

Treating Antenatal Anxiety and Depression

Following diagnosis it is vital for the woman to seek support and treatment for how she has been feeling as soon as possible:

Talking about how she has been feeling with a trusted person will allow her partner, friends and family/whanau the opportunity to be supportive. Talking to her midwife, doctor or other LMC about how she has been feeling is important for seeking help.

Take it easy. A woman might feel that she needs to set up the nursery, clean the house or work as much as she can before baby arrives. It might be more important for her to make time for herself, read a book, have breakfast in bed, or go for a walk. If she already has children, arranging for family, whanau or friends to look after them can ease the load. Taking care of herself is an essential part of the woman taking care of her baby.

Consider therapy or counselling. If the woman has tried to work through things on her own but nothing seems to work, seeing a therapist or a counsellor may help. The woman may also benefit from antidepressants - some of which are safe for pregnant women.

When the woman needs to seek help quickly. If she is suicidal or feeling disoriented and unable to handle daily life, or if she is having panic attacks, she should contact her doctor or midwife immediately. She and her family/whanau should be reassured that seeing a therapist or psychiatrist is not a sign of weakness. It's a sign that she is taking the steps necessary to keep herself and her baby safe and healthy.

Resources for assessing risk:

- Edinburgh Post Natal Depression Scale (EPDS)
- Maternal Health (MH) Depression PHQ-3 or 9 MIMS internet access
- **If you believe there is immediate risk of harm to the mother, her baby or to others, contact the Crisis Team, ED, CYFS, or Police as soon as possible.**

Pregnancy is a challenging time for fathers as well and they often feel forgotten or overlooked.

Once a woman starts talking she will often be surprised at how many others have had similar experiences.

Ensure all communication is empathetic, woman and family-centred and non-directive.



Data in this publication sourced from:

- Growing Up in New Zealand
- Best Practice Advocacy Centre New Zealand
- PADA Perinatal Anxiety and Depression Aotearoa
- PANDA Perinatal Anxiety and Depression Australia



Antenatal anxiety and depression

Pregnancy involves physical, psychological, social, economic, and practical changes, and these changes amount to a pile-up of stressors. Over the last two decades, research has found that high levels of stress, anxiety, and depression during pregnancy are associated with negative health outcomes for both the mother and the developing child.

Fears and anxiousness are not unusual and most women experience mood variations as their pregnancy progresses. But, for about 10% of pregnant women, depression can become a significant problem and they can develop antenatal depression. Anxiety is believed to be just, if not more, common.

Antenatal anxiety and depression can have significant negative effects on early mother-infant interactions and can compromise the cognitive, emotional and behavioural development of the child.

Mothers who are most at risk of developing anxiety and depression during their pregnancies include:

- women with a history of depression and/or anxiety
- women with poor social support
- women who have had PMS or mood changes or have used birth control pills
- women with a history of pregnancy loss or infertility

Research from the University of Auckland's Centre for Longitudinal Research – He Ara Ki Mua found one in 50 men reported depression symptoms before the birth of their children and that expectant fathers were at risk if they felt stressed or were in poor health. Elevated depression symptoms following the birth were linked to social and relationship problems.



PADA

Perinatal Anxiety and Depression Aotearoa is the national organisation committed to eliminating the stigma around perinatal mental health in New Zealand. We do this by championing awareness and facilitating best practice in perinatal mental health and wellbeing to ensure all families/whanau have access to appropriate information and support.

This resource is freely available to care professionals to assist in raising awareness of anxiety and depression in pregnant women.

We gratefully acknowledge the family, friends and work colleagues who donated funds to develop this resource, in memory of Amber Duncalfe who passed away in 2015.

Contact Us

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Recognising the signs

Everyone's experience of pregnancy is different. Just as there are expected physical changes, there are also common changes in emotion associated with each trimester, such as mood swings, anxiety, sensuality and excitement. So when should a woman be concerned that what she is experiencing falls outside these normal variations in mood?

A woman may be suffering from antenatal anxiety or depression if she feels some of the following symptoms during her pregnancy:

- Panic attacks (a racing heart, palpitations, shortness of breath, shaking or feeling physically 'detached' from their surroundings)
- Persistent, generalised worry, often focused on fears for their health
- The development of obsessive or compulsive behaviours
- Abrupt mood swings
- Feeling constantly sad, low, or crying for no obvious reason
- Being nervous, 'on edge', or panicky
- Feeling constantly tired and lacking energy
- Having little or no interest in all the normal things that bring joy (like time with friends, exercise, eating, or sharing partner time)
- Sleeping too much or not sleeping very well at all
- Losing interest in sex or intimacy
- Withdrawing from friends and family/whanau
- Being easily annoyed or irritated
- Finding it difficult to focus, concentrate or remember (people with depression often describe this as a 'brain fog')
- Engaging in more risk taking behaviour (like alcohol or drug use)
- Having thoughts of death or suicide

Treating anxiety and depression in pregnant women

The principles of managing depression are the same for pregnant women as for others, though the question of medication is more challenging. First principles, though, are to provide support for sleep hygiene, exercise, healthy diet, social support, relaxation and psychotherapy if needed.

The major considerations are when to use antidepressants and the safety of these medicines during pregnancy. Due to safety concerns, many mothers may prefer to try psychological therapies in the first instance. Pregnant women who are prescribed an antidepressant may stop taking their medicine because they are worried. This can lead to poor control of their symptoms and increased risk of negative effects for mother and infant.

Always provide clear and accurate information about the effectiveness, risks and benefits of treatment to the mother and her family/whanau.



Assessing Antenatal anxiety and depression:

It can be very difficult for a pregnant woman to understand or talk about how she feels. This means it is vital that those who are providing her antenatal care and for her partner, friends and family/whanau to watch and support her to seek help if she needs it.

The first and most important step to managing antenatal anxiety and depression is to accurately assess the symptoms and impact of the distress, and to identify some of the factors that are contributing to the anxiety and/or depression.

Other members of the family/whanau may recognise worrying signs even before the mother herself is aware she may need help.

Pregnancy hormones may lead to feelings of anxiety and depression. While hormonal ups and downs affect all pregnant women, some feel the swings more intensely, but many other factors can contribute to the development of anxiety and depression.

A woman may experience some uncertainty about her pregnancy, or there might be financial problems. She may worry about her new role as mother, have fears about carrying the unborn baby, as well how she will cope with labour and delivery. She may also feel guilty about being unhappy because everyone expects her to be content and blooming.

Factors that contribute to antenatal anxiety and depression

- Family or personal history of depression
- Infertility or previous pregnancy loss
- Relationship difficulties
- Past history of abuse
- Stressful life events
- Lack of social support
- Problems with the pregnancy
- Financial difficulties

Pathways for supporting women and their families/whanau

All health professionals who may come into contact with families/whanau - midwives, obstetricians, GPs, Well Child providers, psychologists, social workers, etc - have the opportunity to assess a woman during her pregnancy to screen for mental health problems. If you are concerned about a woman in your care, it is important make sure they access support and advice as soon as possible.

Contact your local Specialist Maternal Mental Health Service for advice about services available in your area.

What the numbers tell us

THE NUMBER OF BIRTHS IN NEW ZEALAND IN 2015:

57,242

PERCENTAGE OF PREGNANT WOMEN WITH HIGH LEVELS OF DEPRESSION:

12%

PERCENTAGE OF WOMEN WHO SUFFER WITH DEPRESSION IN PREGNANCY WHO DEVELOP POSTNATAL DEPRESSION:

50%

THE PERCENTAGE OF PREGNANT WOMEN WHO DEVELOP ANTENATAL DEPRESSION IS UP TO :

11%

THE PERCENTAGE OF MEN WHO CAN EXPERIENCE DEPRESSION AFTER CHILDBIRTH:

4.3%