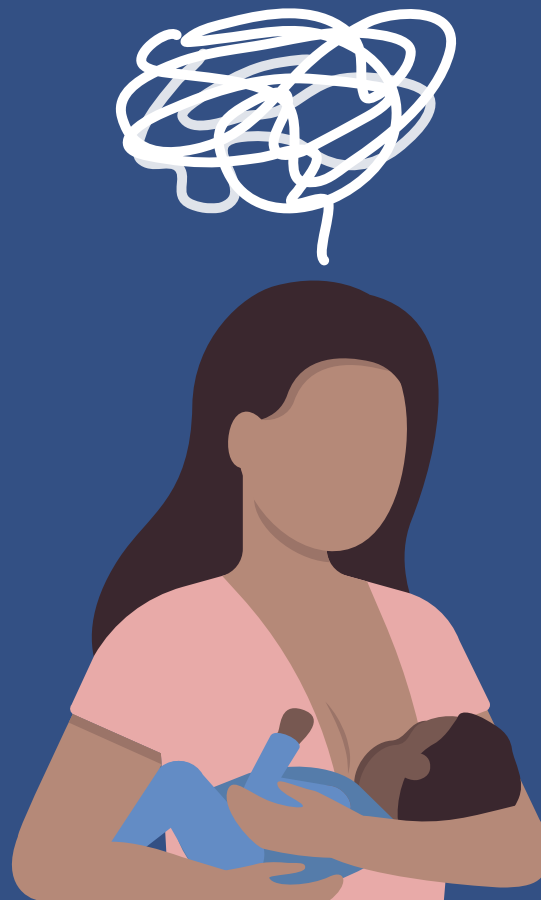


# Postnatal Depression and Anxiety



Visit our website [executive.nhs.wales/PNMHSupport](https://executive.nhs.wales/PNMHSupport) or scan this QR code for more information and resources.



## We hope it will be helpful if:

- You have or think you might have depression and/or anxiety
- You are worried about becoming depressed or anxious during pregnancy or after having a baby

It can also help partners, families and friends who want to know more about postnatal depression and anxiety and how they can support you.

## Disclaimer

This leaflet provides information, not advice. For further advice and guidance, please speak to your GP, midwife, health visitor, psychiatrist, psychologist or mental health practitioner.

## Acknowledgements

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## What is postnatal depression?

Postnatal Depression (PND) is a depressive illness which affects 10 to 15 in every 100 women having a baby.<sup>1</sup>

The symptoms are similar to those of depression at other times of your life<sup>2</sup>, including low mood, increased anxiety, which may be focused around the pregnancy or baby, and other symptoms lasting at least two weeks. Depending on the severity, you may struggle to look after yourself and your baby and find simple tasks difficult to manage.

Sometimes there is an obvious reason for PND, but not always. You may feel distressed or guilty for feeling like this, as you expected to be happy

about having a baby. However, PND can happen to anyone and **it is not your fault**.

**It's never too late to seek support. Even if you have been depressed or anxious for a while, you can get better.**

The help you need depends on how PND is affecting you. Mild to moderate PND and anxiety can be helped by increased support from family, friends, your midwife, health visitor and GP. If your PND or anxiety is more severe, you may need care and treatment from your GP, primary care team or a specialist perinatal mental health team.

## When does PND happen?

The timing varies for everyone. Anxiety and PND often start within one or two months of giving birth, but it can start at any point within the first year. About a third of women with PND have symptoms which started in pregnancy and continue after birth.<sup>3</sup>

## What does it feel like to have PND?

You may have some or all of the following symptoms:

### Depression

You feel low, unhappy and tearful for much or all of the time. You may feel worse at certain times of the day, like mornings or evenings.

### Irritability

You may get irritable or angry with your partner, baby or other children.

### Tiredness

All new parents get pretty tired. Depression can make you feel utterly exhausted and lacking in energy.

### Sleeplessness

Even though you are tired, you may not be able to fall asleep. You may lie awake worrying about things. You may wake during the night even when your baby is asleep. You may wake very early, before your baby wakes up.

### Changes to your appetite

You may lose your appetite and forget to eat. Some women find themselves comfort eating then feeling bad about gaining weight.

### No interest or enjoyment in anything

You may find that you have no enjoyment or interest in anything. This may even include your baby.

### Loss of interest in sex

There are several reasons why you may lose interest in sex after having a baby. It may be painful or you may be too tired. PND and anxiety can sometimes take away any desire. Your partner may find this difficult to understand.

### Negative and guilty thoughts

Depression and anxiety may change your thinking:

- You may have very negative thoughts
- You might think that you are not a good mother or that your baby doesn't love you
- You may feel guilty for feeling like this or that this is your fault
- You may lose your confidence
- You might think you can't manage what you used to, that you are not 'coping'.

Most new mums worry about their baby's health. If you have PND, the anxiety may become overwhelming. You may worry that:

- Your baby is very ill
- Your baby is not putting on enough weight
- Nowhere is clean or safe enough for your baby
- Your baby is crying too much and you can't settle him or her
- Your baby is too quiet and might have stopped breathing
- You might harm your baby
- You have a physical illness
- You will never get better.

You may be so worried that you are afraid to be left alone with your baby. You may need reassurance from your partner, midwife, health visitor or GP. When you feel anxious, you may have some of the following:

- Racing pulse
- Thumping heart
- Breathlessness
- Sweating
- Fear that you may have a heart attack or collapse.

### Avoiding other people and situations

You may avoid situations, such as crowded shops, because you are afraid of having the panic symptoms described above.

You may not want to see friends and family. You might find it hard to go to postnatal support groups. You may agree to go out and then make excuses at short notice.

### Feeling hopeless

You may feel that things will never get better. You may think that life is not worth living. You may even wonder whether your baby and family would be better off without you.

### Thoughts of suicide and self-harm

If you have thoughts about harming yourself, you may find it helpful to speak to your midwife, health visitor or GP and ask for support. If you have a strong urge to harm yourself now, we strongly encourage you to seek urgent help immediately by contacting your GP or by calling 111. If you think there is imminent danger, call 999.

### Psychotic symptoms

A small number of women with very severe depression develop psychotic symptoms. They may hear voices that no one else can hear and/or have unusual beliefs. This is a treatable medical emergency and an urgent appointment is needed with your midwife, health visitor, GP or by calling 111. If you think there is imminent danger, call 999. With help, you will recover.

### How does PND affect how I feel about my baby?

- You may feel guilty that you don't feel the way you or others expected you to feel
- You may feel that you do not love your baby in the way that you felt you would
- You may not feel close to your baby
- You might find it hard to work out what your baby is feeling, or what your baby needs
- You may resent your baby or blame them for the way you feel
- You may feel as if you are missing out on motherhood or how life was before having your baby.

## Do mothers with PND and anxiety harm their babies?

Depressed mothers often worry that they might do this, but it is very rare.

Occasionally, through utter tiredness and desperation, you might feel like hitting or shaking your baby. Many mothers (and fathers/partners) occasionally feel like this, not just those with PND and anxiety.

In spite of having these feelings at times, most mothers never act on them. If you do feel like this, we would encourage you to tell someone that you can trust.

Women often worry that if they tell someone how they feel, their baby will be taken away. This is rarely the case - your midwife, health visitor and GP will want to support you to get better so that you can enjoy and care for your baby at home.

They can offer you and your family the support and information to be able to do this.

## Doesn't everyone get depressed and anxious after having a baby?

Having a baby is a time of huge change. It is common to feel many different emotions but not everyone will get a depressive illness.

Up to 80% of new mothers will experience the 'baby blues'.<sup>4</sup> This usually starts three to four days after birth. You may have mood swings. You may burst into tears easily. You can feel irritable, low and anxious at times. You may also over-react to things. It usually stops by the time your baby is about 10 days old. Women with 'baby blues' do not need treatment.

If these feelings continue, we encourage you to talk to your midwife, health visitor or GP. You should also be asked 'How are you feeling today' at every contact with your midwife, health visitor and GP.

Depending upon how you are feeling at that time, you might be asked further questions to help you decide what support you may need to feel better.



## Other mental health difficulties that you may experience

Depression and anxiety are the most common mental health difficulties during pregnancy and after having a baby, affecting 10-15 women in every 100. However, women may also experience a range of other mental health difficulties during the perinatal period, just like at other times. See our leaflet on Mental Health in Pregnancy for more information.

## Postpartum (puerperal) psychosis

This is the most severe type of mental illness that happens after having a baby and is a medical emergency. It affects around one in 1000 women and can start within hours, days or weeks after having a baby.<sup>6</sup>

It can develop in a few hours and can be life-threatening, so needs urgent help immediately.

There are many symptoms that may occur, including:

- Confusion or racing thoughts
- Feeling unusually elated, frightened or tearful
- Unable to sleep or feeling no need for sleep
- Beliefs that are unusual or concerning to others
- Seeing, hearing or sensing things that others cannot.

This illness **always** needs medical help and support and you may need to be admitted to our specialist perinatal mental health inpatient

unit, where you will get the right care and treatment to get better.

If you are a new mum and start experiencing any of these symptoms, get help immediately from your midwife or health visitor. For urgent appointments, contact your GP or call 111. If you are worried that there is an immediate risk, call 999. Remember – with help, you will recover.

Partners, families and friends should also be aware of what they can do if they see a new mum showing these symptoms. Encourage her to speak to her midwife, health visitor or GP. If necessary, call 111 for urgent advice and if you think there is an imminent risk to the woman and her baby, call 999.

## Perinatal Obsessive Compulsive Disorder

Perinatal Obsessive Compulsive Disorder affects two to three women in every 100 after having a baby.<sup>7</sup>

Some women have anxious thoughts or images which keep coming into their mind (obsessions). These thoughts often focus on the possibility of the baby being harmed, and cause anxiety. Women may also keep repeating thoughts or actions in an attempt to reduce this anxiety (compulsions).

Treatment is with Cognitive Behaviour Therapy and/or medication. For more information see our leaflet on Perinatal OCD.

## Have you had a previous episode of severe mental illness?

Women who have had previous episodes of severe mental illness, particularly bipolar disorder, are at a **50% increased risk of postpartum psychosis**. This risk is the same if you have previously had postpartum psychosis.

### Let your midwife, GP or health visitor know about this.

You can discuss with them ways to increase the chances of you staying well and you will also be offered a referral into your local specialist perinatal mental health team.

They will undertake an assessment and work with you to agree a plan that will provide the right care for you and your family if and when you need it.

Although postpartum psychosis is a serious condition, women usually recover completely. For more information please see our leaflet on Postpartum Psychosis.

## If you already have a mental illness

You may have had a mental illness before becoming pregnant and this may mean that your symptoms get worse or return during pregnancy or after your baby is born.

It is important to let your **midwife, GP or health visitor know about this**. You can discuss ways to increase the chances of you staying well. They may support you themselves or offer you a referral for support from your local primary mental health support service or specialist perinatal mental health team.

You may be offered an assessment and a plan of care agreed with you to make sure that you are

provided with the right care for you and your family if and when you need it.

There may be many possible causes for PND and anxiety. There is probably no single reason, but a number of different stresses may add up to cause it.

## You may be more likely to have PND and anxiety if you have:<sup>2</sup>

- Previous mental health difficulties, including depression
- Depression or anxiety during pregnancy
- Poor support from your partner, family or friends, or relationship difficulties
- Recently gone through a stressful event, such as the death of someone close to you, a relationship ending, losing a job
- Experienced or are experiencing domestic violence or previous abuse
- Arrived in the country as a refugee or to seek asylum

There may also be a physical cause for your depression, such as an underactive thyroid or low levels of vitamin B12. Both of these can be easily treated.

PND and anxiety can also start for no obvious reason and without any of these causes, just as having these problems does not mean that you will definitely have PND or anxiety.

## How you can help yourself to stay well

**Try not to be 'superwoman'.** Try to do less and make sure that you do not get over-tired.

**Try to make friends with other women who are pregnant or have just had a baby.** It may be more difficult to make new friends if you get PND or anxiety - your midwife and health visitor can signpost you to local groups or you can find out what is happening in your area by checking [www.dewis.wales](http://www.dewis.wales) or your local Family Information Service. Scan the QR code at the end of this leaflet or visit [collaborative.nhs.wales/PNMHSupport](http://collaborative.nhs.wales/PNMHSupport) for contact details and further support.

**Do find someone you can talk to.** If you don't have a close family member, friend or someone you can trust that you can turn to, you can find support through organisations working within your community. You can find further details on [www.dewis.wales](http://www.dewis.wales) or your local Family Information Service. Scan the QR code at the end of this leaflet or visit [collaborative.nhs.wales/PNMHSupport](http://collaborative.nhs.wales/PNMHSupport) for contact details and further support.

**Do go to antenatal classes.** If you have a partner, take them with you. If not take a friend or relative.

**Don't stop any medication during pregnancy without advice.** You are more likely to relapse if you have had severe depression, several episodes or a recent episode.<sup>9-10</sup> You need to discuss the risks and benefits of continuing treatment in pregnancy and breastfeeding with your GP or with a perinatal psychiatrist.

**Do keep in touch** with your GP, midwife and health visitor if you have had depression or anxiety before, so that any signs can be recognised early. You can then decide what support you may need at that time.

**Do make sure** that you consider/accept

treatment for depression and anxiety. This may include talking therapy and/or medication.

**Do accept offers** and ask for help from friends and family.

**Do tell others how you are feeling.** You may be surprised how many people feel or have felt the same way.

**Do make a Wellbeing Plan.** This helps you to start thinking about the support you might need in your pregnancy and after the birth. You can download a Wellbeing Plan template from the Tommy's charity website.

### Recognising postnatal depression and anxiety

The first thing is to recognise you have a depressive or anxiety-related illness. Do not dismiss it as the 'baby blues' especially if it continues for longer than two weeks. Do not assume it's normal to feel like this when you have had a baby.

**There are lots of reasons why women delay seeking more support. You may:**

- Not realise that something is wrong
- Worry about what other people think
- Feel ashamed to admit that you are not enjoying being a mother
- Be worried that your baby will be taken away

## It is OK to say that you are not OK

By getting support for yourself, you are doing what is best for you, your baby and your family.

Your midwife, GP and health visitor will help you to get the support, care and treatment that you need and we encourage you to talk to them.

You should also be asked 'How are you feeling today' at every contact with your midwife, health visitor and GP. Depending upon how you are feeling at that time, you might be asked further questions to help you decide what support you need to feel better.

People are now more aware of depression and anxiety and more willing to talk about it. Being asked 'How are you feeling today' by your midwife, health visitor or GP gives you the space to say if things are not OK, or lets you know where you can turn when you are ready to talk about how you are feeling.

### You should expect to be:

- **Asked** about your mental health and wellbeing,
- **Assessed** using further screening, if needed and,
- Offered **Action** with further support or referred onwards so that you receive the right care for you when you need it.



## You will be asked the following questions:

Depression Identification Questions (Whooley):	Outcome:
During the past month, have you often been bothered by feeling down, depressed or hopeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past month, have you often been bothered by little interest or pleasure in doing things?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## And:

Generalised Anxiety Disorder Scale (GAD-2)				
Over the last two weeks, how often have you been bothered by the following problems:	Not at all	Several Days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge				
2. Not being able to stop or control worrying				

It is important to answer these questions honestly so that you can be offered the right help that you need.

If your answers suggest you might have PND or anxiety, your midwife, GP or health visitor will offer further screening using the Edinburgh Postnatal Depression Screening Tool and/or the Generalised Anxiety 7 tool.

**The outcomes of these will support you and your midwife, health visitor or GP to explore what care and support you feel would be most helpful to you at this time.**

## Where to go to get help and support

The help and treatment that you may need will be unique to you and will depend upon how you are feeling at that time. Your midwife, health visitor or GP can support you to decide what that might look like for you.

If you feel that you are not being listened to or not being offered the help that you think you need when you need it, then please let your midwife, health visitor or GP know.

## Helping yourself

You may find it helpful to try some of the self-help suggestions below.

**Don't be frightened by the diagnosis.** Many women have postnatal depression and anxiety and you will get better in time. Your partner, friends or family can be more helpful and understanding if they know how you are feeling and what you are thinking.

**Tell someone how you are feeling and what you are thinking.** It can be a huge relief to talk to someone who understands. This may be your partner, a relative or friend. If you can't talk to your family or friends, talk to your midwife, health visitor or GP. They will know that these feelings are common and will be able to support you.

**Do take every opportunity to get some sleep or rest during the day or night.** If you have a helpful partner, relative or friend, you may need them to feed the baby at night sometimes. If you are on your own, try and rest when the baby sleeps. Even if you cannot sleep, take some time to rest and relax.

**Do try to eat regularly,** even if you don't feel like eating. Eat healthy foods.

**Do find time to do things you enjoy or help you to relax,** such as going for a walk, reading a book or magazine, listening to music.

**If you have a partner, do try to enjoy some time together.** If you are a single mother, try to do something enjoyable with a friend or family member.

**Do go to local groups for new parents or postnatal support groups.** Your midwife or health visitor can tell you about groups in your area. You may not feel like going to these groups if you are depressed, so see if someone can go with you. You may find the support of other new mothers helpful and you may find some women who feel the same way as you do.

For information of what is available locally to you, go to [www.dewis.wales](http://www.dewis.wales) or your local Family Information Service. Scan the QR code at the end of this leaflet or visit [collaborative.nhs.wales/PNMHSupport](http://collaborative.nhs.wales/PNMHSupport) for contact details and further support.

**Do let others help you** and ask for help with housework, shopping and looking after other children.

**Do some exercise.** Ask your midwife or health visitor if there are any mother and baby exercise classes in your area. Walking with your baby in the pram is good exercise. Regular exercise can boost your mood.

**Do use self-help books and websites.** Visit [collaborative.nhs.wales/PNMHSupport](http://collaborative.nhs.wales/PNMHSupport) or scan the QR code at the end of this leaflet for some suggestions.

**Do contact organisations that support women with postnatal depression.** Visit [collaborative.nhs.wales/PNMHSupport](http://collaborative.nhs.wales/PNMHSupport) or scan the QR code at the end of this leaflet for some suggestions.

**Try not to blame yourself, your partner or close friends or relatives.** Life is tough at this time, and tiredness and irritability can lead to quarrels. 'Having a go' at your partner can weaken your relationship when it needs to be at its strongest. The same can happen with other close family or friends who are trying to support you.

**Do not use alcohol or drugs.** They may make you feel better for a short time, but it does not last. Alcohol and drugs can make depression and anxiety worse and they are also bad for your physical health.

## Needing more support

If this is not enough, you might find a talking therapy helpful and you may need medication, with or without talking therapy. Your midwife and health visitor will encourage you to discuss this with your GP, who will be able to advise you about these treatments and refer you to other services if needed.

## Primary Care

Primary Mental Health Support Services (PMHSS) offer advice and support for those experiencing common mental health difficulties. There is a range of support available, such as talking therapies, groups or counselling (accessed after a brief assessment). You can access PMHSS by speaking to your GP.

## Specialist Perinatal Mental Health Teams

A small number of women will need help from specialist perinatal mental health teams. Your midwife, health visitor or GP can refer you to a specialist community service for pregnant women or women with a baby.

If you are already being cared for by a Community Mental Health Team or a Child and Adolescent Mental Health Team, then both teams will work together to make sure that you are being offered the right care, support and advice.

Only a few women will need to be admitted as an inpatient to receive the treatment that they need. If this becomes necessary, you will be offered an admission with your baby to a specialist perinatal mental health inpatient unit, where you will get specialist care and treatment.



### If you need urgent help now

If you cannot look after yourself or your baby, or if you have plans to harm yourself, you should be seen urgently by:

- Your GP
- A mental health service - your GP can arrange this. You may already have a crisis number to call
- Your local Accident and Emergency Department.

## What partners, family and friends can do

**Do not be shocked or disappointed** if your partner, friend or relative says that she has postnatal depression or anxiety. It is common and they will get better.

**Make sure that you understand what postnatal depression or anxiety is.** Ask the midwife, health visitor or GP for more information.

**Listen and offer encouragement and support.** Reassure her that she will get better.

**Be mindful of the language you use.** This is not something someone can 'snap out of', 'get on with' or cure by 'thinking positively'.

**Take your partner, friend or relative seriously** if she talks about not wanting to live or about harming herself. Make sure she seeks help urgently from the professionals detailed in the red box on page 12.

**Encourage her to get the help and the treatment she needs.** If you have any worries about treatment, discuss these with the midwife, health visitor or GP.

**Help with the practical things.** This includes feeding and changing the baby, shopping, cooking or housework.

**Make sure you get support for you too.** You may find it helpful to talk to someone that you trust about how you are feeling and what you are thinking.

**Try not to feel resentful.** If this is a first baby, you may feel pushed to one side, both by the baby and by your partner's needs.

**Take care of yourself.** Your needs are important too.

**Get support if you need it.** Fathers and partners can also get depressed or feel anxious after the birth of a baby. This may be more likely if the mother also has postnatal depression or anxiety. If you think you may also need support, please talk to the midwife, health visitor or GP. It is important for you and your family that you get the help you need too.



## Why is treatment important for you?

Most women will get better without any treatment within three to six months.

However, one in four mothers may still be suffering when their child is one year old, so getting the **right care** at the **right time** and by the **right people** is important for you, your baby and your family.<sup>11</sup>

## What support and treatments are available for you?

The treatment you need will depend on how you are feeling. You should be told about all the likely benefits and risks of treatment so you can make the best choice for you, your baby and your family.

Treatment may include self-help, active listening, talking therapies and/or medication.

## Talking therapies

Talking about your feelings can be helpful, however depressed or anxious you are. Sometimes it's hard to express your feelings to someone close to you and talking to a trained counsellor or therapist can be easier. It can be a relief to tell someone how you feel and share what you are thinking. It can also help you to understand and make sense of your difficulties.

Psychological treatments - known as talking therapies - can vary quite a lot. Some offer group therapies as well as individual treatment. Talking therapy can help you to think about the coping skills you have developed as a result of your past experiences, while supporting you to manage your current difficulties in a way that feels safe. There may also be the offer of 'mother-infant' therapies to support your relationship with your baby.

## Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) can help you to see how some of your ways of thinking

and behaving may be making you depressed or anxious. You can learn to change these thoughts which will then have a positive effect on other symptoms. Other psychotherapies can help you to understand the depression and anxiety in terms of your relationships or what has happened to you in the past.

You can speak to your midwife, health visitor or GP about referral for CBT.

## Are talking treatments always appropriate?

Talking treatments are usually very safe, but naturally there will be times when talking about the past can remind us again of difficult experiences in our lives. However, therapy is a process and we work through the difficult experiences in order to focus on what we have learned from them and to make you more able to manage on a day-to-day basis.

This is part of the therapeutic process and can lead to improvements in how you are feeling and functioning.

## Medication

If you have a more moderate to severe depression or anxiety, or it has not improved with support or a talking therapy, medication may need to be considered.<sup>12-13</sup>

There are several types of medication that are used for anxiety and depression. They can work well, but can have side effects, although these are usually mild.

The most common medications used for depression and anxiety are antidepressants. These are NOT addictive<sup>2</sup>. Depending on what you are taking the antidepressant for, it can take between four and 12 weeks to have a full effect.

## Is medication safe in breastfeeding?

Make sure that your doctor knows that you are breastfeeding. For many medications, there is no evidence that they cause problems for breastfed babies, so breastfeeding is usually possible. If your baby is unwell or premature the advice may change. You can talk to the doctor looking after you about this.

The decision as to what medication is suitable to you will depend upon your needs. Some medications have been used in breastfeeding for many years. There is less information about newer medications. Your doctor can provide up-to-date information and advice.

### **To decide whether to breastfeed when taking medication, you may need to think about:**

- How severe your illness is (or has been in the past)
- Treatments which have helped you before
- Side-effects
- Up-to-date information about the safety of medication in breastfeeding
- The benefits for mother and baby (both physical and emotional)
- Whether your baby is very premature or has any health problems
- The impact that your untreated illness may have on your baby.

Breastfeeding has many health benefits for mother and baby and every woman should be supported to make the right decision about what she feels is best for her and her baby.

## What about hormonal treatments?

Hormones have been suggested as a treatment for PND. However, there is little evidence that they work, and they have their own dangers too, particularly if you have had thrombosis (blood clots in your veins)<sup>2</sup>.



# Further Information and Support

We have extensive resources on our webpage - visit us at [executive.nhs.wales/PNMHSsupport](https://executive.nhs.wales/PNMHSsupport) or scan this QR code.



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## Contact Details

Include details for your midwife or health visitor here:

