



Postnatal Depression

Not Just the Baby Blues

NHMRC

National Health and Medical Research Council

Postnatal Depression: Not Just the Baby Blues

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National Health and Medical Research Council

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HOW DOES PARENTHOOD CHANGE YOUR LIFE?

Parenting lasts forever and your life will never be exactly the same again. Becoming a parent is a mixture of joy, love, surprise, stress and disappointment, with new things to learn every day. Parenthood is demanding with lots of extra responsibilities.

Both women and men have to cope with major changes in how they see themselves and the way they relate to each other when they become parents. We often reevaluate what is important in our lives and reflect on the relationships we had with our own parents, while trying to develop a meaningful, nurturing relationship with the new baby. This is a lot for anyone to take on, especially if the pregnancy was unplanned, things didn't go as expected, you adopted a baby, are parenting alone, or had fertility treatment to become pregnant.

Parenting can be an isolating and constant job, 24 hours a day, seven days a week, and the working conditions are difficult (no rostered days off, no sick leave, no holidays, no pay and no special status). Parenting involves both physical and emotional strains just when your resources are depleted by fatigue and broken sleep. Sometimes you don't have enough energy left to look after yourself properly or to spend time with your partner, family or friends. Caring for an infant is often truly a labour of love.

The amount of change in your lifestyle and family routines may depend on how many problems you encounter with feeding, settling and sleeping patterns in caring for your baby. We expect babies to be born instinctively knowing how to breastfeed, to be responsive to our attempts to comfort them, and to sleep for long periods of time, both day and night. The reality of parenting can be very different to this — some babies are just more difficult to manage than others and some parents have little experience or knowledge to assist them.

The truth is that babies are as different from each other as adults are. They smile with us when they feel good, and cry when things are not right — such as being hungry, uncomfortable or wanting contact and comfort. Crying is your baby's way of getting your attention quickly. Attending to babies' needs will not spoil them, and we need to balance their immediate needs with our own needs that can sometimes wait a little longer.

We have to learn to work out what our baby wants at certain times and we need to understand what is normal development for our baby's age. It can be frustrating when babies don't always do exactly what you want or expect them to do, when you want them to!

What happens to mothers?

For many women, having a baby is the biggest physical, emotional and social upheaval they have ever experienced. Mothers can feel elated, delighted, incredibly tender and fiercely protective of their baby. But they might also feel angry, frightened, guilty, and no longer in control of their own lives. Little wonder mothers sometimes feel confused or inadequate after the birth.

Most women want to be “good” mothers. Not being perfect can seem like the worst possible failure in life. But sometimes our expectations are unrealistic, and might include:

- motherhood is always happy and will fulfil all your desires;
- having a baby will improve your marriage;
- you failed as a mother if you did not deliver the “right” way;
- mothers immediately recognise and love their baby;
- mothers instinctively know how to breastfeed, comfort and settle their baby;
- mothers should be constantly available, always put the baby’s needs first and never need time off;
- mothers cause difficult behaviour in their babies;
- only bad mothers have babies who scream in supermarkets;
- mothers have plenty of free time for cooking and cleaning;
- mothers who have difficulties should “pull up their socks and get on with it”;
- good mothers don’t have negative feelings about their children; and
- every other mother is coping well.

If motherhood is not what we expected, we usually blame ourselves, rather than realising that it’s a very stressful job with few available resources. It can be hard to admit that you’re having trouble and you might not ask for help in case people think you’re a bad mother. Remember that you’re not alone — we all have good, bad and indifferent days. Women often say “I don’t know what’s wrong, I just don’t feel like myself, I can’t seem to do anything right, everything seems too much”. Take heart, everything changes and there is help available.

What happens to fathers?

Men obviously experience pregnancy, labour and delivery, and breastfeeding quite differently from women. There is some evidence that depression may become more common in men after the birth of an infant.

Once the baby is born, women may already feel very attached to the baby and be ready for the responsibilities of motherhood. The birth is just the beginning for some men, so the realities of parenting and the changes in their partner’s mood and behaviour might come as a bit of a shock. Most women need their partner to be considerate, helpful and understanding in the days and weeks following the birth. Differences in their daily experiences and mismatched expectations of each other at this crucial time can lead to a build-up of resentment in the relationship.

Let's face it, everybody is different and some men don't want to be involved in the pregnancy or the birth, but are still looking forward to parenting. Other men are very involved right from the start and make sure they're a part of everything that happens about the baby or that affects their partner. After the birth, some men feel left out because they don't know what to do and their partner spends all her time and energy looking after the new baby.

These days a lot of men share the household tasks and want to actively care for their baby, but they don't know how to do it the "right" way. Television programs can give a false idea of what it's really like to be a father and perhaps our own fathers didn't teach us what to expect or how to behave around babies. Some men don't discuss personal issues with their friends or ask other new fathers how they coped, so they don't get a lot of support or information during this major life change.

You also hear some strange ideas about fatherhood that can affect the way some men behave, such as:

- only partners can provide the right support for women during labour and delivery;
- fathers won't bond with the baby if they're not at the birth;
- having a baby won't change a man's business interests, sex life or sporting activities;
- fathers can't give proper emotional care to their children;
- men should be the family providers and protectors;
- looking after the house and children is women's work;
- men shouldn't have to change nappies after a day at work; and
- fathers should be strict and strong and don't need to be involved in daily household events.

Men who share parenting responsibilities are more likely to develop a close relationship with their children. They also experience the full range of parenting emotions from overpowering love to utter frustration and fatigue! But nothing compares with the delighted smile of recognition on your baby's face when you appear, so don't miss the chance to care for your own children.

How has parenting changed?

There have been major changes in our society during the past few decades that have affected family life and our expectations of parenthood. For instance:

- revolutionary changes in information technology and communications (personal computers, mobile telephones, facsimile transmissions, the internet, pay television) have influenced our lifestyles, work habits and living standards;

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- women are now more likely to have higher education and a greater range of employment choices and many families rely on women's incomes to survive;
 - maternity leave means improved employment opportunities for women, although some companies encourage women to resume full-time work six weeks after the birth;
 - families move more often and are more likely to be isolated from extended family and friends;
 - grandparents are more likely to be working and therefore less able to help with infants or provide practical support;
 - the increased use of both contraception and *in vitro* fertilisation means that many women plan to have children when it suits them;
 - women are generally older by the time they have their first child and are having fewer children overall;
 - more than a quarter of Australian children are born into single-parent families;
 - couples are marrying later or staying in de facto relationships, the divorce rate is increasing and couples are staying married for shorter periods of time — having a baby is often an important factor in the breakdown of marriages.

STRESS AND DEPRESSION BEFORE AND AFTER THE BIRTH

The emotional problems that can occur before or after the birth are often misunderstood in our community, or hidden because of embarrassment or shame. The most common problems are grief, parenting difficulties, antenatal or postnatal depression, anxiety and, more rarely, postpartum psychosis (which is also known as puerperal psychosis). Preexisting conditions may also become more noticeable because of the extra stresses during the pregnancy, labour and delivery, or following the birth.

Women are more likely to develop emotional problems following childbirth than at any other time in their lives, especially in the first three months. This is also when women have a lot of contact with health professionals for antenatal and postnatal visits. So it's a good idea to obtain useful information about coping strategies for parenting and learning to detect when situations differ from the "normal" changes of motherhood, so you can seek help early if necessary.

Emotional problems in pregnancy and after the birth can affect not only women and their partners, but also the baby, other children, the extended family and friends. If these problems are not treated properly they can lead to relationship problems, difficulty bonding with the baby, and long-term psychological problems.

Having a good relationship with a general practitioner is especially important during this period, so that they develop an understanding of your situation and can help you find appropriate information and advice, if necessary.

Pregnancy affects your emotions

Many women are physically uncomfortable during pregnancy with symptoms such as indigestion, nausea, vomiting, lack of energy, breathlessness, leg cramps, backache and urinary urgency. Psychological changes sometimes occur during pregnancy like crying, feeling miserable or nervous. Women might worry about losing the baby or about going in to hospital and having medical procedures.

Some women feel wonderful during pregnancy even though they have occasional doubts and negative thoughts or dreams. Other women become anxious, depressed and irritable during pregnancy and this may be related to housing or financial problems, relationship difficulties, being unsure about the pregnancy, previous losses or worries about older children. These worries can affect the health of both mother and baby and could lead to postnatal anxiety and depression. In such cases you should discuss the problem with your obstetrician, general practitioner, midwife or community nurse. Sometimes family and friends may be able to help.

Depression during pregnancy

Some pregnant women feel distressed because they're uncertain about the pregnancy, unsure about coping with a newborn or upset about the discomfort and inconvenience of the latter stages of pregnancy. Often women are reassured that it will improve once the baby is born.

However, it has been estimated that between 4% and 15% of pregnant women will suffer depression during pregnancy and this may increase the risk of developing postnatal depression.

Childbirth affects your emotions

The first few months after the birth involve enormous changes for mothers, fathers and the rest of the family. Mothers must recover from the birth and both parents have to adjust to the reality and responsibility of caring for a newborn. Older children have to accommodate another family member and there may be less special time with their parents, and this can lead to parents feeling guilty and stretched in many directions at once. This could cause some behaviour difficulties in children (bed-wetting, tantrums) and it's also when increased anxiety and mood changes are most likely to occur for the parents.

“Baby blues”

During the first week after the birth, up to 80% of mothers will experience the “baby blues”. This is usually a time of extra sensitivity and women can have bouts of crying, feel irritable or low, and lose confidence — especially between three and five days following the birth. These upsets are probably related to the hormonal changes of childbirth.

The symptoms normally disappear within a day or two and just need some understanding and support from partners or family and help with learning to be a mother. Some women are worried about their baby's health and welfare, and wonder how they will cope at home. If the symptoms continue longer than two weeks, this may indicate the beginning of postnatal depression, so discuss this with your maternal and child health nurse or general practitioner.

Postpartum psychosis

This is the least common mood disorder occurring after childbirth, but it is very serious. It affects one or two women in every thousand mothers, and usually appears within four to six weeks after the birth. It should not be confused with postnatal depression.

It is more likely to occur in mothers with a personal or family history of schizophrenia or manic-depression (also known as bipolar disorder). If members of your family have these illnesses, it is important to mention this at your antenatal check-up appointments.

Women with postpartum psychosis often appear confused, have severe mood swings and erratic behaviour, delusions (unusual beliefs) and hallucinations (unusual perceptions). The treatment normally involves hospital admission, medication and help looking after the baby.

The condition is likely to recur with subsequent pregnancies so women and their partners need follow-up counselling to assist with planning future pregnancies.

POSTNATAL DEPRESSION

What is postnatal depression?

Postnatal depression is the name given to clinical depression that occurs in the months following childbirth. It's the most common psychological complication of childbirth, and can arise at any time in the first year after your baby is born. It tends to develop gradually and may persist for some months. If left untreated, it may develop into a chronic depression or recur after a subsequent pregnancy.

How common is postnatal depression?

Postnatal depression affects around 15% of all childbearing women. As there are about 250,000 births each year in Australia, at least 25,000 to 50,000 women are likely to be affected every year. Mild to moderate cases of postnatal depression are sometimes unrecognised by women and their partners, family or friends.

How do I know if I have postnatal depression?

Not everyone with postnatal depression will have the same symptoms. Sometimes women feel more anxious or angry than depressed. If you have a few symptoms for short periods of time, you may not have a severe problem. But you probably have clinical depression if you feel very low and lose interest or pleasure in your normal activities, and have any four of the symptoms in the following list for at least two weeks.

Postnatal depression includes some (but not necessarily all) of the following:

Feelings:

- having a very low mood;
- feeling inadequate and a failure as a mother;
- having a sense of hopelessness about the future;
- feeling exhausted, empty, sad, tearful;
- feeling guilty, ashamed or worthless;
- experiencing anxiety or panic;
- fear for the baby and of the baby; and
- fear of being alone or going out.

Actions:

- lack of interest or pleasure in usual activities (including sex);
- insomnia or excessive sleep, nightmares;
- appetite changes (not eating or over-eating);
- decreased energy and motivation;
- withdrawal from social contact;
- not looking after your personal hygiene; and
- inability to cope with the daily routine.

Thoughts:

- inability to think clearly or make decisions;
- lack of concentration and poor memory;
- ideas about suicide;
- thinking about running away from everything;
- worrying about your partner leaving; and
- worrying about harm or death occurring to partner or baby.

What should I do about it?

Many women feel ashamed if they are not coping with motherhood, believing this should be the happiest time of their lives. So they might hide their difficulties. It's common for mothers with postnatal depression to seek help with concerns about the baby instead of recognising their own problems.

It's important you seek proper assessment and treatment if you think you may have postnatal depression. If you have thoughts of suicide or think that your baby would be better off without you, seek professional help and support as soon as possible.

What causes postnatal depression?

A combination of physical, psychological and social factors contribute to postnatal depression.

Studies have shown that some factors are associated with an increased risk of developing postnatal depression. These include:

- a personal history of depression;
- depression during the current pregnancy;
- difficulties in the relationship with your partner;

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- a lack of practical and emotional support; and
 - an accumulation of stressful life events.

Other factors that may be related to a higher risk of postnatal depression are:

- a family history of psychological problems;
- single parenthood;
- having severe “baby blues”;
- having a negative view of life;
- labour and delivery complications for mother or baby;
- your partner being depressed;
- problems with the baby’s health (including prematurity); and
- having a “difficult” baby (easily upset temperament or problems with feeding, sleeping, settling behaviour).

How could postnatal depression affect you and your family?

This is a particularly important issue because you already have so much on your plate in the first year of parenthood. As well as affecting your well-being, postnatal depression can also affect your family. It increases the risk of marital conflict and may even lead to separation or divorce if not resolved. Fathers are more likely to become depressed when their partner has postnatal depression. Having untreated postnatal depression can also have implications for the well-being of your baby and older children.

Do women in all cultures develop postnatal depression?

The incidence of postnatal depression is similar in most western and non-western cultures. But it may be under-reported in some cultures because of the stigma of mental illness. Many women are too ashamed or afraid to seek professional help, and health professionals often fail to recognise or treat postnatal depression in women from non-western backgrounds. The incidence of postnatal depression in Aboriginal and Torres Strait Islander Australians is not known, but it is believed to cause significant problems in these communities.

Women from non-English speaking backgrounds who live in Australia face special problems around childbirth including isolation from their families, trouble understanding medical language, and different cultural expectations or traditional practices compared with standard Australian practices.

HOW TO FIND PROFESSIONAL HELP

Treating postnatal depression

There are several treatment options for depression, including counselling, psychotherapy, group treatment, support strategies and medication. Each of these strategies has a place in an overall management plan. The best approach for you will depend on an assessment of your needs, the severity of your symptoms and the services available in your community.

Counselling and support groups may be useful for women with mild depressive symptoms or adjustment problems, while a combination of antidepressant medication and psychotherapy might be required to treat moderate to severe depression. Anxiety disorders require different treatments, such as anxiety management strategies and relaxation training provided by specialist mental health practitioners.

Your general practitioner or community nurse will help you find out which is the best approach for you, and refer you to other health professionals as necessary.

Individual counselling

Individual counselling involves listening and discussing issues in a non-judgmental way and helping people develop suitable solutions for their problems. Health professionals with appropriate training and skills should be available in your area.

Individual psychotherapy

Psychotherapy aims to resolve problems while addressing the underlying factors or patterns that increase a person's vulnerability to developing such problems. There are many different models of psychotherapy that suit different people and/or different problems. Psychotherapy is usually conducted by trained mental health practitioners, such as clinical psychologists or psychiatrists. Your local community or women's health centre should be able to advise you about what services are available.

Couple counselling or therapy

These approaches can be useful to help couples work effectively together and adjust to the changes that occur before and after childbirth. Sometimes the additional demands placed on both of you during this period can lead to tension in your relationship. A skilled counsellor or therapist can assist with problem solving, resolving conflicts, increasing intimacy and improving communication.

Group treatment

A variety of group approaches are available including self-help, support and treatment groups. Self-help groups are conducted by people who have experienced the same problems. A list of self-help groups is provided in the resources section. Contact your local support association for information about postnatal depression and to obtain support from other women who have also experienced postnatal depression.

Support groups are usually conducted by a health professional such as a community nurse, social worker or occupational therapist. These groups provide an opportunity to share experiences, obtain useful information and develop strategies to overcome any difficulties.

Treatment or therapy groups are usually conducted by a trained mental health professional. These groups are held over a definite time period (e.g. 10 weeks) and you normally need an initial assessment prior to the first session. Your local community or women's health centre will have information concerning the location of treatment groups.

Medication

Medication can be useful for treating depression and may be accompanied by counselling, psychotherapy, or other support services. Some medications have side effects (like drowsiness or a dry mouth) but the newer antidepressants have fewer side effects. Your general practitioner will advise you about continuing breastfeeding while taking certain antidepressants. Antidepressants are not addictive.

Medication may be needed if you experience a number of physical and emotional problems such as a persisting low mood, inability to get back to sleep after night-time feeds, loss of appetite and unintentional weight loss, difficulties getting daily tasks done, feeling constantly tired, and suicidal thoughts. Discuss these issues with your general practitioner.

Finding the right help for yourself

It may be useful to ask "what else can I do to help myself and where else can I get support and information"? Try contacting a self-help group or community health centre in your area.

It is important to find the most appropriate professional to meet your needs. The following suggestions may be helpful.

- Ask other women who they recommend, but remember that the person who was right for your friend may not suit you. If this happens, it doesn't mean there's something wrong with you. Try to find someone who listens to you in a supportive and non-judgmental way and who seems to understand what you're experiencing.
- Not all health professionals have specific training and expertise in working with women with postnatal depression. If necessary, ask your general practitioner for a referral to a health professional who specialises in this area or contact your local self-help group for information and contact numbers of professionals who treat childbirth-related stress and depression problems.
- When you see a health practitioner, ask about their views regarding postnatal depression, how they assess and treat it and what their management plans would mean for you and your family. You need to feel comfortable enough with this person to ask direct questions.

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- If you're not happy with the health professional you're consulting, don't be afraid to seek help elsewhere. But first think about why you want to change. Ask yourself several questions and answer them honestly. These questions could include:
 - Do I feel comfortable with and understood by this therapist?
 - Is a new therapist going to know or be able to do more?
 - Are my expectations of therapy realistic?
 - Did I expect the therapist to solve all of my problems for me?
 - Have we discussed expected outcomes?
 - Are we actively working together on these issues?
 - Am I making reasonable progress?

Pregnancy loss

Pregnancy loss can lead to significant psychological problems, although these are often not well recognised. Sometimes normal grief reactions following pregnancy loss are misdiagnosed as psychiatric problems and women feel “labelled” as a problem or high-risk mother. Appropriate information and support is available through the Stillbirth and Neonatal Death Support Association (SANDS).

Sexual abuse or assault

Issues surrounding past sexual abuse can be triggered during pregnancy and/or childbirth. This may result from the focus on the genitals and reproductive organs during internal examinations and delivery, or if you are feeling out of control and powerless. Similar feelings can arise for women who have been sexually assaulted as adults. If you are pregnant as the result of abuse or assault, this can create conflict about the pregnancy, and may affect how you look after yourself during pregnancy and how you bond with the baby. Discuss these issues confidentially with a trained counsellor.

Postnatal anxiety disorders

Some level of anxiety might be considered normal because of the huge changes in your life, your emotional attachment to the baby and the difficulty of providing total care for a dependent and vulnerable human being.

Unfortunately, too much anxiety can interfere with your ability to cope with daily activities and can lead to lower self-confidence. It is not normal to suffer panic attacks or anxiety/fear that prevents you from going out with the baby. These problems should be discussed with a general practitioner or community nurse. Regular exercise, relaxation practice, meditation, and recognising and challenging your negative thoughts can help reduce anxiety.

Some women who have a particularly difficult or traumatic birth, may develop acute stress disorder or post-traumatic stress disorder during the baby's first year. These conditions are different from postnatal depression and require specialist help, especially during the next pregnancy. A clinical psychologist or psychiatrist could help.

HOW CAN YOU HELP YOURSELF?

- Value your role as a mother. Remind yourself that it is the most important job anyone can do. Congratulate yourself on a job well done each day. Others around you may not remember to praise you, so do it for yourself.
- If you have a partner, involve them in the care of the new baby from the beginning. Praise their attempts to help, even if they don't do things the way you do. It is more useful to suggest other methods rather than to criticise.
- Arrange for your partner or a family member to be at home with you for the first week or two. Discuss the ways in which they can be of most help.
- Plan to have additional support in the first few months (e.g. nappy service, cleaners, gardeners, childcare, depending on what you can afford). Accept all reasonable offers of help.
- Discuss with your partner the differences you think a baby will make to your lives, the changes you will both need to make and ways to overcome potential difficulties (e.g. lack of time together, changes in your roles, different expectations of how to be a parent).
- Reassess how you and your partner can share the household chores and responsibilities more evenly so you both have time for sufficient rest and recreation.
- Try not to make any major life changes, such as moving house or changing jobs, in the first few months after having your baby, unless it is absolutely necessary. You already have enough adjustments to make.
- Share your feelings and concerns with someone you trust, such as your partner, family member, friend or neighbour.
- Try not to spend all day in your pyjamas! Most mothers comment that having the time for a shower and getting dressed each morning is a real achievement. Looking after yourself can help you feel better.
- Modify the expectations you have of yourself in relation to housework, especially in the first few months. You don't have to have a "perfect" house. Try to make your life as simple as possible and only do things that are essential.
- Get to know your local resources (e.g. maternal and child health nurse, community centre, mothers groups, creches, playgroups).
- Try to sleep or rest when the baby is sleeping. This is not the time to catch up on all the household chores!

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- Give yourself “time out” each day. Make sure you have things in your day that are enjoyable and just for you — such as listening to music, reading a magazine or book, watching a TV program, having a bath, buying flowers, going for a walk. You need to plan ahead and make the time for these activities. Remember if you don’t care for yourself, you won’t be able to care for anyone else properly.
 - Try to maintain a social life. This requires extra planning with a new baby, but it’s important for your own well-being and your relationships with others.
 - Plan to spend some time alone with your partner each week, when you can do something enjoyable together or just talk without interruptions.
 - Try to find someone reliable and trustworthy who can babysit for you so you can spend time alone or plan social activities. This may be a relative, friend or neighbour or you may need to use a babysitting service.
 - Have more contact with friends or family members who are supportive and positive, and avoid those who are negative or critical if possible. Find someone you can talk to openly, without being judged.
 - Extend your support systems. It can be very useful to have contact with other new parents or to join local groups.
 - Remember that each baby and parent is unique. Get to know your baby’s temperament and behaviour. Adapting to their patterns will make life easier. If you have difficulties with parenting, seek help early from local resources. Learn about normal child development and develop realistic and age-appropriate expectations of your child.
 - Take care of your own health. Look at your diet, exercise and rest patterns and modify these if necessary. It’s hard to make time for yourself, but unless you’re well physically and emotionally, it’s even harder to look after and enjoy your baby.
 - Trust your own judgment. Listen to advice from others, but be selective in what you choose to follow. Ask yourself questions like: “Does this suit me, my baby, our family and our current circumstances?” Childrearing practices have changed dramatically. People may be well intentioned in their advice, but remember you are the mother!
 - Identify any stressors in your life, such as relationship problems or financial difficulties, and try to find ways of dealing with these problems.
 - Learn relaxation techniques and use them regularly. These can be either formal relaxation exercises, meditation, yoga, or simply taking a relaxing bath before bed. Use whatever method you enjoy and what works best for you.
 - Have regular check ups with your local child health nurse and remember it’s OK to discuss your own feelings and concerns as well as your baby’s health.

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- Don't be afraid to ask questions of health professionals. If you don't receive sufficient or clear information, ask more questions or seek advice from another professional.
 - Be aware of any changes from how you normally feel or behave. If you notice any significant or prolonged changes, seek help from your general practitioner or child health nurse. This is not a sign of weakness. The earlier you seek help, the sooner the problems will resolve.
 - Remind yourself that things will become more manageable as your baby grows and changes and you become more confident in your role as a mother.
 - Above all, try not to lose your sense of humour or sense of wonder about the whole parenting business!

HOW CAN A PARTNER HELP?

- Try to be understanding with your partner as you're both experiencing a tremendous amount of change adjusting to life with your new baby. Lack of sleep can make you irritable and more likely to react angrily to each other. Try to talk calmly and openly about your experiences and ways to support each other.
- Ask your partner what you can do to help and try to think of ways you can share the household chores and care of the children more evenly. Don't always wait to be asked to help, look around and see what needs to be done.
- Accept reasonable offers of help from others. This doesn't mean you have failed as a parent. Your workload has increased dramatically and extra help for the first few weeks will help you to cope better. If your partner suggests nappy service, home help or some time off, say YES!
- Think of one thing you could do each day for your partner that she would enjoy. This may be as simple as taking the baby for 15 minutes so she can take a shower uninterrupted or go for a walk. Even going to the supermarket on your own starts to look attractive after spending all day with a baby.
- Try to modify the expectations you have of your partner. Many women experience significant changes after childbirth, both physically and emotionally, and may behave differently for some time. Be patient and supportive and realise that she'll eventually return to the person you love, but she'll always be a mother now too. Do any issues with your own mother or father interfere in any way with your adjustment to parenthood?
- Plan some time together as a couple because your relationship with each other requires nurturing too. Remember you didn't have this baby in order to end your relationship, so face the difficulties together in the knowledge that your life will be enhanced by the experience.
- Try to do some of the activities together that you enjoyed before you had your baby (e.g. going to the movies or dinner). This will require extra planning, but it is important that you enjoy time together doing things outside your role as parents.
- Many women have decreased sexual desire following childbirth and it may be a while before their interest resumes. This is not a sign that she is less interested in or attracted to you. The demands of a new baby, both physically and emotionally, can decrease interest in sex. You can show affection without pressure for sex and intimacy can still be maintained without sexual intercourse.

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- Encourage your partner to seek professional help if you notice she is depressed or anxious several weeks or months after delivery. Significant depression and anxiety do not usually resolve themselves, they require early and appropriate treatment.
 - Make sure you keep in contact with your own friends, talk with other new dads and don't forget to look after your own health. Try not to use extra work, sporting commitments, other relationships or alcohol as a way of avoiding your parenting role.

IF YOU HAVE TIME TO READ!

Barnett, B. (1991) *Coping with Postnatal Depression*. Lothian, Melbourne.

Bishop, L. (1999) *Postnatal Depression: Families in Turmoil*. LOB Publications, Old.

Biddulph, S. (1988) *The Secret of Happy Children*. Bay Books, Kensington.

Downey, P. (1994) *So You're Going To Be A Dad*. Simon & Schuster, Australia.

Fowler, C., & Gornall, P. (1991) *How to Stay Sane In Your Baby's First Year: The Tresillian Guide*. Simon & Schuster, Australia.

Leach, P. (1988) *Baby and Child: From Birth to Age Five*. Penguin, London.

Tanner, S. & Ball, J. (1991) *Beating the Blues: A Self-Help Approach to Overcoming Depression*. Doubleday, Sydney.

Townsend, H. (1990) *Baby Crazy: The Funny, Emotional, Extraordinary Experience of Having a Baby*. Simon & Schuster, Australia.

INFORMATION AND SUPPORT CONTACT DETAILS

A good source of information and support is your general practitioner or maternal and child health nurse/early childhood nurse (the title of this nurse varies in each State/Territory).

Contact the health department in your State/Territory or your local area health service for mental health inpatient and outpatient services and psychiatric emergency teams.

Check the yellow pages for private practitioners in sections listed for psychologists, psychiatrists and counsellors.

Check the white pages in your telephone book for crisis services. The number for LIFELINE is 13 11 14 in each State/Territory.

For information about mental health in rural and remote areas a toll-free number is available 1300 785 005 in the afternoons on weekdays.

Other national agencies that may be helpful are:

- Relationships Australia; and
- Nursing Mothers Association of Australia.

Specific contact numbers for postnatal depression that may be useful in each State or Territory are listed on the following pages.

New South Wales

Tresillian Parent Help Line (24 hours)	02 9787 5255
Country callers freecall	1800 637 357
Karitane (24 hours)	02 9794 1852
Country callers freecall	1800 667 961
Jade House	02 9754 2655
St John of God Hospital Burwood	02 9747 5223
PND Personal Support Network	02 9744 6646
NSW Association for Mental Health	02 9816 5688
Depression and Mood Disorders Information	02 9816 5688
Women's Information and Referral Service	1800 817 227

Victoria

Post and Antenatal Depression Association (PANDA) (24 hours)	03 9882 5756
Parent Line (24 hours)	13 22 89
Maternal and Child Health After Hours Service Country callers freecall	03 9853 0844 1800 134 883

Mercy Hospital for Women	03 9270 2222
Banksia House (Austin Hospital)	03 9496 2199
Tweddle Child & Family Health	03 9689 1577
Queen Elizabeth Centre	03 9549 2777
Mental Health Foundation Victoria	03 9427 0406
Women's Health Information Centre (Royal Women's Hospital)	08 9344 2007
Women's Information & Referral Exchange Country callers freecall	03 9654 6844 1800 136 570
Women's Health Victoria	03 9662 3755

Queensland

Postnatal Disorders Support Group	07 3358 4224 0417 631 066
Riverton Centre Country callers freecall	07 3860 7111 1800 177 279
Royal Women's Hospital	07 3253 8222
Winston Noble Unit	07 3350 8111
Crisis Care (24 hours)	07 3235 9999
Qld Association for Mental Health	07 3358 4988
Women's Health Old Wide Country callers freecall	07 3839 9988 1800 017 676
Women's Infolink	1800 177 577

Western Australia

Postnatal Depression Support Association (PNDSA)	08 9340 1622
Parenting Line (24 hours) Country callers freecall	08 9272 2000 1800 643 000
Parent Help Centre Country callers freecall	08 9272 1466 1800 807 648
Ngala Family Resource Centre	08 9367 7855
After Hours	08 9367 3256
Crisis Care (24 hours) Country callers freecall	08 9325 1111 1800 199 008
Cullity Unit (Graylands Hospital)	08 9347 6600
WA Association for Mental Health	08 9420 7277
Health Information Resource Service (KEMH) Country callers freecall	08 9340 1100 1800 65 1100

South Australia

Overcoming Postnatal Distress	08 8267 1191
Parent Help Line	1300 364 100
Torrens House	08 8303 1531
Helen Mayo House	08 8303 1185
	08 8303 1425
Crisis Care (24 hours)	13 16 11
SA Council of Social Services	08 8265 8129
Women's Health Statewide	08 8267 5366
Country callers freecall	1800 182 098

Tasmania

The Parenting Centre	03 6233 2700
Country callers freecall	1800 808 178
Huon PND Support Group	03 6266 3497
Tas Association for Mental Health	03 6236 9529
Women's Health Information Line	03 6222 7205
Country callers freecall	1800 675 028
Women's Information and Referral Exchange	
Country callers freecall	1800 136 570
Lady Gowrie Family Support Service	03 62369256
Pitas freecall	1800 808 178

Australian Capital Territory

PND Support Group	02 6286 4082
Tresillian Parent Helpline	1800 637 357
Queen Elizabeth II Family Centre	02 6205 2333
Mental Health Resource ACT Inc	02 6287 4214
Mental Health Crisis Team	1800 629 3 54
Postnatal Parenting Information and Referral Service	02 6205 2000
Women's Health Information Line	02 6286 2043

Northern Territory

Casuarina Community Care Centre (24 hours) (Postnatal Support & Action Group)	08 8945 4804
Depression Support Group	08 8985 3348
NT Association for Mental Health	08 8981 4128

The National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) is a statutory body within the portfolio of the Commonwealth Minister for Health and Aged Care, established by the *National Health and Medical Research Council Act 1992*. The NHMRC advises the Australian community and Commonwealth; State and Territory Governments on standards of individual and public health, and supports research to improve those standards.

The NHMRC advises the Commonwealth Government on the funding of medical and public health research and training in Australia and supports many of the medical advances made by Australians.

The NHMRC also develops guidelines and standards for the ethical conduct of health and medical research.

The Council comprises nominees of Commonwealth, State and Territory health authorities, professional and scientific colleges and associations, unions, universities, business, consumer groups, welfare organisations, conservation groups and the Aboriginal and Torres Strait Islander Commission.

The Council meets up to four times a year to consider and make decisions on reports prepared by committees and working parties following wide consultation on the issue under consideration.

A regular publishing program ensures that Council's recommendations are widely available to governments, the community, scientific, industrial and educational groups.

The Council publishes extensively in the following areas:

- Aged care
- Child health
- Clinical practice guidelines
- Communicable diseases
- Dentistry
- Diabetes
- Drugs and poisons
- Drug and substance abuse
- Environmental health
- Ethics – Animal
- Ethics – Human
- Health procedures
- Health promotion
- Infection control
- Men's health
- Mental health
- NHMRC – National Health and Medical Research Council
- Nutrition
- Public health
- Research
- Sport/Injury
- Women's health
- Workforce

A list of current publications is available from:

The Publications Officer

ONHMRC

MDP 100

GPO Box 9848

Canberra ACT 2601

Phone: (02) 6289 9520 (24-hour answering machine)

Toll free: 1800 020 103

Fax: (02) 6289 9197

E-mail: nhmrc.publications@health.gov.au

Internet: <http://www.nhmrc.health.gov.au>