



Depression and pregnancy

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Pregnancy and birth we all

“know” is a time of joy and celebration. Don’t we? Unfortunately, for some mothers-to-

be or new mothers, depression is a significant problem.

We are not talking about the ‘baby blues’ which are experienced by more than three-quarters of mothers within the first few days after the birth. Those symptoms resolve or improve on their own within a week or two and do not require treatment. But if they 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.

One of the resources available for healthcare workers and women themselves is a guide specifically aimed at educating and helping women through their pregnancy-related depression. Called *Coping with depression during pregnancy and following the birth—A cognitive behaviour therapy-based self-management guide for women*, the publication was produced by the BC Reproductive Mental Health Program that is based at the Children and Women’s Hospitals site in Vancouver.

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 include feelings of sadness, worthlessness, irritability and anger, guilt and even not enjoying the baby.

Depression also leads to behaviours like sleep problems (a lot more or less than usual), eating a lot more or less than usual, withdrawing from family, friends and social contact. Her physical symptoms could include crying for no apparent reason and feeling restless. And

negative thoughts are often associated with depression: thoughts that she is a ‘bad’ or ‘terrible’ mother or she might have frightening thoughts including harming yourself and/or the baby.

Certainly, not all women develop depression during pregnancy or following the birth — she will usually be surprised at feeling depressed, after all, isn’t this a joyous time? Some of the challenges that can make depression more likely come from changes in relationships with partner, family and friends and the big role changes of becoming a mother. There can be more financial pressures and certainly more fatigue. Add to that big changes in hormone levels and we can see the possibility of depression building.

Some women never seek help for their depression. For some, they don’t know who to talk to while others may be ashamed or worried about being labelled a ‘bad’ mother. But there is help available.

Treatment for depression mainly comes in three forms. Guided self-management is based on regular appointments with a health care professional who provides support, structure and resources. Cognitive Behaviour Therapy (CBT) has been shown to work either in solo or group situations. And medications are an option for some, treating the depression at a chemical level.

Help is available and with appropriate care, many women can decrease their symptoms and start to enjoy pregnancy and the months following the birth. Treatment may also reduce the risk for future episodes of depression. Start by talking to your doctor or other health care provider, or call public health who can direct you to appropriate resources in your community.

Depression need not be something you deal with alone.

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