g. feeling isolated, disconnected or disorganized, can be a barrier to seeking support.

"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."

Women may not want to seek support for fear of how others may judge them or that they will be perceived as 'not able to cope'. 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 – especially 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). In some languages, there is not even a word for 'depression' or 'anxiety'.

It's important to remember that mental health conditions during pregnancy and early parenthood can affect anyone, and occur in every culture, and it's important to seek support early. For tips on how to ask for support visit the 'Talk about it' section of the *beyondblue* website: beyondblue.org.au

"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."

Important reminder and when to get support

It can take time to adjust to becoming a parent. Remember, that there's no 'right' way to parent, and don't be harsh on yourself. Value your role as a parent — it's a very important job.

Try not to compare yourself with others, rather seek support as early as possible.

Where to find support and who to see

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 who you can talk comfortably with. It's important to tell your health professional about all of your symptoms, your situation and if you have a history of mental health conditions. Your health professional is likely to have asked you a range of questions about your emotional wellbeing and to have given you the EPDS to assess depression/anxiety (see the back of this booklet). The range of health professionals who may be able to help you are described below.

General practitioners

A general practitioner (GP) is a suitable health professional who you can discuss your concerns with in the first instance. A GP can conduct or arrange any necessary medical tests, assess your mental health and, depending on their training, provide treatment or refer you to a mental health professional.

It's highly recommended that you have a regular GP you can see. You can find a list of GPs with expertise in treating common mental health conditions in the 'Find a professional' section of the *beyondblue* website: beyondblue.org.au or call the *beyondblue* Support Service on **1300 22 4636**.

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."

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. They can provide support and information about pregnancy, breastfeeding, health, immunisation, nutrition, parenting, sleeping patterns, child development and safety. They can also help you work out if you may have a mental health condition and refer you to a GP or mental health professional if needed. Some nurses also have additional training in mental health support.

Psychologists

Psychologists are health professionals who provide psychological therapies and treatments for people experiencing a range of difficulties such as depression, anxiety and feelings of panic. Many psychologists have substantial training in cognitive behavioural therapy.

For a referral to a psychologist with expertise in this area, ask your GP or access one through the Australian Psychological Society at 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 have special training and work in collaboration with psychiatrists, GPs and in some maternity settings. Their role can include reviewing a person's mental health, monitoring medication, providing information and sometimes counselling. If you would like a referral to a mental health nurse, ask your GP.

Social workers

Social workers can assist people with helping them find better ways to manage some of the social stresses such as family and work issues, financial and housing problems. Mental health social workers can also provide some psychological treatment.

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 some psychological treatment.



Medicare rebates

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 and psychologists for a limited number of sessions.

Appropriately trained GPs, social workers, occupational therapists and mental health nurses may also attract Medicare rebates. To 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 you are in need of treatment and are not readily able to see a GP in the first instance to develop a treatment plan (for example if you live in a remote area), a maternal, child and family health nurse or midwife can arrange access to psychological treatment.

Ultimately, a GP will be required to complete the treatment plan. The cost of individual and/or group therapy sessions to you will vary, depending on the length of the session, and whether an additional fee is being charged by the health professional. Talk to your GP or health professional about your options.

If your doctor refers you, you can also 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 on the type and cost of getting treatment visit the 'Getting support' section of the [beyondblue](http://beyondblue.org.au) website: beyondblue.org.au

For a list of psychologists, social workers and occupational therapists with expertise in treating mental health conditions, visit the 'Find a professional' section of the [beyondblue](http://beyondblue.org.au) website: beyondblue.org.au or call the [beyondblue](http://beyondblue.org.au) Support Service on **1300 22 4636**.

Accepting a diagnosis of a mental health condition

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 support from health professionals, family and friends. The type and amount of support will depend on the nature and severity of your condition and what you and your health professional consider to be the most appropriate treatment.

Research indicates that there is a range of effective treatments including medication and talking therapies.¹ In addition, some people may find it helpful to share experiences with other women or parents through support groups or online forums. Actively seeking support or practical help from family and friends can also be beneficial.

When you are diagnosed with a mental health condition you will need professional advice and treatment. While there may be a strong instinct to put the needs of your baby or others before your own, at this time it's important you 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 caring for your baby.
- You don't have to go it alone — accept support and work towards recovery.
- You are not the only one — many other women and men go through this.
- This is happening to you — it is not your fault; this is a serious condition, there is nothing to be ashamed of.
- Mental health conditions won't go away on their own — you must get support.
- The sooner you get support, the sooner you can recover.





Other ways of supporting your emotional health and wellbeing

Other ways of supporting your emotional health and wellbeing include self-help measures and community support, in addition to psychological treatments and medical treatments. These additional approaches may be helpful for women and families and include:

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

Lifestyle changes

Lifestyle changes can enhance the effects of other treatments, can help reduce symptoms 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. Exercise is proven to be helpful for reducing stress. Taking the baby for a walk in the fresh air every day is beneficial for both you and the baby.

- Talk to your GP or obstetrician and ask when it is safe to start exercising, especially if you have had a caesarean.
- 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's especially important when you are pregnant or have just had a baby because of the major nutritional stresses on your body at this time. Talk with your health professional about the type of foods you should be eating.

Getting support

Support from family and friends can benefit many women 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 options include maternal, child and family health centres that offer group sessions for parents on how to look after a new baby and meet other families. There may also be playgroups or creches that you can access through your local council.

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. They may be run by women who have recovered from antenatal or postnatal mental health conditions themselves. Others may be run by a professional with specialist training. To find your nearest support group, contact your local maternal, child and family health service, or for telephone support and other groups contact PANDA on **1300 726 306** or the *beyondblue* Support Service on **1300 22 4636**.

“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, at-home support from family, friends, and even your neighbours, such as cooking, cleaning and taking care of the baby (or any older children) can take some pressure off you while you adjust to life with your new baby. Some community services also offer in-home support services using volunteers or support workers.

Partner support is important for many mothers. Consider the following:

- Encourage your partner in their parenting role and invite your partner to attend appointments or groups with you.
- Babies adapt to different ways of doing things so it’s OK if your partner does things differently from you.
- Greater involvement increases confidence and helps build a strong relationship with the baby (while taking some pressure off you).
- Share the household chores as much as possible between you and your partner.
- Remember that you will both need ‘time out’, away from each other and the baby.





Counselling

Directive counselling may be helpful either individually or in group settings, and involves talking about any issues with a health professional. This provides an opportunity for the professional to support and listen to you in a non-judgmental way. Counselling may help you develop effective ways to deal with challenges in your life, including difficult or traumatic experiences around childbirth.

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

Self-help resources

You may also want to explore online options, which can provide information, tips, blogs and support.

MumSpace.com.au is an Australian Government-supported website with resources for emotional wellbeing of pregnant women and new mums. It's designed to connect you quickly with the level of support you need, from advice and support in the transition to parenthood, to online treatment programs for perinatal depression and anxiety.

Supporting you and your baby

After the birth, most people expect to bond instantly with their baby, but for some mothers, this attachment takes time to develop. This can create feelings of guilt, stress and disappointment. It may take a while to feel a connection.

When parents are happy, content and well supported, they are in the best possible position to be responsive and available to their baby. This helps to develop a strong, secure bond that will support their baby as they continue to develop physically, mentally and emotionally.

At times, you may have negative feelings towards your child. This does not mean you are a bad parent. Usually, with support and rest, most women will feel more bonded to their baby and better able to respond to them within a couple of weeks. There may be times when you feel overwhelmed. If you feel that you are at breaking point or that things are getting out of control, it can be helpful to put the baby in a safe place (e.g. the cot) and have a few minutes to yourself and/or ring a friend or family member.

If negative feelings are frequently occurring and beginning to affect your feelings towards yourself or your baby, it's important to seek advice early. If you're concerned about how you're bonding with your baby and feel distant or withdrawn from them, it's important to talk about it with a health professional such as a GP or maternal, child and family health nurse. Help lines are also available to provide support (see pages 41 and 42). If you are recovering from depression and anxiety and want some help to reconnect with your baby, you may find that some professionals offer supportive mother-baby programs.

Some mothers will benefit from time in a specialist parenting centre — these offer support, parenting education and guidance, which can increase parenting confidence, alleviate distress and allow for rest in a supportive environment. Many have sleep and settling programs and can also help with feeding issues.

If your mental health condition is severe, you may have the option of being admitted to a mother-baby unit. Some of these units cater for fathers/partners and other children (see page 26).

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

Tips for supporting yourself

Good emotional health and communication helps you enjoy early parenthood, maintain positive relationships with any older children and other family members, and can help couples through the challenges of adjusting to a new baby together.

Try to be realistic about what you expect of parenthood. Below are some helpful things to remember.

- There will be good days and bad days for every parent.
- Parenting is a skill you learn. You will get more confident with your baby over time.
- You will benefit from time out to have a break and do something you enjoy.
- You may find it hard to find time for household tasks. Be prepared to let some things go that you may have prioritised before.
- It's important to remember that some babies are easier to settle and comfort than others.
- Eat regular, healthy meals, exercise regularly and avoid drugs and alcohol.
- Sleep is important — take every available opportunity to rest.
- Some people find deep breathing, yoga and relaxation techniques helpful.
- When possible, try not to make major life changes like moving house or changing jobs.

There are many things you can do to help yourself and support your recovery:

- Seek contact with other parents, including those who have antenatal or postnatal mental health conditions — contact your local council for information on groups.
- Organise childcare or ask friends or family to look after your baby or children occasionally.

- Take time to do 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 support.
- Socialise even though it can take a lot of effort; but it's also OK to restrict visitors when feeling unwell, overwhelmed or tired.
- Take things one step at a time.
- Don't bottle up feelings — discuss them with your partner, friends and family.
- Learn about perinatal mental health conditions and the treatments that are available.
- Call a support service or mental health line if things are getting tough and other support isn't available (pages 41 and 42).

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 healthyfamilies.org.au or call the *beyondblue* Support Service on **1300 22 4636**.



Information for fathers, partners, family and friends



How family and friends can provide support

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

Whatever the situation, having a supportive partner, family member or friend is one of the most important factors in assisting someone to seek support and get better.

Tips for families and friends

When a new parent is experiencing a mental health condition, family and friends might need to 'take the initiative' – some ways to do this are listed on the following page.

If you're worried about someone who is pregnant or has recently had a baby, tell them you are concerned about them and offer your support. You might not understand fully what they are going through, but it can be a huge help for them just knowing you're there for them. Encourage them to get professional support.

Remember that mental health conditions are common around the time of having a baby. Encourage the individual to see a health professional if you are concerned about them. You may need to make the initial phone call and take them 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.
- Spend time listening, without feeling the need to offer solutions.
- 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 assistance, she may also need some space. Being surrounded by many visitors — however well meaning — can be exhausting.

What about fathers and partners?

Unlike parents who have experienced pregnancy and giving birth, partners 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.

It's important to understand that both parents may experience emotional distress, depression or anxiety in the year after the birth. While the symptoms may vary for fathers and partners from

those experienced by mothers, many of the symptoms listed in this booklet still apply and it's very important that symptoms of depression and anxiety are assessed and treated.

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

For dads and partners:

For more information for dads visit the Dadvice section of *beyondblue*'s Healthy Families website:

healthyfamilies.org.au

Emotional health and wellbeing: A guide for new dads, partners and other carers is available to download from **beyondblue.org.au/resources**



"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."

Tips for supporting your partner

- Let your partner know how well they're doing when they make small gains.
- Encourage your partner to use some self-help strategies.
- Encourage your partner to look after themselves (eat well, sleep when possible, exercise) and seek support from a health professional if needed.

Ways partners can support themselves

- Looking after someone with depression and/or anxiety can be challenging. You may need to get support for yourself as well (see below and opposite).
- If you're feeling tired, cranky and low in energy, it might be exhaustion or you may be struggling with your own

emotional health. Have a check-up with your GP.

- Talk to friends or workmates who've recently become parents. You'd be surprised how much you have in common now.
- 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.
- 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? What sort of parent would you like to be? Can you manage to find your own time together?

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.



Information and help lines



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. Additional help lines and contacts are listed on the following page.

For other assistance please contact your local GP or maternal, child and family health nurse/parenting service.

If you or your partner identifies as Aboriginal or Torres Strait Islander, you can contact your local Aboriginal

Medical Service or Aboriginal Health Worker at a community health service for more information and assistance. You can also ask to speak to an Aboriginal Hospital Liaison Officer, who can offer more support to you and your family during your stay in hospital. You can search for local Aboriginal and Islander health and medical services at healthinfonet.ecu.edu.au

Contact your local council or community health centre for more information about support groups running in your local area.

beyondblue
1300 22 4636
beyondblue.org.au

beyondblue Healthy Families
healthyfamilies.org.au

Head to Health
headtohealth.gov.au

Lifeline
13 11 14
lifeline.org.au

Suicide Call Back Service
1300 659 467
suicidecallbackservice.org.au

SANE Australia – mental health information
1800 187 263
sane.org

MensLine Australia
1300 78 99 78
mensline.org.au

QLife
1800 184 527
qlife.org.au

healthdirect
1800 022 222
healthdirect.gov.au

Perinatal Anxiety & Depression Australia (PANDA)
1300 726 306
(Mon to Fri, 9am – 7.30pm AEST)
panda.org.au

Gidget Foundation
1300 851 758
gidgetfoundation.org.au

MumSpace
mumspace.com.au

Pregnancy, Birth and Baby
1800 882 436
pregnancybirthbaby.org.au

Raising Children Network
raisingchildren.net.au

Ngala
08 9368 9368 or 1800 111 546
ngala.com.au

Centre of Perinatal Excellence (COPE)
cope.org.au

Australian Breastfeeding Association
1800 686 268
breastfeeding.asn.au

Australian Multiple Birth Association
amba.org.au

Miracle Babies Foundation
1300 622 243
miraclebabies.org.au

SANDS Australia – miscarriage, stillbirth and newborn death support
1300 072 637
sands.org.au

Relationships Australia
relationships.org.au

Family Relationships Online
1800 050 321
familyrelationships.gov.au

1800RESPECT – national sexual assault, domestic family violence counselling service
1800 737 732
1800respect.org.au

Kids Helpline
1800 55 1800
kidshelpline.com.au

Red Nose (formerly SIDS and Kids)
rednose.com.au

Mental Health Carers Australia
1300 554 660
mentalhealthcarersaustralia.org.au

Contact details are correct at the time of publication. Services are subject to change without notice.

Edinburgh Postnatal Depression Scale (EPDS)[^]

The EPDS is a set of questions that can tell you whether you have symptoms that are common in perinatal women with depression and anxiety. It's strongly recommended that you complete these questions with a health professional.

This is not intended to provide a diagnosis — only trained health professionals should do this. You'll be asked to complete the questions below and circle the number next to the

response that comes closest to how you have felt in the **past seven days**.

If your total score adds up to 13 points or more your health professional is likely to assess you further for depression/anxiety.

*Scores between 10 and 12 will be monitored and a repeat screen is recommended.

You can also complete the EPDS online at: healthyfamilies.org.au

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	3 Yes, most of the time 2 Yes, some of the time 1 Not very often 0 No, never
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 3 Yes, quite a lot
5. I have felt scared or panicky for no very good reason	2 Yes, sometimes 1 No, not much 0 No, not at all
6. Things have been getting on top of me	3 Yes, most of the time I haven't been able to cope at all 2 Yes, sometimes I haven't been coping as well as usual 1 No, most of the time I have coped quite well 0 No, I have been coping as well as ever 3 Yes, most of the time
7. I have been so unhappy that I have had difficulty sleeping	2 Yes, sometimes 1 Not very often 0 No, not at all 3 Yes, most of the time
8. I have felt sad or miserable	2 Yes, quite often 1 Not very often 0 No, not at all 3 Yes, most of the time
9. I have been so unhappy that I have been crying	2 Yes, quite often 1 Only occasionally 0 No, never 3 Yes, quite often
10. The thought of harming myself has occurred to me**	2 Sometimes 1 Hardly ever 0 Never

*More information on what different scores mean can be found at: healthyfamilies.org.au

** **Thoughts of suicide or harming yourself can accompany depression and anxiety and question 10 asks you about this. If you are feeling this way or have thoughts of harming your baby, it is important to consult your doctor or support service.**

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References

¹ Austin M-P, Highet N and the Expert Working Group [2017]. *Mental Health Care in the Perinatal Period: Australia Clinical Practice Guideline*. Melbourne: Centre of Perinatal Excellence

² Pearlstein T, Howard M, Salisbury A, and Zlotnick C [2009]. *Postpartum depression*. *American Journal of Obstetrics and Gynecology*, 200(4), 357-364. doi: 10.1016/j.ajog.2008.11.033

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Where to find more information

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Learn more about anxiety, depression and suicide prevention, or talk through your concerns with our Support Service. Our trained mental health professionals will listen, provide information, advice and brief counselling, and point you in the right direction so you can seek further support.

📞 [1300 22 4636](tel:1300224636)

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