

Finding support

Help is available for you. These conditions are treatable and manageable. Here are some tips for you and your whānau on where to go for more information and support:

It's about teamwork: Mahi tahi

Whānau support is the first – and most important – step. If you need more support, you may also like to seek outside help. Find the solutions that work for you. If one option isn't working, try another. Most people find a combination of tools and strategies work best for them.

Talk to a medical professional: This may be your GP or Māori health provider, your midwife, LMC or Well Child nurse. They may refer you for specialist help, e.g. a psychologist or counsellor. These specialists are trained to be welcoming and supportive.

Medication: Your doctor may prescribe medication and provide other strategies for managing your wellbeing. Talk to them about what is right for you. It is very important that you don't suddenly stop taking medication without your doctor's advice. There are medications that can be taken when you are breastfeeding or chestfeeding as well.

Talking Therapy: Therapy or counselling can be very helpful. It provides a supportive, non-judgemental space for you (and your whānau if you wish) to help you understand your experience, thoughts, feelings, and behaviours. There are therapists who can provide this in line with your cultural beliefs and practices. You will learn skills and strategies that have been shown to be effective to help you manage emotions and your adjustment to becoming a parent.

Remember: It can feel difficult to make this first step. Research shows that acting immediately is beneficial.

You may also wish to consider **rongoā** or other traditional medicines.

Peer support: Support groups can connect you with others who have similar experiences. Many find they are a key part to their wellbeing. Find support group listings here: mentalhealth.org.nz/groups.

Self-care

Naturally, you may be most focused on caring for your baby. Remember your own wellbeing is just as important.

Exercise and a nourishing diet, rest, activities that bring joy and connecting with others are all pieces of the puzzle. This may seem overwhelming right now – try to do one thing a day that makes you feel good.

For whānau, friends and partners

It can be hard to know how to help someone with PND. Helping the new whānau rest and giving practical help (food, housework) is invaluable. Keep an eye out especially for solo parents and those with babies that were or are in NICU.

Here are some things you could say to show your support:

"You are not alone in this. I'm here for you."

"You're finding it hard, that makes sense. It's the hardest job in the world! Know that the way you're feeling will change."

"I care about you and want to help."

"People don't talk enough about how hard it is and how common these experiences really are."

"You are important to me. Your wellbeing is important to me."

Helplines

Talking with a trained professional can help.

- Call or text 1737 to speak to a trained counsellor.
- Call Plunketline 0800 933 922.
- Call Depression Helpline 0800 111 757.
- More helplines at: mentalhealth.org.nz/helplines.

Further information

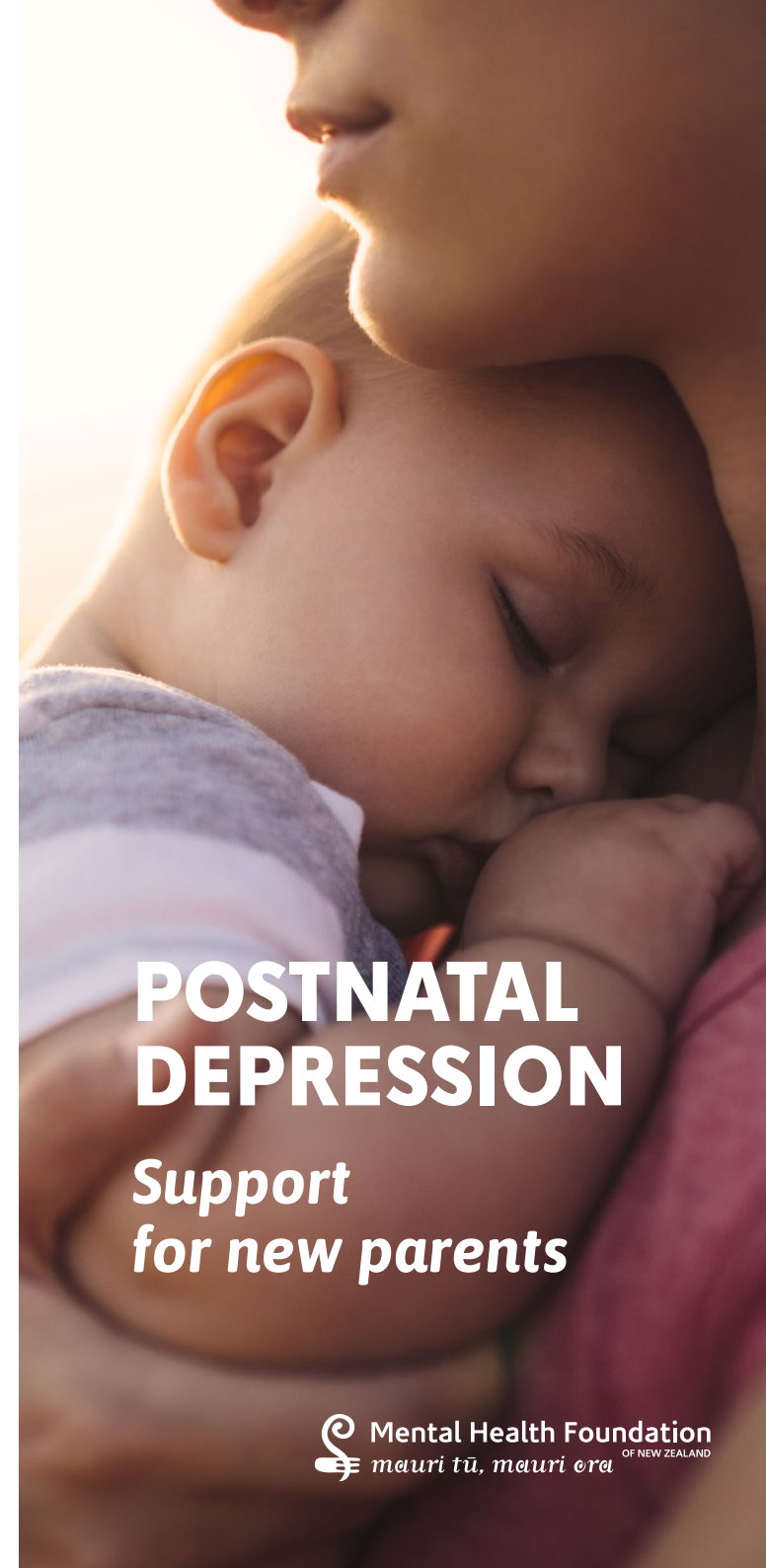
Contact us for free mental health and wellbeing information:

Email: info@mentalhealth.org.nz
www.mentalhealth.org.nz
shop.mentalhealth.org.nz

***A note on the statistics used in this document: PND, PPD, perinatal anxiety and mental health problems affect people of every gender. Unfortunately, sometimes there is a lack of specific statistics allowing us to be inclusive of gender diversity when using statistics in this pamphlet.**

The Mental Health Foundation of New Zealand, March 2022
Updated Oct 2023

This resource was produced with input from many people. Special thanks go to PADA (www.pada.nz) Kirsten Wooff (www.resiliencepsychology.co.nz) and the midwifery team at Waitemata DHB.



POSTNATAL DEPRESSION

Support for new parents

The adjustment to parenthood

Having a baby can be both a joyful and a stressful time for whānau, particularly the first few weeks and months with pēpi (baby). Women* are more likely to experience mental health challenges such as anxiety and depression at this time than at any other time in their lives. Partners can also have a hard time adjusting to this new life.

It is normal to feel anxious and tired. For most parents, this soon goes away and you will start to feel more comfortable with your new role. If after a few weeks you feel like you are not coping – that you are not yourself and you need more support – reach out and let someone know straight away.

Early assessment and treatment really helps, and there are a range of treatments and support services available for you.

Remember: Depression and anxiety can be treated, and are not your fault.

Baby blues

The 'baby blues' are experienced by up to three quarters of people who have given birth in the first week after pēpi is born. Characterised by sadness (pōuritanga) and tearfulness, the 'blues' are normal and often last a few hours to a few days. Whānau support at this time really helps.

If these feelings persist, or are getting worse rather than better, you may be experiencing postnatal depression.

Remember: Postnatal depression doesn't mean you're a bad parent, or that you don't love your baby. It just means you're human and you need some support. Talk to your whānau and midwife or doctor as soon as you can.



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Source: Truestock

Postnatal depression (PND)

Symptoms of PND can include long periods of low mood, frequent tearfulness, lack of interest in activities, feeling tired, being unable to sleep, and lack of appetite. Most new parents will experience these symptoms but what distinguishes PND is the severity and duration of these feelings.

PND affects around 10 to 20% of mothers* and there is no specific cause. It can affect parents of any gender. If you have experienced depression or bipolar disorder in the past, let your lead maternity carer (LMC) know, as this increases the risk of PND.

Birth-related (perinatal) depression can also occur during pregnancy (prenatal). Partners and other family members can experience depression at this time as well.

If you feel something is wrong, take action – see the treatment and self-care tips on the back page.

Here are some common signs of postnatal depression:

PND: You might feel

- numb and empty, or have no feelings at all
- sad (pōuri) and tearful
- angry (pukuriri) and irritable (hōhā)
- guilty or resentful
- no enjoyment in things that typically make you happy
- lonely and distant from others
- useless, not good enough, like you can't cope
- anxious that something is wrong with baby
- fearful of being left alone with baby
- unconnected or not bonded with baby

PND: You might be

- checking on the baby constantly and needing to be reassured
- focused on how hard this is and on coping with 'baby problems' like colic or reflux, but not on your own feelings
- always looking for help but feeling it isn't enough
- unable to sleep when the baby is sleeping
- crying a lot
- wanting to withdraw from people
- having thoughts of hurting yourself (this is a sign you need urgent help)

Post-traumatic stress disorder (PTSD)

Up to six percent of women* will develop an intense stress reaction after a birth that they perceived to be traumatic or difficult. This can lead to feelings of helplessness, anxiety and intense fearfulness. PTSD is very personal and subjective, but what seems to be the key is whether the woman felt safe, cared for, consulted and communicated with by someone they trust. Here are some common signs of PTSD after birth:

PTSD: You might feel

- upset and distressed when you think about the labour or delivery
- scared to go to sleep, or have nightmares about your experience
- very sensitive to what is happening around you and on guard all the time
- more irritable and less tolerant of people
- flat and disconnected from people

PTSD: You might be

- having difficulty sleeping
- having flashbacks to labour or birth
- having difficulty remembering parts of labour or birth
- finding yourself going out of your way to avoid anything that reminds you of the birth

Perinatal anxiety

Some new parents also experience perinatal anxiety rather than depression: they may not feel sad so much as constantly worried, scared and on edge. Of course, it is normal to worry about lots of things with a new pēpi, but if these thoughts and feelings are near-constant and you can't seem to get them under control, reach out for support and let your whānau and your LMC know.

Postpartum psychosis (PP)

This is a rare but serious condition that affects a very small number of women* – less than two per 1000. It can include mood disturbances (very high or very low mood) and psychosis (being out of touch with reality, showing unusual thoughts or behaviours, or seeing or hearing things that others cannot). PP occurs suddenly, usually within 2 to 4 weeks of giving birth, and early referral to mental health services at your local hospital is very important.