After having a baby, up to 80 per cent of women may develop the ‘baby blues’ between day three and ten after the birth. This feeling passes in a day or two and is different from postnatal depression (PND). However, around one in seven to ten mothers develop PND.

PND is a depression that comes on within 12 months of having a baby, usually during the first few weeks or months. It can start slowly or suddenly, and can range from very mild and transient, to severe and lingering. For most women, it passes quickly, but others will need professional help.

PND is most common after a woman’s first pregnancy. Some women experience depression during their pregnancy (this is called antenatal depression). Antenatal and postnatal depression are together known as perinatal depression.

The symptoms of antenatal and postnatal depression depend on the severity of the depression, but may include low self-esteem, feelings of inadequacy and guilt, tearfulness, sleeping difficulties and panic attacks. Partners can also develop depression before and after the birth of a child.

Partners, family and friends can all have an important role in a woman’s recovery from PND. Having a baby and PND both place great stress on relationships. A woman with postnatal depression may withdraw from everyone, including her baby and partner. The support of family members, especially her partner, is crucial in helping her recover.

Symptoms of postnatal depression

The range of symptoms experienced depends on the severity of the depression, and may include:

- low self-esteem and lack of confidence
- feelings of inadequacy and guilt
- negative thoughts
- feeling that life is meaningless
- feeling unable to cope
- tearfulness and irritability
- difficulty sleeping or changes in sleeping patterns
- low sex drive
- anxiety, panic attacks or heart palpitations
- loss of appetite
- difficulty concentrating or remembering things.

Factors contributing to postnatal depression

The exact causes of PND are still not known. Some contributing factors might include:
• physical changes – even a relatively easy birth is an overwhelming experience for a woman’s body. In addition, the sudden drop in pregnancy hormones affects brain chemicals (neurotransmitters). Broken sleep and exhaustion can also contribute to depression
• emotional changes – adapting to parenthood is daunting. A new mother has to deal with the constant demands of her baby, a different dynamic in her relationship with her partner and the loss of her own independence. Such changes are hard at the best of times, but are even more overwhelming when a woman is still physically recovering from childbirth and coping with broken sleep
• social changes – society puts lots of demands and expectations on a new mother, which a woman may feel she needs to live up to. She may find herself less able to keep up contact with her friends and workmates. Adapting to living on one wage may also be difficult.

A mother’s relationship with her baby during postnatal depression
A woman with PND tends to withdraw from everyone, including her baby. This is a symptom of the disorder and doesn’t mean that she is a ‘bad’ mother. Some people think that bonding between the mother and child has to happen within the first few days or weeks of birth, or else it won’t happen at all. This is not true.

The relationship between a mother and her baby is an ongoing process. Once the depression lifts, the mother will be able to once again feel her full range of emotions and start to enjoy her baby. In the meantime, she might need some extra help from family and friends.

Fathers can also develop PND
Research has found that one in ten fathers experience paternal depression between the first trimester and 1 year postpartum.

Risk factors for PND in fathers and partners include:
• older age
• first-time parent
• small circle of friends
• limited social interaction and support
• limited education
• concurrent stressful life events
• quality of the relationship with wife or partner
• history of mental health problems
• poor physical health.

Postnatal depression and family support
A woman with PND may also withdraw from her partner. The support of family members is very important. In particular, her partner can play a pivotal role in her recovery.

Relationship stress and postnatal depression
Postnatal depression can put an enormous strain on any relationship, even when the partner is patient, loving and supportive. Many couples experiencing PND think that their relationship has soured beyond repair. Generally, this is not the case, since most relationships return to normal once the depression lifts. It is a good idea to postpone any major life decisions while in the grip of PND.

Suggestions for a couple dealing with PND include:
• Find out as much information as you can about PND.
• Try to recognise that PND may be causing relationship problems, not the other way around.
• Keep the lines of communication open.
• Try not to take each other’s moods or criticisms too personally.
• Avoid making big decisions about your relationship or career at this time.

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• Seek out useful stress management techniques, such as exercise or meditation.
• To prevent arguments and resentments, talk about sharing the household duties and who is supposed to do what.
• Try to arrange at least an occasional night out together, away from the baby.
• Seek professional help.

Helping a partner experiencing postnatal depression

If you are the partner of a woman with postnatal depression, suggestions include:

• Be patient.
• Encourage your partner to talk about their feelings.
• Accept that their feelings are genuine – don’t trivialise them by telling them to ‘snap out of it’ or ‘get over it’.
• Try to understand their point of view.
• Don’t take their negative feelings or criticisms personally.
• Limit visitors if they don’t feel like socialising.
• Ask other family members for help around the house, including babysitting.
• Provide emotional support, baby care and housework.
• Tell them often that you love them and that you appreciate what they are doing.
• Don’t criticise their post-pregnancy body or suggest they lose weight, as they may already feel low about their appearance.
• Stay in touch throughout the day if you spend workdays apart. Make time for lunch together during the week.
• Share caring for your baby to promote your parent–child relationship and give your partner a much needed break.
• If you are worried, encourage your partner to talk to their GP (doctor), midwife, obstetrician or maternal and child health nurse, or to call the PANDA (Perinatal Anxiety and Depression Australia) helpline for support on 1300 726 306.
• Go to the doctor yourself for information and advice if your partner initially refuses to go.
• Reassure your partner that, with appropriate help and support, they will recover from PND.

Self-help for postnatal depression

As a new parent, you need to look after your own physical and emotional wellbeing. Suggestions include:

• Make sure you have some time to yourself, apart from work and family.
• Try to keep up important hobbies and interests as much as possible.
• Talk to close friends about your feelings and concerns.

Suggestions for family and friends

Ways you can help a loved one who has PND include:

• Find out as much information as you can about PND.
• Be patient and understanding.
• Ask the couple how you can help.
• Offer to babysit.
• Offer to help around the house.
• Let the mother know you are there for her, even if she doesn’t feel like talking.
• Appreciate that the father may also be emotionally affected by the demands and challenges of new parenthood.

Help and support for postnatal depression

Many kinds of support are available for women experiencing postnatal depression.

Support and patience from family and friends are perhaps the most important factor in a woman’s recovery from
PND. Talking about her feelings, particularly with other women in support groups or with a professional counsellor – for example, through the Perinatal Anxiety and Depression Australia (PANDA) national helpline (Tel. 1300 726 306) – can be helpful. In more severe cases, anti-depressants and other medications might be used to help bring about a change in mood.

It's important to remember that PND is a temporary condition that will improve with time.

Where to get help

- Your **GP (doctor)**
- Professional counsellor
- Your maternity or local hospital – many offer support for women (and their families) affected by PND
- Maternal and child health nurse
- Maternal and Child Health Line (24 hours) Tel. 13 22 29
- **PANDA** (Perinatal Anxiety and Depression Australia) helpline Tel. 1300 726 306 (Monday to Friday, 9 am to 7.30 pm AEST/AEDT)
- **Lifeline** Tel. 13 11 14
- **Beyond Blue** Tel. 1300 224 636

This page has been produced in consultation with and approved by:

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