OVERVIEW OF PATERNAL PERINATAL DEPRESSION

Perinatal depression is a mood disorder that effects people before and after childbirth. Perinatal refers to the time before and after the birth of a child. Perinatal depression includes depression that begins during pregnancy (prenatal), and depression that occurs after a baby is born and up to their first birthday (postpartum).

We often hear that mothers experience perinatal depression but fathers can experience perinatal depression too! Stress, anxiety and depression can be experienced before and after a new baby is born. Research suggests that anywhere from 10 to 25% of fathers experience depression during the perinatal period.

PERINATAL DEPRESSION: SIGNS & SYMPTOMS

Symptoms vary from person to person but here are some common ones among fathers:

- Feelings of anger or irritability, increased aggression and conflict with others
- Changes in sleep or appetite
- Feelings of sadness, being overwhelmed, hopelessness
- Feelings of discouragement or distrust of others
- Feelings of helplessness and uselessness
- Overworking to avoid feelings
- Lost of interest in things that were once enjoyable
- Acting withdrawn or distant

PERINATAL DEPRESSION: RISK FACTORS

- Personal or family history of depression or anxiety
- Lack of a good role model
- Lack of social support
- Relationship stress
- Financial stress
- Feeling excluded from mother-infant bonding
- Partner or co-parent experiencing depression
- Complications with baby (i.e. premature, NICU stay, complex medical diagnosis)

PERINATAL DEPRESSION: IMPACT ON THE FAMILY

- Difficulties developing attachment with infant
- Greater likelihood of emotional and behavioral issues in child at later ages
- Can disturb child's development of secure attachment with father
- Can increase conflict in relationships
- Partner or co-parent may become more vulnerable to depression

SOME WAYS TO ADDRESS PERINATAL DEPRESSION IN FATHERS

- Fathers and Babies
- Counseling
- Medication

OVERVIEW OF MATERNAL PERINATAL DEPRESSION



It is estimated that 1 in 8 women experience postpartum depression.

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How is perinatal depression different from "baby blues"?

Baby blues is a term that describes mild mood changes such as feelings of sadness, exhuastion or worry. Baby blues occur during the first two weeks after delivery, are temporary and are very common. Having a baby is a big change in a new parent's life, so these feelings are very normal. If these feelings are severe, or last longer than two weeks, a person may have perinatal depression.

Symptoms of maternal perinatal depression may vary from person to person, but here are some common ones you can look for in the loved ones in your life:

- Feelings of anger or irritability
- Lack of interest in the baby
- Feeling anxious
- Changes in sleep or appetite
- Crying easily
- Feelings of guilt, shame, or hopelessness
- Difficulties concentrating or making decisions
- Constantly tired or fatigued
- Loss of interest in activities that were once enjoyed
- Thoughts or worries of harming oneself, others, or the baby

Perinatal depression can affect anyone, regardless of race, ethnicity, income level or age. However, there are some risk factors that might increase someone's chances of experiencing depression during or after pregnancy.

- Personal and/or family history of depression or anxiety
- Financial stress

These include:

- Relationship stress
- Inadequate support in caring for the baby
- A recent major life event: a loss, move, job loss
- Trauma history
- Complications during pregnancy, labor, birth or with breastfeeding

If you know someone who is experiencing perinatal depression, there are treatment options available. These may include the Mothers and Babies or Fathers and Babies program, counseling or medication. Contact your doctor or another service provider, such as a home visitor, to discuss these options. Visit <u>Postpartum Support International</u> to find a provider in your region.

If you are concerned for the safety of a loved one, or their baby, call 911, the PSI HelpLine at 1-800-944-4773 or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).