



information for women

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Coping with depression during pregnancy and following the birth:
A Cognitive-Behaviour Therapy-based self-management guide for women

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www.bcmhas.ca

BC Partners for Mental Health and Addictions

www.heretohelp.bc.ca

Kelty Resource Centre — located at BC Children’s Hospital, in the Mental Health Building. This provincial resource centre links families with appropriate resources within their health authority.

www.bcmhas.ca/supportcentre/kelty

ORDER HARD COPIES FROM BC Children’s Hospital Family Resource Library

www.bcchildrens.ca/KidsTeensFam/FamilyResourceLibrary



information for women

What is depression during pregnancy and following the birth?

Learning about the symptoms of depression

Depression during pregnancy and following the birth of the baby affects a woman's mood, behaviour, thoughts and physical well-being. A woman who is experiencing depression will often feel down, sad or empty and may lose interest in activities that she usually enjoys. Other common signs and symptoms are listed in the box on the next page.



Signs and symptoms of depression

Feelings

- feeling depressed or extremely sad most of the day nearly everyday
- feeling irritable or angry
- feeling very guilty or worthless
- feeling hopeless
- feeling overwhelmed
- not enjoying the baby
- not interested in or able to enjoy activities that you used to enjoy

Behaviours

- sleeping a lot more or less than usual
- eating a lot more or less than usual
- withdrawing from family, friends and social contact

Physical Symptoms

- crying for no apparent reason
- feeling restless
- having little energy
- having difficulty concentrating or making decisions
- having physical symptoms like headaches or upset stomach

Thoughts

- having thoughts that you are a 'bad' or 'terrible' mother
- having frightening thoughts including harming yourself and/or the baby



Depression during pregnancy and following the birth may be diagnosed by a health care professional if these symptoms last for more than two weeks, are distressing to the woman and/or make it difficult for her to carry out her daily activities, especially the demanding tasks involved in caring for an infant. Although the exact number of women affected by depression during pregnancy and following the birth is not known, research suggests that around 8-12% of pregnant women and 10-16% of women are affected by depression after having the baby.

WHAT IS THE DIFFERENCE BETWEEN THE “BABY BLUES” AND DEPRESSION? The “baby blues” are experienced by approximately 80% of mothers within the first few days after the birth. Symptoms may include mood swings, crying, worrying, irritability, feelings of helplessness, sadness, anxiety and difficulties sleeping. In most cases, these symptoms resolve or improve on their own within a week or two and do not require treatment. However, if these symptoms last for more than two weeks or significantly affect the mother’s ability to carry out her daily activities, the mother may be experiencing depression.

If I am depressed, why do I feel so anxious?

Many women who experience depression during pregnancy or following the birth will also have symptoms of anxiety. These range from excessive worries to overwhelming panic attacks. Having additional symptoms of anxiety may be something that makes depression during this time different than depression at other times in a woman’s life. However, a woman may experience symptoms of anxiety during pregnancy or following the birth without being depressed.

For some women, these symptoms of anxiety may be more of a problem than the symptoms of depression. If this is true for you, please talk with your health care provider about resources that are available for managing your anxiety.

Only a health professional can diagnose depression. If you think that you may be depressed, it is important that you talk to a health professional about your symptoms. You may want to complete the Edinburgh Postnatal Depression Scale in Module 6 and take this information with you when you go to your doctor. You may also want to see the section “Tips for Talking with your Doctor about your Symptoms”.



Signs and symptoms of anxiety	
Feelings	<ul style="list-style-type: none"> • feeling fearful, scared, upset or “on guard” • irritability • feeling keyed up or on edge
Behaviours	<ul style="list-style-type: none"> • excessively repetitive behaviours (e.g., cleaning or washing) • avoiding people, places or activities • excessive checking or reassurance seeking or online ‘research’
Physical symptoms	<ul style="list-style-type: none"> • trembling, twitching or feeling shaky • restlessness • becoming easily tired • difficulty concentrating or mind going blank • trouble falling or staying asleep • gas, constipation or diarrhea • being easily startled • shortness of breath or smothering sensations • racing and/or pounding heart • sweating or cold clammy hands • dizziness or lightheadedness
Thoughts	<ul style="list-style-type: none"> • re-occurring thoughts or images of harm to the baby • unrealistic or excessive worry about the baby or other topics



A special note about harm thoughts

The most disturbing thoughts experienced by a mother who is depressed or anxious may include fears or images of harm occurring to her baby either by accident or through her own actions (e.g. drowning the baby while bathing, dropping the baby over the balcony or stabbing the baby with a knife). In most cases the woman feels frightened by these thoughts and would never want to do anything to hurt her baby or act on these thoughts. However she may have difficulty telling anyone that she is having these thoughts when in fact they are common to new mothers. If this is true of you it is important to talk to your health care provider so that you can get the help you need.

Psychosis following the birth

In extremely rare cases, some women will develop psychosis after the delivery of their baby. Symptoms include extreme confusion, hopelessness, inability to sleep, distrust of other people, seeing things or hearing things that are not there and thoughts of harming oneself, one's baby or others. Women with a prior history of bipolar disorder or other psychiatric illnesses, like schizophrenia, may be at higher risk of developing postpartum psychosis. If this happens to you, it is important that you contact a health care professional *immediately*.

*There are a lot of challenges
and changes during this time*



Why do some women develop depression during pregnancy or following the birth?

Many women are surprised and disappointed when they find themselves feeling depressed during their pregnancy or following the birth of their baby. After all, most people expect this time to be a joyous one — and for some women it is. But there are also a lot of other challenges and changes that can make depression more likely during this time than at other times in a woman's life. These include:

- Changes in relationships with partner, family and friends.
- Significant role changes in becoming a mother.
- Leaving work or maternity leave.
- Lifestyle changes often including more financial pressures.
- Fatigue and not having enough sleep.
- Challenges of caring for a new baby along with other responsibilities.
- Significant physical changes to a woman's body (e.g., weight gain, changes to the breasts).
- Significant changes in hormone levels.

Therefore, even if everything goes “as planned” with the pregnancy, birth and first few months of the baby's life, these changes and challenges can make a woman vulnerable to depression.

Also, some women who have previously taken medications for depression or anxiety may choose to stop taking their medications prior to or during pregnancy, in some cases, this may lead to an increase in anxiety symptoms during pregnancy and the postpartum.



A woman is at higher risk of developing depression during pregnancy or following the birth of the baby if she...

- Has had depression or anxiety in the past.
- Has taken medication for depression or anxiety and stops before/during pregnancy.
- Has family member(s) who have had depression or anxiety.
- Has problems in her relationships with partner, friends and family.
- Experienced or is experiencing violence and/or abuse.
- Has poor practical and/or emotional support from friends, family and community.
- Her or others around her have unrealistic expectations of herself as a mother.
- Finds herself alone a lot of the time and/or separated from loved ones.
- Has immigrated to Canada within the last 5 years.
- Has a low income, education, lack of adequate housing or employment.
- Has had a recent stressful life event (e.g., death of a parent, housing issues).
- Relies on alcohol, drugs or other substances to help her deal with things.
- Has had a complicated pregnancy and/or birth.
- She or her baby had or have health problems.



Why some women choose not to seek help

Unfortunately, many women who are dealing with depression during pregnancy or following the birth of their baby do not seek treatment for various reasons:

- She may not know who to talk to.
- She may not have a health care provider.
- She may be reluctant to talk to her doctor for a variety of reasons. For example, she may think that these symptoms are not something that you share with a doctor, or that her doctor will not have time.
- She may be ashamed of her difficulties, worried about being labeled or seen as a “bad” or “unfit” mother or having her baby taken from her.
- Other people in her life may discourage her from seeking help. This may happen in families that believe that mental health problems are shameful or in families in which there is emotional control or abuse.

Any of the above situations and other obstacles can make it difficult for a woman to seek help.

Where can I get more information, resources and support for depression during pregnancy or following the birth of my baby?

For more information including online resources and books, Google us at “reproductive mental health Vancouver resources”.