

Depression during and after pregnancy

Depression affects up to 15% of mothers after they have given birth (postnatal), and up to 9% of women during pregnancy (antenatal).

Most new mothers experience a brief low mood after the birth of a baby. This is referred to as “the baby blues”. Postnatal depression is different because it lasts much longer.

- Postnatal depression can range from mild to severe depression, and can occur any time during or after the baby is born (up to one year later)
- It can occur after pregnancies of any length, including those where there is a miscarriage
- Symptoms of postnatal depression usually start within the first few months after delivery. The mother may not seem interested in her baby, or other members of her family.

Fathers can also experience depression at this time, although it’s not usually referred to as “postnatal depression”.

What causes postnatal depression?

Just like depression at other times, there is no single cause of postnatal depression. Experiencing depression at some time in the past, particularly during the pregnancy, is the single biggest risk factor for postnatal depression.

But that doesn’t mean that people with a personal history of depression will always develop postnatal depression.

Other key characteristics linked with a higher risk of developing postnatal depression include:

- Depression during the pregnancy
- Past or current emotional problem(s)
- Family history of depression
- Being younger than 20 years old at time of delivery
- Being unmarried
- Having been separated from one or both parents in childhood or adolescence
- Receiving poor parental support and attention in childhood
- Having had limited parental support in adulthood
- Poor relationship with husband or boyfriend
- Economic problems with housing or income
- Dissatisfaction with amount of education
- Low self-esteem.

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What are the symptoms?

Symptoms of postnatal depression are similar to depression at other times. The symptoms can range from mild to severe.

The mother will probably have the usual depression signs of feeling sad most of the time or having lost interest in things that were once enjoyable. Other symptoms might include:

- Feelings of worthlessness and hopelessness
- Feeling so unhappy that eating and sleeping patterns change
- Blaming yourself unnecessarily when things go wrong
- Feeling anxious, panicky or overwhelmed
- Having thoughts of suicide.

As well, she may be emotionally detached from her baby and other family members.

How is it treated?

Psychological treatment or “talking therapy” is generally the most effective way of treating depression during and after pregnancy. It may help to increase the social support available to the woman. Medication can also play an important role.

Recent studies have found that the group of medications known as “SSRIs” (Selective Serotonin Reuptake Inhibitor) are effective in treating postnatal depression. These antidepressants have fewer side effects than other antidepressants and can be taken by breast-feeding mothers. The decision to take medication is up to the individual and should be made in consultation with a doctor.

Where to get help:

Talk to your GP, midwife or Well Child provider (eg, Plunket nurse) about your options if you are worried about postnatal depression. It is important to ask for help. If your request isn't heard, ask again, or try and find someone who will listen.

Other places to get help include:

Healthline including the Well Child line:

Call 0800 611 116. A registered nurse is just a phone call away.

The Lowdown team: If you want to chat about how you're feeling, or you've got any questions, you can;

Text The Lowdown team for free on 5626

Email The Lowdown team in the Chat section of www.thelowdown.co.nz. You can also ask them to give you a call back if you want to talk on the phone.

Call the Depression Helpline on 0800 111 757

Recommended Sites:

www.mothersmatter.co.nz - provides comprehensive information about all aspects of postnatal depression.