

PERINATAL DEPRESSION



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

What is perinatal depression?

Depression during and after pregnancy is common. In developing countries, it can happen to one in five women after giving birth and one in six during pregnancy.

Many women feel a bit down, tearful or anxious in the first week after giving birth. This is often called “post-partum blues” and is considered a normal condition. However, post-partum blues do not last more than a week.

If a woman experiences a depressed mood, loss of interest and reduced energy leading to difficulties carrying out her usual work, domestic or social activities most of the time for at least 2 weeks, she may be depressed. Many mothers with depression also suffer from anxiety symptoms and physical symptoms with no obvious medical reason.

Common signs and symptoms of post-partum depression

In addition to general symptoms of depression, a woman suffering from depression after birth can have:

- difficulty in adequately eating, bathing or caring for herself
- difficulty bonding with her baby, a feeling of indifference towards the baby and no sense of enjoying his or her company
- frightening thoughts, for example about hurting her baby; these can be scary, but they are very rarely acted upon.

All these can also lead to inadequate feeding and care of the baby. It is very rare for a depressed mother to harm her baby, but care and attention is needed. Suicide is always a concern in all kinds of depression, including in depression after giving birth.

For more information about the general symptoms of depression, see the factsheet about depression in this series. You can download it free of charge from the address at the end of this factsheet.

What causes perinatal depression?

Factors like poverty, migration, extreme stress, exposure to violence (e.g. an abusive partner), relationship problems with their partner and low social support may increase the risk of depression.

When should you seek help?

If you think you may be depressed, do not struggle alone hoping that the problem will go away. Seek help. Depression is an illness, and a range of help and support is available to treat it, including medicines and talking therapy.

Speak to your partner, a family member or a friend; and also speak to your doctor or midwife as they are specifically aware of this condition and can help you or refer you to someone who can help.

Remember: it is not your fault that you are depressed; it can happen to anyone. Being depressed does not mean you are a bad mother, or that your baby will be taken away from you.

If you think about death or suicide, it is an emergency. Talk to someone and ask for help immediately.

Treating perinatal depression?

Women with perinatal depression do not need to suffer. There are effective treatments for depression during and after delivery. As with any other kind of depression, antidepressants, psychotherapy or both are the main treatment options:

- Through psychotherapy, you will learn to better understand your feelings and concerns, including learning how to cope with them and how to find better solutions for the problems bothering you. You will set realistic expectations about yourself and your new role as a mother. Sometimes a therapist may recommend family or couple therapy.

- Your doctor may recommend medication in combination with your psychotherapy. If you are breastfeeding, in most cases the doctor can prescribe medicine that has minimal or no effect on your baby. The doctor will explain to you the benefits and possible side effects of the medicine on your baby and help you make the best decision for you and your baby.

How can you help yourself?

There are several other things you can also do to help you feel better:

- Follow a healthy life style: get enough sleep; eat regularly and healthily, avoiding junk food; avoid alcohol and drugs; take regular physical activity like walks where you bring your baby along.
- Devote some time to yourself: spend some time out of the house by yourself. You can ask your partner or a family member to take care of the baby.
- Set realistic expectations for yourself. No one can do everything or be perfect in what they do. Do not put pressure on yourself.
- Talk to your partner. Let him know about your condition and give you support.
- Stay in touch with your family, friends and other mothers.

How can you help your partner, friend, or family member with perinatal depression?

Depression usually progresses slowly, and the affected person may not be able to recognize it as a problem. As her partner, friend or family member, you need to look out for the symptoms of depression such as:

- being sad or tearful most of the time
- having difficulty bonding with her baby (looking after it only as a duty and not wanting to play with it)
- withdrawing from other people
- neglecting herself, for example not washing or changing her clothes
- constantly worrying that something is wrong with her baby, despite reassurance.

If you think a mother you know is depressed after giving birth, talk to her, share your concern and encourage her to go to a doctor or mental health professional.

This is one of a series of factsheets produced by the World Health Organization (WHO) to give the general public more information about mental disorders and how they can be treated. You can download all the factsheets free of charge from the WHO website at: www.emro.who.int/mnh.



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