This booklet provides general information and guidance only. It should not be used as a substitute for medical advice given to you by a qualified healthcare professional. Always seek professional help if you have specific health queries or problems.

The first edition of this booklet was published by Women’s Health Queensland Wide Inc (Women’s Health) in 1999. This third and latest edition features updated information, new material, and an updated design. It was reviewed by the Women’s Health Editorial Committee and published in 2015.

Women’s Health thanks all those involved in the current and previous editions of the booklet. We especially thank Lara Bishop for allowing us to reprint some of the personal stories that appear in her book *Postnatal Depression: Families in Turmoil*.

If you would like more information about any of the topics covered in this booklet, please contact Women’s Health by email, phone, or post. Details are listed below.

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Welcome

If you are pregnant or a new mother, or if someone you care about is becoming a parent, then this booklet is for you.

Having a baby can be a joyful and exciting experience, but it can also be stressful and overwhelming, causing many new parents to feel sad and low.

Each year, tens of thousands of Australians are affected by depression during pregnancy or following childbirth. Such conditions not only touch the lives of women, but also those of the people close to them. Antenatal and Postnatal Depression aims to provide a brief, easy-to-read introduction to these conditions. It is designed for women as well as their partners, family and friends.

We hope that Antenatal and Postnatal Depression provides people with a better understanding of depression; that it encourages those affected to seek help early; and consequently, that it contributes to their recovery.
In this booklet...

Pregnancy and early parenthood trigger a wide range of emotions and at times, it can be difficult for pregnant women and new mothers to know whether they are simply feeling down, tired, and stressed, or whether they are displaying symptoms of depression. This booklet aims to help women recognise possible signs of antenatal and postnatal depression so they can take steps to either prevent developing the conditions, or to seek help early if they have symptoms or are worried about their risk factors.

This booklet provides suggestions about where women can go for help, as well as evidence-based information about treatment and support options. In addition, it includes a directory of trusted websites that women can visit to find out more about the conditions.

If you are feeling down or having trouble coping, it’s important to talk to someone who understands. Women’s Health offers a free, confidential health information line to all Queensland women. To speak to a qualified nurse or midwife, call (07) 3216 0376 or 1800 017 676 (the line is open from 9.00am-5.00pm weekdays, except Wednesdays, when it is open from 12.30pm-5.00pm).

For urgent assistance, call Lifeline on 13 11 14 or beyondblue on 1300 22 4636.
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Everyone feels down from time to time, but if a person feels intensely sad, low, or moody for weeks or months at a time, they may have depression.

For many women, the term ‘depression’ can seem scary. Often, during pregnancy and following childbirth, women don’t realise that some of the feelings they are experiencing could be symptoms of depression. Depression is a serious illness that affects almost every aspect of a person’s life. It can cause people to lose interest in the things they normally enjoy; it can affect a person’s confidence and self-esteem; it can impact on their relationships; it can cause sleep and eating disruptions; and it can make day-to-day life more difficult to manage.

Depression can affect anyone, and it often occurs for no apparent reason. When the condition occurs during pregnancy, it is known as antenatal depression. When it occurs during the first year following childbirth, it is referred to as postnatal depression. A significant number of women are affected by depression during pregnancy (12-22%) or after their baby is born (6-22%).

Women who are affected by antenatal and/or postnatal depression may have had previous episodes of depression or other mental and emotional conditions. Alternatively, it may be the first time they have experienced depression. Depression can occur during any of a woman’s pregnancies, or after the birth of any of her children, not only her first born.

While antenatal and postnatal depression are most common in women, men can also be affected. Each year, approximately 1 in 20 fathers is diagnosed with depression during his partner’s pregnancy, or in the year following the birth of his baby. While this booklet focuses on antenatal and postnatal depression in women, some of the information may be useful for men experiencing the conditions.

When I first knew that something was wrong, I was about seven months into my pregnancy. Three months later, I was diagnosed with depression. It was such a relief to know that I hadn’t lost my mind – Sarah
**Depression during pregnancy (antenatal depression)**

Antenatal depression can occur at any time during a pregnancy. Despite its prevalence, antenatal depression can be easily overlooked, as some of the symptoms (i.e., fatigue, sleep disturbance, and appetite changes) are initially difficult to distinguish from the normal changes associated with pregnancy. Women and their loved ones may simply dismiss symptoms as being due to ‘hormones’. Women who experience depression during pregnancy do not necessarily go on to have depression after they give birth, although they are at higher risk. Seeking help early can reduce this risk, and establishing a support network of family, friends, and medical professionals before the baby is born can help make the period following birth easier.

**Depression following childbirth (postnatal depression)**

While symptoms of postnatal depression can occur at any time during the year following childbirth, they mostly present within the first three months after delivery. Many women initially confuse postnatal depression with the ‘baby blues’. The baby blues is a brief period of emotional stress that affects up to 80% of all women who give birth. It generally occurs during the week following birth and symptoms (e.g., tearfulness, irritability, anxiety, and feelings of loneliness) tend to disappear within a few days. Women suffering from postnatal depression, however, will experience symptoms consistently for a period of two weeks or more. Their symptoms will also be more disabling, affecting their ability to perform everyday tasks, such as eating, sleeping and thinking.
Other conditions

Pregnancy or the birth of a baby can trigger other mental and emotional conditions, such as anxiety. Symptoms of anxiety include excessive worry, restlessness or feeling on edge, irritability, panic attacks, and obsessive or compulsive thoughts or behaviours. It is not uncommon for women to experience both anxiety and depression simultaneously during pregnancy and after they have had a baby. While some of the symptoms of anxiety are similar to those of depression (i.e., sleep disturbances and irritability), others are distinct (e.g., panic attacks, chest tightness, and heart palpitations).

Women who perceived their birth experience as traumatic may also develop post-traumatic stress disorder (PTSD). Some symptoms of PTSD are quite similar to those of depression (i.e., sleep disturbances, social withdrawal), however, others are distinct (e.g., repetitive, intrusive thoughts about the birth, and flashbacks).

Postnatal psychosis

Postnatal psychosis is a rare and severe postnatal condition that affects one or two of every 1,000 mothers. Symptoms of postnatal psychosis (i.e., delusions, hallucinations, bizarre and frightening thoughts, mood swings, illogical conversations, and uncharacteristic behaviours) usually occur suddenly and dramatically within the first three weeks following delivery, but may start up to 12 weeks following the birth. Postnatal psychosis is a life-threatening medical emergency that requires immediate attention.
Symptoms

The symptoms women experience with antenatal or postnatal depression can vary.

Not all women actually report feeling ‘down’. In addition, depression can often be difficult to detect because many symptoms overlap with changes that occur naturally during pregnancy and early parenthood, such as shifts in appetite and sleep patterns. The effects of extreme sleep deprivation can be similar to some symptoms of depression (e.g., lack of energy, exhaustion, and lack of concentration), so checking whether or not these issues improve following sufficient sleep can help women identify depression.

If symptoms persist for a period of two weeks or more, women should seek help.

Psychological

- feelings of inadequacy, worthlessness, helplessness, emptiness, failure as a mother
- feelings of anger, guilt, resentment, shame and irritability
- irrational fears (e.g., fear of being alone, fear of going out, fear for the baby, fear of being unable to settle the baby, fear of being alone with the baby)
- sadness, tearfulness
- persistent low mood
- loss of interest in activities that used to be enjoyable
- social withdrawal
- loss of confidence and self-esteem
- mental confusion, lack of concentration, poor memory
- apathy
- not feeling how they expected to towards the baby
- thoughts about harming the baby, or harming themselves
- thoughts of suicide, or wanting to escape

“For more than a month, I dreaded the thought of getting up in the morning and facing the bleakness of life as a new mother. Even if it was a beautiful day outside, I would huddle under the doona, trying to escape from the world.”

—Lara
Physical

- sleep disturbances (e.g., insomnia, excessive sleep, difficulty falling asleep, early morning awakening, trouble sleeping even when baby is asleep, trouble getting back to sleep after night feeds, nightmares)
- changes in appetite (e.g., not eating or overeating) and weight
- lack of energy and motivation
- loss of sexual interest long after physical recovery
- exhaustion
- headaches

“I couldn’t sit still and concentrate long enough to read a single page in a book. Sometimes, I would manage to get through a whole page in one sitting, but if someone asked me what I had read, I would have forgotten. It once took me six weeks to read a magazine.” – Kate
Depression can affect anyone during pregnancy and early parenthood, regardless of their age, parenting experience, lifestyle, financial security, or cultural background. While there is no single cause of antenatal or postnatal depression, there are a number of factors that are known to increase a woman’s risk of developing these conditions.

Having one or more of the risk factors listed below indicates that a woman is more vulnerable to developing depression, but it doesn’t necessarily mean she will develop the conditions. Being aware of the risk factors can allow her to take steps to reduce her chances of developing depression (see Preventing depression on page 23).

**Psychological**
- having a personal history of depression (including previous episodes of antenatal and/or postnatal depression)
- having a personal history of other mental and emotional conditions (e.g., anxiety)
- having a family history of depression or other mental and emotional conditions
- having low self-esteem
- experiencing severe ‘baby blues’
- having negative thinking patterns

**Environmental**
- having a poor relationship with their partner or no partner
- having a lack of support from their partner, family, or friends
- experiencing stressful life events (e.g., relationship breakdown, loss of employment, unemployment, moving house, work or study deadlines, financial difficulties, or bereavement)
- having an unplanned or unwanted pregnancy
- having a baby with ill health
- having a ‘difficult’ baby (e.g., a baby who has problems with sleeping, feeding, and/or settling)
Other factors

A number of other factors may contribute to antenatal or postnatal depression, but the evidence for these is more limited. They include:

- hormonal changes
- having a baby early or late in life
- feeling ambivalent about the pregnancy
- having experienced loss during or following a previous pregnancy (e.g., miscarriage, stillbirth, or cot death)
- using assisted reproductive technologies (e.g., IVF) to conceive
- having a poor relationship with parents (including a negative experience of being parented)
- experiencing problems during pregnancy (e.g., severe morning sickness, or concerns about the health of the unborn baby)
- having a premature delivery
- having a negative birth experience (e.g., complications in labour or delivery)
- delivering by Caesarean
- being the parent of more than one baby (e.g., twins or triplets)
- being discharged early from hospital without adequate postnatal support
- experiencing breastfeeding difficulties (e.g., attachment issues, mastitis or cracked nipples)
- experiencing physical health problems following childbirth (e.g., pain, tiredness, sexual difficulties, or urinary incontinence)
- experiencing extreme fatigue or insomnia in the first six weeks following birth
- having a history of emotional, sexual, physical, or verbal abuse, or maltreatment
- having a negative body image
- misusing substances (e.g., having alcohol and/or drug problems)
- having a lack of physical fitness and/or poor general health (e.g., lack of nutrients in diet, anaemia)
- having an anxious or perfectionist personality, or being a worrier
- experiencing financial hardship
- feeling socially isolated.
The first step towards recovery is recognising that antenatal and postnatal depression are treatable illnesses.

Some women may be reluctant to get help, instead pretending that everything is alright. Others may not recognise they have depression, instead attributing their symptoms to other factors such as fatigue or ‘hormones’. Others may require the encouragement of a partner, friends, or family to seek assistance.

It is important to pay attention to how you are feeling and if you develop symptoms, seek help early. Getting help early can lead to a quicker recovery. In addition, untreated depression can have an impact on the pregnancy and/or baby, so it is important to start treatment quickly.

If you are displaying any of the symptoms of depression, and have had them for two or more weeks, it is time to seek help.

Those with depression should initially contact a health professional such as their general practitioner, obstetrician, child and family health nurse, or midwife.

Women’s Health offers a free, confidential health information line staffed by nurses and midwives. Call 3216 0376 or 1800 017 676 (toll free outside Brisbane) weekdays from 9.00am-5.00pm (except Wednesdays, when it operates from 12.30pm-5.00pm).
For many women, being able to identify and name what they are feeling can be a big relief, and speaking to someone about their emotions can help stop feelings of helplessness and inadequacy. When a woman contacts her health professional, they will generally ask her a number of questions that cover topics such as:

- how she has been feeling (i.e., happy, sad, crying, anxious, or scared)
- what her energy levels are like
- whether she thinks she is coping
- what her sleeping/eating habits are like
- whether she has thought of harming herself.

Their health professional may also try to identify any contributing factors such as family/personal history of depression, poor relationship with partner, stressful life events, and lack of support. The health professional may also do a blood test to rule out other health problems (e.g., underactive thyroid or anaemia).

Screening for depression

Women are typically screened for depression at one or more of their antenatal and postnatal visits (generally, women are screened once during pregnancy and once about four-to-six weeks following birth). Health professionals use the Edinburgh Postnatal Depression Scale – a set of 10 screening questions that indicate whether a person has symptoms – as part of their assessment. For more information, see www.beyondblue.org.au.

People around me saw that the baby was dressed and clean, and that I was presentable. Many friends commented on how capable I was. But inside I was dying.

—Kate
When a woman requires treatment for antenatal or postnatal depression, her doctor will assess her condition and then consider the potential benefits and risks of each treatment option. The doctor will then develop an appropriate treatment plan. A woman’s treatment options will vary depending on how severe her depression is. In some cases, women may be referred to a specialist.

**Diet**

Eating a balanced, nutritious diet is important for recovery. Maintaining a healthy diet can be difficult for pregnant women experiencing nausea and/or morning sickness as they may have little interest in food. Similarly, new mothers are often so focused on feeding their baby that they neglect eating properly themselves, either skipping meals or eating food that is not nutritious.

Women should aim to eat regular meals that incorporate nutrient-rich foods and drinks, such as fresh fruit and vegetables, lean meat, legumes, wholegrains and dairy products, and limit their intakes of processed and take-away foods. Having an assortment of quality foods to snack on (e.g., fruit, yoghurt, raw nuts and seeds, raw vegetable sticks, wholegrain crackers) can be helpful if women are either experiencing nausea/morning sickness or can’t find the time or motivation to prepare a meal. Women with depression should try to avoid alcohol and the use of stimulants such as coffee, tea, cola, and energy drinks.
Unfortunately, when someone is depressed they often lack the motivation to participate in physical activity. In addition, the effects of pregnancy and the sleep deprivation associated with having a new baby at home can also make women feel too tired to exercise. Being physically active, however, is an excellent way for women to help themselves recover. Regular physical activity has been shown to improve one’s mood, confidence, and sense of well-being.

Physical activity

For physical activity to be beneficial, it should cause a slight but noticeable increase in one’s heart and breathing rates. These faster rates should be maintained for 10 minutes or more. The latest Australian Physical Activity guidelines (published in 2014) recommend women do between 150 and 300 minutes of moderate intensity activity each week. Ideally, women should aim to do at least 30 minutes every day. It’s not necessary to do the 30 minutes all at once, but women should aim for at least 10 minutes at a time to really benefit.

Pregnant women and new mothers should avoid vigorous stretching and high-impact exercises that require rapid direction changes. Instead, they should try low-impact activities such as aqua-aerobics, yoga, Pilates, light weight training and cycling. Brisk walking is another excellent activity for both pregnant women and new mothers. It is not too strenuous and with the right stroller or carrier, baby can come along too.

For some women exercising with a friend or as part of an organised group is a good idea as ‘not letting
others down’ provides extra motivation. For others, it can be helpful to exercise at a gym or local pool that offers childcare facilities.

It’s okay for pregnant women and new mothers to begin light exercise without consulting their doctor or midwife, but women should always listen to their bodies and if pain or dizziness occurs, women should stop and rest. Women should always speak with their doctor before starting any new or more intense activities, particularly if they have specific health concerns.

**Complementary therapies**

It is important that anyone using complementary therapies informs their health professional as these therapies can have side effects, interact with other treatments, or be unsafe to use during pregnancy/breastfeeding.

St John’s wort (a herbal remedy) has been found to be effective in treating mild to moderate depression. St John’s wort can interact with a large number of medications including warfarin, anticonvulsants, oral contraceptives, and antidepressants.

Other complementary therapies for which there is some positive evidence include S-adenosyl-L-methionine (SAMe) supplementation, folate supplementation, acupuncture, bibliotherapy (self-help books), hydrotherapy, light therapy (see below), massage, relaxation therapy, air ionisation, and yoga.

Exposure to light, especially morning light, has been found to be effective in treating depression. Women with depression are encouraged to spend time outdoors in the morning. It can be beneficial to go for a morning walk, or simply sit outside in the garden.

Some studies suggest that two types of omega-3 fatty acid, EPA and DHA (found in fatty fish and fish-oil supplements) can be beneficial for preventing and treating depression. Other studies suggest EPA and DHA can boost the effectiveness of antidepressants. Although these studies are promising, more research is needed to confirm the findings. Fish-oil supplements can have blood-thinning effects at high doses so women

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I decided to give yoga a go. I only attended classes on a weekly basis, but they made such a difference to my life that I started practising every day. I have found that yoga provides some relief from mental tension and anxiety and enables me to relax —Lin
taking anticoagulant medications, such as Warfarin, should seek medical advice before taking supplements. Pregnant women should limit their intake of larger, longer-living fish (e.g., orange roughy, shark and marlin) as these contain higher levels of mercury, which can affect the unborn baby’s nervous system. Supplements do not contain mercury.

**Psychological therapies**

These therapies are provided by a variety of health professionals including psychiatrists, psychologists, counsellors and some general practitioners.

One of the most commonly used therapies in the treatment of depression is **cognitive behaviour therapy (CBT)**. CBT is based on the concept that negative or distorted patterns of thought can affect mood and coping and, therefore, contribute to depression. Examples of this type of thinking include:

- all-or-nothing thinking (if something is not perfect it is a complete failure)
- ignoring positives over the negatives (the ‘glass is half empty’ notion)
- catastrophising (making out things are more serious than they really are)
- personalisation (seeing oneself as the cause of negative events).

CBT aims to teach people to identify these negative or distorted patterns of thought and replace them with ones that are more realistic, and to help people develop acceptance towards their situation. CBT usually consists of a series of sessions that take place over a number of weeks.

A second psychological therapy that is becoming increasingly popular is **mindfulness-based cognitive therapy (MBCT)**, which involves a type of meditation known as ‘mindfulness’, combined with more traditional CBT.

Mindfulness techniques aim to teach people to pay attention to the present moment – rather than on things that happened in the past or could happen in the future – in an open, non-judgemental way. At first,
participants are encouraged to focus on physical sensations (such as their breathing) and then the focus shifts to feelings and thoughts. MBCT helps people identify negative thinking patterns early, and encourages them to develop more positive thinking habits. It aims to teach people to respond to life events calmly and with more control.

MBCT is often delivered by a therapist to a group of participants, but online delivery options are becoming more available. In late 2014, beyondblue launched Mind the Bump, a free, evidence-based smartphone app for pregnant women and new mothers that features mindfulness meditation. For more information and to download the app, visit www.mindthebump.org.au.

**Antidepressants**

Antidepressants work by changing levels of certain chemicals in the brain (e.g., serotonin). They can be prescribed by a general practitioner, obstetrician or psychiatrist. Antidepressants typically take two-to-three weeks to start having a therapeutic effect (sometimes even longer). They are not addictive.

Women need to continue taking antidepressants for a length of time following an improvement in their symptoms. Women should not stop taking their antidepressants prematurely (even if they feel well) as this can result in a relapse. **It is very important that women continue taking antidepressants once they feel better or they are likely to become unwell again. Women should speak to their doctor before stopping medication.**

Before starting antidepressant treatment during pregnancy and/or breastfeeding, women should speak to their doctor about the risks and benefits to both mother and baby. If antidepressants are prescribed, they should be given in the lowest possible dose and be closely monitored.

Selective serotonin-specific reuptake inhibitors (SSRIs) are the most commonly used antidepressants for depression. Side effects of SSRIs can

“After changing medications a few times, I finally found an antidepressant that worked for me. I was amazed that it made such a difference. After only a few weeks, I started to feel that I was on my way to recovery.” —Lin

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include nausea, diarrhoea, sleep disturbance, headaches, dizziness and reduced libido. The majority of side effects tend to settle within the first few weeks. Antidepressants can interact with other medications and, therefore, it is important that women tell their doctor all the medications they are taking, including complementary medicines.

While antidepressants can play an important role in treating the symptoms of moderate to severe depression, they do not address environmental factors that contribute to or maintain depression (e.g., negative thought patterns, relationship problems). These issues are better addressed by psychological therapies.

**Hospitalisation**

In some cases, it may be recommended that a woman be hospitalised for a period of time. Hospitalisation allows for intensive treatment as well as the careful monitoring of any medications. Women may participate in psychological therapies and life skills training while also getting adequate rest. Some hospitals provide mother and baby units where a woman can be admitted along with her baby. The number of mother and baby units is, however, limited with the vast majority being in the private sector.

When I was first admitted to a mother and baby unit, I was terrified that the staff wanted to take my baby away. I was very reluctant to go there. But it actually ended up being a good experience. I got time to rest, had help with the baby, and all my meals made for me and started medication and counselling. I felt very safe there – Kate
Support

Receiving support from partners, family, and friends, is important for overcoming depression. It’s helpful for women to remember that it is okay to ask for help, and to accept help if it’s offered.

Support from partner

When a woman has depression, it is common for her partner to initially feel confused and even helpless about her condition. With all of the mood and behaviour changes that accompany depression, the woman may seem different, and even unrecognisable. Unfortunately, many women feel under-supported by their partner at this time; however, loved ones can play a vital role in the recovery process by providing extra support in a range of ways, including:

- Providing practical support around the house. By taking care of household tasks, such as the laundry, washing dishes, ironing, vacuuming, and cooking evening meals, partners can help women cope with day-to-day life.
- Providing practical support with the new baby. Partners can help by changing nappies, and helping to bath and feed the baby.
- Providing practical and emotional support for other children. Partners can help reduce the burden of daily tasks by supervising other children as they do their homework, taking them to-and-from school or childcare, and making school lunches.
Providing practical support with transport. Partners can help by making the family car available to the mother, or by driving her to appointments and on errands. This is particularly important for women in rural and remote communities, who may live further away from amenities and have fewer public transport options.

Managing visitors. Too many visitors, particularly ones that are unannounced or not particularly welcome, can be stressful. Partners can play a gatekeeping role by carefully scheduling visits and social occasions. Being the one to answer phone calls and respond to messages/emails is also helpful.

Listening, without trying to solve the problem/s.

Attending health appointments. This can provide partners with a better understanding of what depression is and it also ensures a woman feels supported during the treatment process.

Being patient. Recovery from depression takes time and improvements won’t happen overnight. It may be a case of two steps forward, one step backwards.

Expressing love and affection in non-sexual ways, such as through hugs and cuddles. It is very common for a woman with depression to experience a loss of interest in sex and it is important that her partner is sympathetic to this change.

Organising time together as a couple, where the focus is on the relationship.

Encouraging the woman to spend time outdoors. This may mean looking after the baby while she goes for a short walk, or organising to have a family picnic in the garden.

If a partner is taking on extra duties in addition to their normal work commitments, they too may start to feel overwhelmed. It is important that women’s partners look after their own emotional and mental health needs by seeking help if it all gets ‘too much’. At these times, partners may find it helpful to co-ordinate assistance from other family members and friends.
Support from family/friends

Women are often reluctant to ask for help or to accept help when it is offered. Feeling inadequate is a common symptom of antenatal or postnatal depression, and accepting help can reinforce these negative feelings, making women feel more inadequate and as though they have failed. In addition, family and friends may be afraid of interfering and so stay away. There are, however, a number of practical things that family and friends can do to assist, including:

- Becoming informed. Learning about antenatal and postnatal depression is a good first step as it provides family and friends with a better understanding of the conditions, and it encourages them to learn more about what they can do to help.
- Providing practical assistance. Offering to pick up some essential grocery items or taking other children to and from school or childcare can be very helpful.
- Providing practical support with transport. Family and friends can offer to lend the mother their car for the day so she can drive to appointments and on errands, or they can offer to drive her. This is particularly important for women living in rural and remote communities, who often rely on private transport. Having access to a car can also enable women to maintain their social networks, which is important at this time.
- Listening without judging. Allowing the woman to talk about her emotions in an environment where she feels comfortable, safe, and as though she won’t be judged, can help her realise she has support.
- Providing childcare. Offering to babysit can allow the woman to have some time to herself or time with her partner.
- Preparing meals. Providing a nutritious, home-cooked evening meal for the woman and her family, or organising takeaway food one night, can be helpful.
- Organising a joint visit to the hairdresser or beauty salon. Getting a haircut, a facial, or a massage can be a great pick-me-up for women.
Keeping her company. Some women with depression do not wish to be alone. In these cases, simply spending time with them is a great help.

Providing paid help. Organising a cleaner, lawn-mowing service, gardener, or laundry service is a great way family or a group of friends can help if they have limited time or don’t live nearby.

Offering positive encouragement. Reminding the woman what a great mother she is (or will be, if still pregnant), can be comforting.

**Group support**

Many women find that talking to someone about their experiences can help relieve feelings of isolation. Some women may find that joining a mothers’ group or playgroup is a good way to connect with other mothers. However, for other women attending such groups can make them feel inadequate, especially if the other mothers appear to be coping well. Joining a local pram-walking group may be an alternative as the focus is also on fitness, rather than just on the baby.

Participating in online groups is another option. These groups are good for women who find it difficult to get out of the house to attend meetings in person. They are particularly helpful for women living in rural and remote areas, who may have fewer face-to-face support options available. For these women, joining an online community can help alleviate feelings of isolation. Another advantage of online groups is that women can remain anonymous, which can make it easier for them to express their negative feelings about pregnancy/motherhood. This can be particularly helpful for women living in small communities, who might be worried about being judged by other people in their community. Women can find and scroll through existing discussions, where other women have already shared similar feelings or thoughts.

Other women may wish to join a support group specifically for antenatal or postnatal depression. These groups can also be a source of support for partners and other family members who are trying to understand their loved one’s condition.
Anyone can develop depression during pregnancy or after the birth of their baby; however, there are steps women can take to help reduce their risks. Eating well, exercising regularly, and getting enough sleep can help bolster a woman’s emotional health. Planning ahead and having realistic expectations about what life with a new baby will be like is just as important.

During pregnancy, many women prepare for the delivery of their baby and spend time organising practical things such as fitting out the baby’s room and choosing a stroller and car seat. Women often overlook preparing for the mood, lifestyle, and relationship changes that occur during pregnancy and in early parenthood. It is useful for women to think about how life will change when they become pregnant, or when their baby arrives. For example, some women may find it difficult to adjust to changes in their work or professional life. Others may not realise the impact a baby can have on their social life. Women may be surprised to find out how much extra housework there is with a new baby in the house, or they may struggle with the stress of having a reduced family income.

While women can do their best to adjust their expectations of motherhood and to plan ahead (see pages 27-30), it is still possible for them to develop antenatal and/or postnatal depression. This is nothing to be ashamed of. Learning what the signs and symptoms of depression are is very important as it can allow women to recognise the conditions early. Seeking help early can speed up a woman’s recovery (please see Where to find help, on page 32, for additional information).
Expectations of motherhood

In society, pregnancy and motherhood are often represented in unrealistic, idealised ways. If a woman and/or her partner’s expectations are very different from the reality, it can make it harder for them to adjust to life with a new baby. Women may blame themselves for not being able to fulfil their unrealistic expectations. They may set unachievable goals and then become overwhelmed, find it difficult to cope, or feel as though they’ve failed.

It’s helpful to remember that adjusting to life with a new baby is enormously challenging and it can take time. Having realistic expectations of what pregnancy and motherhood involve can help women better adjust to life with a new baby, and it can reduce their risk of developing depression.

Myths and misconceptions vs the reality

**MYTH** Motherhood is natural and intuitive.
The belief that women have an innate knowledge about how to care for a baby.

**FACT** Mothering does not come ‘naturally’ to all women simply because they are women and is instead a demanding job that requires you to learn new skills.

**MYTH** Life won’t be that different with a new baby.
The belief that a baby can be easily accommodated into your existing lifestyle and routine.

**FACT** The responsibility of caring for someone who is fragile and totally dependent can be overwhelming.
MYTH ‘Supermum’.
The belief that women can have it all – maintain a career, study, raise children and manage the household.

FACT It is estimated that a new baby will contribute 30-40 hours a week of extra work to a household. To accommodate this extra workload, changes to everyone’s routines will be required. Juggling motherhood with study, a career or household tasks is not easy and requires more than just good planning.

MYTH Babies are always delightful.
The belief that babies are cute, happy, and feed and sleep normally all of the time.

FACT While babies are delightful they also cry, vomit, poo, and keep you awake at night.

MYTH Pregnancy is a wonderful and enjoyable experience.
The belief that all women love being pregnant and embrace every change pregnancy brings.

FACT Some women find the changes pregnancy brings difficult to adjust to and are actually relieved when it is all over.

MYTH Pregnant women glow.
The belief that women look and feel great throughout their pregnancy.

FACT Morning sickness, backaches and the fatigue commonly associated with being pregnant can leave women feeling anything but ‘glowing’.
**Myth** Motherhood is the fulfilment of womanhood.
The belief that having a baby is a woman’s most important achievement.

**Fact** Women do not always feel that their life is complete after having a child. Women who had many other interests prior to having a baby may find they miss aspects of their old life such as the mental challenges of a career or adult company.

**Myth** ‘Yummy mummy’.
The belief that women can regain their pre-pregnancy body within a few months of delivery.

**Fact** Some body changes that occur during pregnancy will always remain (e.g., stretch marks) and it can take a long time to lose the weight gained.
There are a number of strategies women can put in place before and during their pregnancy to help reduce some of the risk factors for depression.

- **Establish a relationship with a health professional.** You may find it easier to discuss any difficulties that you are having with someone you trust. Establishing this relationship early also allows the health professional to get to know you before you become pregnant, or before your baby is born, which can assist them in assessing any changes that occur during the pregnancy or post-baby.

- **Seek help for any undiagnosed and/or untreated mental and emotional health conditions (e.g., anxiety).**

- **Seek counselling.** It is a good idea to address any existing relationship issues you may have with your partner and/or family members. Parenthood can place extra tension on intimate relationships and/or cause people to reflect on how they were parented. Getting help early can allow for any issues to be addressed before they escalate further.

- **Discuss your expectations of pregnancy and parenthood with your partner.** Many factors can influence a person’s ideas about parenthood. Discussing your expectations with your partner and coming to a shared understanding about how you will manage the changes a new baby brings can reduce the chance of any disappointments or future sources of conflict.

- **Establish realistic ideas of pregnancy/post-baby life.** Re-evaluate what can really be achieved during the later stages of pregnancy or with a new baby in the house. For example, you may not be able to keep your house as tidy as you normally like it, or your partner may not be able to visit the gym as often. It is important that both partners have a clear understanding and agreement on what compromises they are willing to accept.
Discuss how you will divide your day-to-day tasks. List all the tasks, both baby related and non-baby related, that you will be required to do on a regular basis and agree on how you will divide these tasks. Working this out before your baby is born can reduce later disagreements about who is responsible for particular tasks. You should review this list often.

Brief your partner on additional household tasks. While some partners are already well-versed with household tasks, others may need a crash course in using the washing machine or cooking simple meals. You should brief your partner on any tasks you are currently responsible for, such as bill paying or dropping off dry-cleaning.

Consider your transport options. Getting from one place to another with a new baby can be challenging, particularly for women who do not drive and/or do not have access to a car. Discussing how you will manage the logistics of your daily routine is important. Decide whether you and your partner will share the family car and consider how this will work. If you don’t have a car, look into public transport options in your area, or discuss whether family or friends can help - they may consider installing a baby car seat in their car. Thinking about transport is particularly important for women living in rural and remote communities, who have fewer public transport options available, and may need to rely on cars for getting to and from appointments, and for maintaining their social networks.

Get your finances in order. Losing an income for a period of time and accounting for the extra costs a new baby brings can result in added financial strain. Knowing what position your finances are in beforehand can allow you to make budget adjustments earlier on.
Avoid major upheavals. If possible, avoid major upheavals such as changing jobs, moving house, major renovations, starting to study, or starting a new business venture. All of these can be sources of added stress that can be unhelpful at this time.

Investigate timesaving options. Look into ways you can save time at home, such as registering for online grocery shopping or arranging for ready-made meals to be delivered. Another good idea is to ask friends and family for gift substitutes. Suggest that instead of sending flowers and baby gifts following the birth, they bring frozen meals, or contribute to a cleaner or other useful service for a period of time.

Investigate childcare options. Learning about childcare options is a helpful exercise. It can provide you with a better idea of availability and costs, which may affect your other decisions, such as if and when you will return to work. It can also provide you with the opportunity to discuss in more detail any offers of informal childcare you may have received from family or friends.

Learn about breastfeeding. Breastfeeding does not come easily to all women, so learning about what to expect, including possible challenges, can be helpful. The Australian Breastfeeding Association runs classes on the topic in some areas and also provides written information on their website (www.breastfeeding.asn.au).

Find out about telephone and online support services. This is particularly important for women living in rural and remote communities, who may have limited access to health services and community groups in their area.

“I breastfeed but it was a struggle for the first few weeks. It was really painful and it took a long time to get the latch right, which made me feel useless and frustrated. I had sore nipples, mastitis, and a yeast infection, which affected me and my baby. It’s not all beautiful and spiritual like we’re led to believe – Julia
Consider how you will maintain social contact. Life with a new baby can be isolating at times. It is important for women to maintain their social relationships with friends and/or family. Women living in rural and remote communities may consider using technologies such as social media, Skype, or video-chat to stay in touch with loved ones who don’t live close by.

Establish contacts with other expectant and new mothers. This is particularly important if you do not have family and friends close by. Other parents can provide you with reassurance and reduce any feelings of isolation you might have. You can meet other parents through both face-to-face and online groups.

Investigate child-friendly activities/places. Finding out about establishments that offer child-friendly activities can help new parents maintain contact with the community and reduce feelings of isolation. Many cinemas now offer ‘Babes in Arms’ movie sessions, and many fitness trainers offer exercise programs designed for parents with babies, such as pram walking groups. Similarly, new parents can look for establishments that provide childcare, such as gyms, hairdressers, and beauty salons.

Towards the end of my pregnancy, I just wasn’t feeling like myself. I had no energy for my usual routine, couldn’t keep up with the housework, and wasn’t interested in catching up with my friends anymore. I was disappointed in myself for feeling like this because everyone kept telling me how happy and excited I should be. I avoided going to the doctor about my problems, but when I did finally go, my doctor was amazing and I felt so much better – Sally
Where to find help

If you are experiencing symptoms of antenatal or postnatal depression, it’s important to talk to someone who understands. Women’s Health offers a free, confidential health information line to all Queensland women. The line is staffed by nurses and midwives who are trained to provide expert support to pregnant women and new mothers. Call 3216 0376 or 1800 017 676 (toll free outside Brisbane) weekdays from 9.00am-5.00pm (except Wednesdays, when it operates from 12.30pm-5.00pm) or visit www.womhealth.org.au.

Alternatively, you can visit your GP to confidentially discuss any concerns you may be having. Your GP will be able to link you up with other services in your area.

For urgent assistance at any time, call Lifeline on 13 11 14 or beyondblue on 1300 22 4636. Both of these services operate 24 hours a day, seven days a week.
Additional Links

For further reading, visit the following websites. They all feature evidence-based information and are published by trusted organisations.

Australian Breastfeeding Association
www.breastfeeding.asn.au

Beyondblue
www.beyondblue.org.au
justspeakup.beyondblue.org.au

Black Dog Institute
www.blackdoginstitute.org.au

Healthdirect Australia
www.healthdirect.gov.au

Lifeline
www.lifeline.org.au

PANDA
www.panda.org.au

Parentline
www.parentline.com.au

Peach Tree
www.peachtree.org.au

Pregnancy, Birth & Baby
www.pregnancybirthbaby.org.au

Queensland Health
www.health.qld.gov.au

Relationships Australia Queensland
www.raq.org.au

Women’s Infolink

Young Parents Program
www.youngparentsprogram.org.au
For most women, having a baby is a life-changing experience. While it can be a happy and joyful time, it can also be stressful and overwhelming. If you, or someone you know, is planning to have a baby, already pregnant, or recently became a mother, then this booklet is for you.