

While having a baby can be one of the happiest times of a woman's life, depression and anxiety are common for women during pregnancy and in the first year postpartum, with as many as one in five women being affected. Of women identified with antenatal or postnatal depression 50-70% of those untreated remain depressed 6 months later.

There has been increasing awareness of the detrimental effects of untreated maternal depression on women, with suicide being one of the leading causes of maternal mortality. This has resulted in the recent implementation of mandatory mental health assessment (and domestic violence screening) within pregnancy management both antenatally and during the postnatal period by all obstetricians and maternity units. However, GPs remain the most frequently seen health professionals for patients with mental health issues. Thankfully, in recent years, a wide variety of resources have become available for GPs and Obstetricians including web-based resources that are designed for access by pregnant and postnatal women.

In obstetric practice, raising the question of anxiety and depression with women has become routine care, as many women will not volunteer mental health issues. Raising the topic early in the pregnancy helps validate women's feelings and enable open conversation. Women who volunteer a mental health history have usually already addressed mental health with their GP. I find such women need to be warned that depression can worsen during pregnancy, and especially postpartum. For those without a history of anxiety or depression, the introduction of the topic leads to an opportunity to warn them of the potential onset of these problem during and after pregnancy, and the importance of making myself aware. The process of regular visits and trusting relationship that develops with an obstetrician improves the confidence a woman may have in revealing such issues.

Feeling sad, down and worried can range from mild to extreme. Systematic assessment of Depression with validated tools such as the Edinburgh Depression Scale (EPDS), are now routinely used during antenatal care, and for those scoring highly, it is imperative to probe further for any risk of self-harm. An EPDS score of 12 or more should be repeated within two weeks, and a very high EPDS score should be investigated further as it may suggest a crisis. The following link is one of many that easily access this measuring tool. A great access link for GPs on screening with the EPDS is <https://www.cope.org.au/general-practitioners/>.

Access to mental health services can sometimes be difficult for patients, usually for financial reasons. Obstetricians referral processes for psychologists are limited, but GP access to the Psychological Support Services (PSS) via the Central and Eastern Sydney PHN provides free services for six sessions (Phone (02) 93309999. Email [mentalhealth@cesphn.com.au](mailto:mentalhealth@cesphn.com.au)). If there is any doubt about how to proceed, the NSW Mental Health Access Line is very helpful (Tel. 1800011511). For concerns about psychosis, Acute Care at St George Hospital can be contacted on (02) 91132500.

Conservative care should precede antidepressant medication. However, it is important to stress that **women on antidepressants before pregnancy should be encouraged to continue them during pregnancy and postpartum**. Most antidepressants, particularly SSRIs, are generally considered to be low risk and safe to prescribe during pregnancy and while breastfeeding. If there is any doubt, I would encourage GPs to call Mothersafe, a helpline for both doctors and patients for advice on the safety of these medications. I often give the number to the pregnant mum to call herself. The telephone number is 0293826539.

I find giving women benefit greatly by being given access to resources on anxiety and depression. Early in the pregnancy, encouraging women to sign up to <https://www.readytcope.org.au> and provide their email allows them to receive frequent emails with supportive mental health information. Further online self-help resources for parents can be found on <https://www.mumspace.com.au> . Information sheets on Anxiety and Depression are on quite a range of websites including <https://www.panda.org.au/images/resources/Resources-Factsheets/Anxiety-And-Depression-In-Early-Parenthood-And-Pregnancy.pdf>

Useful Resources for other related problems:

**PANDA National Helpline** (Mon to Fri, 9am - 7.30pm AEST/AEDT) 1300 726 306

Domestic Violence: Referrals can be made by contacting the St George Allied Health Intake Officer: 9113 2495 or by contacting the St George Domestic Violence Service Staff 9087 8300.

Childhood Trauma: Blue Knot foundation National centre of excellence for complex trauma [Blueknot.org.au](http://Blueknot.org.au). This is a great site for survivors of childhood trauma.

Eating Disorders: [The butterfly foundation.org.au](http://Thebutterflyfoundation.org.au)

Alcohol and Substance Abuse in Pregnancy: Australian Institute of Health and Welfare Resources for supporting psychosocial health in pregnancy. [AIHW Resources-for-psychosocial-health-in-pregnancy](#)