



Postnatal depression and perinatal mental health

Explains postnatal depression and other perinatal mental health issues, including possible causes, sources of treatment and support, and advice for friends and family.

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About maternal mental health

Having a baby is a big life event, and it's natural to experience a range of emotions and reactions during and after your pregnancy. But if they start to have a big impact on how you live your life, you might be experiencing a mental health problem.

Around one in five women will experience a mental health problem during pregnancy or in the year after giving birth. This might be a new mental health problem or another episode of a mental health problem you've experienced before. These are known as perinatal mental health problems.

What does 'perinatal' mean?

'Perinatal' means the period of time covering your pregnancy and up to roughly a year after giving birth. It's made up of two parts:

- **peri** meaning 'around'
- **natal** meaning 'birth'

You might have also heard terms used to describe the time specifically before or after giving birth, such as:

- **postnatal** or **postpartum** meaning 'after birth'
- **antenatal** or **prenatal** meaning 'before birth'

There's no right or wrong word to describe the period of time around pregnancy and after birth, and you might hear your doctor or midwife use any of these.

"It took a lot of courage to tell my midwife that I was experiencing suicidal thoughts and had sought help from my GP."

It can be really difficult to feel able to talk openly about how you're feeling when you become a new parent. You might feel:

- pressure to be happy and excited
- like you have to be on top of everything
- worried you're a bad parent if you're struggling with your mental health
- worried that your baby will be taken away from you if you admit how you're feeling

But it's important to ask for help or support if you need it. You're likely to find that many new mothers are feeling the same way.

Will I hurt my baby?

If you experience thoughts about death or harming yourself or the baby, this can be very frightening, and may make you feel as if you are going mad or completely out of control. You may be afraid to tell anyone about these feelings.

But it's important to realise that having these thoughts doesn't mean that you are actually going to harm yourself or your children. However difficult it is, the more you can bring these feelings out into the open and talk about them, whether to a family member, a friend or a health professional, the sooner you can get support.

What kind of perinatal mental health problems are there?

You can experience any kind of mental health problems during and after pregnancy, but there are some that are particularly common or are specifically linked to pregnancy and childbirth. This information covers:

- [perinatal depression](#)
- [perinatal anxiety](#)
- [perinatal OCD](#)
- [postpartum psychosis](#)
- [postpartum PTSD](#)

Some women also experience eating problems around pregnancy. See our pages on [eating problems](#) for general information, and Tommy's has specific information about [eating disorders in pregnancy](#).

[Dealing with postnatal depression](#) - read Karen's blog about her own experience of postnatal depression.

Want to add your story? [Find out more about blogging for us.](#)

How can I manage an existing mental health problem?

If you become pregnant, or are planning to become pregnant, it's important to think about how you can manage your mental health during this time. Whatever your feelings are about being pregnant or becoming a parent, this can be a stressful time for everyone.

Talk to your doctor as soon as possible. They will be able to help you make plans to manage your mental health during pregnancy. See our page on [support and services](#) for more information, and our pages on different [mental health problems](#) for more information on treatment and support.

"I had been diagnosed with PTSD prior to my pregnancy. When I became pregnant with my daughter I had 'crisis' episodes and was referred to a consultant who helped me to identify my triggers."

Infant loss and mental health

Experiencing infant loss (for example, through miscarriage, still birth or sudden infant death syndrome (SIDS)) can be extremely traumatic and can have a big effect on your mental health. You don't have to cope alone, and there is support out there. You can find further information from:

- [The Lullaby Trust](#)
- [The Miscarriage Association](#)
- [Sands](#)

If I became unwell last time I was pregnant, will it happen again?

If you've previously experienced a mental health problem during or directly after pregnancy, then you are at an increased risk of becoming unwell again – but this doesn't mean you definitely will. You might:

- feel reluctant or anxious about having another baby
- feel more confident about spotting any symptoms, and how to look after yourself

If you do become pregnant again, it's important to talk to your doctor about how you can look after your mental health, and find out about what support you can get. See our pages on [support and services](#) and [self-care](#) for more information.

What are the causes?

There are different theories about why you might develop a mental health problem, and particularly why you might develop one during or after pregnancy, but no-one knows for sure.

Some mental health problems like [postpartum psychosis](#) or [postnatal PTSD](#) have clearer causes, but for many people it may be a combination of risk factors that mean you develop a mental health problem. These include:

- previous experience of mental health problems
- biological causes
- lack of support

- difficult childhood experiences
- experience of abuse
- low self-esteem
- stressful living conditions
- major life events

Previous experience of mental health problems

If you have experienced a **mental health problem in the past**, being pregnant or having a baby can put you at risk of experiencing another episode of poor mental health. If you have a diagnosis, or know you struggle with your mental wellbeing, it's important to understand what might trigger an episode and what can help you look after yourself. See our pages on different [mental health problems](#) for more information.

If you experienced a **perinatal mental health problem** around the birth of one child, you are at increased risk of developing one around the birth of your next child. However, you may have coped well with your first child but struggled with your mental health after your second, or the other way around. Your experience of your mental health, and of becoming a parent, will be personal to you.

Biological causes

Some people think it is likely that there is a biological cause – changes in your body, for example, including hormonal changes. However, while some studies show that changes in the level of hormones during pregnancy and after birth can trigger changes in mood, only some women go on to develop a perinatal mental health problem – so hormones are unlikely to be the only cause.

Lack of support

Lack of support from a partner or other family members can put you at risk of developing a mental health problem in the perinatal period.

Having a baby is a major life event and can be stressful, exhausting and overwhelming. Lacking a support network, and people to help you, can increase your risk of developing a mental health problem.

Difficult childhood experiences

There is good evidence to show that going through difficult experiences in your childhood can make you vulnerable to mental health problems later in life. This could be:

- physical, sexual or emotional abuse

- neglect
- loss of someone close to you
- traumatic events
- unstable family situation

These experiences can have a big impact on how you feel about becoming a parent. If you experienced abuse while growing up, for example, you may now find it hard to relate to others, including your baby.

If your own parents did not have good parenting skills, you may find it hard to adapt to your new role as a parent. For example, you may feel unsure how to interpret your baby's needs. You may even fear that you are going to harm your baby somehow, because you are unsure how to take care of them.

[NAPAC](#) supports anyone who's experienced abuse in childhood, including sexual, physical or emotional abuse, and neglect.

"I have PTSD due to trauma experienced in childhood. It gave me the added fear that my daughter would experience the same challenges because of me. I worked so hard to fight my anxiety and accept my experiences and to realise that these were very different to the circumstances in which I would be bringing up my daughter."

Experience of abuse

Experiencing abuse and assault can trigger anxiety, depression and lower your self-esteem. This might be:

- domestic violence
- verbal abuse
- emotional abuse
- sexual assault and rape
- violent assault
- financial abuse – for example, if a partner tries to have power over you by stopping you having control over your own money

If you experienced abuse as a child (or later in life) you may also have [post-traumatic stress disorder](#) (PTSD), which can further add to your risk for postnatal depression.

Low self-esteem

If your self-esteem is low, you may doubt your ability to cope as a new mother. When your baby cries, for example, you may think it is because of something you have done wrong, or because of something you haven't done. The way you think about yourself can put you at risk of developing common perinatal mental health problems like [depression](#) and [anxiety](#). See our pages on [your self-esteem](#) for more information.

Stressful living conditions

It can be difficult for anyone to deal with stressful living conditions, but if you are also trying to cope with becoming a new parent it can make it even harder and put you at risk of developing a mental health problem. You might be struggling with:

- poverty
- insecure or poor housing
- insecure employment

You may feel that you are unable to provide your baby with everything that he or she needs, and you may feel that you are failing your baby. Dealing with stressful living conditions can be particularly difficult if you are also living alone with little or no support from others.

"I had a difficult labour with my first baby and many significant life changes, which I can now see all contributed to my depression."

Major life events

Major life events can include:

- an illness or death in the family
- the break-up of a relationship
- moving house
- losing your job

Each of these events can add serious stress to your life. If you experience any of these in addition to having a baby, this can increase your risk of developing a perinatal mental health problem.

Having a baby is a major life event in itself, as it is likely to involve many changes in your life. You may have had to give up your job and lose your financial independence. You may also have had to give up social activities and have limited or no opportunities to meet up with your friends.

Being responsible for a baby 24 hours a day means that your day is likely to revolve around your child's needs rather than yours. All of this can have an impact on your vulnerability to developing a mental health problem.

Can partners get perinatal mental health problems?

Only mothers can formally be diagnosed with a perinatal mental health problem. However, studies suggest that partners can also experience perinatal mental health problems. For example, studies into postnatal depression in fathers suggest that around one in five men experience [depression](#) after becoming fathers.

Partners might develop a mental health problem when becoming a parent for similar reasons to mothers, particularly if you:

- are a young parent without good support networks in place
- have experienced abuse in your childhood
- are struggling with stressful life events, like moving house, losing your job or being bereaved
- have poor living conditions or are living in poverty

You might also be coping with:

- extra responsibilities around the house
- financial pressures
- a changing relationship with your partner
- [lack of sleep](#)

If your partner is also experiencing a mental health problem, this can make it even harder for you to cope with the normal struggles of becoming a parent.

“Overall it was a horrific time in our lives, for a total of around 18 months from falling pregnant to coming out the other side, which really put a massive strain on our relationship. Looking back, I’m not sure how we managed to get through it all.”

What support is there?

Although there are fewer services that support partners, and you cannot get a specific perinatal diagnosis, there are still ways you can get support:

- **Speak to your doctor about your mental health.** Your doctor can refer you to local support services, talking treatments and prescribe you medication if required.
- **Contact a specialist organisation:**
 - [PANDAS Dads](#) offers specific information for men experiencing postnatal depression, via its Facebook page
 - the [Birth Trauma Association](#) has information and support for partners of someone who's experienced a difficult birth
 - [The Fatherhood Institute](#) works on policy and research to support fathers
 - most diagnosis-specific charities can offer support to new parents. See our pages on [specific diagnoses](#) for more information.

- **Look after yourself.** See our page on [self-care](#) for ideas on how to look after your mental health when becoming a parent.

What is perinatal depression?

Perinatal depression is depression experienced during pregnancy (known as ante or prenatal depression) or after childbirth (known as postnatal depression). Many people are aware of postnatal depression (PND) but it's less commonly known that you can experience depression during pregnancy as well.

What's the difference between postnatal depression and the 'baby blues'?

The '**baby blues**' is a brief period of feeling emotional and tearful around three to 10 days after giving birth, which affects many new mothers. It's natural to feel emotional and overwhelmed after experiencing childbirth and becoming a parent, especially as you're likely to be coping with a lot of new demands on your time and attention, as well as getting little sleep. Although having the baby blues may be distressing, it's important to be aware that it doesn't last long – usually only a few days – and is generally quite manageable.

However, around 10–15 per cent of new mothers develop a much deeper and longer-term depression known as **postnatal depression** (PND). It usually develops within six weeks of giving birth and can come on gradually or all of a sudden. It can range from being relatively mild to very severe.

What are the common signs and symptoms?

You may experience one or more of the following symptoms:

How you might feel

- sad and low
- tearful for no apparent reason
- worthless
- hopeless about the future

How you might behave

- lose concentration
- have [disturbed sleep](#)
- find it [hard to sleep](#) – even when you have the opportunity
- have a reduced appetite
- lack interest in sex

- | | |
|---|--|
| <ul style="list-style-type: none">• tired• unable to cope• irritable and angry• guilty• hostile or indifferent to your husband or partner• hostile or indifferent to your baby | <ul style="list-style-type: none">• have thoughts about death <p>Some of these experiences – like lack of concentration, disturbed sleep and lack of interest in sex – are all common after becoming a parent, but it's still important to mention them to your doctor if you're concerned you might have PND.</p> |
|---|--|

"I felt selfish and guilty for feeling negative and low. This made me isolate myself further and compounded the problem."

What are the treatments?

You may be offered:

- **talking treatments** – for example, [cognitive behavioural therapy](#) (CBT) or [interpersonal therapy](#) (IPT), which are short term therapies recommended by [NICE](#) for depression.
- **medication** – this is most likely to be an antidepressant. See our pages on [antidepressants](#) for more information about individual drugs, and on [taking antidepressants while pregnant or breastfeeding](#). If you have any concerns about taking medication, you can always talk to your doctor. See our pages on [talking to your doctor](#) for more information.
- **a combination of both** – many people find that taking medication helps them feel stable enough to get the most out of a talking treatment. However, other people find medication or talking treatments alone are more helpful. If there are long waiting lists for talking treatments in your area, your doctor may recommend you try an antidepressant to help you manage your mental health while you wait.

If your depression is very severe, and isn't responding to other treatments, your doctor may suggest electroconvulsive therapy (ECT). As ECT can work very quickly, doctors may suggest it can help you to care for and bond with your baby as soon as possible. See our pages on [ECT](#) for more information.

"I experienced antenatal and postnatal depression three times and was given very little professional support... I now can see how invaluable peer support can be alongside professional support."

How can I help myself cope?

Perinatal depression usually gets better in time, although it may take up to a year. Where you feel you can, ask for and accept help from those around you. Love, practical and emotional support from family, friends and community can be vital in helping you to cope.

Living with depression can make it hard to feel motivated to do things to look after yourself – but, if you can, here are some things you can try to help yourself cope:

- **Look after your hygiene.** When you're experiencing depression, it's easy for hygiene to not feel like a priority. But small things, like taking a shower and getting fully dressed whether or not you're going out of the house, can make a big difference to how you feel.
- **Keep a mood diary.** This can help you keep track of any changes in your mood, and you might find that you have more good days than you think. This can also help you notice if any activities, places or people make you feel better or worse. It doesn't have to take much time – for example, some mood tracking apps can be used on your phone.
- **Be kind to yourself.** You might have many expectations for yourself as a parent, but none of us can meet all our expectations all the time. Don't beat yourself up if you don't do something you planned to, or if you find yourself feeling worse again. Try to treat yourself as you would treat a friend, and be kind to yourself.
- **Contact specialist organisations.** [PANDAS](#) offers information and support for people experiencing pre- and postnatal depression. See [Useful contacts](#) for other organisations.

For more ideas, see our page on [how you can look after your mental health](#) in general when becoming a parent.

What is perinatal anxiety?

Perinatal anxiety is anxiety experienced during pregnancy or in the year after childbirth. You might hear it called:

- **prenatal or antenatal anxiety** if you experience anxiety during pregnancy
- **postnatal anxiety** if you experience it after giving birth

While many people are aware that you can become depressed after having a baby, it's less well known that many women experience anxiety during and after pregnancy. In fact, it's common to experience depression and anxiety together.

Some women experience a particular anxiety about childbirth. This is called tokophobia, a fear of childbirth. [Tommy's](#) has more information about tokophobia and what support is available.

What are the common signs and symptoms?

How you might feel physically	How you might feel psychologically
<ul style="list-style-type: none">• tense muscles and headaches• pins and needles• feeling light headed or dizzy• faster breathing• sweating or hot flushes• a fast, thumping or irregular heartbeat• raised blood pressure• difficulty sleeping• needing the toilet more frequently, or less frequently• churning in the pit of your stomach• experiencing panic attacks	<ul style="list-style-type: none">• feeling tense, nervous and on edge• having a sense of dread, or fearing the worst• feeling like the world is speeding up or slowing down• feeling like other people can see that you're anxious and are looking at you• feeling your mind is really busy with thoughts• dwelling on negative experiences, or thinking over a situation again and again (this is called rumination)• feeling restless and not being able to concentrate• feeling numb

What are the treatments?

There are a range of treatment options for anxiety, any of which you might find useful to treat perinatal anxiety.

- **Talking treatments.** You're likely to be offered [cognitive behavioural therapy](#) (CBT) or your local mental health services may run specific counselling or group programmes for anxiety. You can speak to your doctor, or contact your local services to find out what they offer. See our [talking treatments](#) section for more information.
- **Self-help resources.** Your doctor could give you access to online CBT programmes, or prescribe self-help books to help you learn to manage your anxiety. See our pages on [treatments for anxiety](#) for more information.
- **Medication.** There are several different drugs that can be helpful in managing anxiety. See our pages on [anxiety medication](#) for more details. If you have any concerns about taking medication during pregnancy or breastfeeding, you can always discuss this with your doctor. See [talking to your doctor](#) for more information.

You may be offered a combination of medication and a talking treatment. Many people find that taking medication helps them feel stable enough to get the most out of a talking treatment. However, other people find medication or talking treatments alone are more helpful.

If there are long waiting lists for talking treatments in your area, your doctor may recommend that you try an [antidepressant](#) to help you manage your mental health in the meantime.

"I was dealing with panic attacks, and distressing thoughts about my baby being better off without me."

How can I help myself cope?

Experiencing anxiety can feel very overwhelming and leave you struggling to cope with daily tasks and interactions. Here are some ideas on how to look after yourself and help yourself cope:

- **Try shifting your focus.** If you're feeling immediately anxious about something, focus on something small, like the details of a picture or the texture of something you're wearing. If you can, try to keep your thoughts entirely on this one thing, really taking in all the small details. This can help you take a moment to calm down.
- **Learn some breathing exercises.** Controlling your breathing can help counter some of the physical sensations of anxiety and help you to relax. There's an example of a [breathing exercise](#) on our page about [relaxation](#).
- **Try doing some physical activity.** This can help distract you from any thoughts making you anxious, and also use up some of the anxious energy you might be feeling. This doesn't have to be playing a sport or going to the gym – for example, you might want to go for a walk or do some physical activity around the house, like tidying. See [here](#) for more ideas.
- **Contact specialist organisations.** Charities like [Anxiety UK](#) and [No Panic](#) offer support, advice and information for people experiencing anxiety.

See our page on [self-care for anxiety](#) for more ideas.

What is perinatal OCD?

Obsessive-compulsive disorder (OCD) is a type of anxiety disorder. The term is often misused in daily conversation – for example, you might hear people talk about being 'a bit OCD' if they like things to be neat and tidy. But the reality of this disorder is a lot more complex and serious.

Perinatal OCD is when you experience OCD during pregnancy or in the year after giving birth.

What are the common signs and symptoms?

OCD has two main parts:

- **obsessions** – intrusive thoughts, ideas or urges that repeatedly appear in your mind. For example, thinking that you have been contaminated by dirt and germs, or worrying that you might hurt someone.
- **compulsions** – repetitive activities that you feel you have to do. This could be something like repeatedly washing something to make sure it's clean, or repeating a specific phrase in your head to prevent harm from coming to a loved one.

The aim of a compulsion is to relieve the intense anxiety caused by obsessive thoughts. However, the process of repeating these compulsions is often distressing in itself, and any relief you feel is often short-lived.

"I thought I was a horrible failure... I'd panic that they thought I would hurt him and then take him away. After this I became so obsessed that they would, I would watch him constantly and not sleep to make sure nothing happened to him."

If you experience perinatal OCD, you're likely to have obsessions and compulsions that relate to your feelings about being a parent and your baby. Here are some common obsessions and compulsions:

Obsessions	Compulsions
<ul style="list-style-type: none">• intrusive thoughts about hurting your baby, by suffocating them or throwing them down the stairs, for example• disturbing thoughts of sexually abusing your child• intrusive thoughts of accidentally harming your baby while you're pregnant by eating dangerous foods or taking the wrong medication• fear of being responsible for giving a child a serious disease such as HIV• fear of making the wrong decision – for example, about vaccinations or medical treatment	<ul style="list-style-type: none">• excessive washing of clothes, toys or bottles• avoiding changing soiled nappies out of fear that you might accidentally touch your baby inappropriately• keeping your baby away from other people in case they hurt them or contaminate them• constant checking on the baby – for example, waking them up when they're asleep to check on them• repeatedly asking people around you for reassurance that your baby hasn't been hurt or abused• mentally going over what happened each day to reassure yourself that you've not been

responsible for harming your
baby

These thoughts can be very upsetting and frightening, but it's important to remember that having an intrusive thought doesn't mean that you'll act on it. It can be very hard to open up and talk to someone about these type of thoughts, but you can get treatment and support.

"I spent the first few months of my daughter's life consumed with anxiety that I would somehow contaminate her. My hands were raw from constant washing. I got the help I needed and am finally enjoying being a mummy."

What are the treatments?

The main treatment for OCD is [cognitive behavioural therapy](#) (CBT), particularly a specific form of CBT called [exposure and response prevention](#) (ERP). This is a talking treatment that helps you understand how your OCD works and what you need to do to overcome it. Your therapist will help you confront your obsessions and learn how to resist the urge to carry out compulsions.

You may also be offered [medication](#) to treat your anxiety. Some people find that taking medication alongside a talking treatment can help them get the most out of their therapy. If there are long waiting times in your area for talking treatments, your doctor might suggest that you try medication while you wait.

See our pages on [CBT](#) and on [treatments for OCD](#) for more information.

"During my second pregnancy, I had an experience seeing blood on a public toilet seat which led onto a severe obsession with the irrational thought that I had contracted HIV. This irrational thought took over my life. It turned into what felt like a huge monster."

How can I help myself cope?

Here are some ideas to help you look after yourself and manage your OCD:

- **Contact specialist organisations.** Charities like [OCD UK](#) and [OCD Action](#) have resources to help you understand and cope with your OCD, as well as running peer support groups and online forums where you can talk to other people living with OCD. [Maternal OCD](#) offers specific support for perinatal OCD.
- **Try self-help resources.** See our page on [self-care for OCD](#) for a list of self-help resources that you might find helpful.
- **Talk to your loved ones.** Having the support of those around you can make a big difference to how much you feel able to cope with your obsessions and compulsions. If you feel comfortable, talk to them about your obsessions and compulsions and how you'd like them to respond and support you.

For more ideas, see our page on how you can [look after your mental health](#) in general when becoming a parent.

What is PTSD and birth trauma?

You may develop post-traumatic stress disorder (PTSD) if you experience:

- a difficult labour with a long and painful delivery
- an unplanned caesarean section
- emergency treatment
- other shocking, unexpected and traumatic experiences during birth

This is also called birth trauma. The impact of these experiences is often underestimated, as people may feel that the baby is adequate compensation for the trauma and that, as a new mother, you will soon forget it in the joy of motherhood.

However, a traumatic childbirth and developing PTSD can impair your relationship with both your baby and your partner. You may feel acute disappointment that childbirth was not the experience you were hoping for, and feel angry with the medical staff if you felt that the delivery wasn't handled well. If you develop PTSD, you're likely to also experience flashbacks or unwanted memories of the traumatic birth.

This might mean you feel anxious about having another baby.

"I had a traumatic birth. I was so petrified that my son would die that in my head it was easier not to love him just in case."

What are the common signs and symptoms?

Re-living aspects of the trauma

- vivid flashbacks (feeling that the trauma is happening all over again)
- intrusive thoughts and images
- nightmares
- intense distress at real or symbolic reminders of the trauma
- physical sensations such as pain, sweating, nausea or trembling

Alertness or feeling on edge

- panicking when reminded of the trauma
- being easily upset or angry
- extreme alertness
- disturbed sleep or a lack of sleep

Avoiding feelings or memories

- irritability and aggressive behaviour
- lack of concentration
- being easily startled
- self-destructive behaviour or recklessness
- keeping busy
- avoiding situations that remind you of the trauma
- repressing memories (being unable to remember aspects of the event)
- feeling detached, cut off and emotionally numb
- being unable to express affection
- using alcohol or drugs to avoid memories

What are the treatments?

The treatments for PTSD are primarily talking treatments:

- **Trauma-focused cognitive behavioural therapy (CBT)** which is specifically designed to treat PTSD. See our pages on [CBI](#) for more information.
- **Eye movement desensitisation and reprocessing (EMDR)**. In this treatment you are guided by a therapist to make rhythmic eye movements while recalling the traumatic event. The eye movements are designed to stimulate the information-processing system in the brain. The aim of the treatment is to help you process the traumatic events, and speed up re-adjustment and recovery.

[Medication](#) is not normally offered to treat PTSD but, as it is common to also experience anxiety and depression alongside PTSD, your doctor might offer you medication to treat this. Your doctor might also offer you medication to support you to feel more stable and able to care for your baby, or if there's a long wait for talking treatments in your area.

See our page on [treatments for PTSD](#) for more information.

How can I help myself cope?

Coping with the after effects of a traumatic birth can feel very challenging, but there are some things you can do to help yourself cope:

- **Learn to manage difficult emotions.** If you find yourself struggling with strong feelings of anger or anxiety, it can be helpful to think about ways to manage these

emotions. See our pages on [coping with anger](#) and [anxiety](#), and our page on [managing difficult emotions](#), for ideas.

- **Learn some relaxation techniques.** You might want to try meditation, [breathing exercises](#) or [mindfulness](#) to stay calm and manage your triggers.
- **Give yourself time.** It can feel frustrating to be struggling with PTSD symptoms, and it's easy to get angry with yourself for not 'getting over' it. But recovering from a trauma takes time, and it's important to allow yourself space to do so. Putting pressure on yourself to get better can end up making you feel worse. Make a note reminding yourself to take time to recover, or ask loved ones to remind you whenever you're struggling that recovery takes time.
- **Contact specialist organisations.** [The Birth Trauma Association](#) has more information about birth trauma and PTSD, including support for fathers and partners.

For more general ideas see our page on [looking after your mental health](#) as a new parent.

What is postpartum psychosis?

Postpartum psychosis (PP) is a serious, but rare, diagnosis occurring in around one in 1,000 births. You're likely to experience a mix of:

- [depression](#)
- [mania](#)
- [psychosis](#)

Symptoms usually start quite suddenly within a few weeks after giving birth. PP is sometimes called puerperal psychosis.

Postpartum psychosis can be an overwhelming and frightening experience for you and your loved ones, and it's important to seek help as soon as possible. With the right support, most women fully recover.

What are the common signs and symptoms?

How you might feel	How you might behave
<ul style="list-style-type: none">• excited or elated• severely depressed• rapid mood changes	<ul style="list-style-type: none">• restless• unable to sleep• unable to concentrate

- confused or disorientated
- experiencing psychotic symptoms, like [delusions](#) or [hallucinations](#)

What are delusions and hallucinations?

Delusions and hallucinations are aspects of psychosis.

A **delusion** is a significantly unusual belief that other people don't share. For example, you might believe that you are related to someone famous, although you don't share any relatives, or you may believe you are able to control the weather. Some delusions can be very frightening – for example, if you believe that someone is trying to control you or kill you. These sorts of delusions are often called paranoid thinking or paranoia. See our pages on [paranoia](#) for more information.

Hallucinations are when you see or hear things, or experience tastes, smells and sensations, that people around you don't. For example, you might see objects move in ways they normally wouldn't, or hear voices that other people don't. See our pages on [hearing voices](#) for more information.

For more general information, see our pages on [psychosis](#).

What causes postpartum psychosis?

There is no clear evidence on what causes postpartum psychosis, but there are some risk factors. You are more likely to develop postpartum psychosis if:

- You have a family history of mental health problems, particularly a family history of postpartum psychosis.
- You have a diagnosis of [bipolar disorder](#). Although postpartum psychosis occurs in around 1 in 1,000 births, for women with a diagnosis of bipolar disorder this rises to around 1 in 4 births.
- You have a traumatic birth or pregnancy.

However, you can also develop postpartum psychosis if you have no history of mental health problems at all.

It is slightly more common in first rather than later pregnancies.

If you are at a higher risk of developing postpartum psychosis, it's important to discuss your mental health with your midwife or doctor, and think about how you can plan ahead. Action Postpartum Psychosis has a [guide on planning pregnancy](#) for women at high risk of developing postpartum psychosis.

What are the treatments?

You are most likely to be offered an [antipsychotic](#) drug to manage your mood and psychotic symptoms. See our pages on [antipsychotics](#) and our [antipsychotics A-Z](#) for more information about these drugs. You may also be offered an [antidepressant](#).

If your symptoms are very severe, and don't respond to other treatments, your doctor may offer you electroconvulsive therapy (ECT). See our pages on ECT for more information and your rights around treatment.

Will I have to go into hospital?

Your doctor may decide that treating you in hospital is the best way to get you the help you need. If it's possible, you should be admitted to a mother and baby unit (MBU), where you can stay with your baby while getting treatment. See our page on [support and services](#) for more information.

[My experience of postpartum psychosis](#) - read how Eve's own experience of postpartum psychosis helped keep an Eastenders storyline accurate.

Want to add your story? [Find out more about blogging for us.](#)

How can I help myself cope?

If you are experiencing postpartum psychosis, the most important thing to do is get help. Speak to your doctor if you feel able to, or talk to someone you trust about what's going on and ask for their support in getting help.

Once you're receiving professional help, there are things you can do to help look after yourself while you recover:

- **Join a support group.** You might be feeling really alone or feeling as if no-one understands, but talking to other people can help. APP runs a [peer support network](#) for women who have experienced postpartum psychosis. Alternatively, you might want to try a support group around psychosis more generally.
- **Recognise your triggers.** Try keeping a diary of your moods and what's going on in your life. This might help you recognise patterns or notice what affects your mental health. If you can become aware of the sort of experiences or feelings that can trigger you, it gives you the chance in future to notice what's going on before you become more unwell, and ask for help.
- **Contact specialist organisations.** Action Postpartum Psychosis has a guide to recovering from PP [here](#). It has lots of tips and ideas from women who've experienced PP about how to cope in the days and months after being diagnosed.

Planning another pregnancy

If you've experienced postpartum psychosis, it's understandable to feel anxious about becoming pregnant again. Unfortunately, experiencing PP does put you at higher risk of developing it again with future pregnancies.

If you want to have another baby, or find out that you're pregnant, it's important to talk to your health care professional and make a plan in case you do become unwell again. See Action Postpartum Psychosis's [website](#) for more information about planning your pregnancy if you are at high risk of developing PP.

How can I look after myself?

Becoming a new parent can be one of the most stressful experiences in life. Finding ways to look after yourself that fit in with your lifestyle and needs can make a big difference to your mental health. Here are some ideas:

- build your support network
- manage daily tasks
- look after yourself

Build your support network

Talking to other new mothers and fathers, and finding that other new parents share the anxieties and frustrations you are experiencing, can be very reassuring. It can also give you a chance to share skills and experiences, to realise that you are not alone and, above all, to get some emotional and practical support. It can help to affirm you in your new role.

You could:

- **Go to local parent-and-baby groups** – if you're feeling nervous try something based around an activity, music for example, which might make it easier to start talking to other parents.
- **Contact specialist organisations.** Organisations like [Home-Start](#) and [NCT](#) help new parents to develop their support networks and look after their mental health.
- **Access online support.** There are lots of online communities for parents, people experiencing mental health problems and specifically parents experiencing mental health problems. Websites like [netmums](#) and [mumsnet](#) have forums where you can talk to other parents. Mind runs an online peer support community called [Elefriends](#) for anyone who wants support for their mental health. [PND & Me](#) connects people with experience of perinatal mental health problems primarily through twitter. See our pages on [seeking support online](#) for more information.
- **Try peer support.** Contact your [local Mind](#) to see if they offer any peer support groups. Many organisations run peer support programmes for specific diagnoses. For example, [Action Postpartum Psychosis](#) runs a peer support network, and [PANDAS](#) runs support groups for perinatal mental health problems. See our pages on specific [mental health problems](#) for more information.

"I finally found the strength to open up and share my experience with others. I was so surprised to find I was not unique, and found comfort knowing others had been through the same. We found ways to help each other and overcome difficult times."

Manage daily tasks

Coping with household tasks as well as looking after a new baby is a challenge for anyone. Finding some ways to manage them day-to-day can help take the pressure off and help you feel more able to cope with the symptoms of your mental health problem.

- **Accept help.** If your friends or family members offer to do the shopping, help cook meals or do some cleaning, say yes! There's nothing wrong with needing some support, and your loved ones will probably want to do something practical to help you.
- **Cook meals in advance.** If you don't have anyone around who can come and help, you can make planning food easier by batch cooking meals in advance and freezing them. Take advantage of times when you have more energy to cook, so you can have access to fast and healthy meals when you're feeling worse.
- **Take it slowly.** It's easy to start to feel overwhelmed when you're looking after a new baby on top of your regular life. Try setting yourself 20 minutes to do what you can of a task, whether that's throwing things in the washing machine or sorting through your paperwork. Taking things 20 minutes at a time can make tasks feel more manageable and you can take advantage of getting a little bit done whenever you feel able.
- **Don't pressure yourself.** You might want to keep up with all the things you used to do around the house – but looking after a new baby is a full time job, as well as affecting how much sleep you get. Try not to set unrealistic standards for yourself or get frustrated if you don't do the things you planned to.

[Surviving postnatal depression](#) - read Selina's blog about her own experience of postnatal depression.

Want to add your story? [Find out more about blogging for us.](#)

Look after yourself

Finding time to think about yourself while looking after your baby may feel like a challenge, but making small changes can help you look after your mental health.

- **Keep active.** This could be going for a walk with the pram, dancing to music at home or gentle yoga. Physical activity can boost your mood, and help you feel like you're getting to do some things just for yourself. See our pages on [physical activity and mental health](#) for more information.
- **Try to get some sleep.** Getting [good sleep](#) with a new baby might sound impossible, but finding time to rest can make a big difference to your mental health. Try sleeping whenever your baby sleeps or, if you can, ask your partner to help with night feeds.
- **Take time to relax.** You might feel like you have no time for yourself, or that all you do is sit around at home, but actively taking time to relax can mean more than just watching the TV. Think about what really helps you unwind, whether it's reading a

book, doing some gardening or doing crafts, and try to make a bit of time – even just five minutes – to do something that makes you feel good. See our pages on [relaxation](#) for more ideas.

What support and services are there?

If you admit to feeling depressed, anxious or having distressing thoughts (for example, about harming yourself or the baby) you may [fear that your baby will be taken away](#). But it's only in very rare cases that parents are separated from their children, and there's lots of [support available](#) to help you make sure that never needs to happen.

It's important to ask for help because you don't need to cope with these difficult experiences alone.

There are many health professionals who you can talk to about your mental health, and who can provide you with support in several different ways. These may include general health and pregnancy support services like:

- [your GP](#)
- [antenatal care](#) (with your midwife or obstetrician)
- [your health visitor](#)

There are also more specialist services to support you if you are at risk of becoming (or become) more unwell:

- [perinatal mental health services](#)
- [community mental health teams \(CMHTs\) and crisis teams](#)
- [hospitals, and mother and baby units \(MBUs\)](#)

You can also access support and services through:

- [voluntary organisations and charities](#)

As symptoms of perinatal mental health problems can change a great deal from day-to-day, it might be hard for your health professionals to understand what you're experiencing and to accurately assess your mental health. If you don't feel like you're being offered the help and support you need, you can bring this up with your health professional. See our pages on [how to talk to your doctor](#) for more advice.

You may also need to be persistent in asking for the support you need. This can be really hard when you're struggling with your mental health. You can ask a loved one to support you in seeking help, or you might want the support of an advocate. See our pages on [advocacy](#) for more information.

“Getting the right support at the right time is so important. If you reach out and don't get heard the first time, keep trying.”

General health and pregnancy support

Your GP

You can always talk to your doctor about your mental health. They can discuss your options for treatment and support, refer you to services and prescribe medication. See our pages on [seeking help for a mental health problem](#) for more information on how to talk to your doctor about your mental health.

Antenatal care

While you're pregnant, you're likely to be in contact with several different health professionals. At some point you should be asked about your mental health and how you're feeling during pregnancy. If they don't ask, you can always bring up any concerns you have. Find out more about antenatal care, and who you'll be seen by, on [NHS Choices](#). The NHS also provides information about pregnancy, and becoming a new parent, at [Start4Life](#).

Your health visitor

Your health visitor can offer support, advice and information on looking after your baby while managing your mental health. You can also talk to them about anything you're worried about, or any difficult feelings or thoughts you're having. They can let you know about other services in your area, or might suggest you speak to your doctor.

Specialist services

Perinatal mental health services

There are specialist mental health services for mothers, called perinatal mental health services, in some parts of the country. This includes specialist nurses and doctors, as well as specialist inpatient wards called mother and baby units (MBUs).

If you've had significant problems with your mental health in the past (for example, if you have a diagnosis of [bipolar disorder](#) or have experienced [psychosis](#)) you're likely to be in contact with the perinatal mental health team throughout your pregnancy to check how you're doing, assess your medication and plan your birth.

Unfortunately these services aren't consistently available across the country, and access can be difficult.

Community mental health teams (CMHTs) and crisis teams

If you have a diagnosed mental health problem, you may already be in contact with your local CMHT or crisis team. They may be able to support you if there aren't any specialist perinatal mental health services near you. See our pages on [CMHTs and crisis teams](#) for more information.

Mother and baby units (MBUs) and hospitals

Mother and baby units (MBUs) are specialist psychiatric wards in hospitals, enabling you to be admitted to hospital with your baby. The MBU can give you treatment and support for your mental health problem, while also supporting you in developing parenting skills and bonding with your baby. You can see a list of MBUs across the country [here](#)

Unfortunately there are very few MBUs around the country, with limited places. If you are admitted to a regular psychiatric ward, you're unlikely to be able to keep your baby with you – but if you do have to be away from your baby while you're being treated, this should be for as short a time as is safe for you. See our page on [going into hospital](#) for more information.

Voluntary organisations and charities

There are a number of voluntary organisations and charities who offer a range of support to families and new parents:

- [Family Lives](#) offers confidential information and advice for parents
- [Mumsnet](#) runs online forums and discussions for parents
- [Home Start](#) offers a service where you are paired with a volunteer who visits you to offer practical and emotional support
- [Family Action](#) offers specialist support services for parents with a mental health problem, including perinatal services
- [NCT](#) runs a range of courses for new parents and has a membership that runs activities and social groups
- The [Association for Postnatal Illness](#) offers information and support, and runs a phonenumber
- The [Breastfeeding Network](#) offers nationwide support about breastfeeding for mothers

There are also charities that support people living with specific diagnoses. See our pages on [specific perinatal diagnoses](#) for more information.

"It is okay to admit you're not perfect and need help. Most people will be glad to hear your experience so they can either get the courage to open up or take comfort that they are not alone."

How can other people help?

This section is for family and friends who want to support someone experiencing a perinatal mental health problem.

It may be difficult, upsetting and frustrating to live with, or be close to, someone who is experiencing a perinatal mental health problem – but it's important not to blame them for how they are feeling.

Some people who experience perinatal mental health problems may be reluctant to ask for help, out of fear that they might be judged as a bad parent or that it will result in their baby being [taken away from them](#).

So it can be really important for you to reassure them that many people have these experiences, and that they can get better.

Make time for them

You might worry that you're intruding on a private time for their family, or that your loved one might not feel able to ask for your support – but it's always worth offering. You could:

- **Offer to spend casual time with them.** Just having some company while getting on with daily tasks and looking after their baby can help make your loved one feel less isolated.
- **Make time to keep in touch.** If your loved one is struggling with their mental health, it can make a big difference to them if they feel that you're thinking of them and actively want to spend time together.
- **Suggest activities that you used to do together.** Becoming a parent can make some people feel as if they're losing touch with their previous identities, so see if you can find things to do together that you did before they became a parent.
- **Offer to go to parent-child groups or activities together** if your loved one is feeling nervous about going alone.

Be patient

- **Give them space.** Your loved one might feel under pressure to be positive about their experience about becoming a parent, and it might take some time for them to feel able to talk.
- **Learn about perinatal mental health.** If you're worried about how to talk to your loved one about their mental health, try reading the rest of these pages to learn more. You might then find it easier to talk about something they're finding it difficult to open up about.
- **Listen to them.** You might want to offer them advice or encourage them to think about how happy they are to have their baby, but your loved one might feel as if they're being criticised. Try to listen to what they want to share.
- **Don't judge.** If your loved one opens up about distressing thoughts, try not to judge them. It's likely to be very difficult for them to talk about these sorts of thoughts, so the best thing you can do is not judge.

“It took at least a year for me to overcome my post natal depression, and nearly resulted in the breakdown of my relationship.”

Offer practical support

The best way to find out what your loved one needs is to ask them. However, if they feel very low, they might find it difficult to make suggestions. You might want to offer to:

- do cleaning, laundry and other household tasks
- help to cook and do the shopping
- look after the baby, so your friend or family member can get some sleep or have some time for themselves

Support them to get help

Asking for help can be a daunting prospect, and even more so if you're worried that you might be judged as a bad parent.

- Offer to help them arrange a doctor's appointment. See our pages on [seeking help for a mental health problem](#) for more information.
- Go with them to appointments. You could offer to look after their baby or older children, or help them plan what they'd like to talk about.
- Help them research different options for support, such as peer support groups or parenting groups. See our page on [support and services](#) or [useful contacts](#) for more information.

Useful contacts

Mind's services

- **Helplines** – all our helplines provide information and support by phone and email. Our Blue Light Infoline is just for emergency service staff, volunteers and their families.
 - Mind's Infoline – 0300 123 3393, info@mind
 - Mind's Legal Line – 0300 466 6463, legal@mind
 - Blue Light Infoline – 0300 303 5999, bluelightinfo@mind
- **Local Minds** – there are over 140 local Minds across England and Wales which provide services such as [talking treatments](#), [peer support](#), and [advocacy](#). [Find your local Mind here](#), and contact them directly to see how they can help.
- **Elefriends** is a supportive online community for anyone experiencing a mental health problem. See our [Elefriends page](#) for details.

Who else could help?

Action Postpartum Psychosis (APP)

app-network.org

Information and support for anyone who's experienced postpartum psychosis, including a peer support network and an online forum.

Anxiety UK

0844 477 5774

anxietyuk.org.uk

Support, help and information for anyone with an anxiety disorder.

The Association for Post Natal Illness

020 7386 0868

apni.org

Provides support to mothers with postnatal depression.

Birth trauma association

birthtraumaassociation.org.uk

Support for women who have experienced traumatic childbirth, and their partners.

The Breastfeeding Network

helpline: 0300 100 0212

breastfeedingnetwork.org.uk

Support and information, including information on drugs and breastfeeding.

Family Action

family-action.org.uk

Services for families, including mental health support.

Family Lives

24-hour helpline: 0808 800 2222

familylives.org.uk

Information and support for parents and families.

Fatherhood Institute

fatherhoodinstitute.org

The UK's fatherhood think-tank, providing news, training information, policy updates, research summaries and guides for supporting fathers and their families.

Home-Start

0800 068 63 68

home-start.org.uk

Local support networks for families with young children.

The Lullaby Trust

lullabytrust.org.uk

Information and support for people affected by Sudden Infant Death Syndrome (SIDS).

Maternal OCD

maternalocd.org

Information and support for people experiencing perinatal OCD.

The Miscarriage Association

miscarriageassociation.org.uk

Information and support for anyone affected by miscarriage.

Mumsnet

mumsnet.com

Forums about parenting, including parenting and mental health.

The National Association for People Abused in Childhood (NAPAC)

0808 801 0331 (freephone from landline and mobiles)

napac.org.uk

A charity supporting adult survivors of any form of childhood abuse. Provides a support line and local support services.

NCT

0300 330 0700

nct.org.uk

NCT is the UK's largest charity for parents. Its website and helpline offer practical and emotional support in all areas of pregnancy, birth and early parenthood.

Netmums

netmums.com

Online parenting organisation helping parents share information and advice.

NHS Choices

nhs.uk

Provides information on a wide range of health and social care topics. Also provides an [online search tool](#) to find NHS services near you.

No Panic

0844 967 4848 (10am–10pm)

nopanic.org.uk

Provides a helpline, step-by-step programmes, and support for those with anxiety disorders.

OCD Action

0845 390 6232

ocdaction.org.uk

Information and support for people with experience of OCD, and their friends, family and carers.

OCD-UK

0845 120 3778

ocduk.org

A charity run by people with OCD who campaign and can help with local support group information.

PANDAS

pandasfoundation.org.uk

Information and support for anyone experiencing a mental health problem during or after pregnancy.

PND & Me

pndandme.co.uk

Online network connecting people with experience of perinatal mental health problems through twitter.

Sands

sands.org.uk

Stillbirth and neonatal death charity, providing information and support for anyone affected by these issues.

Start4Life

nhs.uk/start4life

Information on pregnancy, breastfeeding and parenthood from the NHS.

Tommy's

tommys.org

Support and information on pregnancy, including mental health problems.