Delivering a Healthy WA

Becoming a Parent
Emotional Health and Wellbeing

This document can be made available in alternative formats such as audio tape, computer disc or Braille, on request from a person with a disability.
Contents

Becoming a parent  4
   Becoming a mother  5
   Helpful expectations for mothers  6
   Becoming a father  7
   Helpful expectations for fathers  8

Emotions before and after birth  9
   Why is it important to be emotionally healthy?  10
   What if I’m struggling with my emotions?  10
   Ways to support yourself  12

Common emotional problems before and after birth  15
   Baby Blues  16
   Adjustment problems  17
   Attachment problems  18
   Anxiety (Antenatal Anxiety and Postnatal Anxiety)  19
   Stress reactions after traumatic delivery  23
   Depression (Antenatal Depression and Postnatal Depression)  24
   Postpartum Psychosis  28

What causes emotional problems before and after birth?  29
   Risk factors  31

Emotional problems across cultures  33
   Aboriginal families  35
   Migrants and refugees  36

Treatment Options  37
   Individual counselling  39
   Individual psychotherapy  39
   Couple counselling or couple therapy  40
   Group treatment  40
   Practical support in the home  41
   Medication  41
   Admission to hospital or Mother and Baby Unit  43
   Alternative treatments  44
Advice for partners and other family

How do I know if a mother isn’t coping? 46
Ways to support a mother 47
What about partners? What if they aren’t coping? 49
Ways partners can help themselves 50
Ways to support a father 51

Information, services and support

Books 54
Information booklets 55
DVDs and videos 55
Phone numbers 56
Websites 59

Acknowledgments 60
Becoming a parent
So you’re becoming a parent – congratulations! Having a baby can be one of the most exciting and challenging things you will ever do.

From the moment you find out you’re expecting a baby, you will notice your life start to change. Although life will never be exactly the same again, you will learn something new each day which can enrich your life and make you feel all kinds of intense emotions.

Some experiences with your baby will fill you with love, joy, delight and surprise. At other times, you might feel stressed, frustrated, angry and even disappointed. All these strong emotions are common and you might find yourself going through them all in a single day.

While parenting is a rewarding job, it can also be one of the most difficult. Both you and your partner are learning “on the job”, and you might find that you see yourself differently, or see your partner differently, after you become parents. You may start to re-think what is important in your life or reflect on your relationship with your own parents. This is a lot for anyone to take on – even if the pregnancy, labour and birth go according to plan.

When faced with a new or difficult situation, sometimes we are able to cope with the challenge, and sometimes we find that it overwhelms us. Parenting is no exception.

This booklet explains some of the common emotional challenges faced by new and expectant parents, and offers practical advice for both partners on how to deal with these challenges.

If you aim for the best possible emotional health during pregnancy and early parenthood, you’ll get the most out of becoming a parent!
Becoming a mother

For many women, becoming a mother means their hopes and dreams have come true. They love feeling their baby move inside them. They feel a sense of achievement in giving birth. They love holding, touching, watching and smelling their baby.

For others, these happy emotions are mixed with feelings of losing their old life – things like financial independence, career, spontaneity, and time with partner and friends. Single mothers and women with partners who work away also face the job of caring for the baby alone, which can be daunting and exhausting. Mothers who decide to go back to work may also feel guilty about what they are missing in their baby’s life.

All these losses can be felt quite strongly, despite the joy a baby can bring. On top of everything, you may not be the “perfect mother” or have the “ideal baby” you imagined.

**If motherhood is not what you expected, it is easy to blame yourself or believe motherhood is not for you. However, it is important to remember that no one is perfect. Motherhood is an enormously challenging job!**
Helpful expectations for mothers

Try to be realistic about what you expect of motherhood. Here are some things it may help to remember:

- There is no “right” way to deliver a baby.
- Mothers do not always fall in love with their baby right away. It may take some time after the birth (especially after a very long or difficult delivery).
- There will be good days and not so good days for every mother. There are many very big changes to adjust to and many mothers feel they are not coping at times.
- Parenting is a skill you learn. You will get more confident with your baby over time. Most people find the first 6-8 weeks the hardest.
- Breastfeeding is also something you learn. It will be easier for some mothers and babies than others.
- Mothering is very intense and unrelenting. You will benefit from “time out” for yourself to have a break and do something you enjoy.
- Don’t expect to do all the things you used to do while also caring for a newborn. Be prepared to let some things go for a while.
- Some babies are easier to settle and comfort than others. It may not be that anything you are doing is “wrong”.
- Many mothers struggle to find time for household tasks, like cooking and cleaning, especially in the early months.
- At times, you may have negative feelings towards your child. This does not mean you are a bad parent. But, if these feelings are intense, keep coming back, or last a long time, you should talk with a health professional about them.
Becoming a father

Men obviously experience pregnancy, labour, delivery and early parenthood quite differently from women. Women usually start getting ready for parenthood during pregnancy, but many men don’t start this process until after the birth. As a result, the reality of fatherhood can be quite a shock.

Most men want to help with their baby, but don’t know what to do. They feel unsure if there’s a “right” way to do things. It’s also easy to feel left out when your partner becomes very focused on the baby’s needs.

Fatherhood is just as challenging as motherhood, though not always for the same reasons. You may find yourself faced with changes in your relationship, an increase or change in your household duties, and the possibility of becoming the sole provider or even a stay-at-home dad.

Whatever your circumstances are, remember to value your role as a father and be as involved as you can, right from day one. Your child and your partner need you in lots of different ways. Your time and help will contribute greatly to your relationships with both of them.
Helpful expectations for fathers

Try to be realistic about what you expect of fatherhood. Here are some things it may help to remember:

- Having a baby will change your life.
- Parenthood might also change your relationship with your partner – including your sexual relationship.
- Fatherhood is physically and emotionally demanding. You may not have the time or energy to do all the things you used to do.
- Parenting is a skill you learn – both you and your partner will gain confidence with practise and time.
- Sometimes, women respond more quickly to their baby’s cues than men. This doesn’t always mean she knows what to do. Neither of you has all the answers – especially in the first few weeks. Be prepared to jump in and have a go.
- Try to help care for your baby. It will take some pressure off your partner and help you develop a close relationship with your child.
Emotions before and after birth
Why is it important to be emotionally healthy?

Emotional health is a state of wellbeing. When we feel well and content, we are better able to cope with stress, maintain relationships and enjoy life.

Just like there are many benefits from being physically healthy, both you and your baby can benefit from being emotionally healthy.

During pregnancy, a baby is exposed to everything experienced by its mother – the air she breathes, the food she eats and the emotions she feels.

When a pregnant mother feels happy and calm, it allows her baby to develop in a happy, calm environment. However, emotions like stress and anxiety can increase the amount of particular hormones in the mother’s body which can affect the baby’s developing body and brain.

**FACT:** Looking after your emotions while you’re pregnant can help you get the most out of your pregnancy and optimise the health of your baby.

After birth, your baby still receives all kinds of information from the environment. Every interaction you have with your baby from the moment it is born helps to shape the way it will think, feel and behave later in life. These interactions also help to form a close and secure relationship between you and your child.

**FACT:** When parents are happy and content, they are in the best possible position to form strong, secure bonds that will ensure their baby continues to develop physically, mentally and emotionally.

Good emotional health also helps to maintain positive relationships with any older children and other family, and can help couples through the challenges of adjusting to a new baby together.
What if I’m struggling with my emotions?

The emotional problems that can occur before or after birth are not well understood in our community, but they are more common than most people realise – so you’re not alone! The truth is many people hide the fact they are struggling because they are embarrassed or ashamed.

Occasional or fleeting doubts are normal and part of the adjustment process. So are occasional negative thoughts or dreams. Some women find they cry more easily during pregnancy and after they’ve had a baby. They can feel quite miserable, anxious and irritable. Many things can make you feel this way, including worries about the birth, the baby’s health, or how you’re coping as a parent.

The good news: there are things you can do to help yourself get through the more challenging aspects of parenthood!
Ways to support yourself

During pregnancy:

- If you have a partner, talk about the difference a baby will make to your lives.
- Don’t expect too much of yourself – make time to slow down, rest and relax.
- Set up extra support for the first few weeks after the baby’s birth. If you can, arrange for both parents to be at home for the first week or two.
- Talk to someone you trust about your feelings. Simply sharing your concerns can be really helpful.
- Extend your support network – other new parents can be a valuable resource!
- Don’t be afraid to ask questions when you visit your GP, obstetrician or midwife.
- Be careful what you read – some websites and articles might only make you feel worse. Look at who is writing it. Can you trust the source of this information?
- Be aware of changes from how you normally feel. If your emotions are starting to interrupt your day-to-day life, talk to your GP, obstetrician or midwife – the earlier the better!
After the baby is born:

- Value your role as a parent – it’s a very important job.
- Make time to enjoy doing something fun with your baby, like cuddling them or playing with them.
- Remind yourself – there is no “right” way to parent.
- Don’t expect your baby to just fit into your routine – you will need to work around your baby.
- Remember – babies adapt to different ways of parenting, so it’s ok if your partner does things differently to you.
- Plan to have additional support in the first few months and accept all reasonable offers of help.
- Share the household chores as much as possible between yourself and your partner. Also, remember – you don’t need to have a “perfect” house!
- Try not to make any major life changes in the first few months after having your baby (like moving house or changing jobs) unless it is absolutely necessary.
- Share your feelings and concerns with someone you trust.
- Try not to spend all day in your pyjamas! Getting showered and dressed can help you feel good.
- Get to know your local resources, like crèches and playgroups.
- Try to sleep or rest when your baby is sleeping. This is not the time to catch up on household chores.
- Give yourself “time out” each day and learn ways to relax.
- Try to maintain a social life. Have contact with friends or family members who are supportive and positive. Try to avoid people who are negative or critical.
- Plan some quality time alone with your partner each week.
- Extend your support systems and find someone you can trust and rely on who can baby-sit for you.
- Take care of your health, including your diet, exercise and rest patterns.
- Have regular check-ups with your local child health nurse or GP and don’t be afraid to ask them questions.
- Be aware of any changes from how you normally feel or behave. If you notice any major or long-term changes, seek help from a GP or your child health nurse.

**FACT:** Needing help does not mean you are weak or a bad parent. The earlier you seek help the sooner any problems can get better.
Common emotional problems before and after birth
There are a number of emotional problems that can arise when you are expecting, or have just had, a baby.

Sometimes these emotional problems are all lumped together and just called “postnatal depression.” This is not really correct and can be misleading – especially since problems can arise during pregnancy (antenatally) too!

Baby Blues

During the first week after birth, up to 80% of mothers will get the Baby Blues. This is usually a time when new mothers are quite sensitive, and they might cry, be irritable, feel anxious and have mood swings. These symptoms tend to peak 3–5 days after delivery and are mainly caused by hormonal changes after childbirth.

Symptoms normally go away within a few days without any special treatment. Things that can help include understanding, support, and help with learning how to care for a baby. If symptoms go on longer than 2 weeks, it could be the start of postnatal depression.
Adjustment problems

Often, being a parent is very different from what was expected. Every parent goes through a period of adjustment as they try to handle the huge changes a baby brings.

For most people, this time of adjustment will be temporary and will not really interfere with their daily life. For others, adjusting to life with a baby can take a long time and cause a lot of distress. When this is the case, talking to a health professional (such as a GP or child health nurse) can be helpful.

“I found it difficult coping with the demands of a newborn. No sleep, constant crying and a lack of time for myself. This was supposed to be the most beautiful time of my life.”

Tanya, mother of 2 children
Attachment problems

After the birth, most people expect an instant bond with their baby, but for some parents, this doesn’t happen. This can create feelings of guilt, stress and disappointment. It may take a few days or even weeks to feel a connection to your baby.

When a parent feels little or no connection to their baby, they may be “distant” or “withdrawn” and can react negatively toward the baby.

Usually, with support and rest, most parents will feel more attached to their baby within a few days. If a connection is not established after a couple of weeks, it is important to talk about how you’re feeling with a health professional (such as a child health nurse or GP).

“As I looked at my baby… I felt numb, emptiness. It was as if I was looking at someone else’s baby.”

Mother of a newborn
Anxiety (Antenatal Anxiety and Postnatal Anxiety)

A little worry or anxiety is normal for parents. The trouble is, too much anxiety and distress may affect your ability to cope with your pregnancy and the challenges of a newborn.

Research shows that 14-16% of women have a clinical level of anxiety during their pregnancy, while 8-10% of women will have clinical levels of anxiety postnatally.

“Out of the blue an intense feeling of dread came over me. My heart was racing, I had difficulty breathing, I was shaking, dizzy. I thought I was having a heart attack or going crazy.”

Expectant mother

People with anxiety often fear they are losing control or going crazy. Often the anxiety they feel (e.g., worrying about whether what they are doing is “right”) can lead to low self-confidence and a belief that they are a bad parent.

“I felt unable to do anything properly. I was constantly stressed whether the baby was getting enough sleep. I would hardly ever leave the house. I was so worried that he wouldn’t sleep properly if we were out or it would create problems the next day. I felt unable to relax and switch off even though I was exhausted.”

Mother of a 6 month old
Women who have experienced anxiety before having children may find their symptoms get worse during pregnancy or after the baby is born. For other women, the first time anxiety problems arise is during the antenatal or postnatal period.

Often, women who have had a pregnancy loss in the past feel very anxious when they are pregnant again. They may not want to buy anything or prepare for the new baby just in case they “jinx” things. They may also avoid bonding with the baby during pregnancy to protect themselves from the pain of another loss.

“I’d dreamed of this time for so long, but now it was here, I felt so on edge and worried that I couldn’t enjoy it. I was constantly checking to see if the baby was still moving. I’d feel better for a few days after my appointment with the obstetrician but then the thoughts would come back again. What if something was wrong again?”

Expectant mother

Some women who previously terminated a pregnancy may also feel loss and guilt in a following pregnancy. Religious beliefs may have an impact on how some women feel, regardless of whether the termination was for medical or social reasons.

Past sexual abuse issues may be triggered during pregnancy or childbirth due to the focus on the genital area during examinations and delivery. Women with a history of abuse or assault which is not resolved may feel very anxious, exposed, vulnerable or powerless.

When pregnancy occurs as a result of a sexual assault or abuse, it can create a lot of confusion about continuing the pregnancy. This may mean the woman doesn’t look after herself well or doesn’t bond with the baby.
People who have been sexually abused may also be concerned about whether it might happen to their child and worry about how to protect them.

Anxiety may also arise for women who have a current or past eating disorder (like bulimia or anorexia). They may find it hard to cope with changes in body shape and weight, and restrict the food they eat or do extreme amounts of exercise to try to control this, which can put the baby’s health at risk.

Another issue which can cause parents anxiety are medical complications during pregnancy, delivery or after birth. Multiple birth (twins, triplets, etc) often increases physical demands and risk of medical complications in the pregnancy, as well as additional demands postnatally.

**TIP:** A special booklet was developed for parents of multiples through the *beyondblue* National Postnatal Depression Program. Ask your GP or child health nurse for a copy of “Emotional Health During Pregnancy and Early Parenthood: An Information Booklet for Parents of Multiple Birth Children.”

Regardless of when or why feelings of anxiety arise, it is important to seek help from a health professional, such as your GP or child health nurse.
Symptoms of anxiety

If you experience any of the symptoms below, talk about treatment options with a health professional.

- Anxiety or fear which interrupts your thoughts and interferes with daily tasks.
- Panic attacks.
- Anxiety and worries which are difficult to control.
- Feeling irritable, restless or “on edge”.
- Having tense muscles, a “tight” chest, and heart palpitations.
- Taking a long time to fall asleep in the early evening.
- Anxiety or fear which stops you going out with your baby.
- Anxiety or fear that leads you to constantly check on your baby.

**FACT:** It is common for people with high levels of anxiety to also have depression. It is also possible to have a lot of anxiety, but no depression.
Stress reactions after traumatic delivery

A difficult or traumatic labour and delivery can have a big impact on a woman’s postnatal adjustment. For some women, it may lead to an acute stress reaction or post-traumatic stress disorder (PTSD). This can occur when the person believed their life (or their baby’s life) was at risk and they went through intense fear, helplessness or horror.

A woman with PTSD may “re-live” the birth in her mind. She may have flashbacks and nightmares. As a result, she will tend to avoid things that remind her of the event. She might not talk about the birth or be unable to recall parts of the event. She might avoid the hospital or dread another pregnancy. Other symptoms include trouble sleeping and concentrating, feeling irritable, being easily startled, and feeling numb or on “auto-pilot.”

“When I came back to hospital to visit a friend my heart was racing, I felt nauseous, hot, sweaty, I had flashes of how helpless I felt in the delivery. I just wanted to get out of there.”

Mother of one child

A difficult or traumatic delivery can also have a very big impact on the partner who witnessed it. They may have felt helpless and afraid the mother or baby might not survive.

Both parents can benefit from talking about their experience to help make sense of what happened. Specific counselling or therapy is usually helpful in treating the symptoms, so it is important to go to a professional like a GP or child health nurse for a referral.
Depression (Antenatal Depression and Postnatal Depression)

Many people have heard of postnatal depression (often called “PND”), but antenatal depression (depression during pregnancy) is not as well known. About 8-11% of women get depression during pregnancy, while 13% of women will have postnatal depression.

The symptoms of depression are the same antenatally and postnatally, however not everyone will experience depression the same way.

“I expected ups and downs during the pregnancy and to cry more easily. But I thought I’d enjoy it more. I don’t seem to look forward to things anymore and don’t feel like seeing people. I seem to find it difficult to get back to sleep as everything keeps churning through my head.”

Expectant mother

“Everyone said I’d be glowing. How can I be when I feel sick all day, even the smell of food cooking makes me retch. I keep having to get up to go to the toilet and I’m so tired I have to sleep when I get home from work.”

Expectant mother

Depression tends to develop gradually and may go on for many months. It may start before or during pregnancy and then continue after childbirth, or it may arise for the first time after your baby has arrived.

Many cases of depression are not recognised by women, their partners, family and friends. If left unreocgnised and untreated, it may develop into a chronic condition or come back in a following pregnancy.
It is important to seek help for depression – the earlier the better. It’s hard enough to cope with all the changes a baby brings without struggling with depression too.

“People would say, you must be so happy with such a beautiful boy. Unintentionally their words made me feel like a failure. If I kept my fake smile going I might convince myself (and everyone else) that I was really happy. I was wrong.”

Tanya, mother of 2 children

“I felt flat, useless, not able to cope, I was constantly in tears. I felt overwhelmed by the responsibility. There was nothing to look forward to. I felt that the baby and my husband would be better off without me. They deserved someone better. I just want to be back to normal.”

Mother of one child
Symptoms of depression

If you experience some of the symptoms below for more than a few days, talk about treatment options with a health professional.

- Low mood
- Feeling inadequate, like a failure, guilty, ashamed, worthless, hopeless, helpless, empty, or sad
- Often feeling close to tears
- Feeling angry, irritable or resentful (e.g., feeling easily irritated by your other children or your partner)
- Fear for the baby and/or fear of the baby
- Fear of being alone or going out
- Not enjoying or being interested in usual activities
- Insomnia or excessive (too much) sleep, having nightmares
- Appetite changes (not eating or over-eating)
- Feeling unmotivated and unable to cope with the daily routine
Decreased energy* and feeling exhausted*

Withdrawing from social contact and/or not looking after yourself properly

Having trouble thinking clearly or making decisions*, lack of concentration and poor memory*

Having thoughts about harming yourself, killing yourself or wanting to escape or get away from everything

The symptoms with an asterisk * can also result from a lack of sleep – which often happens with a new baby! A health professional will help work out if the symptoms are within the normal range, or whether they could indicate depression.

**If you think your partner or baby would be better off without you, or are having thoughts of suicide, seek professional help immediately. There is a list of helpful services in the back of this booklet.**
Postpartum Psychosis

The least common postnatal mood disorder is postpartum psychosis (also known as puerperal psychosis). It affects only 1 or 2 in every 1000 mothers and is very serious. There may be risk of harm for the mother or her infant (or both). This condition should not be confused with postnatal depression.

Symptoms of postpartum psychosis usually appear within one month of childbirth. Mothers with a personal or family history of bipolar mood disorder (also known as manic-depressive illness) or schizophrenia are most at risk. If you or members of your family have these conditions, it is important to mention this at your antenatal check-up appointments.

Women with postpartum psychosis often experience the following symptoms:

- Hyper-arousal (increased physical and emotional tension)
- Excessive euphoria (intense feeling of wellbeing)
- Significant and ongoing reduced need for sleep
- They may appear confused or very argumentative
- Behaviour may be erratic (not consistent or predictable)
- Delusions (unusual beliefs or belief in something which is not based in reality)
- Hallucinations (unusual perceptions, such as seeing or hearing things)

The management of postpartum psychosis normally involves urgent assessment, medication, hospital admission, and help looking after the baby. Although the problem is very rare, it can often re-occur in future pregnancies (between 25-75% of cases). As such, women who experience this condition – along with their partners – could greatly benefit from follow-up counselling to assist with planning future pregnancies.
What causes emotional problems before and after birth?
Any number of things can add to feelings of stress, anxiety or depression during pregnancy or after the baby arrives. These things may be physical, emotional or social factors in your life.

The impact of these factors varies for different people, and although most people can cope with a few antenatal or postnatal difficulties, multiple problems can be too much for anyone.

Some common risk factors are listed below. If any of these factors apply to you, you might like to talk with a health professional – even if you feel ok at the moment. By talking about these issues, you and your health professional can keep an eye on your emotions and how you are coping.

Also, it is helpful to know that you can reduce the impact of these factors with support and understanding from your partner, family, and friends.
Risk factors

Research shows that some factors increase the risk of developing mental health problems during pregnancy or after the birth of a baby. These include:

- A personal or family history of mental health issues
- Depression or anxiety during pregnancy
- A lack of practical and emotional support
- Relationship difficulties
- Stressful events in your life (e.g., recent loss of a loved one, child care stress, loss of a job, moving house)
- An anxious, perfectionist personality, or being a “worrier”
- Low self-esteem, especially being very critical of yourself
- Severe premenstrual syndrome (PMS)
- Past and present obstetric complications, including fertility problems
- Medical complications during the pregnancy, labour or delivery (for mother or baby)
- Unplanned pregnancy, being unsure about having a baby
- A traumatic labour
- Having severe Baby Blues
- Being a single parent
- Childhood or past abuse, assault or trauma
Other factors which may be related to antenatal or postnatal mental health problems include:

- Previous pregnancy loss (miscarriage), termination (abortion) or neonatal death
- More medical intervention in the birth than was expected
- More than one baby (twins, triplets, etc)
- Problems with the baby’s health (including being born premature)
- Separation from the baby (e.g., if the baby is ill or premature)
- Feelings that no one listened during the birth process
- The baby is “difficult” (easily upset, problems feeding, sleeping)
- A partner who is depressed
- Problems getting enough rest
- Other people (partner, older children, visitors) still expect to be looked after in the same way
Emotional problems across cultures
The birth of a child is important in all cultures. Different cultures have different ways of preparing for a new baby and welcoming the baby into the community. It was once thought that emotional problems like postnatal depression did not occur in every culture. However, many research studies have since shown this is not true.

In some languages, there is no word for “depression” or “anxiety.” The closest word may be “sick” or “crazy.” People may not want to seek help for fear of being labelled as crazy, and may worry about the impact this would have on their family.

Also, in some cultures, feelings of stress or depression are talked about only in terms of physical symptoms (e.g., headache, stomach ache, feeling tired), not as emotional or mental issues. For these reasons, it can be hard to get treatment which will help them recover.
Aboriginal families

In Aboriginal tradition, babies were seen as “born of place.” The time when the mother first felt the baby move inside her, as well as the environment she was in, was very important. A plant, animal or part of the landscape was thought to be the father and this was related to the spiritual conception of the child.

Traditional birthing places still exist today, but many Aboriginal women now give birth in hospital. For some Aboriginal women, the first time they go to hospital is when they have their baby. This can add to the distress women may already feel at this time. They may feel very isolated from the social, cultural and spiritual support of family and friends. It can also be very hard if they have to travel to another city to give birth.

Other factors which may affect the emotions of Aboriginal parents include historical events (e.g., the stolen generation) and related issues of grief and loss.

“I became very withdrawn. I cried a lot… I was angry at everyone. And even though my children were the joy of my life – now I can see – but at that time they weren’t. They were like a burden to me… I [didn’t let] what was happening in my life be known to anyone. I thought to myself ‘…I am a powerful black woman because I keep all my business in my house.’”

Nyoongar woman

Some useful resources for Aboriginal families are included in the back of this booklet.
Migrants and refugees

People who have moved to Australia from another country might not have support from family or friends to help them. It can be hard to adjust to a new health system, especially while still learning English (or not speaking English at all).

Many recent immigrants to Australia also feel upset and distressed if they can't welcome their baby in the traditional way. Giving birth in a hospital may impact on traditional practices and parents may not have family and friends with whom to celebrate the birth. Refugee families may also be affected by trauma that was part of their refugee experience.

“When you give birth in (my home country) all your neighbours and families come to visit to congratulate you, to share the happiness and to help you. In Australia only my husband and I open the door of the house and celebrate. No one celebrated with us.”

Ethiopian woman

Some useful resources for culturally and linguistically diverse families are included in the back of this booklet.
Treatment options
There are a number of treatment options for emotional problems, and each has a place in a treatment plan. Often, two or more treatments may be used at the same time.

The combination of treatments will depend on your needs, your symptoms and the services available in your community. Your GP, obstetrician or child health nurse can help you find the best treatment approach for you, and you may be referred to other health professionals if necessary.

**FACT:** Medicare rebates are now available on a range of mental health services. For more information, go to [www.beyondblue.org.au](http://www.beyondblue.org.au) and see the beyondblue Fact Sheet 24 – ‘Help for depression, anxiety and related disorders under Medicare.’ Alternately, you can phone the beyondblue info line 1300 22 4636 (cost of a local call).

Some treatment options for women and families include:

- Individual counselling or psychotherapy
- Couple counselling or couple therapy
- Group treatments or support groups
- Practical support in the home
- Medication
- Admission to hospital or Mother and Baby Unit
Individual counselling

Individual counselling involves talking about any problems or issues with a counsellor. The counsellor generally uses a non-judgemental approach to support you and listen to you. This can help you develop effective ways to deal with challenges in your life.

Individual psychotherapy

Psychotherapy aims to help address those aspects of your life which make you vulnerable to developing mental health problems, such as depression and anxiety. There are many types of psychotherapy to suit different people and situations. Trained mental health professionals, such as clinical psychologists or psychiatrists, usually provide psychotherapy.

“In therapy I gained an enormous amount of self awareness. I feel like I know myself properly now and I have learned new ways of coping with the issues in my life.”

Sophie
Couple counselling or couple therapy

Counselling or therapy for couples can be useful to help you and your partner understand each other and develop a good relationship. The demands on both of you during pregnancy and after childbirth can create tension and conflict in your relationship. A skilled couples counsellor or relationship therapist can help you find positive ways to adjust to changes, relate to each other and improve your relationship.

Group treatment

Many group approaches are available including self-help, support and treatment groups.

Organisations like the PNDSA (Postnatal Depression Support Association) conduct self-help groups, which are run by women who have recovered from depression and anxiety. They have received special training and provide information and support by telephone and regular group meetings.

A health professional, like a community nurse or social worker, usually runs support groups. They provide the opportunity to share experiences, get useful information and develop practical skills.

Treatment or therapy groups are usually run by a trained mental health professional. These groups usually run for a set time (e.g., 10 weeks). You normally have an assessment before the first session and partners may be invited to attend at least one session in the program.

“The group was fantastic. I still use its principles to this day. The greatest gift of the group was support from other women who knew exactly how I felt. There was no judgement, no ridicule or hurt. Just nurturing and support.”
Tanja
Practical support in the home

Practical, at-home support usually involves help for parents with tasks like cooking, cleaning and taking care of the baby (or any older children). This kind of help can take some pressure off you while you adjust to life with your new baby.

Practical support can be provided by a variety of sources including family, friends, and even your neighbours. Some community services in WA also offer in-home support services using volunteers or support workers.

Medication

Medication can play an important role in treating depression and anxiety, and tends to work best when paired with counselling, therapy, or other support services.

Many women are worried about taking medication and the effect it will have on their baby. If you are pregnant or breastfeeding, ask your GP or psychiatrist for advice and information about any medication prescribed to you.

**FACT:** Antidepressants are not addictive.

If you are prescribed medication, be aware that it can take 1–2 weeks to have an effect. Also, you should not suddenly stop taking it once you start feeling better. Usually antidepressant treatment should continue for 6–24 months after full recovery is achieved. You should be checked by your GP or psychiatrist for side effects and symptoms of relapse when coming off medication.
Medication is often needed when:

- Your symptoms are severe or hard to shift (e.g., a low mood that doesn’t change for several weeks)
- You have dramatic mood swings
- You are not able to get back to sleep after feeding the baby
- You have appetite changes and weight loss (or gain)
- You have difficulty getting most tasks done
- You are feeling constantly tired
- You have thoughts of “being better off dead.”

Needing medication doesn’t mean you’ve failed or haven’t tried hard enough. Many people find that when they are depressed or anxious, they feel sleepy, have little motivation, and their thoughts are “foggy”. This can make it hard to use self-help or psychological treatments. Medication often helps improve your symptoms, helping you cope better so you can try other strategies that will help you recover and prevent relapses.

“I went on medication which was the best thing I ever did. It took the edge off my feelings, enabling me to step back and look at the real things in my life. I now enjoy my life and family so much more, and have learned to prioritise.”

Mother of 2 girls
Admission to hospital or Mother and Baby Unit

Sometimes, a woman can have symptoms so severe that she may need to go to hospital. This is even more important if the woman, or her partner or family, feels she may be at risk of harm to herself or her baby.

Usually a woman going through postpartum psychosis will need to go to hospital. This will help her symptoms to become stable and allow her to start appropriate treatment.

Admission to a Mother and Baby Unit can be very helpful to assist women to begin treatment while they are in a safe place. They can stay with their baby while getting additional support.

Mothercraft centres (e.g., Ngala) are able to offer day-stays and longer stays for parents to help resolve infant related problems (e.g., settling, sleeping difficulties).

The Raphael Centre (St John of God Health Care) also offers services for the whole family, including a telephone support line, mental health assessment, and a range of group and individual treatments.
Alternative treatments

Exercise

Exercise can boost mood by increasing levels of serotonin and dopamine, which occur naturally in your body. Exercise can also release endorphins which create a sense of wellbeing and relieve pain.

Exercise can also help lift your mood and energy levels by just getting you out of the house. It can be even better if you exercise with someone else, like your partner or a friend.

Talk to your GP or obstetrician and ask when it is safe to start exercising after a caesarean. If your health professional agrees, and you have no other physical complications, exercise is likely to be great for you.

Diet

A healthy diet is essential to your physical and emotional wellbeing. It is especially important when you are pregnant or have just had a baby because of the major nutritional stresses on your body at this time. A good diet is a great way to take care of yourself and it can also boost your mood and sense of wellbeing.

Talk with your health professional about the type of diet you should be eating. Don’t take extra supplements or make any major changes without talking to a professional first.

Alternative medications

Herb-based products are sometimes used to treat mild depression. However, these treatments may not be safe for pregnant or breastfeeding women, or women with postnatal depression. Also, these treatments can interact with other medications prescribed by your doctor.

Fish oil is helpful in pregnancy and postnatally – just be sure to check that mercury levels in the fish oil are certified as being low and in the safe range.

Talk to your doctor before using any kind of alternative medications. If you are pregnant, breastfeeding or have postnatal depression, alternative medications may not be appropriate for you.
Advice for partners and other family
How do I know if a mother isn’t coping?

Some mothers can become so preoccupied with their baby, they don’t realise how much they are struggling. It is often their partner or another family member who notices that something is wrong. Other mothers may know they are struggling, but don’t know how to talk to anyone about it.

Regardless of which may be the case, having a supportive partner, family member or friend is one of the biggest factors that can help a woman seek help and get better.

If you are worried about a mother you know, tell her you are concerned about her and offer your support. You might not fully understand what she is going through, but it can be a huge help just knowing she’s not alone.

Encourage her to get professional help. You may find you need to make the initial phone call and take her to the first appointment.
Ways to support a mother

Tips for partners:

- Choose a time when you are both calm and not too distracted, and talk about some of the things you’ve noticed. It may be useful to look at this booklet together (the sections on symptoms of anxiety and depression might be most helpful).

- Try to be understanding, even when you’re both tired and cranky.

- Offer to go with her to the GP or child health nurse to talk about how you’re both coping.

- A lot of women say sex begins in the kitchen, not the bedroom… This doesn’t mean foreplay over the sink! Women with partners who help with household chores, and who feel valued and noticed by their partner, are more likely to feel affection towards them and be interested in sex. Just be aware that many women have lower libido for several months after the birth.

- Accept reasonable offers of help from others.

- Think of one thing you can do each day for your partner. This may be as simple as taking the baby for 15 minutes so she can take a shower or go for a walk. Even going to the supermarket on your own starts to look good after spending all day with a baby.

- Don’t expect too much of your partner.

- Consider her perspective: you may be suffering from very little sleep and still have to go work… but you also still shower, get dressed in reasonable clothes, and leave the house where you talk with other adults! To someone who feels “trapped” at home all day with a small baby, your life may seem wonderful in comparison.

- Offer to do a late night feed (e.g., the midnight feed) with expressed breast milk or formula. Giving your partner the chance to have several hours of undisturbed sleep is a very practical way to help her feel better and show you care.
- Be patient and supportive. The adjustment from a partnership to a family of three (or more) takes time.

- Plan some time together as a couple. Your relationship with each other needs nurturing too. Remember, you did not have this baby to end your relationship. Try to give attention to each other’s needs at least some of the time.

- Try to do some activities together you enjoyed before you had your baby. This will need extra planning now, but it is important for you to enjoy time together doing things as a couple, not just as someone else’s parents all the time.

- Encourage your partner to seek professional help if you notice she is depressed or anxious. Major depression and anxiety issues do not usually fix themselves. They require early and appropriate treatment.

**Tips for family and friends:**

- Be available to talk, even if on the phone. Try to listen without the need to make suggestions or offer advice.

- Offer to help with cooking, housework or looking after the baby (or older children), but try not to take over.

- Be aware that while she may need help, she may also need some space. Being surrounded by many visitors – however well meaning – can be exhausting.

- Encourage her to look after herself (eat well, sleep when possible, exercise) and seek help from a health professional if needed.
What about partners? What if they aren’t coping?

Not surprisingly, depression in fathers is also quite common in the year following childbirth. About one in twelve men will go through depression either during their partner’s pregnancy or following the birth of their child. Research also shows that up to 50% of fathers whose partners are depressed will also experience depression.

“I felt I couldn’t do anything right. Everything seemed like my fault. I tried to think of a solution to the problem but my suggestions fell on deaf ears.”

Father of one

Signs of depression or anxiety in men can be different to women, but a number of the symptoms listed in this booklet still apply, so these may be useful to look at.

Many men do not feel comfortable seeking help for any kind of health issue, but it is very important that issues like depression and anxiety are assessed and treated. Consider your family and the impact your health and wellbeing has on them. You don’t want to miss enjoying being with your family.
Ways partners can help themselves

- Talk to friends or work-mates who’ve recently become fathers. You’d be surprised how much you have in common now.

- There are groups just for men to help with adjusting to fatherhood. These groups are often run by men (e.g., Hey Dad at Ngala, Involved Dads at the Raphael Centre – have a look at the back of this booklet for more information).

- Have a check-up with your GP in the year after the birth. If you’re feeling tired, cranky and low in energy, it might be postnatal exhaustion (men get it too).

- Don’t expect to be superman! You can’t always fix everything that goes wrong.

- Let your employer and workmates know if you’re not getting much sleep. Try to arrange your work hours to suit family life.

- Think about the sort of partner and parent you want to be and work out how you can achieve those goals.

- One of the best things you can do to keep your relationship on track is to talk with your partner, both before and after the birth. Who will do what around the house? How much time will you each spend with your baby? How do you each feel about the changes you have to make?

- Nurture your relationship – spending quality time together everyday, even a few hours a week can help.
Ways to support a father

Tips for mothers:

- Encourage him to be involved with the care of the baby. His confidence will increase the more involved he is, and it will also help build his relationship with his child (while taking some pressure off you).

- Give him some credit – he might feel a lot more comfortable in his role as a father than you realise! Also, just because he does something differently to you, doesn't mean it's “wrong”. Give him a little space to explore fatherhood without you “watching over” him or giving advice.

- Invite him to attend appointments or groups with you. Again, this will allow him to feel more involved with his child, and it can also be a good chance for him to touch base with a health professional.

- Remember – you will both need “time-out”, away from each other and the baby. Also remember to take “time-out” together to be a couple.
Tips for family and friends:

- Acknowledge that a man’s life also changes dramatically when he becomes a parent.
- Be aware that fathers may become frustrated when they can’t find a way to “fix” a problem.
- When a new mother is struggling to cope, her partner often takes on the responsibility of caring for her and the infant, which can be extremely difficult (particularly if he is working too). Encourage him to take care of himself, and offer assistance with housework or cooking to help ease the load.
## Books

<table>
<thead>
<tr>
<th>Title</th>
<th>Author(s)</th>
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</thead>
<tbody>
<tr>
<td>Baby Love: Everything You Need to Know About Your Baby’s First Year</td>
<td>Robin Barker</td>
</tr>
<tr>
<td>So You’re Going To Be A Dad</td>
<td>Peter Downey</td>
</tr>
<tr>
<td>The Working Mother’s Survival Guide</td>
<td>Melissa Doyle and Jo Scard</td>
</tr>
<tr>
<td>Postnatal Depression: A practical guide for Australian families</td>
<td>Lisa Fettling</td>
</tr>
<tr>
<td>How to Stay Sane in Your Baby’s First Year – the Tresillian Guide</td>
<td>Cathrine Fowler and Patricia Gornall</td>
</tr>
<tr>
<td>The Post-Baby Conversation</td>
<td>Alison Osborne</td>
</tr>
<tr>
<td>Mothering the New Mother: Women’s Needs and Feelings after Childbirth. A Support and Resource Guide</td>
<td>Sally Placksin</td>
</tr>
<tr>
<td>Understanding Your Moods When You’re Expecting: Emotions, Mental Health, and Happiness – Before, During, and After Pregnancy</td>
<td>Lucy Puryear</td>
</tr>
<tr>
<td>First Time Parents</td>
<td>Miriam Stoppard</td>
</tr>
<tr>
<td>Feelings After Birth</td>
<td>Heather Welford</td>
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</table>

If you have trouble finding these books in your local bookstore or library, contact the Women and Newborn Health Library (based at King Edward Memorial Hospital). All the above titles are available for loan to the general public of Western Australia.

Phone: (08) 9340 1100  
Email: kemh.hl@health.wa.gov.au
Information booklets

<table>
<thead>
<tr>
<th>For all parents:</th>
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<tbody>
<tr>
<td>For parents of multiples:</td>
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<tr>
<td>Emotional Health During Pregnancy and Early Parenthood: An Information Booklet for Parents of Multiple Birth Children.</td>
<td>Available to order or download from <a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a> (click on the “Get information tab”).</td>
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**DVDs and Videos**

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<tr>
<th>Being Dad</th>
<th>Being Dad 2: Bringing the baby home</th>
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<tr>
<td>Boodjarri Business: Yarning about feelings after baby</td>
<td>For Aboriginal families</td>
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<tr>
<td>Getting to Know You</td>
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<tr>
<td>Hello Dad</td>
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<tr>
<td>More than the Blues: Understanding Postnatal Depression</td>
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<tr>
<td>Raising Children</td>
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</tr>
<tr>
<td>You Are Not Alone: Emotional Health for Mothers</td>
<td>For Sudanese (Dinka), Iraqi (Arabic) and Ethiopian (Amharic) communities</td>
</tr>
</tbody>
</table>

All the above titles are available for loan to the general public of Western Australia from the Women and Newborn Health Library (based at King Edward Memorial Hospital).

Phone: (08) 9340 1100
Email: [kemh.hl@health.wa.gov.au](mailto:kemh.hl@health.wa.gov.au)
Information, services and support

Phone numbers

To find a range of health services, call *healthdirect Australia* on 1800 022 222.

*healthdirect Australia* is a 24-hour telephone health advice line staffed by Registered Nurses to provide expert health advice. Call *healthdirect Australia* for information about health conditions or to find services in your area, such as:

- Child health centres
- Hospitals with mental health services
- After hours GP clinics
- Health professionals (including GPs, child health nurses and psychologists)

Other services you may find helpful are listed below.

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact</th>
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<tbody>
<tr>
<td>ARAFMI Mental Health Carers &amp; Friends Association (WA)</td>
<td>9427 7100</td>
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<tr>
<td><em>beyondblue</em> info line</td>
<td>1300 224 636</td>
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<tr>
<td>Crisis Care</td>
<td>9223 1111</td>
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<tr>
<td></td>
<td>Country callers – 1800 199 008</td>
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<tr>
<td>Kids Helpline</td>
<td>1800 55 1800</td>
</tr>
<tr>
<td>King Edward Memorial Hospital – Psychological Medicine</td>
<td>9340 1521</td>
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<tr>
<td>Lifeline</td>
<td>13 11 14</td>
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<tr>
<td>Mental Health Emergency Response Line</td>
<td>1300 555 788</td>
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<tr>
<td></td>
<td>Country callers – 1800 676 822</td>
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<tr>
<td>Mother and Baby Unit (mental health inpatient unit)</td>
<td>1800 422 588</td>
</tr>
<tr>
<td>Perth and Districts Multiple Birth Association</td>
<td>9340 1536</td>
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<tr>
<td>Service</td>
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<tr>
<td>Ngala Family Resource Centre</td>
<td>9368 9368 1800 111 546</td>
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<tr>
<td>Obstetric Drug Information Service</td>
<td>9340 2723</td>
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<tr>
<td>Parenting WA Line</td>
<td>6279 1200 1800 654 432</td>
</tr>
<tr>
<td>PNDSA (Postnatal Depression Support Association)</td>
<td>9340 1622</td>
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<tr>
<td>Raphael Centre (St John of God Health Care)</td>
<td>9382 6828 1300 306 828</td>
</tr>
<tr>
<td>Samaritans</td>
<td>9381 5555 1800 198 313</td>
</tr>
<tr>
<td>Sexual Assault Resource Centre</td>
<td>9340 1828 1800 199 888</td>
</tr>
<tr>
<td>SIDS and Kids</td>
<td>1800 199 466</td>
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<tr>
<td>Women's Information Service (WIS)</td>
<td>1800 199 174</td>
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<tr>
<td><strong>Men’s services</strong></td>
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<tr>
<td>Hey Dad</td>
<td>9368 9379 1800 111 546</td>
</tr>
<tr>
<td>Men’s Advisory Network (MAN)</td>
<td>9218 8044</td>
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<tr>
<td>Men’s Domestic Violence Helpline</td>
<td>1800 000 599</td>
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<tr>
<td>Mensline Australia</td>
<td>1300 789 978</td>
</tr>
</tbody>
</table>
### Information, services and support

#### Aboriginal services
- **Derbarl Yerrigan**: 9421 3888
- **Yorgum Aboriginal Counselling**: 9218 9477

#### Multicultural services
- **Ishar Multicultural Women's Health Service**: 9345 5335
- **WA Transcultural Mental Health Centre**: 9224 1760

#### Migrant and Refugee Services
- **(mental health access service, crisis accommodation, employment)**
  - East Perth – 9221 7849
  - Fremantle – 9336 8282
  - Maddington – 9459 5011
  - Mirrabooka – 9345 5335
### Websites

<table>
<thead>
<tr>
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<tr>
<td>Black Dog Institute</td>
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<tr>
<td>PANDA</td>
<td><a href="http://www.panda.org.au">www.panda.org.au</a></td>
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<tr>
<td>PNDSA</td>
<td><a href="http://www.pndsa.com">www.pndsa.com</a></td>
</tr>
<tr>
<td>Raising Children Network</td>
<td><a href="http://www.raisingchildren.net.au">www.raisingchildren.net.au</a></td>
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Acknowledgments

The WA Perinatal Mental Health Unit would like to acknowledge all those who have provided their advice, feedback and personal quotes in this and previous editions of the booklet.

This revised edition of “Becoming a Parent” is based on the original “yellow booklet” published by the Department of Health and developed by the late Dr Sherryl Pope and Julie Watts.

Dr Sherryl Pope (1951–2003) worked as a nurse, midwife, clinical psychologist and academic in the area of women’s mental health. For her PhD research, Sherryl examined the transition to parenthood among more than 100 couples, looking at the links between postnatal depression and relationships after childbirth. Sherryl was the Project Consultant of the Childbirth Stress and Depression Project 1996-1998 and co-wrote the “Childbirth Stress and Depression Information Booklet” (also known as the “yellow booklet”) with Julie Watts in 1997 during this project.

Toward the end of her career, Sherryl was an Associate Professor in the School of Psychology at Edith Cowan University, an Honorary Research Fellow of the Women and Infants Research Foundation, and Chief Investigator of the beyondblue: National Postnatal Depression Early Intervention and Prevention Program (2001-2005).

Julie Watts is a clinical psychologist in private practice based at the Raphael Centre, St John of God Subiaco, specialising in antenatal and postnatal mental health issues. Prior to this Julie was the Co-ordinator of the Childbirth Stress and Depression Project 1996-1998, working with the late Dr Sherryl Pope, Pam Stephenson and Cathy Potter.

This project improved WA service delivery by developing and distributing key resources including the “Childbirth Stress and Depression Information Book,” a training manual for health professionals and the community, and an information video on postnatal depression. The project also included conducting training for health professionals and students in the assessment and management of childbirth related mental health issues, provision of community information sessions, and the establishment of postnatal depression self help group the PNDSA.
This document can be made available in alternative formats such as audio tape, computer disc or Braille, on request from a person with a disability.