



Emotional health during pregnancy and early parenthood



beyondblue
the national depression initiative

Pregnancy, birth and early parenthood can be a very positive experience. However, it may not be exactly what you expected. This will be a time of change for you and it may be difficult to adjust.

This booklet looks at emotional changes you can expect during pregnancy and early parenthood, what you can do to manage these emotions so that you can get the most out of parenthood and what to do if times get tough.

Contents

What to expect in pregnancy and birth	2
<ul style="list-style-type: none">• Pregnancy• Birth• Early parenthood	
Advice for new mums	7
How do you know if you're not coping?	9
<ul style="list-style-type: none">• Depression during pregnancy and early parenthood• Signs and symptoms of depression	
What to do if you experience depression or anxiety	15
<ul style="list-style-type: none">• Urgent assistance• Psychological treatment• Help for depression, anxiety and related disorders under Medicare• Support services• Medical treatment	
What partners, families and friends can do to help new mothers	21
<ul style="list-style-type: none">• Advice for partners• Advice for family members	
National Information and Help Lines	25



What to expect in pregnancy and birth

“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.”

Lucy, WA

Pregnancy

“I thought when you’re pregnant, everything must be fine, because no one ever tells you any different.”

Pregnancy can mean the beginning of a new stage in a woman’s life. It can also mark the beginning of many changes. Starting to look different, craving certain types of food, becoming tired more easily and feeling nauseous are some of the obvious and often discussed changes pregnancy can bring. Negotiating new working arrangements and preparing for a different financial situation can also make this a difficult time.

As well as physical, financial and social changes, many women experience a wide range of emotions. While pregnancy can be exciting, mixed emotions are normal and a necessary part of preparing for becoming a parent. These changes can sometimes be scary and stressful.

Common concerns people have during pregnancy

- Is this the right time for me to be pregnant?
- Will I be a good mother?
- How will I cope with childbirth?
- Will I have a healthy baby?
- What will it be like to have a baby?

- Will my partner be a good parent?
- What impact will this have on my/our lives?

Pregnancy can also be a time when expectant parents think about their childhood and their relationships with their own parents. This can cause anxiety, depending on the individual's past and current experiences.

Some helpful ways to prepare for parenthood include:

- read parenting books
- speak to family members and friends who are already parents about their experiences
- think about who might be able to support you if you need it.

While preparation is important, it is also good to remember that you can't prepare for everything.

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. I didn’t feel the euphoria that I expected.”

For many women, having a baby is one of the biggest life-changing experiences they'll ever have. The emotions women often describe following childbirth are joy, achievement, relief and strength after finally giving birth. However, for others, giving birth is very different from what they were expecting. Some women expect giving birth will be easier or quicker than it turns out to be. They may also believe they will immediately recognise, love and know how to look after their baby. It can be disappointing if everything doesn't go as planned. The process of giving birth can also be accompanied by feelings of anxiety and exhaustion.

Women may find it even more difficult if:

- they have complications during pregnancy and/or giving birth
- giving birth involves more medical intervention, pain or time than they had expected
- the baby arrives late or early, especially if it is very premature
- they don't feel supported or felt no one listened to them during the process of giving birth
- they have more than one baby



- there are problems with their baby's health
- they don't immediately bond with their baby.

The 'baby blues' are common, affecting around 80 per cent of women between the third and tenth day after giving birth. Women with the 'baby blues' may feel tearful and overwhelmed. This is due to the change in hormone levels following childbirth and usually passes within a few days and without specific treatment - other than support and understanding.

The partner of the woman who is giving birth can also find it an intense experience too. Sometimes the experience is a positive one that makes them feel more attached to their partner and child. It can also be an anxiety-provoking experience. Partners can find it difficult seeing the mother in pain. Some common reactions to the experience include:

“Anxious and exhausting – I would not have missed it for the world.”

“It was hard seeing my wife 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 wife and daughter.”

Advice for the partner

- Be supportive of your partner.
- Don't have too many expectations of yourself or your partner.
- Be aware of what type of birth your partner wants and be prepared to make some important decisions during the delivery, either with the mother or on her behalf.
- Be prepared to see your partner in pain, but try to focus on the end result and not the pain.
- Talk to your partner and the doctor before the birth about how you can be involved (e.g. by cutting the cord).
- Try not to take anything your partner may do or say to you during childbirth too personally. Remember how much she loves and needs you at this time.

Early parenthood

“We [women] put pressure on ourselves. We assume we are perfect, we are women and we can do it all.”

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

Many women have grown up watching TV shows and advertisements featuring happy and energetic mothers who always have a clean house, dinner on the table and a kiss for their husband when he comes home. These mothers have babies who are well-rested and fed, rarely cry and when they do, the mothers know exactly how to calm them down. While some women take to motherhood quickly and find it enormously enjoyable and satisfying, it can also be very difficult, especially at first.

In reality, mothering a 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, require enormous physical fitness, emotional commitment and patience. It's not surprising that parents find it hard to cope at times. It can be upsetting if your baby is unsettled or you're having feeding problems. It can also be hard to cope if you don't have emotional and financial support from your partner or other family members and friends.

It's important to remember that learning how to be a mother can take time. New mothers don't always feel close to their baby right away. It's common for mothers to take a while to feel comfortable and confident in their new role.

Unlike mothers, fathers 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 can be an important milestone in a man's life and often marks a change in his relationship with his partner and other members of their family. Some men believe that a baby will enhance their relationship, however most find a new baby brings extra stress.



In the same way that the reality of motherhood may be different from the expectation, fatherhood can be different too.

“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.”

Fathers may see their partner as being preoccupied with the needs of the baby and they may feel left out or unloved. Fathers may also feel uncertain about how to be more involved or how to help their partner. They may begin to find it hard to juggle work and new family demands. They can sometimes feel as if there is little time to do what they enjoy.

The pressure on men to be strong and able to solve their problems themselves can make it hard for them to share their feelings and get the support they need. It can also make it difficult for them to give their partner the support she needs.

For further tips see the “Advice for partners” section on page 21 of this booklet.

Advice for new mums

“The most important thing is to swallow your pride and allow yourself to be vulnerable. Share how you feel with someone who will help you take action. Often, that is not your partner as they can be too close to the issue.”

Michelle, TAS

There are many ways of preparing for and managing pregnancy, birth and early parenthood so that you can minimise stress and make the most of it.

Getting organised

Planning to have additional support in the first few months by asking your partner or a family member to be on hand to help can make the transition to motherhood less stressful. It's also a good idea to 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.

Getting support

Develop a support system of friends, family and/or health professionals, including parent groups, that give you the opportunity to share stories and experiences and meet new people who are in a similar situation. While you may be independent and find it hard to accept help, it's also a good idea to make the most of help when it's offered. Involve your friends, parents, other family members and your partner in the day-to-day care of your baby from the beginning.

Staying healthy

Try to eat healthy meals, exercise regularly and avoid drugs and alcohol. Having a good night's sleep is also important for maintaining good health, but can be almost impossible with a new baby. Taking every available opportunity to nap can not only help you stay physically fit, but also mentally healthy. Do this when the baby is asleep or when partners, family members and friends are able to look after the baby. This may not seem like a good idea when there is so much else to do, but it's important to make the effort to get enough rest. It can also be helpful to try to get the baby into a good sleeping pattern as early as possible.



Learning to manage stress

Keep a diary of feelings and every now and then take time to look through it and note any progress made. This can help you understand what makes you feel stressed. Doing breathing and muscle-relaxation exercises, as well as learning to let people know how you're feeling, can help you get through the tough times. You can find out more about relaxation techniques by reading the *beyondblue* Fact Sheet 6 '**Reducing Stress**' available on the *beyondblue* website www.beyondblue.org.au or by phoning the *beyondblue* info line 1300 22 4636 (cost of a local call).

Taking time out

Organise your routine so you get some time for yourself. Arrange for a childcare service, friends or family members to look after the child/ren occasionally. Use the time to do what you enjoy – this may be time spent alone, reading a book, having a bath, watching your favourite TV show or spending time with your partner or a friend.

Considering your own needs

Well-meaning friends and family may want to visit you more often than usual and give you advice. Don't feel that you need to entertain endlessly or that you should always take their advice. Follow your own instincts and discuss any problems with a health professional, such as your doctor or Maternal and Child Health Nurse. There is no right or wrong way to parent. It's all about working out what is right for you.

Being good to yourself

It can take time to adjust to becoming a parent. Don't be too harsh on yourself. Acknowledge the many things you have achieved and are doing well. Don't just focus on the areas where you feel you 'should' be doing better.

How do you know if you're not coping?

“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!”

Angie, NSW

Pregnancy and early parenthood can be a stressful time. It can sometimes be difficult to know whether you are just feeling a little down or stressed, or whether you have symptoms of depression or anxiety.

Depression and anxiety can occur at any time in your life and are often triggered by a major life event like pregnancy or having a baby. **Perinatal depression** is an ‘umbrella’ term used to describe symptoms of depression and anxiety that a woman experiences at any time during pregnancy (**antenatal depression**) and within the first year after giving birth (**postnatal depression**). There are many physical, biological and hormonal factors that can make women more likely to experience symptoms of depression and anxiety during pregnancy and in the year after giving birth.

Like depression and anxiety at any other time, depression and anxiety surrounding childbirth does not have one definite cause, but is likely to result from a combination of factors. These include:

- a history of depression and/or anxiety
- a stressful or unplanned pregnancy
- depression during the current pregnancy
- a family history of mental health problems
- experiencing severe 'baby blues'
- a prolonged labour and/or delivery complications
- problems with the baby's health and care.



Expectant and new mothers can sometimes find the changes in their lives difficult. These changes, as well as other psychological and social risk factors, can make certain women more likely to develop antenatal and postnatal depression and anxiety. Risk factors may include:

- a lack of practical, financial and/or emotional support
- a past history of abuse
- difficulties in close relationships
- being a single parent
- having an unsettled baby (i.e. difficulties with feeding and sleeping)
- having unrealistic expectations about motherhood including:
 - ‘Mothers bond with their babies straight away.’
 - ‘Mothers know instinctively what to do.’
 - ‘Motherhood is purely a time of joy.’
- moving house
- making work adjustments (e.g. stopping, reducing or re-starting work).

Depression during pregnancy and early parenthood

During pregnancy and early motherhood, some women report that they feel:

- angry
- stressed
- guilty
- anxious
- resentful
- depressed
- fearful
- confused.

Some women comment:

“I’m just so worried about everything.”

“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 frequently experience a number of these feelings, you may be depressed.

Depression disrupts women’s lives at a crucial time and can have effects on the baby, older children and couple relationships. Levels of depression for fathers also increase significantly on the year following childbirth.

Signs and symptoms of depression

- Always exhausted or hyperactive.
- Not being able to sleep even when you have the chance.
- Crying uncontrollably or feeling teary.
- Finding that your moods change dramatically.
- Feeling very irritable or sensitive to noise or touch.
- Constantly thinking in a negative way.
- Unrealistic feeling that you are inadequate.
- Anxiety or panic attacks.
- Not being able to concentrate.
- Becoming more forgetful.
- Confusion and guilt.



- Loss of interest in sex or other things you liked.
- Feeling scared, alone, but also not wanting to be with other people.
- Eating too little or too much.
- Feeling unable to cope.
- Preoccupied with obsessive or morbid thoughts.
- Thoughts of self harm or harm to your baby.
- Loss of confidence and low self esteem.
- Inability to enjoy yourself.

Persistent low mood, together with some of these feelings, for a period of at **least two weeks**, may indicate clinical depression. This may require further assessment and treatment. Remember, postnatal depression is common, affecting almost 16 per cent of women giving birth in Australia. The most important thing is to get help early.

The Edinburgh Postnatal Depression Scale (EPDS)

(Cox, Holden and Sagovsky, British Journal of Psychiatry, 1987)

The EPDS, used in many antenatal and postnatal clinics, is a set of questions to detect depression and anxiety at this time. It **WILL NOT PROVIDE A DIAGNOSIS** – only trained health professionals should do this. It will tell you whether you or someone you are close to has symptoms that are common in women with depression and anxiety during pregnancy and in the year following the birth of a child.

To complete this set of questions, mothers should circle the number next to the response which comes closest to how they have felt **IN THE PAST SEVEN DAYS**.

- 1 I have been able to laugh and see the funny side of things.
 - 0 As much as I always could
 - 1 Not quite so much now
 - 2 Definitely not so much now
 - 3 Not at all
- 2 I have looked forward with enjoyment to things.
 - 0 As much as I ever did
 - 1 Rather less than I used to
 - 2 Definitely less than I used to
 - 3 Hardly at all

- 3 I have blamed myself unnecessarily when things went wrong.
- 3 Yes, most of the time
 - 2 Yes, some of the time
 - 1 Not very often
 - 0 No, never
- 4 I have been anxious or worried for no good reason.
- 0 No, not at all
 - 1 Hardly ever
 - 2 Yes, sometimes
 - 3 Yes, very often
- 5 I have felt scared or panicky for no 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

The total score is calculated by adding the numbers you circled for each of the ten items. If your score is ten points or above, you should speak to a health professional about those symptoms.

It's important to note that **scores provide only a rough guide as to whether someone has depression and anxiety.** If you are concerned that you or someone you know may have symptoms of depression and anxiety please:

- consult a doctor
- consult a Maternal and Child Health Nurse and/or
- speak about this with your partner or someone you trust.

Thoughts of suicide, harming yourself or your baby can accompany depression and anxiety. This is of great concern for the mother, her partner, family and friends. If you are feeling this way, it is important to **consult a doctor or a local hospital immediately. If they are unavailable, call Lifeline on 13 11 14 or consult your local telephone directory for emergency support.**

The EPDS is only one checklist for the symptoms of depression and anxiety and scores can vary widely. For more checklists on the symptoms of depression and anxiety go to [Symptom checklists](#) on the *beyondblue* website at **www.beyondblue.org.au** or phone the *beyondblue* info line 1300 22 4636 (cost of a local call).

What to do if you experience depression or anxiety

“I never sought or received any help or treatment for my postnatal depression. 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.”

Sarita, SA

There is a range of effective treatments and helpful services for managing antenatal and postnatal depression and anxiety. The earlier a woman seeks help, the faster she is likely to recover. The type of treatment will vary according to the individual and the severity of the illness, but often a combination of treatments is most effective.

Urgent assistance

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

If you, or someone you care about is in crisis and emergency assistance is needed, contact one of the services listed in the back of this booklet or consult your local telephone directory for emergency support.



Psychological treatment

“Group therapy was my salvation.”

“The Cognitive Behaviour Therapy Group not only helped me share my feelings with others, but I learned some great strategies to help me manage, even well after I finished going to the group.”

Psychological treatment which is often referred to as ‘Talking Therapy’ has generally been found to be the most effective way of treating postnatal depression. Psychological treatment can help by:

- changing negative thoughts and feelings
- encouraging involvement in activities
- speeding recovery
- preventing depression from getting serious again.

There are many different types of therapy that can help women manage postnatal depression.

Cognitive Behaviour Therapy (CBT) – CBT is structured program which recognises that the way people think affects the way they feel. It helps people to recognise unhelpful and/or irrational thoughts and replace them with more realistic thoughts. CBT, which is often taught in groups, shows people how to think rationally about common difficulties. It also involves setting goals and planning activities.

Interpersonal Therapy (IPT) – People with depression may sometimes be upset easily by other people’s comments. They may feel criticised when no criticism was intended and as a result, feel that people are against them - so they stop joining in normal social activities. IPT helps people find new ways to get along with others.

Psychological treatment is provided by:

- **Psychologists** – Psychologists are health professionals who provide psychological therapies and treatments like CBT and IPT for people experiencing a range of general psychological difficulties. Psychologists (including clinical psychologists) are not medical doctors and cannot prescribe medication in Australia. You can find a clinical psychologist in your area by clicking on Find a Doctor or other Mental Health Practitioner at *beyondblue*'s website www.beyondblue.org.au, phoning *beyondblue*'s info line 1300 22 4636 or asking a doctor or health worker at your local community health centre.
- **Psychiatrists** – Psychiatrists are doctors who specialise in mental health. They can make medical and psychological assessments, conduct medical tests and prescribe medication. Psychiatrists often use psychological treatments like CBT, IPT and/or prescribe medication. You can be referred to a psychiatrist by a doctor.
- **General Practitioners** – Going to see your GP is an important first step in getting help. Some GPs undertake specific training in mental health and offer psychological treatments. They can also refer you to a psychiatrist or psychologist for psychological treatment.

Help for depression, anxiety and related disorders under Medicare

On 1 November 2006, the Australian Government introduced the *Better Access to Mental Health Care* initiative which provides Medicare rebates for a range of mental health services, which were previously not subsidised.

Rebates are now available for consultations with psychiatrists, general practitioners, psychologists, social workers and occupational therapists.

For more information see *beyondblue* Fact Sheet 24 – '**Help for depression, anxiety and related disorders under Medicare**' on the *beyondblue* website at www.beyondblue.org.au or phone the *beyondblue* info line 1300 22 4636 (cost of a local call).



Support services

“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.”

Support services can also help you to cope better with everyday life.

Support groups – Support groups provide an opportunity to share experiences, obtain useful information and develop new ways to cope with antenatal and postnatal depression and anxiety. There are several different types of support groups – some are conducted by people who have experienced similar problems, others are run by health professionals. To find your nearest support group, contact your local Maternal Child and/or Health Service, visit www.beyondblue.org.au or phone the *beyondblue* info line 1300 22 4636 (cost of a local call).

Maternal and/or Child Health Services – When you have a new baby, Maternal and/or Child Health Services provide free help and information about breastfeeding, health, immunisation, nutrition, parenting, sleeping patterns, feeding, child development, and safety. Many Maternal and/or Child Health Centres offer group sessions for parents caring for their first baby. These groups help families learn how to look after a new baby 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 see the enclosed state-based information card.

Medical treatment

“My doctor was wonderful and somehow made out my words through my sobbing.”

“My doctor organised help for me, I was happy that they knew what I needed.”

“I wish I had taken medication because I think I would have gotten better more quickly.”

“The combination of medication and regular support group sessions was my saviour. The medication helped me see clearly so I could focus on getting well.”

Psychological therapy and support alone can help some people with depression. However medication, when used alongside psychological treatment and support, can also play an important role in helping people with severe depression and anxiety manage from day to day.

Antidepressant medication is safe, effective and not addictive. The decision to take medication while pregnant or breastfeeding is an individual one. It should only be made in consultation with a doctor after considering the risks and benefits to both yourself and your baby.

Some people may worry that taking antidepressants may affect the baby. If you are breastfeeding, specific types of medications are generally preferred. While a number of factors will influence the choice of antidepressant, a group of antidepressants called tricyclics, as well as sertraline (Zoloft), citalopram (Cipramil) and fluvoxamine (Luvox) are the antidepressants doctors are likely to prescribe to women who are breastfeeding. Recent studies show that paroxetine (Aropax) is generally not recommended at this time.

(Source: Buist, A. 'Guidelines for the Use of SSRIs in pregnant Women', *Obstetrics and Gynecology*, Vol. 7, No. 4, Summer 2005, pp.18-20).



Health professionals who provide medical treatment include:

General Practitioners (GP) – Visiting a doctor who is a GP is a good first step in getting help for a mental or physical health problem. Some GPs may manage your mental health themselves, while others may refer you to a specialist such as a psychologist or a psychiatrist.

Psychiatrists – A doctor such as a GP, obstetrician (specialist in pregnancy and childbirth), paediatrician (specialist in treating babies or children) or Maternal and Child Health Nurse may suggest you see a psychiatrist if your depression or anxiety is severe and keeps coming back – or if you require more specialist treatment.

Mother and Baby Units – Some hospitals have special units that provide a safe and supportive place for a mother and her baby to receive assistance and be monitored 24 hours a day. Mother and Baby Units provide treatment to families experiencing antenatal and postnatal-related difficulties such as anxiety and depression. These units can also help with difficulties associated with feeding and settling babies and establishing sleeping patterns. Many of these units/centres have both live-in and day-stay services. Mothers and babies are referred to these units by General Practitioners, paediatricians, obstetricians or psychiatrists.

For more information on the treatment and support available for people with depression and anxiety check the back of this booklet, visit the *beyondblue* website at www.beyondblue.org.au or call the *beyondblue* info line on 1300 22 4636.

What partners, families and friends can do to help new mothers

“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

Advice for partners

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

Having the support of a partner can be helpful. Below are some tips for supporting an expectant or new mother who has symptoms of depression and anxiety.

Lending a hand

- Become involved in some of the day-to-day tasks related to caring for your new baby.
- Try to understand your partner's needs.
- Encourage your partner to seek professional help if necessary and/or accompany her when she gets help.
- Ask your partner 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 from the baby so she can have a shower or a rest.



Communicating effectively

- Let your partner know what your thoughts and feelings are – bottling them up makes it more likely they'll come out in an inappropriate way such as during an argument.
- Try not to blame each other or ignore each other's feelings.
- Provide reassurance and encouragement. People with anxiety and depression are likely to be hard on themselves. Telling your partner she is doing a good job from time to time can make a big difference.
- Don't always feel you need to solve your partner's problems – sometimes just listening to what she has to say is enough.
- Remind her that you love her and are there for her.

Getting help

- Be aware of your own health and well-being. Make sure you exercise, relax and set aside time for yourself. If you are worried about leaving your partner alone, get a friend or relative to stay with her while you go out.
- Seek professional help yourself if you feel like you are not coping or may be at risk of depression and anxiety. For more information on depression and anxiety go to the *beyondblue* website at **www.beyondblue.org.au** or call the *beyondblue* info line on 1300 22 4636.
- Find someone you can talk to honestly about your feelings and how your partner's depression or anxiety affects you - this may be a friend, a family member or a counsellor.
- Attend couples' counselling if you have the opportunity. Even if you don't think the problem has anything to do with you, you may be surprised at the long-term benefits for your relationship with your partner and your child/ren.
- Get involved in any support groups offered for partners and/or new parents and discuss honestly how you are feeling.

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 as a couple and try to do something you both enjoy.

Taking it slowly

- Don't expect your partner to feel better overnight - try to focus on any small achievements your partner makes.
- Be aware that your partner may occasionally continue to be moody, upset or angry, but with treatment and support this should happen less often.
- Be aware that women often lack interest in sex following childbirth, as well as when experiencing depression. It is important not to assume that your partner is no longer attracted to you. During this time, showing affection and being intimate without pressuring your partner for sex can help.

Advice for family members

“My mother stayed over as much as possible and a neighbour and other friends cooked meals.”

When women become pregnant and have children, they are expected to immediately step into the role of nurturer, comforter and supporter of their children. 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. Family and friends can do this by:

- spending time listening, without needing to offer solutions and advice
- offering to look after the baby or older children or discussing other childcare options so parents can have a break
- offering to help with cooking and cleaning without taking over these activities or expecting anything in return
- encouraging the use of some self-care strategies such as eating well, exercising regularly and limiting drug and alcohol use
- encouraging the woman to get further help if needed
- fighting the urge to always give advice on how to parent, unless it is requested.



Family members and close friends of a woman who is pregnant may wish to discuss how they can be involved before the baby arrives. Getting organised early can help to reduce anxiety.

These are only a few tips on what families and friends can do to help someone with depression and anxiety. For more tips see *beyondblue* Fact Sheet 1 '**How can you help someone with depression?**' *beyondblue* Fact Sheet 2 '**Living with and caring for a person with depression**' and *beyondblue* Fact Sheet 22 '**Postnatal depression**' on the *beyondblue* website www.beyondblue.org.au or call the *beyondblue* info line 1300 22 4636.

National Information and Help Lines

<i>beyondblue</i> info line	1300 22 4636 (local call)
Lifeline	13 11 14
Lifeline's Information Line	1300 13 11 14
Suicide Call Back Service	1300 659 467
Australian Psychological Society Referral Line	1800 333 497
Mensline Australia	1300 789 978
Kids Helpline	1800 551 800

For an up-to-date list of resources, please visit
www.beyondblue.org.au or call the
***beyondblue* info line on 1300 22 4636**





Helping someone through perinatal depression isn't beyond you.

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PO Box 6100, Hawthorn West VIC 3122

beyondblue info line: 1300 22 4636

Administration phone: (03) 9810 6100

Fax: (03) 9810 6111

Website: www.beyondblue.org.au

Email: bb@beyondblue.org.au

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For more information www.beyondblue.org.au or *beyondblue* info line 1300 22 4636