

Depression During Pregnancy

BC Reproductive Mental Health Program



You have probably heard and read about postpartum depression. You may even have a close friend or family member who has experienced depression after giving birth. But you may not have heard about depression during pregnancy.

In the past, people thought pregnancy only made women feel happy and could even protect against depression. We now know that is not true. Many women feel tired, sad and can actually be depressed during pregnancy.

Depression affects 8-12 % of women while they are pregnant. The good news is that depression in pregnancy can be treated.

If a woman gets help during pregnancy she is less likely to experience depression after the baby is born (postpartum depression).

It is important to be aware of how you feel when you are pregnant. That will help you to make sure you get the support you need for you and your baby.

Depression During Pregnancy

Depression affects how a woman feels, her activities, her thoughts and her physical well being. A woman who is experiencing depression during pregnancy may:

- feel depressed or extremely sad, most of the day and nearly every day
- feel irritable or angry
- feel guilty or worthless
- feel hopeless and overwhelmed
- lose interest in things she used to enjoy
- sleep a lot more or a lot less than usual
- eat more or less than usual
- withdraw from family, friends and social contact
- cry for no apparent reason
- be restless
- have little energy
- find it hard to concentrate or make decisions
- have headaches, an upset stomach or other physical symptoms
- have thoughts that she will be a bad or terrible mother
- have frightening thoughts that keep coming back about harming herself or her baby

Only a doctor can diagnose depression. A pregnant woman may be diagnosed with depression if the symptoms:

- last for more than two weeks
- are very upsetting to the woman
- make it difficult to carry out her daily activities

Is there help?

Yes! There are many treatment options for women experiencing depression during pregnancy.

The first step is to talk to your healthcare provider. Sometimes people mistake depression for the normal changes you can go through when you are pregnant. These include feeling tired and irritable, trouble sleeping, loss of interest in sex, changes in appetite and weight gain.

You may find it helpful to fill out the Edinburgh Postnatal Depression Scale and show it to your doctor or midwife. This simple tool will help you figure out if you are struggling with depression.

You may also want someone you trust to go with you to appointments so that you can learn about depression and treatment options together.

Women who experience depression during pregnancy may need counseling and/or medication. Counseling can give you the support you need and help you learn about your illness and ways to cope with it. When depression is severe or counseling does not decrease the symptoms, a doctor may prescribe medication. This always involves weighing the risks and the benefits of medication.

Remember, the goal of treatment is to reduce your symptoms and increase your overall wellbeing so you can do the things that are important to you.

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

Many women who are depressed during pregnancy will also experience anxiety. Some symptoms of anxiety are a racing heart, feeling on edge, too much or unrealistic worry, and upsetting thoughts or images of harm to the baby. Other times women will experience symptoms of anxiety without being depressed.

It's important to tell your healthcare provider *all* of the symptoms you are experiencing. That way you can both discuss all of the support and treatments that are available to you.

How does depression in pregnancy affect me?

Women who are depressed during pregnancy are more likely to avoid prenatal care. As a result they do not get the care they need. They may not sleep or eat well. These factors plus the stresses that go along with depression may lead to medical problems such as premature labour and small birth weight infants.

Women who struggle with troubling thoughts and feelings of despair may use alcohol or drugs to cope. That may lead to other poor choices that put their health at risk including exposure to sexually transmitted diseases and violence.

If a woman with depression in pregnancy does not get treatment, it often gets worse. She is also more likely to have postpartum depression. If the depression is severe, it may take longer to respond to treatment. It may also effect how the mother interacts with her infant.

Treatment for depression in pregnancy will reduce the risk of depression after the birth (postpartum depression). It will also lessen the negative effects of depression on the woman, her infant and other children in the family.

Why Me?

Some women have a higher risk of developing depression during pregnancy. The most common reasons are if a woman:

- has experienced depression or anxiety in the past
- has a family member(s) who has had depression or anxiety
- took medication for depression or anxiety and stopped before or during pregnancy
- has too little support from friends, family and community

Partner & Family Support

It can be helpful to discuss what you learn with loved ones. They can help you to think through the advantages and disadvantages of your treatment options and how these would fit your life.

Family and friends can listen to your concerns, hold you and comfort you. You may need to share the responsibilities of daily chores around the house, such as cooking or cleaning. If you have other children you will need extra help from your

Self Care

Self-care is a way to make some positive changes in your life that will help to lessen your depression. An easy way to remember the basic steps in self-care is to think of the word "NESTS". Each letter stands for one area of self-care:

- **Nutrition** - Try to eat nutritious foods throughout the day.
- **Exercise** – Get regular exercise to reduce stress and feel better. Even a little physical activity can help!
- **Sleep & Rest** - Sleep is very important for both your physical and mental health. It is worth the effort to work on getting a good night's sleep.
- **Time for Yourself** – Take some time to care for yourself each day, even if it is just for a few minutes.
- **Support** – All new moms need support from others. Don't be afraid to ask for help and information! This includes practical support like childcare and information about resources in your community. It also includes emotional support from someone who can remind you of your strengths.

Who should I talk to?

If you notice the above symptoms in yourself, your partner or a family member, please contact your:

- family doctor, obstetrician or psychiatrist
- midwife
- public health nurse
- a registered psychologist 1-800-730-0522
- a registered clinical counselor 1-800-909-6303
- Pacific Postpartum Support Society (provides telephone support) 604-255-7999 or www.postpartum.org

Resources

- **BC Reproductive Mental Health Program.** Visit www.bcmhas.ca (Programs & Services → Reproductive Mental Health). This site has a range of information on women's mental health during pregnancy and the postpartum period. You will find fact sheets, worksheets, the Edinburgh Postnatal Depression Scale, and other resources. Check out the new *Coping with Depression During Pregnancy and Following the Birth* guide—a cognitive behavior therapy based guide for women and healthcare providers.
- **BC Partners for Mental Health & Addictions Information.** Visit www.heretohelp.bc.ca.
- **Your Local Crisis Line.** These phone lines aren't only for people in crisis. You can call for information on or if you just need someone to talk to. If you are in distress, call 310-6789—24 hours a day. Do not add 604, 778 or 250 before the number.
- **1-800-SUICIDE.** If you're thinking about suicide, call 1-800-SUICIDE (1-800-784-2433) to get help right away, any time of day or night. It's a free call.
- **HealthLink BC.** Call **811** or visit www.healthlinkbc.ca for free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can speak with a nurse, a pharmacist or a dietitian. Translation services are available in over 130 languages. For deaf & hearing-impaired assistance (TTY), call 711.