

Distress, Depression and Anxiety during Pregnancy and following Birth

It is widely thought that having a baby should be one of the happiest times of your life. However, depression and anxiety are common for women during pregnancy and the first year of their child's life, with as many as one in five women affected.

Depression and anxiety are mental health challenges that some women can encounter due to lifestyle changes, transitioning from working to parenthood, loneliness and/or grief.

There has been increased focus on the early detection and treatment of depression and anxiety during pregnancy and after the birth, due to the recognition of the impact that emotional wellbeing can have on a woman/wahine, her partner and family/whanau.

There are now national guidelines for professionals and information available for women and their families on best practice for assessment, diagnosis and management.

What is depression?

Depression is associated with symptoms of low mood ranging from mild through to moderate and severe. Severe symptoms can include self-harm or harm to others. Depression is more common in women, and is most likely to occur during pregnancy and the year following birth. It can interfere with your ability to care for yourself. However, it is important to remember that your health is important and needs to be prioritised.

Depression is different from the relatively common feelings of distress, stress, tearfulness, sadness and being overwhelmed. Symptoms of depression are often more intense and last for two or more weeks.

Women are more at risk of developing depression during pregnancy and afterwards if they have:

- had depression in the past
- a family history of depression
- inadequate support
- problems with alcohol and drugs
- major stresses in their lives
- a poor relationship with their own mother
- experienced childhood abuse (physical, sexual)
- been exposed to family/partner violence

Depressive symptoms in pregnancy and following birth may be associated with medical conditions such as thyroid disorders and anaemia. Therefore, examination and investigation for other causes is an important part of your midwife or doctor's assessment. In Australia and Aotearoa New Zealand, most women will be screened for depression risk during pregnancy and in the postnatal period.



What are the signs and symptoms of depression?

Depression in pregnancy and following birth include:

- loss of interest and pleasure in activities
- feelings of sadness and hopelessness
- emotional irritability, tearfulness
- difficulty concentrating and caring for oneself
- low motivation and feelings of being unable to cope
- low energy
- increased or loss of appetite
- poor sleep or increased sleep and loss of sex drive

- poor emotional and physical bonding with your baby

It should be remembered that difficulties with sleeping, changes in appetite and a reduction in energy and loss of sex drive may be normal symptoms associated with late pregnancy, breastfeeding and early motherhood.

Approximately 4 in 5 new mums will experience symptoms such as mood swings, teariness, feeling overwhelmed and/or anxious 3 to 5 days after giving birth. These symptoms are referred to as the 'baby blues' and are thought to be a result of rapidly changing hormone levels after birth. The baby blues generally go away after a few days however if symptoms persist after two weeks, you should speak to your doctor or midwife as you may be experiencing post partum depression.

A very small number of women after childbirth may also develop psychotic symptoms including hearing voices, feeling irritable and having irrational beliefs. This may be a condition called 'postpartum psychosis' and requires immediate assessment by your doctor or midwife.

What is anxiety?

While we all know what it is like to feel anxious in the lead-up to an event, some people experience these anxiety symptoms on an ongoing basis. Like depression, anxiety can affect the way that you think, feel and behave. For example, thoughts about your developing baby's wellbeing can leave you feeling anxious and worried, and may lead you to seek confirmation that everything is ok.

There is a range of different types of anxiety conditions. Some of the most common types include generalised anxiety, panic disorder, obsessive compulsive disorder – and many of these commonly occur in pregnancy and in the year following the birth of a baby. If you have a history of anxiety, or would describe yourself as a 'worrier' you are likely to be at greater risk of developing or experiencing symptoms in pregnancy or in the year following birth. It is also very common for depression and anxiety to exist at the same time, leaving some women feeling sad, down and worried.

How are these conditions diagnosed?

Your doctor, midwife or child health care nurse may ask you to complete a questionnaire such as the Edinburgh Postnatal Depression Scale (EPDS) (other tools may be used). This can identify if you need further medical assessment for depression and/or anxiety.

An assessment may include:

- asking how you have been feeling
- looking at the symptoms of depression and/or anxiety
- asking you about a personal or family history of depression or stressful events you may have experienced, to identify risk factors
- looking at your current supports and relationships
- a physical examination and, potentially, blood tests to check for other contributing causes of your symptoms



The assessment may involve your partner and family (with your permission). Asking about how you are feeling about your baby and whether you are finding parenting stressful is an important part of assessing depression and anxiety.

Treatment may include supports for you as a mother and your family. Although it can be difficult to discuss with your family and tell them that you are struggling, it is important that you answer any questions relating to you and your baby's safety honestly.



How is the condition treated?

Treatment for depression and anxiety should be adjusted according to the level of symptoms and how much they impact on your life. Mild symptoms may be managed through more frequent contact with your doctor, midwife or mental health clinician and you may benefit from general advice on lifestyle factors and enhanced support. Your treatment should also be culturally aligned to ensure that your cultural, physical and mental health needs are met.

If your symptoms are more significant, you may be offered specific talk therapies such as Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT) or other psychological treatments.

In some situations antidepressant medication may be required. The risks and benefits of antidepressants for you, in pregnancy or during breastfeeding, will be carefully discussed with you and, with your permission, with your partner or family.

Overall, the risk of appropriate pharmacological treatment, when necessary, may be less than the risk for you and your baby were you to remain depressed. It is important that you fully understand the potential risks and benefits of any treatment and you should feel free to ask your doctor to address any concerns that you may have.



What are the risks of treatment?

You and your doctor will need to discuss what the risks and benefits are for each of the treatment options. When considering psychological treatment, these decisions may be affected by:

- availability of various treatments
- your capacity to access the treatment
- the severity of your symptoms
- career resources
- alignment with cultural and family values

If you are considering medication, a careful discussion of risks in pregnancy and/or breastfeeding will be made in terms of:

- any risk to your baby's physical development
- pregnancy complications
- breastfeeding
- the longer term outcome for your baby

A considerable amount of research has been conducted into finding the safest options for antidepressant treatment and your doctor can discuss with you the information available and appropriate treatment options.



What are the risks of not treating depression?

If you think there is a possibility that you are suffering from depression, seeking culturally aligned care and support for yourself is the first step to recovery - both for yourself and for your baby.

What is the risk of it occurring again if I have another child?

The greatest risk of developing depression and or anxiety is if you have had it before. Women who have previously had postnatal depression have approximately 50% chance of getting it a second time. There are strategies and support services that can prevent its recurrence in future pregnancies. Awareness and intervention can make a significant difference.

It can be difficult to admit to yourself that you are struggling with depression, and then to tell somebody else (i.e. your partner, your family, your child healthcare nurse, or your doctor). However, it is more beneficial for you and your baby if you reach out for help and share your story so that your problems can be addressed. Being seen, heard and understood can help with the challenges of distress, depression and anxiety within the childbirth and parenting journey.



Useful resources

- <https://panda.org.au/>
- <https://www.beyondblue.org.au/>
- https://www.cope.org.au/wp-content/uploads/2023/07/COPE_Antenatal-Depression_Consumer-Fact-Sheet-2023.pdf
- <https://www.health.gov.au/resources/pregnancy-care-guidelines/part-e-social-and-emotional-screening/screening-for-depressive-and-anxiety-disorders>
- <https://www.pregnancybirthbaby.org.au/depression-and-pregnancy>
- <https://www.thewomens.org.au/health-information/pregnancy-and-birth/mental-health-pregnancy/>
- <https://www.acc.co.nz/newsroom/stories/rongoa-maori-a-traditional-healing-choice-for-all/>
- <https://ranzco.org.au/news/statement-on-inclusive-language/>



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