beyondblue
Depression. Anxiety.

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

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Join us in our mission to raise awareness, reduce stigma and improve outcomes for women, infants and their families. You can get involved by joining us on facebook and twitter or contact us to find out how you or your organisation can contribute to helping us reach our goals.

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

To find out more about how you or your organisation can become involved, please email us at **beyondbabyblues@beyondblue.org.au**

For more information about depression and anxiety during pregnancy and following birth visit **www.beyondblue.org.au/beyondbabyblues** or call **1300 22 4636**.

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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, 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.

While parenting is a rewarding job, it can also be one of the most challenging. Both you and your partner are learning 'on the job', and you might find that you see yourself differently, or see your partner differently, after you become parents. You may start to re-think what is important in your life or reflect on your relationship with your own parents. This is a lot for anyone to take on — even if the pregnancy, labour and birth go according to plan. When faced with a new or difficult situation, sometimes we are able to cope with the challenge, and sometimes we find that it overwhelms us. Parenting is no exception.

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.

Another *beyondblue* booklet, *Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families*, provides more detailed information about mental health conditions. It aims to help women, their partners and families to seek help and find the right treatment.

In developing this booklet, *beyondblue* would like to acknowledge that sections of this resource have been adapted from the Women and Newborn Health Service WA's booklet titled *Becoming a Parent — Emotional Health and Wellbeing*. We would also like to acknowledge Cherelle Martin (Photography by Cherelle), for providing us with several of the photographs included in the booklet, and the many women and their families who enriched our booklet by sharing their experiences and providing us with invaluable ongoing feedback.

We wish you well on your journey into parenthood.

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What to expect in pregnancy

Finding out you are pregnant

The experience of finding out that you are pregnant can vary greatly. Many people experience joy and excitement at the news, while for others these happy emotions are mixed with worry. For couples who have had long-term problems with fertility, becoming pregnant is often a dream come true and while it's a joyful part of what is usually a long emotional journey, this may be mixed with some feelings of fear or apprehension.

Parents who are expecting twins or triplets, either through assisted reproductive technology or naturally, are also likely to experience a wide range of emotions during the pregnancy. For others, finding out about a pregnancy that was unplanned can be a big shock, particularly if it happens in a stressful situation, if you are on your own, still in your adolescence or just not quite ready.

> "I cried, I did not want twins. Not ready for two babies. Unplanned pregnancy, let alone twins. Not sure if I will be able to cope as a mother of twins. The financial worries are overwhelming, the change of lifestyle frightening."

"We're very excited. I danced around a lot. Many feelings of 'Oh my god'. It's hard to come to terms with..."

There is no right or wrong way to feel when you find out that 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 — sharing your concerns can be very helpful.

Adjusting to change

"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 that you're expecting a baby, you will notice your life begin to change. For women, having to change their diet, starting to look different, craving certain types of food, becoming tired more easily and feeling nauseous are some of the obvious and often talked about changes pregnancy can bring.

These physical changes can have a big impact on your mood and feelings about being pregnant. Many of these symptoms and feelings resolve in the second trimester.

For fathers/partners, the news of becoming a parent can bring feelings of excitement together with feelings of apprehension about the effect on their lifestyle and added responsibilities. Negotiating new working arrangements, preparing for a different financial situation and thinking about how having a baby might change your relationships can also make this a complicated time.

Many people experience a wide range of emotions during pregnancy, from joy and excitement to fear and worry. Many things can make a woman feel tearful, anxious and irritable during pregnancy, including worries about the birth, and how she will cope as a mother and manage the demands of the children. For both parents, mixed emotions and fleeting doubts are normal — so are occasional negative thoughts or dreams. They are a necessary part of preparing for parenthood. Pregnancy can also be a time when expectant parents think about their childhood and their relationships with their own parents.

Common concerns people may have during pregnancy may include the following:

- 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?
- What will it be like to have a baby?
- How will I/we cope with twins?
- Will my partner be a good parent?
- What impact will this have on my/our lives?

Why are emotional problems common during pregnancy?

The combination of physical, social and emotional changes in pregnancy may, for some women (or men), lead to mental health problems such as depression and anxiety. This is more likely for people who have had mental health problems before, who do not have enough support, are still adolescents, or have been through difficult times (such as relationship difficulties, problems with conception, abuse or loss). But mental health problems can happen to anyone — just like any physical health condition (e.g. diabetes) or complication of pregnancy (e.g. high blood pressure).

It's very important to look after yourself and be aware if you are finding it difficult to manage from day to day. If you have been feeling sad, down, worried or anxious for a while, and/or this is starting to affect your life, it's time to seek help. We talk more about this later in the booklet (see page 24).

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, your partner and your baby can all benefit from being *emotionally* healthy.

Some ways to prepare for parenthood

Some helpful ways to prepare for parenthood include:

- speak to family members and friends who are already parents about their experiences
- develop a network with others who are also pregnant or who have children of a similar age (e.g. mother's group)

- read parenting books and attend antenatal classes
- be aware of your expectations about pregnancy, birth and becoming a parent
- think 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.
- If you can, arrange for both you and your partner to be at home for the first week or two after the birth.
- Set up extra support for the first few weeks after the baby's birth, longer if you are expecting more than one baby.
- Talk to someone you trust about your feelings. Sharing your concerns can be really helpful.
- Extend your support network — other expectant parents can be a valuable resource.
- Don't be afraid to ask questions when you visit your GP, obstetrician or midwife.
- Be careful what you read — some websites and articles might make you feel worse. Look at who is writing it. Can you trust the source of the information?
- Be aware of changes from how you normally feel. 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 mental health problems before, discuss this with your health professional. This can help you identify and respond early if symptoms return.

Pregnancy loss

It doesn't matter at what stage of pregnancy it occurs or why, miscarriage is traumatic for everyone, including parents, family and friends. For some, pregnancy loss can be associated with a deep sense of shame and women can become isolated because they feel unable to talk about their experience with family or friends. It's very important to remain connected with family and community.

For women who are pregnant with more than one baby, losing a baby can also complicate the grieving process, particularly if one or more babies survive.

The process of grieving may mask signs of depression. 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. Mutual support groups may also be useful (see page 26).

What to expect from the birth

"Everyone, from people at work to strangers down the street were offering their expert advice on pregnancy and motherhood and how you 'should' feel."

"After my babies were born, I felt exhausted, exhilarated, excited... I'd never experienced so many emotions all at once."

The experience for women

The emotions often described following childbirth are joy, achievement, relief and pride after finally bringing a baby into the world. However, for others, the birth is very different from what they anticipated. Some women and their partners expect the birth to be easier or quicker than it turns out to be.

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 and/or when giving birth
- the birth involves more medical intervention, pain or time than they had expected
- the baby arrives late or early, especially if it is very premature and needs to stay in a neonatal intensive care unit
- they don't feel supported or acknowledged, or feel that no one listened to them during the birth
- they have more than one baby
- there are problems with their baby's health or they don't immediately feel a bond with their baby.

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

"Initially, I couldn't take it all in until I had read some books on prems (premature babies) to get used to the terminology used freely in the intensive care unit. A crash course in medical terminology was needed... I think I was in shock."

"With the twins in hospital I was very depressed and worried about them all the time."

Remember:

- 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.

The experience for fathers/ partners

Partners of women giving birth can find it an intense experience too. Often, the experience is a positive one that makes them feel more attached to their partner and baby, but it can also be an anxiety-provoking experience. It can be difficult seeing your partner in pain. Here are some examples of common reactions by partners.

"Anxious and exhausting — I would not have missed it for the world."

"It was hard seeing my partner in pain, but I'm glad I could be there to support her."

"I felt helpless and a little guilty that she had to go through this."

"When I cut the cord, I felt so closely connected to my partner and daughter."

Key message for partners preparing for the birth

- Remember, your partner will need your support and assistance. Being there physically and emotionally is important.
- Don't have too many expectations of yourself — there may be situations beyond your control where it is hard for you to do anything for your partner but be there for her.
- Be aware of what type of birth your partner wants and be prepared to make some important decisions during the birth, either with your partner or on her behalf.

Emotional responses following the birth — the 'baby blues'

As well as the range of emotions you and your partner may experience during or following the birth, it is very common for women to experience the 'baby blues' in the first few days after childbirth. Signs of the baby blues include being teary, irritable or oversensitive in her interactions with others, 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 may be a sign of something more serious — like depression or anxiety — and if so you may need treatment (see also page 19).

What to expect in early parenthood

The experience of early parenthood

While for some, the transition into parenthood appears smooth and many people find it enormously enjoyable and satisfying, it can also be very difficult, especially at first.

Looking after a new baby during the first year of life is a constant and demanding job that can involve sleepless nights, spells of crying and times of not knowing what to do. It's also a time of learning and change. 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.

It's important to remember that adjusting to being a parent takes time.

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.

"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."

"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!"

Adjusting to change

Early parenthood is a time of great change. For women, pregnancy, birth and breastfeeding involve many physical changes, which can affect a woman's body image and relationship with her partner. Physical recovery from pregnancy and childbirth can take time. Even six months after childbirth, many women do not feel 'back to normal' physically or emotionally.

Pregnancy, birth and parenting can affect sexual health and intimacy*, including:

- Physical recovery after childbirth — e.g. tiredness, pain, fear of pain, breastfeeding, loss of libido
- Lifestyle changes after the birth — e.g. loss of couple time and time to yourself
- Relationships and sex — Almost all couples have less sex after having a baby and many feel less intimate with their partner
- Body image — changes to body image can be either positive or negative depending on the individual.

"It's not really sexy, breastfeeding (laughs)."*

"These days I'm just so tired I feel like I could go without sex forever."*

"I think you miss the freedom for yourself, but you miss it as a couple, a lot."*

Changes in hormone levels can keep affecting your emotions, even after the 'baby blues' have passed. And lifestyle changes can result in fatigue, isolation or feeling overwhelmed.

As a result, emotions are likely to vary a lot at this time. For many women and their partners, becoming a parent means that their hopes and dreams have come true. They love holding, touching, watching and smelling their baby. A couple may also experience a deepening sense of love and connection between each other and their baby. For others, emotions are mixed with feelings of frustration at losing their old life — things like financial independence, career, spontaneity, and time with partner and friends. As in pregnancy, fleeting doubts are normal and part of the adjustment process. So are occasional negative thoughts or dreams.

*Text and quotes from: Woolhouse H, McDonald E, Brown (2009) *Sexual Health and Intimacy after Childbirth. The Impact of Pregnancy, Childbirth and Parenting on Sexual Health and Intimacy.* Melbourne: Healthy Mothers Healthy Families Research group, Murdoch Children's Research Institute. http://www.mcri.edu.au/media/57271/sexual_health_and_intimacy_after_childbirth.pdf

Some women find they cry more easily after they've had a baby. They can feel quite miserable, anxious and irritable. Many things can make you feel this way:

- 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
- disappointment if you find breastfeeding difficult, which is made worse by guilt or a sense of failure for bottle feeding your baby
- 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 emotional and financial support from your partner or other family members and friends (this is more likely for adolescent mothers, single mothers and those whose partners work away from home)
- feeling guilty and sad that you are not with your baby if you return to work
- coping with physical illness or complications that affect you and/or the baby.

If motherhood is not what you expected, it is 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.

Bonding with your baby

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

"When I looked at the twins, they seemed a pair of little strangers to me. But somehow I knew we all belonged together."

After the birth, most people expect to bond instantly with their baby, but for some women, this attachment takes time to develop. This can create feelings of guilt, stress and disappointment. It may take a few days, or even weeks, to feel a connection. When a woman feels little or no attachment to her baby, she may be distant or withdrawn and can find it hard to care for her baby. Usually, with support and rest, most women will feel more bonded to their baby and better able to respond to them. If you are concerned about how you are bonding with your baby, it's important to talk about it with a health professional (such as a Maternal, Child and Family Health Nurse or GP) as there are

things you can do to strengthen the attachment.

The experience for partners

"Becoming a father changes your life in every way and every day."

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 father or new parent can be an important milestone in your life and often marks a change in your relationship with your partner and other members of your family. Some people believe that a baby will enhance their relationship, however most find a new baby brings extra stress.

It is important to acknowledge that often our expectations of what it will be like to become a parent can be quite different from the reality.

"I felt such an overwhelming mixture of pride, wonder and protectiveness towards my baby. It has made me want to make the world a better place for her."

"You suddenly go from having everything in your life as neat and tidy to being completely out of control."

"I never knew how much it meant to have my own time and space to do whatever I wanted."

You may see your partner as being preoccupied with the needs of the baby and you may feel left out or unloved. You may not know how you can be more involved or how to help. Many people find it hard to juggle work and new family demands and it can seem difficult to find time to do things you enjoy individually and as a couple.

It is important to acknowledge the changes that are happening to you, your relationship, lifestyle and the effect this has on the way you feel. Your partner may have a loss of libido, and tiredness, pain and breastfeeding may also have an impact on your sexual relationship. It's a good idea to talk to each other about what you are feeling and try to support one another as you adjust to these changes.

For further advice see 'Looking after yourself' and 'Tips for mothers on supporting a partner (or support person)' on page 30 of this booklet.

How to look after your emotional health during early parenthood

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 ensure their baby continues to develop physically, mentally and emotionally. Good emotional health and communication also helps to 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.

Helpful expectations for new parents

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. There are many very big changes to adjust to and many parents will feel they are not coping at times.
- Parenting is a skill you learn. You will get more confident with your baby over time. Most people find the first 6–8 weeks the hardest.
- How you feed your baby is also something you will need to learn about and may be different from what you expected.
- Parenting can be very intense and at times challenging and unrelenting. 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 and/or to do the things that you used to enjoy while also caring for a newborn. Be prepared to let some things go for a while, things don't have to be perfect.
- It's important to remember that some babies are easier to settle and comfort than others. If your baby continues to be unsettled, ask your health professional or call an advice line.

At times, you may have negative feelings towards your child. This does not mean you are a bad parent. But, if these feelings are intense, keep coming back or continue, you should talk to a health professional.

Tips for looking after yourself

There are many ways of preparing for and managing early parenthood so that you can make the most of it and minimise stress. Some tips on looking after yourself are given below.

- Being a parent involves always considering the needs of your baby. Remember to consider your own needs as well.
- Looking after yourself is looking after your baby!
- While you may receive a lot of advice from books or other people about the importance of a routine, be open to just working out what suits you and is best for you and your baby.
- Ask for help and accept help — even before you really need it. Planning to have additional support in the first few months by asking your partner, family member or friend to be on hand to help can make the transition to parenthood less stressful.
- Try not to spend all day in your pyjamas — getting showered and dressed can help you feel better.
- When possible, try not to make major life changes like moving house or changing jobs late in pregnancy or in the first few months after you have your baby.
- If you have experienced mental health problems before, discuss this with your health professional. This can help you identify and respond early if symptoms return.

Tips for getting support

- Develop a support system of friends, family and/or health professionals, including parent groups and local resources, like crèches and playgroups.
- Share the household chores as much as possible between you and your partner. Remember, you don't need to have a perfect house! It's much more important to make time to enjoy doing something that's fun with your baby, like cuddling or playing with him or her.
- Make the most of help when it's offered. Remember, babies adapt to different ways of doing things (as it stimulates them) so it's okay if your partner and helpers do things differently from you and alter your routine. Parents will naturally think that their way is the best and won't like to alter their routine once it's in place, but it's okay to accept other ideas and change the way you do things.

Tips for staying healthy and managing stress

- Eat regular, healthy meals, exercise regularly and avoid drugs and alcohol.
- Sleep is important — take every available opportunity to rest (e.g. when your baby is asleep).
- Take time to do things that you find relaxing — even if it is taking ten minutes to listen to music or read. Some people find deep breathing, yoga and relaxation techniques helpful.
- Socialise — even though it can take a lot of effort.

- 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.
- There will be times when you feel overwhelmed. You may 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. cot) and have a few minutes to yourself and/or ring a friend/ neighbour or family member.
- If negative feelings are frequently reoccurring and beginning to affect your feelings towards yourself or your baby, it is important to seek advice early (e.g. helpline) and/or talk to your health professional.

Be aware of any changes from how you normally feel or behave. If you notice any major or long-term changes, seek help from a GP or your Maternal, Child and Family Health Nurse.

Important reminder

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

Everyone's experience of pregnancy, birth and parenting is unique and brings different rewards and challenges. Try not to compare yourself with others, rather seek support from others and, if you need professional advice or support, contact your health professional as early as possible. As parenting presents many continuing challenges, it is important for you, your baby and family members to seek help and advice early.

Emotional and mental health problems during pregnancy and early parenthood

As discussed throughout this booklet, pregnancy and early parenthood can be filled with joy and fulfilment, however, it can also be a stressful and emotional time — for everybody. 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 problem.

The following sections can assist you to recognise possible signs and symptoms of mental health problems and help direct you to further information, support and treatment.

What puts a woman at risk of mental health problems?

Mental health problems during pregnancy and early parenthood can affect anyone, and they occur in every culture — although it is true that some cultures do not have names or words to describe some mental health problems.

Like depression or anxiety that occur at any other time, mental health problems during pregnancy or in the first year after the baby is born don't have one cause, but are likely to result from a combination of factors.

Factors that increase the risk of mental health problems in pregnancy and early parenthood

- A personal or family history of mental health problems
- Increased current life stressors
- Feeling a lack of practical, social and/or emotional support
- Current alcohol or drug problems
- Current or past history of abuse

There are a number of other factors that may contribute to distress and to the development of mental health problems in pregnancy and early parenthood. The effect of these factors varies from person to person and the risk is greater if several of them are experienced within a short period of time.

Factors that affect mental health in pregnancy and early parenthood

- A stressful or unplanned pregnancy
- Problems conceiving (e.g. requiring IVF or another assisted reproductive technology)
- Complications during pregnancy and birth
- Problems with the baby's health, including being separated from the baby (e.g. neonatal or special care nursery)
- Severe 'baby blues' after the birth
- Difficulty breastfeeding
- An unsettled baby (e.g. problems with feeding and sleeping)
- An anxious, perfectionist personality, or being a worrier
- Low self-esteem, especially being very self-critical
- Continuing lack of sleep or rest
- Being a single parent
- Being a teenage parent
- Being the parent of more than one baby (e.g. twins or triplets).

Some groups of women may be at greater risk, because it is harder for them to get the help they need or because they are socially isolated, experiencing cultural issues or 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 Aboriginal tradition, 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 their 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 another 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 family or friends to help them. It can be hard to adjust to and 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 impact 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

Types of mental health problems

Depression

The symptoms of depression in pregnancy or early parenthood are the same as those 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.

If you have experienced some of the following symptoms for two weeks or more, it's time to seek advice.

- Low mood
- Feeling inadequate, like a failure, guilty, ashamed, worthless, hopeless, helpless, empty or sad
- Often feeling close to tears or crying a lot
- 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 the baby (for example, the baby has an illness or you are afraid of being unable to look after the baby)
- Fear of being alone or going out
- Loss of interest in things that you would normally enjoy
- Insomnia 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 or your baby 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 your baby or wanting to escape or get away from everything.

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

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

Some people's experiences of depression are given below.

"I want to cry all the time..."

"I can't concentrate; I don't seem able to do anything..."

"How can I feel so bad when I've got this beautiful baby?"

"I'm confused and have no energy."

"I'm tired... so tired, but I can't sleep."

"People are only interested in the baby... no-one is interested in how I feel."

"I don't want to see anyone."

If you think your partner or baby would be better off without you, or you are having thoughts of suicide or thoughts of harming the baby, seek professional help immediately.

For more information about depression and specific treatments see the *beyondblue* booklet *Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families.*

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 sometimes be hard to know how much is too much, so if you're unsure, speak to your health professional. As well, while postnatal depression is a well-known and more commonly discussed condition, people are less aware of anxiety during pregnancy or following the birth of the baby. As a result, people may not seek help as they do not have symptoms related to depression. However, as with depression, it is important to seek help for anxiety.

Seeking help early will help your baby, as a mother's anxiety can have an impact on her baby.

Below are some signs of anxiety that can occur during pregnancy or following the birth. If you have one or more of these symptoms, that continue and interfere with everyday life (or if you are generally worried about how you are feeling), talk to your health professional.

- Anxiety or fear that interrupts your thoughts and interferes with daily tasks
- Panic attacks — frequent outbursts of extreme fear and panic that are overwhelming and feel difficult to bring under control
- Having tense muscles, a 'tight' chest and heart palpitations
- Anxiety and worries that keep coming into your mind and are difficult to stop or control
- Constantly feeling irritable, restless or on edge, but you can't pinpoint why
- Being unable to rest or sleep — even when the baby is sleeping
- Finding it difficult to relax and/or taking a long time to fall asleep
- Constant worries or fear about the health of the baby during pregnancy
- Overwhelming fear that there will be major problems at the birth which may lead to continuing physical problems (for the mother or baby)
- Developing overly strict routines and constant planning (e.g. making lists, record keeping) which has an impact on daily functioning and causes distress if not followed

- Fear or worries that lead you to check constantly on your baby or stop you going out with your baby.

"I thought I was having a heart attack or going crazy."

"I can't sleep, I have to stay awake and watch her sleep to make sure she keeps breathing."

beyondblue has developed a checklist for anxiety and depression that can be used to indicate whether a person has symptoms in common with people who have anxiety.
Visit **www.beyondblue.org.au/checklist** or call **1300 22 4636** to find out more about the checklist.

"I'm just worried about everything."

"I can't stop feeling that something will go wrong with this pregnancy."

"I could feel my heart racing, like I was having mini panic attacks."

"Out of the blue, an intense feeling of dread came over me. My heart was racing, I had difficulty breathing, I was shaking, dizzy."

Note: It is very common for people to experience symptoms of depression and anxiety at the same time.

A range of different types of anxiety may be experienced during pregnancy and in the year following the birth of a baby. For more information about these conditions and specific treatments, see the *beyondblue* booklet *Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families.*

Bipolar disorder

Bipolar disorder is a severe mood disorder, usually involving periods of feeling low (depressed) and high (mania). The symptoms of depression are the same as those described earlier, while the symptoms of mania can vary in intensity, and may include:

- feeling great and having plenty of energy
- racing thoughts and little need for sleep
- high energy, talking quickly, being unable to focus
- having difficulty focusing on tasks
- feeling frustrated and irritable
- unusual belief/s about something which is not based in reality (delusions)
- unusual perceptions, such as seeing or hearing things that aren't there (hallucinations).

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. If a mother is experiencing the above symptoms, it's important to make sure that she has extra support, to minimise the potential impact on her baby's physical and emotional wellbeing.

"My sister had a tough time when she was pregnant, she's still on medication. But I thought, that won't happen to me."

"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 actually thought that I was putting on this extravagant display because I wanted attention."

For more information about bipolar disorder and specific treatments during pregnancy and following the birth of a baby, see the *beyondblue* booklet *Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families (see page 38).*

Puerperal (postpartum) psychosis

Puerperal psychosis, also referred to as postpartum or postnatal psychosis, is a rare, severe mental health condition that some women experience in the weeks after having a baby. It affects one or two in every 1,000 mothers. Puerperal psychosis is very serious as there may be risk of a woman harming herself and/or her baby. Treatment will almost always involve being admitted to a psychiatric hospital to allow monitoring and treatment in a safe environment. If possible, admission should be to a hospital with mother-baby facilities so that the bond between mother and baby can be maintained during this time.

Although the cause of puerperal psychosis is not well understood, we do know that women with a history of bipolar disorder, or who have experienced puerperal psychosis after previous births, are at greater risk.

Puerperal psychosis causes changes in a woman's usual behaviour. These changes usually start within 48 hours to two 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. The earlier symptoms are recognised, the sooner the woman can receive the best treatment for her and her family.

Women with puerperal psychosis often experience the following symptoms:

- erratic, unusual or extreme behaviour that is out of character
- high energy, talking quickly, being unable to focus

- appearing confused, forgetful, disorganised
- high energy, not feeling the need for sleep
- feeling strong, powerful or invincible — like you can achieve anything
- belief/s that are not based in reality (delusions) or seeing or hearing things that aren't there (hallucinations), which can lead to the woman harming herself or her baby
- depressed episodes (e.g. low energy, not sleeping or eating, 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.

"I knew something wasn't right, but I thought if I just kept going, things would be okay."

"I kept thinking that I was the only one who could keep the baby safe, that the others were trying to trick me and harm him."

"My partner seemed fine for the first week after the birth, she was rushing around like a tornado and I thought she was happy and doing well. But when the rushing didn't stop, not even for sleep, and she began to seem confused, I knew it was time to get some help."

Puerperal psychosis is a medical emergency and a doctor should be contacted immediately — there is a high risk of harm to the baby and to the woman herself.

For more information about puerperal (postpartum) psychosis and specific treatments and management see the *beyondblue* booklet *Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families* (see page 38).

How do you know if it's time to seek advice?

Most women see a doctor, midwife or Maternal, Child and Family Health Nurse regularly during pregnancy and/or following the birth of their baby — these health professionals are ideally placed to support you and to identify when you may need help.

"I started to notice that I was becoming unusually anxious about matters that would not usually bother me. I became fixated on my son's sleeping patterns and the interruptions to my sleep. I became so anxious that I was unable to sleep, to the point that I was awake for periods of 22 hours or so, napping only occasionally. I completely lost my appetite which was amazing for someone who loved to eat!"

Your health professional may ask you a series of questions about your mental health and wellbeing, to ensure you have the help or services that you may need. This usually takes the form of a series of questions about your experiences and situation to identify if you are at greater risk of developing mental health problems. Your health professional may also be able to offer additional support to assist you. You may also be asked to complete a series of questions called the Edinburgh Postnatal Depression Scale (EPDS)[1] to help identify if you are experiencing any symptoms of depression or anxiety during pregnancy or in the year following the birth.

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

You can also raise any concerns directly with a health professional, if you, your partner or family realise that something is not quite right (e.g. if you are finding it difficult to manage from day to day, feeling consistently worried, experiencing little or no joy). In some instances there may be significant changes in behaviour (e.g. if you are behaving erratically or seeing/hearing things that are not there).

We encourage you to use this opportunity to reflect on how you are feeling and answer the questions openly and honestly. It is only by acknowledging how you're feeling that you can recognise if there may be a problem — then you can get the help and support that you, your baby and your other family members need.

[1] Cox JL, Holden JM, Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. *Brit J Psychiatry* 150: 782-86. 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.

"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."

What about partners who may be struggling?

It's important to understand that fathers/partners as well as mothers may experience emotional distress or depression in the year after the birth. Some partners go through depression either during the pregnancy or following the birth of their child — particularly if the mother also has depression.

Signs of depression or anxiety in men can be different to women, but several of the symptoms listed in this booklet still apply, so these may be useful to look at.

Partners need to take 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 depression and anxiety are assessed and treated. Consider your family and the impact your health and wellbeing has on them. You don't want to miss enjoying being with your family and your baby does not want to miss being with you.

beyondblue has developed a range of free booklets to support the emotional health and wellbeing of families in the perinatal period, including *Dad's handbook: A guide to the first 12 months.* These are available FREE from the *beyondblue* website **www.beyondblue.org.au/resources** or by calling *beyondblue* on **1300 22 4636.**

Tips on supporting a partner or support person are on page 30.

Getting support

"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."

Many women find it hard to accept that they may have a mental health condition when they are pregnant or when they become a mother. 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. Some women may 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.

> "For a while, I pretended that everything was okay. But in the end, I just had to talk to someone. The nurse at the clinic listened to me, passed me tissues, and suggested some strategies to help me cope. It really put it all in perspective for me — I realised that I wasn't the only one feeling this way and there were things I could do to feel better."

Remember that mental health problems can happen to anyone, just like physical health complications (e.g. mastitis, high blood pressure). It's important to seek help early and get the right treatment as this leads to a quicker recovery and better outcomes for you and your baby.

Support services

Support services can help you to cope better with the changes you're going through — and with everyday life as well.

- *Antenatal care services* — During pregnancy you can seek information and support from your midwife, hospital social worker, GP or obstetrician. If you are working, you may be able to access a counselling service through your workplace.
- *Postnatal care services* — When you have a new baby, maternal, child and family health services provide free help and information about feeding your baby, health, immunisation, nutrition, parenting, sleeping patterns, child development and safety. Many maternal, child and family health centres offer group sessions for parents caring for their first baby. These groups help families learn how to look after a new baby, physically and emotionally, and give them an opportunity to meet other families who live in the same area. To find the closest service to you, contact your local council or health service. You can also seek information and support from your GP.
- *Support groups* — Support groups provide an opportunity to share experiences, obtain useful information and develop new ways to cope. There are several different types of support groups — some are organised by people who have experienced similar problems, while others are run by health professionals. To find your nearest support group, contact your maternity hospital, local maternal, child and family health service or talk to your GP. You can also visit **www.beyondblue.org.au** or phone *beyondblue* on **1300 22 4636** (cost of a local call from a landline) or call PANDA on 1300 726 306.

"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."

Getting support

There is a range of effective treatments and helpful services for managing perinatal mental health conditions. The earlier you seek help, the faster you can recover. The type of treatment will vary according to the individual and the severity of the condition, and often a combination of treatments is most effective.

For more information about perinatal mental health conditions and their treatments, see the *beyondblue* booklet *Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families*.

Medicare rebates are available for a range of mental health services.

For more information, call **1300 22 4636** (cost of a local call from a landline) or see the section on 'Available support under Medicare' in *Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families*.

When is urgent assistance needed?

If you or someone you care about is in crisis, contact your GP or local health care provider. Thoughts of suicide, harming yourself or your baby can accompany mental health conditions. This is of great concern for the mother, her partner, family and friends.
If you are feeling this way, seek emergency assistance by calling 000 or go to your local hospital emergency department.

What partners, family and friends can do to help

When women become pregnant and have children, they are often expected to step into the role of nurturer, comforter and supporter of their children immediately. It's important for family and friends to realise that expectant and new mothers need comforting, nurturing and supporting too, especially if they are experiencing symptoms of depression and/or anxiety. Opposite are some tips for supporting an expectant or new mother who is feeling overwhelmed by pregnancy or early parenthood.

If family and friends are unable to help, it's time to talk to a health professional.

What partners can do to help

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

Providing support

- Attend appointments whenever possible (at least once every trimester) and more often during the last trimester.
- Try to understand your partner's needs as a new parent.
- Become involved in some of the day-to-day tasks related to caring for

the new baby. If you have older children or have had twins or triplets, this is especially important.

- Ask what else you can do to help on a day-to-day basis. Suggestions include: doing the washing and dishes, cooking dinner, making the bed or giving her a break so she can have a shower or a rest.
- Think of one thing you can do each day for your partner. This may be as simple as taking your baby for 15 minutes so she can take a shower or go for a walk. Even going to the supermarket on your own starts to look good after spending all day with a baby.
- Offer to do a late night feed (e.g. the midnight feed). Giving the mother the chance to have several hours of undisturbed sleep is a very practical way to help her feel better.
- Consider the mother's perspective — to someone who feels trapped at home all day with a small baby, your life may seem wonderful in comparison.

Taking time out

- Accept offers of help from friends or family members or organise for someone to help with meals, housework and the child/ren.
- Plan some time together and try to do something you both enjoy — maybe things you used to do before the baby came along. Although this will need extra planning now, it is important for you to enjoy time together.

"I never imagined that postnatal depression could have such a devastating effect... on me and my family. The tragic loss which I have suffered through losing my sister to postnatal depression has made me realise that we all need to take responsibility for our loved ones. **Postnatal depression is an illness, not a flaw,** and by recognising the symptoms or changes in a person, you will be taking the first step in helping your loved ones seek professional help."

— Hayley Lewis, Olympic and World Champion Swimmer

Communicating effectively

- 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.
- Let your partner know what your thoughts and feelings are — bottling them up makes it more likely they'll come out the wrong way such as during an argument. Recognise that factors such as adjusting to your baby and lack of sleep can wear everybody down. Try not to blame each other or ignore each other's feelings.
- Acknowledge your partner's achievements, whether big or small. This can provide reassurance and encouragement.

- Be a good listener. Don't always feel that you need to solve your partner's problems — sometimes just listening to what she has to say is enough. Remind your partner that you are there for her and ask her how you can help and support her.

Giving your relationship time

- Be patient, supportive and talk about how you are both feeling. Remember, the adjustment from a partnership to a family of three (or more) takes time.
- Be aware that many women have less interest in sex for several months or longer after the birth, and this can also result from feeling overwhelmed and tired. This does not mean she is no longer interested in you. During this time, showing affection without pressuring your partner for sex can be very helpful.

Looking after yourself

- Partners play a key role in the health and wellbeing of the family. It is important that you take care of yourself, so that you can continue to provide the support your family needs.
- Talk to friends or workmates who've become parents recently. You might be surprised about how much you have in common now.
- Be aware of your own health and wellbeing. Make sure you exercise, relax and set aside time for yourself.
- Nurture your relationship — spending time together everyday, even a few hours a week can help.
- Let your employer and workmates know if you're not getting much sleep. Try to arrange your work hours to suit family life.
- Don't expect to be able to make everything perfect. You can't always fix everything that goes wrong.
- Find someone you can talk to honestly about your feelings and how your new role is affecting you — this may be your partner, a friend, a family member or a counsellor.
- Have a check-up with your GP in the year after your baby's birth. If you're feeling tired, cranky and low in energy, or things are getting on top of you, it might be exhaustion (partners get it too).
- There are groups for men to help with adjusting to fatherhood. These groups are often run by men. Contact your local council or Maternal, Child and Family Health Nurse for more information.

Tips for mothers on supporting a partner (or support person)

- Encourage your partner/support person to be involved in the care of the baby. This increases confidence and will also help build a relationship with the child (while taking some pressure off you).
- Acknowledge your partner's support. Accept that if they do something differently from you, it doesn't mean it's wrong. Give them a little space to explore parenthood without you watching over activities or giving advice.
- Invite your partner/support person to attend appointments or groups with you. This is a good opportunity for them to feel more involved with your 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 try to take time out together to be a couple.

Tips for family and friends

> "My mother stayed over as much as possible and a neighbour and other friends cooked meals."

People other than partners (such as parents, other family members and friends) can be an important source of support to new mothers as well. Some helpful tips may include:

- Spend time listening, without needing to offer solutions and advice unless it is requested.
- Offer to look after the baby, being mindful not to take over or be the expert.
- Offer to look after older children or discuss other childcare options so one or both parents can have a break.
- Offer to help with cooking and cleaning without taking over these activities or expecting anything in return.
- Encourage the use of some self-care strategies such as relaxing, eating well, joining a mothers' group, exercising regularly and limiting drug and alcohol use.
- Encourage the mother and/or father/partner to seek professional help if necessary and offer to go with them to the GP or Maternal, Child and Family Health Nurse to talk about how they are managing with the new baby.
- Offer whatever assistance you can to support the parents. Even if they say no, keep offering — many new parents find it hard to accept help.

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.

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

Australian Multiple Birth Association
1300 886 499

Lifeline
13 11 14

MensLine Australia
1300 78 99 78

Miracle Babies Foundation
1300 622 243

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
(03) 9819 4595

SANDS Australia Support Line
1300 072 637

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

Relationships Australia
1300 364 277

Australian Breastfeeding Association
1800 686 268

AUSTRALIAN CAPITAL TERRITORY

Crisis Assessment and Treatment Team
1800 629 354

healthdirect
1800 022 222

Tresillian Parent's Help Line
1800 637 357

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
(02) 8736 3295 (metro)
1300 363 622 (non metro)

Karitane
(02) 9794 2300 (metro)
1300 227 464 (non metro)

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

Parent Line
1300 1300 52

Women's Information and Referral Service
1800 817 227

Mental Health and Referral 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

NT Department of Health and Families for local child health nurses
(08) 8999 2400

NT Health
1800 186 114

Play Group (NT)
1800 171 882 or
(08) 8945 7775

Mental Health Carers NT
(08) 8948 1051

NT Mental Health Services
1800 628 822

QUEENSLAND

Queensland Health
13 HEALTH (13 43 25 84)

Salvo Crisis Line QLD
(07) 3831 9016 (metro)
1300 36 36 22 (non metro)

Women's Infolink
1800 177 577

Health Information Line (Women's Health Queensland Wide Inc.)
(07) 3839 9988 or
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 Counselling and Information Line
1300 882 880

Carers Association of South Australia
1800 815 549

healthdirect
1800 022 222

To find local services visit Health Services Finder
www.hsfinder.sa.gov.au

TASMANIA

Mental Health Services Helpline
1800 332 388

Parentline Tasmania (24 hrs/day)
1300 808 178

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

Aboriginal Health Services
(03) 6234 0777

VICTORIA

SuicideLine
1300 651 251

Maternal and Child Health Line
13 22 29

Parentline
13 22 89

NURSE-ON-CALL
1300 60 60 24

Women's Information and Referral Exchange
1300 134 130

Women's Health Information Centre — Health Information Line
(03) 8345 3045 (metro)
1800 442 007 (non metro)

Caroline Chisholm Pregnancy and Family Support Counselling Service
(03) 9370 3933

WESTERN AUSTRALIA

Mental Health Emergency Response Line
1300 555 788 (metro)
1800 676 822 (non metro)

Parenting WA
(08) 6279 1200 (metro)
1800 654 432 (non metro)

healthdirect
1800 022 222

Ngala Helpline (Parenting)
(08) 9368 9368 or
1800 111 546

From the Heart WA — Supporting Perinatal Mental Health
(08) 9340 1622

Raphael Centre (St John of God Health Care) WA
1300 306 828

Association of Relatives and Friends of the Mentally Ill (ARAFMI)
(08) 9427 7100

Red Cross Family Support Services
1800 810 710 or
(08) 9225 8888

Playgroup WA
1800 171 882

Community Midwifery WA
(08) 9430 6882

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.

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	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	3	No, not at all
	2	Hardly ever
	1	Yes, sometimes
	0	Yes, very often
5. I have felt scared or panicky for no very good reason	3	Yes, quite a lot
	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
7. I have been so unhappy that I have had difficulty sleeping	3	Yes, most of the time
	2	Yes, sometimes
	1	Not very often
	0	No, not at all
8. I have felt sad or miserable	3	Yes, most of the time
	2	Yes, quite often
	1	Not very often
	0	No, not at all
9. I have been so unhappy that I have been crying	3	Yes, most of the time
	2	Yes, quite often
	1	Only occasionally
	0	No, never
10. The thought of harming myself has occurred to me**	3	Yes, quite often
	2	Sometimes
	1	Hardly ever
	0	Never

**** 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] Cox JL, Holden JM, Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. Brit J Psychiatry 150: 782-86. 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.

Information resources

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**.

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

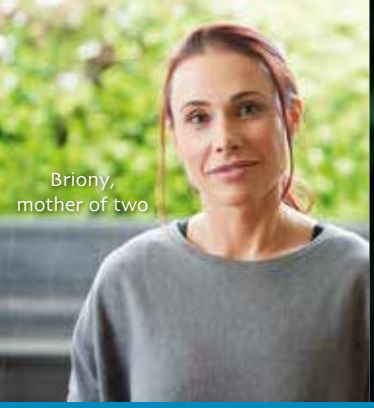
Following on from this guide to emotional health and wellbeing, *Managing mental health conditions during pregnancy and early parenthood* includes more detailed information about depression, anxiety, bipolar disorder and puerperal (postpartum) psychosis.

It aims to assist women, partners and families to seek help and find the right treatment.

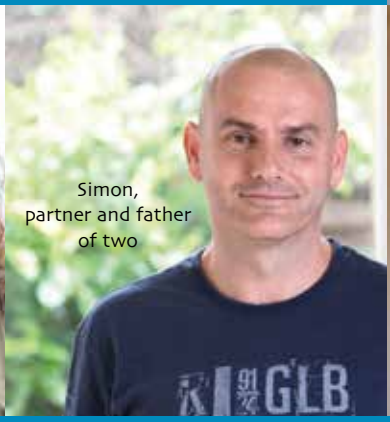
Dad's handbook:
A guide to the first 12 months booklet

beyondblue Guide for Carers
Supporting and caring for a person with depression, anxiety and/or a related disorder

Fact Sheet 24 – Getting help
How much does it cost?



We all spoke up



Postnatal depression and anxiety. It's OK to ask for help.

Depression and anxiety are common both during pregnancy and after the baby is born. Symptoms can include excessive worry, feeling overwhelmed, sad, isolated, out of control, panicky or like you're in a black hole. Unfortunately, shame or guilt often stops people telling others how they're feeling. Yet, talking about it openly is an important step towards getting help and getting better – as these people did. Their inspirational stories are on our website. See their stories of hope and recovery and add your voice at www.justspeakup.com.au

beyondblue
Depression. Anxiety.

1300 22 4636

JustSpeakUp.com.au

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Depression. Anxiety.

Where to find more information

beyondblue
www.beyondblue.org.au
1300 22 4636
Information on depression and anxiety, available treatments and where to get help.

Lifeline
www.lifeline.org.au
13 11 14
Access to crisis support, suicide prevention and mental health support services.

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

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