

Perinatal Depression Treatment Options

BC Reproductive Mental Health Program



Women can experience depression during pregnancy or after the birth of a baby. A woman struggling with depression feels down, sad or empty. She loses interest in doing things that she usually enjoys. She often sleeps and eats more or less than usual and cries for no apparent reason. She may withdraw from friends and family. She has negative and upsetting thoughts.

Depression is a medical condition. It important for a woman to seek help if she is concerned about her mood.

There are several types of treatment for women with depression, including: self care, support groups, counseling and medication. Different women will take different paths to feeling better. The decision about treatment is a very personal one.

Talk to your health care provider to learn more about the treatment options that are available. Remember the goal is to reduce symptoms and increase your wellbeing so you can do the things that are important to you.

Perinatal Depression (PND)

We usually hear about postpartum (after birth) depression. But depression can actually begin in pregnancy, right after birth, or anytime within the baby's first year of life. Perinatal Depression is an "umbrella term." It covers a range of symptoms that can affect the mother during this time.

If you have been diagnosed with depression, you probably have a lot of questions. Talk to your healthcare provider about the different treatments that are available. Different women will take different paths to feeling better. The important thing is to get treatment to reduce your symptoms and increase your overall wellbeing.

Treatment of PND Is Important!

Depression is a health condition. Women with moderate to severe PND need to receive healthcare. A woman whose PND is not treated may struggle with depression again and again in the future and that can lower her quality of life.

Infants are sensitive to the emotional states of their mothers. The way a mom interacts with her baby will shape the baby's development. Depression can affect these interactions. It also makes it harder for a woman to bond with her baby. The best way to make sure your baby has a healthy start is to get help for yourself.

The good news is there are several types of treatment for PND. It's often best to treat PND by using a number of different types like self-care, counseling, psychotherapy, support groups and medication.

With the right care, many women can decrease their symptoms and start to enjoy pregnancy and the months following birth. Treatment may also reduce the risk of depression in the future.

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!

Note: These steps may not be enough to cope and recover from depression. You may also need psychotherapy, counseling and/or medication.

Psychotherapy & Counseling:

Women with mild depression often benefit from counseling and psychotherapy. For others medication may also be necessary.

Guided Self-Management: This form of treatment includes regular appointments with a health-care professional. At the appointments a woman receives support and suggestions for using self-care information and workbooks.

Cognitive Behavioural Therapy (CBT): This type of psychotherapy is very effective in the treatment of depression. CBT helps a woman to be aware of her negative thoughts. She then learns to question them and replace them with more realistic thoughts. A woman involved in CBT has regular appointments with a healthcare professional in a group or one-to-one setting.

Interpersonal Therapy (IPT): This type of psychotherapy focuses on the ways a woman interacts with the people in her life. A woman involved in IPT will have regular appointments with a healthcare professional in a group or one-to-one setting.

Support Groups: There are several types of support groups. Some that may be available are:

- General groups for people with depression offered by Health Authority mental health teams. (See your health authority website).
- Postpartum groups organized by Public Health Nurses along with other community service providers. (See your health authority website for a list of groups).
- Peer support groups led by people who have experienced depression are offered by several non-profit organizations across BC, such as the Pacific Postpartum Support Society.
- Group psychotherapy offered by the BC Reproductive Mental Health Program for women in the program.

Note: A doctor may prescribe medication when depression is severe or counseling does not decrease symptoms.

Antidepressant Medications

These medications treat the symptoms of depression at a chemical level in the brain. They work by increasing the level of certain neurotransmitters in the brain. The medications used most often are selective serotonin reuptake inhibitors (SSRIs) or serotonin and norepinephrine reuptake inhibitors (SNRIs).

A family doctor or psychiatrist can prescribe antidepressants. These medications are very effective at lowering symptoms for some people suffering from moderate to severe depression. It may take 4-6 weeks to know if the antidepressant you are taking will work for you.

Alternative Therapies

Many women ask about herbal supplements, massage, acupuncture and meditation. Right now, there is not enough research to recommend these as treatments for depression. Some women may find that they can help as part of their self-care. Light therapy can be helpful for women with a history of Seasonal Affective Disorder (SAD). It is important to check with your health care provider before beginning any alternative treatments. You need to make sure they are safe for pregnant and breastfeeding women.

How do I choose which type of treatment is best for me?

The decision about which type of treatment is best for a specific woman is a personal one. It depends upon how serious her symptoms are and how she feels about the different treatment options. It also depends on what treatments are available in her community.

It is a good idea to speak with your health care provider about the different treatments that are available. You can discuss the risks and benefits of antidepressant medication. It can be helpful to talk about what you learn with loved ones. They can help you to think through the advantages and disadvantages of each treatment and how these would fit your life.

Who should I talk to?

If you think you may be experiencing perinatal depression, 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

Medication Myths & Facts

Myth: Antidepressants are addictive and you have to take them for life.

Fact: They are not addictive. Most women can stop taking them after about 1 year. However, the length of time will depend on how severe the depression is or how long it lasts.

Myth: You can't take antidepressants when you are pregnant.

Fact: Experts have judged some of these medications to be quite safe to take during pregnancy. However, the babies need to be checked after birth for temporary side effects. When you weigh the risks and benefits of medication, it is important to consider the effect of untreated depression on you and your baby.

Myth: You can't breastfeed while taking antidepressant medication.

Fact: Research suggests that you can breastfeed when taking certain antidepressants. A small amount of medication does get into the breast milk, but usually it does not have a negative effect on the baby. Your doctor will be able to help you to choose a medication.

Myth: Antidepressants change your personality.

Fact: They do not effect personality. They just balance your mood.

Myth: Antidepressants are "uppers" or "happy pills".

Fact: They are not "uppers". They are not like amphetamines. Antidepressants improve sleep, appetite, and energy level and that improves your mood. It is best to use medication along with counseling or psychotherapy and support.

Myth: Antidepressants do not get at the root of the problem.

Fact: Medication helps to relieve depressive symptoms so that you are able to get counseling, make changes and improve your quality of life.

Myth: Antidepressants have horrible side effects.

Fact: Like other medications, antidepressants may have side effects, but they are not life threatening. There is a range of side effects, and since everyone is different, side effects will differ. Most are minor and will lessen or disappear after a few weeks. Ask your doctor what to expect and be sure to contact them right away if you have any severe or unexpected side effects.

Resources

- **BC Reproductive Mental Health Program.** Visit www.bcmhas.ca (Programs & Services → Reproductive Mental Health)
- **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.