

## Treatment

Depressive and anxiety disorders can be treated. Treatment can help you and your baby. When you have a past history of depression or anxiety, preventing symptoms is important. Our clinic works closely with your obstetrical care provider (obstetrician, midwife, family doctor). We cannot provide emergency, crisis or long-term treatment.

### Treatment we provide may include:

- Support (e.g. public health, community resources, follow-up in our clinic)
- Education about self-care, sleep, nutrition, exercise
- Education of partner and family
- Short-term therapy (e.g. talk therapy)
  - Group therapy
  - Individual therapy
- Medication
  - We can talk to you about taking medication in pregnancy or while breastfeeding

## Partners and Families

Loved ones may first notice your symptoms. They can play an important role in support, treatment and recovery.

**You are not alone.  
We can help.**

### For More Information Contact:

Women's Mood and Anxiety Clinic:  
Reproductive Transitions  
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Toronto, Ontario M4N 3M5  
Telephone: 416.480.5677

[www.sunnybrook.ca/womensmoodandanxiety](http://www.sunnybrook.ca/womensmoodandanxiety)

Community support will allow us to conduct leading-edge research and help more women. Please visit our website to find out more information.

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**When Depression and Anxiety in Pregnancy and Postpartum Become Overwhelming**

Women's Mood and Anxiety Clinic:  
Reproductive Transitions

## Depressive & Anxiety Disorders in Pregnancy and After Birth

This brochure describes the symptoms, risks and treatment of these disorders in pregnancy and after birth.

Depression can start in pregnancy although some women can have it before. Feeling very depressed or anxious in pregnancy or postpartum is not normal. Depression occurs in about 15% of women in pregnancy or postpartum. Anxiety may be more common.

Up to 80% of mothers will be emotional, irritable and worried for up to 10 days after delivery. These “baby blues” are mild and do not usually need treatment but can lead to more severe symptoms.

### Who is more at risk for depression or anxiety? Women who have:

- A history of depression or anxiety
- A family history of depression or anxiety
- A pregnancy or delivery complication
- Poor sleep
- Few supports (family, friends)
- Work or relationship stress
- Stopped medication used to treat depression or anxiety
- Difficulty with breastfeeding

## What is normal in pregnancy?

Low energy or changes in appetite or sleep can be normal in pregnancy and these symptoms may be confused with depression.

### What symptoms should I watch for?

- Depressed or irritable mood
- Lack of interest in activities
- Changes in sleep or appetite
- Low energy or poor concentration
- Feeling guilty or worthless
- Worry that is difficult to control
- Feeling panicky, restless or tense
- Intrusive repetitive thoughts (e.g. fear of baby getting germs) or repeated rituals (e.g. hand washing, checking)
- Flashbacks or nightmares of a trauma
- Thoughts of suicide or harming yourself or your baby

Symptoms in pregnancy can lead to postpartum depression or anxiety.

See a doctor right away if you have thoughts of suicide or harming yourself or your baby.

## Why should I get help?

The symptoms can last for many months or longer and lead to:

- Not taking care of yourself, your pregnancy or your baby
- Effects on the physical health of your pregnancy
- Trouble bonding with your baby
- Difficulty in relationships or work
- Using substances such as recreational drugs or alcohol
- Suicide

Postpartum psychosis is rare but an emergency. Symptoms can be confusion, feeling agitated or paranoid, hearing voices, having unusual thoughts or thoughts of harming yourself or your baby.

## How do I get help?

Talk to your partner, friend, childbirth educator, social worker, public health nurse, midwife or doctor. Our clinic needs a referral from your doctor or obstetrical provider. Go to the Emergency Department for an emergency or crisis.

