

Mood disorders during pregnancy and after the birth of your baby

A booklet for women and their families



Superseded by SIGN 169

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This booklet can be photocopied to be used in the NHS in Scotland.

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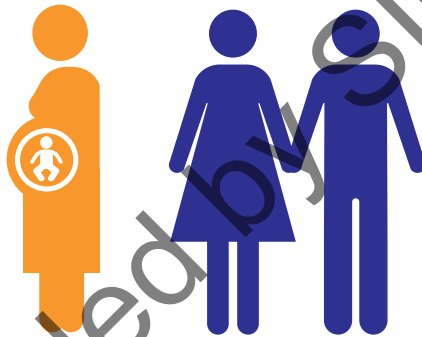
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Who is this booklet for?

This booklet is for you if:

- you are pregnant
- you are planning a pregnancy
- you have had a baby in the last year
- you are concerned about mood disorders.



Partners, family, friends and carers may also find it useful.

The booklet explains:

- who is at risk of developing mood disorders during pregnancy and after the birth
- how mood disorders are diagnosed
- what treatment choices may be available
- the safety of taking medication for an existing mood disorder during pregnancy
- what you can expect from treatment.

What is this booklet about?

This booklet explains the recommendations in a clinical guideline, produced by the Scottish Intercollegiate Guidelines Network (SIGN), about the management of perinatal mood disorders.

The clinical guidance is based on what we know from current medical research. It also gives advice based on the opinion of healthcare professionals who are trained on how best to manage your care.

Details of support organisations and other places where you can get more information are on page 32–34.

On page 35 you can find out how we produce guidelines.

Superseded by SIGN 169

There are seven different types of recommendations which can be used in SIGN booklets.



Strong recommendation
based on good-quality research evidence



Recommendation
based on the research evidence



Recommendation against
based on good-quality research evidence



Recommendation against
based on the research evidence



Recommendation
based on clinical experience



Recommendation against
based on clinical experience



Not enough research evidence
to tell us if something is of benefit

If you would like to see the clinical guideline, please visit www.sign.ac.uk

What are the types of mood disorder during and after pregnancy?

Antenatal depression is depression during pregnancy.

Postnatal depression is depression within the first 12 months after the birth.

Postpartum psychosis is a severe mental illness where you lose touch with reality, which can start suddenly after the birth.

Perinatal mood disorders are mental health issues that occur during pregnancy or in the first year after the birth.

Some things give you a higher risk of developing a mood disorder. They are shown on page 14.

How will I know if I have antenatal or postnatal depression?

The symptoms are the same as the depression that anyone can get. Before seeing your doctor, it may help to write down how you are feeling. This will help the doctor to offer you the most suitable treatment options.

You may experience some of the following symptoms:

- Feeling less interested in day-to-day activities.
- Feeling sad and crying regularly.
- Feeling anxious and fearful.
- Tiredness and lack of energy.
- Panic attacks.
- Pain for which there is no cause.
- Difficulty sleeping.
- Reduced concentration.
- Obsessive behaviour.
- Poor appetite.
- Loss of interest in sex.
- Feeling less able or unable to cope with the demands of the baby and home.

Some of the physical symptoms you may experience include:

- headaches
- numbness, and
- breathing too fast (hyperventilation).

You can use this space to write down how you are feeling.

Occasionally, some mothers may feel like harming themselves or their baby. If you experience any of these thoughts, let your midwife, health visitor, GP or family know. Don't feel ashamed or afraid of these thoughts; they are caused by the illness.

"I believed she (the baby) was behaving the way she was to get at me and to deliberately annoy me, which she wasn't of course, she was being a baby."

How might I feel after giving birth?

Baby blues

Pregnancy and soon after the birth are very emotional times and it's normal to feel ups and downs. One of the most common emotions you may experience is the baby blues.

Many mothers feel very emotional and upset when they have the baby blues and may cry for no reason. You may feel very anxious about small problems and find it impossible to cheer up.

Baby blues is a term used to describe the emotional state sometimes experienced by women after childbirth. Usually the baby blues happen on the second or third day after you have had your baby. You should start to feel better by the fifth day.



The good news is that the baby blues usually pass very quickly. These feelings are completely normal. But if they last longer than a few days, you should discuss your feelings with your midwife, health visitor or doctor, as you may be experiencing postnatal depression.

Antenatal and postnatal health checks



Strong recommendation based on good-quality research evidence

If you have a history of mood disorders or have depression at the moment, you will be asked how you are feeling each time you meet your midwife or GP.

After your baby is born, your midwife and health visitor will ask how you are feeling. This will help them discuss with you how best to manage your emotions and how to get you feeling well again soon.



Strong recommendation based on good-quality research evidence

Your health visitor should ask about your mental health around four to six weeks after the birth and again at three to four months.

You may be asked to fill in a questionnaire.



Recommendation based on clinical experience

It's normal to have good days and bad days, but if you still feel low after two weeks, your health visitor should refer you to your GP for further assessment.



"It felt like I was the only one going through the experience."

Who is at more risk of postpartum psychosis and how will I know if I have it?

Postpartum psychosis is a rare condition. It affects only **one to two women for every 1,000 births**, but it can be very serious. It usually happens within the first month after the birth, but it's common for symptoms to develop in the first few days.

It's unlikely you will know you have postpartum psychosis. But some of the symptoms that your partner, family and healthcare professionals should look out for include:

- feeling anxious about everything
- delusions (odd thoughts that are unlikely to be true, for example that people are out to get you)
- hallucinations (which most often consist of hearing voices that comment on behaviour, are insulting or give commands), and
- irrational thoughts.

For many women who develop postpartum psychosis, there may be no warning signs. For others, there are clear signs. Any woman can develop postpartum psychosis, even if they don't have any of the common risk factors.

"I felt terrified, paranoid and thought people were out to get me, I would hide if someone came to the door."



Strong recommendation based on good-quality research evidence

To find out if you have a high risk of developing postpartum psychosis, your midwife should ask whether you have:

- any history of bipolar disorder (sometimes called manic depression)
- any history of schizophrenia
- any previous episode of postpartum psychosis
- any family history of bipolar disorder or postpartum psychosis (if your parents, sisters or brothers experienced bipolar disorder or your mother or sisters have experienced postpartum psychosis), and
- ever been admitted to a psychiatric hospital for any reason, including after the birth of a baby.



Information

You can read more about mental health in pregnancy on the website: www.rcpsych.ac.uk/expertadvice/problems/mentalhealthinpregnancy.aspx

What if I have a raised risk of postpartum psychosis?



Strong recommendation based on good-quality research evidence

If you have had a moderate mood disorder and have a parent or sister or brother who has bipolar disorder or has had postpartum psychosis, your midwife or GP may suggest you see a specialist mental-health practitioner.

They will assess your mental health. This is a way of trying to minimise the risk of you becoming unwell after your baby is born. They can discuss with you what you can do to reduce, as far as possible, the risk of becoming unwell after the baby's birth.



Strong recommendation based on good-quality research evidence

If you are at risk of developing postpartum psychosis, it's important that healthcare professionals develop and agree with you a detailed management plan for the later stages of your pregnancy and the first few weeks after the birth. They should have this in place by 32 weeks of your pregnancy.



Strong recommendation based on good-quality research evidence

Your management plan should be shared with you and everyone involved in your care (psychiatrist, obstetrician, GP, midwife, health visitor) so that everyone knows how best to reduce the risk of you becoming unwell. The plan should also give details of who to contact and how to contact them, in case you do become unwell.

Having such a plan can help reduce, as far as possible, your risk of becoming unwell.

It's important to take your copy of the plan with you to the maternity unit for the birth of your baby.



Information

You can read more about postpartum psychosis on the website www.rcpsych.ac.uk/mentalhealthinfo/problems/postnatalmentalhealth/postpartumpsychosis.aspx

Risk factors for mood disorders during pregnancy and after the birth

Mood disorder	Risk factors
Antenatal depression	<ul style="list-style-type: none"> • Stress • Previous experience of depression • Lack of social support such as from your family and friends • Domestic violence • Unplanned pregnancy • Relationship problems with your partner • Anxiety at becoming a mother
Postnatal depression	<ul style="list-style-type: none"> • Baby blues • Past experience of mental ill health during pregnancy • Lack of support from your family and friends • Poor relationship with your partner • Recent difficult life events • Difficult upbringing • Unplanned pregnancy • Unemployment • Not breastfeeding • Stress during pregnancy • Thyroid dysfunction during pregnancy • Difficulty coping with changes • Taking longer than normal to conceive • Depression in your partner • Having two or more children already

Mood disorder	Risk factors
Postpartum psychosis	<ul style="list-style-type: none">• Previous experience of severe mental illness, particularly bipolar disorder or postpartum psychosis• Family history of bipolar disorder or postpartum psychosis (a close blood relative, such as a parent or sister)• Stopping treatment for mood disorders• Birth complications






It's important to remember the following points:

- Even if you are at higher risk, it doesn't mean you will go on to develop a mood disorder.
- Some women might not have any risk factors but still develop a mood disorder.

You should discuss any concerns with your GP, midwife or health visitor.

You can use this space to write down any of your risk factors. This will help in any discussions with your GP, midwife or health visitor.

What can I do to help myself?

You could try the following things to help cope with a mood disorder during pregnancy and after the birth:	
	<p>To make sure you get the right help, answer questions from your midwife, health visitor or doctor as honestly as you can.</p>
	<p>Talk to your midwife, health visitor or doctor about how you are feeling and about any previous treatment you have had for mental health problems, even if they don't ask you about it.</p>
	<p>Take part in decisions about your treatment.</p>
	<p>Make sure you get plenty of sleep when you can.</p>
	<p>Be socially active with your baby. This is good for you and your baby. Consider taking part in activities such as buggy walks and swimming. Your health visitor will have details of available activities and support groups.</p>

“With the support of my mental health team and learning about self-management techniques I have been able to come off medication again.”

How can the people who are close to me help?

It may be helpful to show this section to your partner, family or friends and ask them to read it.

Some of the signs that partners, family and friends should look out for include:

- irritability and anxiety
- being over-cautious with the baby
- losing interest in the baby, and
- rejecting the people who are close to you.

"I flew off the handle at everything and I felt that I was alone."



Partners can also help by:

- giving you time and space to talk about how you are feeling
- not being dismissive of what you are saying
- arranging for you to have some 'me time'
- encouraging you to spend time with other family members and friends
- supporting you to go along to appointments with doctors or other professionals, and
- helping you to avoid spending long periods of time on your own.

Mothers with mood disorders are often very sensitive about comments, so tact and sympathy from family, partner and friends are very important.

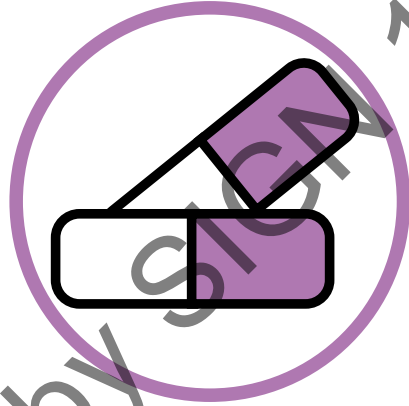


Information

You can read more about how those closest to you can help on the Royal College of Psychiatrists' website www.rcpsych.ac.uk/mentalhealthinfoforall/problems/postnatalmentalhealth/postnataldepression.aspx

Is my medication for treatment of mood disorders safe if I'm planning a pregnancy?

If you take medication for a current mood disorder or to prevent a previous mood disorder returning, it's important to discuss with your doctor whether it's safe for you to become pregnant on your current medication.



Strong recommendation based on good-quality research evidence

Some medicines (especially valproate, which you should not take during pregnancy) may be harmful to an unborn baby. So it's important to use effective contraception while you are taking these.

If you discover you are pregnant while taking valproate, you should speak to the person who prescribed it as soon as possible.

If you find out you are pregnant while taking medication for a mood disorder, see your doctor as soon as possible.

Don't suddenly stop your medication.



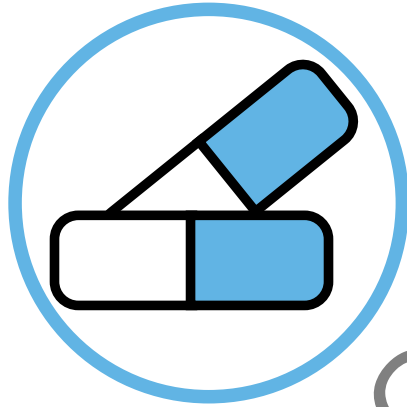
Recommendation based on clinical experience

If your GP or psychiatrist feels you should stay on medication, it may be safer to change to a different drug before you get pregnant. The risk of becoming unwell is higher if you suddenly stop your medication.



Recommendation based on clinical experience

Your doctor or midwife will help you to make decisions about medicines during pregnancy.



Strong recommendation based on good-quality research evidence

You may be taking a medicine to prevent a severe recurrent mood disorder which is from the group of medicines that also prevent epilepsy. If so, your doctor will prescribe a higher dose of folic acid than usual. This will be 5 mg a day.



Information

Folic acid is a vitamin that is recommended for all pregnant women for the first 12 weeks of pregnancy. It reduces the risk of problems in the development of your baby's spinal cord and brain.

What treatment choices are available if I develop a mood disorder?

An untreated mood disorder may be harmful to you and your baby. So if you develop a mood disorder when you are pregnant or after the birth, it's important to get help. Some treatments involve medication, but others do not and you may be offered a combination of the two kinds of treatment.

Healthcare professionals are cautious about using any medicines during pregnancy because it's difficult to guarantee they are completely safe.

It's important to balance the possible risk to you and your baby from taking a medicine during or after pregnancy against the risk of becoming unwell again from stopping medication or not taking any.

Treatment for antenatal depression

Untreated depression or anxiety may be harmful to your baby. So if you develop a mood disorder when you are pregnant, it's important to get help for it.

Talking therapies

Talking therapy involves talking one-to-one with a trained therapist. More details are available on page 24. This kind of therapy may be used on its own or alongside medication. You can find out more about different medication on pages 28–31.



Information

You can read more about talking therapies in the SIGN booklet on treating depression without using prescribed medication: www.sign.ac.uk/assets/pat114.pdf

If you and your doctor think you need medication, your doctor will want to use treatments with the lowest known risk, in the lowest dose and for the shortest time.

You may need to continue taking prescribed medication during your pregnancy and after your baby is born.

Treatment for postnatal depression

If you develop severe depression or strong anxiety symptoms for the first time after your baby is born, it's important to get help from your midwife, health visitor or doctor.

Treating it early can help your baby's development and behaviour as well as you. The treatment you get will depend on how severe your mood disorder is.

"The catastrophic thinking was enormous."

"I was experiencing a lot of anger and I was becoming scared of myself."

Talking therapy

If you are depressed, you may think negatively about situations. This may cause you to stop doing activities you used to enjoy.

Cognitive behavioural therapy (CBT) is a talking therapy that can help you manage your problems by changing the way you think and behave. It's most commonly used to treat anxiety and depression. It involves working with a trained therapist who will help you challenge your unhelpful thoughts and behaviour.



Recommendation based on the research evidence

The health professional responsible for your care should consider using **cognitive behavioural therapy (CBT)** to treat mild to moderate depression after the birth of your baby.

Mother-and-baby activities

Having postnatal depression may make it difficult for you to interact with your baby.



Strong recommendation based on good-quality research evidence

If you are finding it difficult to interact with your baby, your health visitor or GP should be able to offer different kinds of help.

This may range from telephone support to encouraging you to attend baby massage classes.

Structured exercise

Research has shown that exercise can help improve symptoms of depression.



Recommendation based on the research evidence

Your GP may suggest a structured exercise programme to treat your postnatal depression.

Structured exercise can take many forms, from walking and swimming to specific classes for mothers and babies offered by local sports centres and the NHS.

Treatment for postpartum psychosis

Postpartum psychosis is rare but if you are diagnosed with it, you are likely to be treated in hospital. It's important to know that most people make a full recovery.

If you develop postpartum psychosis, your psychiatrist may suggest antipsychotic medication. These medications are for treating mental health disorders such as schizophrenia and bipolar disorder. You can read more about them on page 31.



Recommendation based on the research evidence

Your psychiatrist should discuss the choice of medicine with you and whether it is suitable for continued breastfeeding.



Information

In severe illness, your psychiatrist may suggest electroconvulsive therapy (ECT).

You can ask your psychiatrist about this treatment or you can read more about ECT on the website www.rcpsych.ac.uk/mentalhealthinfoforall/treatments/ect.aspx

Is it safe to take medication when I'm breastfeeding?

Healthcare professionals are cautious about using any medicines when you are breastfeeding, because it's difficult to guarantee that they are completely safe. Medicine can pass through your breast milk into your baby.

However, stopping any existing medication for a mood disorder may lead to you becoming unwell again.



Recommendation based on clinical experience

When you and your doctor are thinking about using medication during breastfeeding, it's worth considering the following:




- Premature or ill babies are more at risk of side effects from medication.
- All babies should be checked for side effects as well as feeding patterns, growth and development.
- Very little is known about the long-term effects of taking medicines during breastfeeding.





Information






The table of medications on pages 28–31 can help you and your doctor decide which medication is most suitable for you.






What medication choices are available to me?

Medications		
Medicine	Can I take if I'm pregnant?	Can I take if I'm breastfeeding?
<p>Antidepressants</p> <p>Selective serotonin reuptake inhibitors (SSRI)</p> <p>SSRI medications include paroxetine, sertraline and doxepin.</p> <p>Tricyclic antidepressants (TCAs)</p>	<p>Yes</p> <p>Paroxetine should not be the first choice during pregnancy. If you have already been taking it, your doctor will consider the risk and benefits to you and your baby. The doctor will then advise you to continue taking it or switch to another medication. </p> <p>It's not possible to say whether or not antidepressants increase the risk of miscarriage. </p> <p>There might be a low risk or no risk at all that SSRIs cause heart defects in babies.</p>	<p>Yes</p> <p>Sertraline or paroxetine are usually the first choice of antidepressants. But others may be chosen in some situations, for example, if you need to continue the medicine you took in pregnancy or you have depression that is hard to treat.</p> <p>You should avoid doxepin, fluoxetine, citalopram and escitalopram. </p>

Medications

Medicine	Can I take if I'm pregnant?	Can I take if I'm breastfeeding?
Antidepressants (continued)	Babies exposed to antidepressants during pregnancy may show signs such as agitation, irritability and, in rare cases, seizures. This is unusual, not normally harmful and does not last for long.	
Lithium	<p>Yes</p> <p>Lithium should not be stopped suddenly.</p> <p>There may be a risk of birth defects so you may have extra ultrasound scans to monitor your baby's growth and development. </p> <p>Babies exposed to lithium around the time of birth have increased risk of poor temperature control, floppiness, breathing problems and thyroid problems. They may need to stay in hospital longer.</p>	<p>Not recommended</p> <p>Lithium can affect your baby's thyroid and kidney function. If you choose to breastfeed, your baby will need to be closely monitored. </p>

Medications		
Medicine	Can I take if I'm pregnant?	Can I take if I'm breastfeeding?
<p>Anti-epileptic mood-stabilising medicine such as valproate.</p>	<p>No</p> <p>This medicine increases the risk of your baby having abnormalities, for example,  spina bifida.</p> <p>If you have taken the medicine in early pregnancy, you may be offered extra ultrasound scans to monitor your baby's growth and development. </p>	<p>Yes</p> <p>If you need to take anti-epileptic medicines, you may still be able to breastfeed.</p> <p>The risks and benefits of taking these should be discussed with you. </p>
<p>Hypnotics and sedatives</p> <p>Medicines from the benzodiazepines group should not be stopped suddenly.</p>	<p>Yes</p> <p>If you already take these and your doctor thinks it would be useful to continue them during pregnancy, you should only take them for a short time and in the lowest dose possible. </p>	<p>Should usually be avoided</p> <p>They may make your baby sleepy and feel poorly.</p> <p>If they are needed, a short-acting drug should be prescribed in a low dose for a short time. </p>

Medications		
Medicine	Can I take if I'm pregnant?	Can I take if I'm breastfeeding?
Antipsychotics	<p>Yes</p> <p>It's not possible to say whether or not antipsychotics increase the risk of complications during your pregnancy. </p> <p>You may have extra ultrasound scans to monitor your baby's growth and development. </p>	<p>Yes</p> <p>It's not possible to say whether or not antipsychotics pose a risk to your baby. </p> <p>You should not breastfeed if you take clozapine. </p>
Alternative medicines (for example, St John's Wort)	<p>No</p> <p>These may be harmful to your baby.</p> <p>There is no information that they are safe in the short or longer term.</p>	

Where can I find out more?

NHS inform

NHS inform is a national health information service for Scotland.

Phone: 0800 22 44 88

Website: www.nhsinform.scot

Association for Post-Natal illness (APNI)

APNI is a charity that provides information and support to anyone affected by postnatal depression. Information leaflets can be downloaded from its website.

Phone: 020 7386 0868

Website: www.apni.org

Bipolar Scotland

Bipolar Scotland supports a network of support groups throughout Scotland.

Phone: 0141 560 2050

Website: www.bipolarscotland.org.uk

Breathing Space

Breathing Space is a free and confidential service that helps if you are feeling down or experiencing depression and need someone to talk to. Breathing Space also offers a free and confidential British Sign Language (BSL) service you can access using its website.

Phone: 0800 83 85 87

Website: www.breathingspace.scot

Carers Trust

Carers Trust offers specialist services for carers of people of all ages and conditions and a range of individually tailored support and group activities.

Phone: 0300 123 2008

Website: www.carers.org

Cry-sis

Cry-sis offers support for families with babies who cry more than average, do not sleep or are very demanding.

Phone: 08451 228669

Website: www.cry-sis.org.uk

National Childbirth Trust

The National Childbirth Trust provides information and support on all aspects of pregnancy, childbirth and early parenthood.

Phone: 0300 330 0700

Website: www.nct.org.uk

NHS 24

NHS 24 can answer questions on any health matter and give you advice.

Phone: 111

Website: www.nhs24.com

Royal College of Psychiatrists

This is the professional body responsible for education and training, and setting and raising standards in psychiatry.

Phone: 020 7235 2351

Website: www.rcpsych.ac.uk

Samaritans

Samaritans is available 24 hours a day to provide emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide.

Phone: 116 123

Website: www.samaritans.org

Scottish Association for Mental Health (SAMH)

SAMH provides information and support to people who experience mental health problems. It also offers a range of leaflets and factsheets on mental health conditions.

Phone: 0141 530 1000

Website: www.samh.org.uk

How are SIGN guidelines produced?

Our guidelines are based on the most up-to-date scientific evidence. We read research papers to find evidence for the best way to diagnose, treat and care for patients. If we cannot find this out from the research evidence, we ask healthcare professionals to use their clinical experience and judgment to suggest treatments.



1 Gather lived experience



2 Identify the questions



3 Search for the evidence



4 Look at the evidence



5 Make judgements & recommendations



6 Ask people for feedback



7 Publish



8 Let everybody know about our guidelines

You can read more about us by visiting www.sign.ac.uk or you can phone **0131 623 4720** and ask for a copy of our booklet 'SIGN guidelines: information for patients, carers and the public'.

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice for healthcare professionals, patients and carers about the best treatments that are available.

We write these guidelines by working with healthcare professionals, other NHS staff, patients, carers and members of the public.

We are happy to consider requests for other languages or formats. Please phone **0131 623 4720** or email sign@sign.ac.uk

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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.

