Mood Changes in Parents in the Perinatal Period: Why it is Important to Seek Help

The prevalence of depression and related disorders among women and men has been shown to peak in the perinatal period. Buist and Bilszta (2006) found approximately 9% of Australian women experienced depression antenatally (during pregnancy) and this increases to approximately 16% of women postnatally (following birth) and even higher within disadvantaged populations. Other studies have found that symptoms of anxiety symptoms are common during the perinatal period (Matthey et al 2003; Miller et al 2006; Faisal-Cury & Rossi Menezes 2007; Littleton et al 2007).

The combination of hormonal changes, decreased energy levels, sleep deprivation, and all further psychosocial stressors that come with raising a newborn baby can lead to maternal depression, and other disturbances of mood, cognition, and affect. Due to depressive symptoms often being a first-time experience for these women, they do not recognise what the symptoms represent. Rather, they interpret these symptoms as a reflection of poor mothering, and hence, do not share what they are going through or seek help (Baker et al., 2002). Further, parents report a sense of shame that they suffer at a time they are led to believe should be one of the happiest times of their lives.

Whether mild, moderate or severe, mental health difficulties impact on the wellbeing of a woman, her infant and her significant other(s) and also impact on the relationships within the family (Beck 1998; Halligan et al 2007; Perinatal Mental Health Consortium, 2008). In addition to the suffering associated with mental health difficulties, anxiety and depressive disorders are associated with relationship stresses that can contribute to the loss of social networks and isolation (Beyond Blue, 2010). The combination of depressive symptoms, extreme fatigue and the additional responsibilities of an infant can create problems in the mother's close relationships and confidence in caring for her infant.

Furthermore, psychiatric disorders have been identified as one of the top three causes of indirect maternal mortality in Australia (Austin, et. al., 2007a).

Compared to the general male population, depression is more common among men to whom an infant has been born in the preceding year (Deater-Deckard et. al., 1998), Symptoms of depression may develop as they attempt to tend to their own emotional and health requirements, co-parent, and build resiliency in infants (Beyond Blue, 2010).As well as the impact on the father himself, this may impact on the capacity for the relationship to adapt to changes. Furthermore, independent of maternal depression, depression in fathers in the postnatal period is associated with later mental health disorders in their children (Ramchandani & Psychogiou 2009).

Parental mental health is one of the key determinants for healthy development in infants (Murray & Cooper, 2003). Within the antenatal period, maternal distress influences obstetric and birth outcomes (Priest & Barnett, 2008) and can negatively affect the developing foetal brain and consequently influence infant behaviour (Glover & O'Connor, 2002). Maternal anxiety is associated with increased infant cortisol (Grant et. al., 2009), difficult infant temperament (Austin et. al., 2005a) and behavioural difficulties in childhood (O'Connor et. al., 2002). Antenatal distress is also associated with increased risk of attentional deficit/hyperactivity, anxiety, and language delay within the child (Talge et. al., 2007), and also with the child's later development of mental health problems (O'Connor et. al., 2002).

By: Judy Robinson, Clinical Psychologist B.A(Hons) MPsych(Clinical) MAPsS