



Postnatal depression and perinatal mental health

Explains postnatal depression and other perinatal mental health problems, including possible causes, treatments and support options. Also has information for friends and family, including support and advice for partners.

If you require this information in Word document format for compatibility with screen readers, please email: publications@mind.org.uk

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About maternal mental health

What are perinatal mental health problems?

A 'perinatal' mental health problem is one that you experience any time from becoming pregnant up to a year after you give birth.

Having a baby is a big life event. It's natural to experience a range of emotions during pregnancy and after giving birth. But if any difficult feelings start to have a big effect on your day-to-day life, you might be experiencing a perinatal mental health problem.

This may be new mental health problem, or an episode of a problem you've experienced in the past.

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.

Information for partners

If your partner is pregnant or recently gave birth, you may also experience mental health problems around this time.

See our page on [partners' mental health](#), including ways to find help and support.

How homophobia impacted my mental health

"My pregnancy turned into the hardest time of my life. I was in a constant state of agitation... My whole body was consumed."

[Read Lowri's story](#)

Common perinatal mental health problems

These information pages cover some of the most common perinatal mental health problems:

- [Perinatal depression](#)
- [Perinatal anxiety](#)
- [Perinatal OCD](#)
- [Postpartum psychosis](#)
- [Postpartum PTSD](#)

Some women also experience eating problems during and after pregnancy. Pregnancy charity Tommy's has specific information about [eating disorders in pregnancy](#). It may also help to read our pages on [eating problems](#).

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

Managing existing mental health problems during pregnancy

If you have a mental health problem and you get pregnant, it's a good idea to talk to your doctor as soon as possible. You can also speak to your doctor about your mental health if you are planning to become pregnant in the future.

Your doctor can help you make plans to manage your mental health during pregnancy. They can also help you think about any extra support you might need.

You might find it helpful to read our information on [how to talk to your GP](#) before having this conversation.

"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."

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

If you have experienced a mental health problem during or after a previous pregnancy, there is more risk of you becoming unwell again. But this doesn't mean you definitely will.

If you became unwell during a previous pregnancy, you might worry about having another baby. But you may feel more confident about how to look after yourself. And you may know how to spot any signs that you are becoming unwell.

If you do become pregnant again, it's important to talk to your doctor about how you can look after your mental health. You should also think about what kind of support you might need.

See our page on perinatal [support and services](#) for information about what support is available during pregnancy.

"I found it hard because, whilst people talk about postnatal depression, there is very little discussion of mental ill health in pregnancy and it is supposed to be such a joyful time."

Managing mental health problems with a new baby

If you recently had a baby and you're struggling with your mental health, it may seem difficult to talk openly about how you're feeling. 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 someone will take your baby away from you if you are open about how you're feeling.

But if you are finding things difficult, it is important to know that having these feelings is not your fault. You can ask for help or support if you need it.

If you need support, our page on perinatal [support and services](#) outlines the different options. This includes health professionals, charities and other organisations who may be able to help.

Our page on [how you can look after your mental health when becoming a parent](#) also has ideas that you can try for yourself.

And our page [for friends and family](#) has tips for the people around you to support you during this time.

Will I hurt my baby?

If you experience thoughts about harming your baby, this can be very frightening. But it's important to remember that having these thoughts doesn't actually mean you are going to harm your child.

You might be afraid to tell anyone about these feelings. But the more you can bring your feelings out into the open and talk about them, the sooner you can get support. This could be talking to a family member or friend, or to a health professional like your doctor or midwife.

Dealing with postnatal depression

"Hearing the doctor say she thought I had postnatal depression was initially a shock, but it started to make sense."

[Read Karen's story](#)

What causes perinatal mental health problems?

There are many reasons that you might develop a mental health problem. Nobody knows exactly why they happen. This includes mental health problems you develop while pregnant or after giving birth, known as 'perinatal' mental health problems.

Some perinatal mental health problems have clearer causes. For example, difficult experiences while giving birth can cause [postnatal PTSD](#).

But for many people, it can be a combination of factors that cause a perinatal mental health problem.

These factors might 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](#)

We also have information about [the effect of infant loss on your mental health](#).

Previous experience of mental health problems

Your experience of mental health will be personal to you, as will your experience of being pregnant and having a child.

But if you've had mental health problems in the past, being pregnant or having a baby can increase the risk of those problems happening again. This includes any previous perinatal mental health problems.

It is important to understand what might trigger another episode of any previous problems, as well as what support you may need during this time. You can speak to your doctor about this.

See our page on [types of mental health problems](#) for more information about any specific problems you have experienced.

Biological causes

Some people think it is likely that perinatal mental health problems have a biological cause. This includes changes in your body during and after pregnancy, such as changes to your hormones.

Some studies show that changes to your hormones during pregnancy and after giving birth can cause differences in your mood. But not everyone who gets pregnant and experiences these changes goes on to develop a perinatal mental health problem. So changes in hormones are unlikely to be the only cause if you do develop a problem.

Lack of support

Having a baby is a major life event and can be stressful, exhausting and overwhelming. If you don't have people around who can help, like a partner or family members, this can affect how well you cope. It may mean that you are more likely to develop a mental health problem during this time.

The charity [Gingerbread](#) provides advice and practical support for single parent families. And our page of [useful contacts](#) has details of other organisations who can help you find support.

Difficult childhood experiences

Some of us have difficult experiences in our childhood, such as:

- physical, sexual or emotional abuse
- neglect
- the loss of someone close to you
- traumatic events
- an unstable family situation.

Some research shows that these experiences could make you more vulnerable to mental health problems later in life.

These experiences can have a big effect on how you feel about becoming a parent. For example, if you experienced abuse while growing up, you may now struggle to relate to other people. This may include finding it difficult to relate to 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 of how to interpret your baby's needs. You may even fear that you are going to harm your baby somehow, because you aren't sure 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... 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 can sometimes cause:

- [anxiety](#)
- [depression](#)
- [low self-esteem](#)
- [post-traumatic stress disorder \(PTSD\)](#).

So if you have experience of abuse, you may be more likely to develop perinatal mental health problems.

Different types of abuse include:

- 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.

See our pages on [abuse](#) for details of organisations who support people with experience of abuse.

Low self-esteem

If your self-esteem is low, you may doubt your ability to cope as a parent. For example, when your baby cries you may think it is because of something you've done wrong, or because of something important you haven't done.

The way you think about yourself can put you at risk of developing perinatal mental health problems like [depression](#) and [anxiety](#).

See our pages on [self-esteem](#) for more information, including ways to improve your self-esteem. Some of these tips might feel difficult while you are pregnant or have a new baby, but even small changes can make a big difference to how you feel.

"I was angry, sad, irrational, indifferent towards my husband... I lied and said things were better than the reality out of fear of being laughed at and being judged as a bad mother."

Stressful living conditions

It can be difficult for anyone to deal with stressful living conditions. If you are pregnant or recently had a baby, this may feel even harder. These conditions can make you more likely to develop a perinatal mental health problem.

For example, you may be struggling with:

- money problems
- insecure or poor housing
- insecure employment.

These problems can be even more difficult if you live alone, with little or no support from other people.

Living with these conditions might make you worry that you are unable to provide your baby with everything that they need. Or you might feel like you are failing your baby.

We have information on [housing and mental health](#), and [money and mental health](#), which you may find helpful.

"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 be difficult to deal with, and may increase the level of stress in your life.

Examples of major life events include:

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

If you experience any of these events while you are pregnant or after having a baby, you may be more likely to develop a perinatal mental health problem.

Having a baby is also a major life event in itself, and is likely to involve many changes in your life. It may cause you to leave your job and lose your financial independence.

Or you may need to give up social activities, and find it difficult to spend time with friends. Being responsible for a baby means that your day is likely to revolve around your child's needs rather than yours.

These changes to your life might mean you are more likely to develop a mental health problem.

Infant loss and mental health

Experiencing infant loss can be extremely traumatic and can have a big effect on your mental health. This includes losing your baby through miscarriage, still birth or sudden infant death syndrome (SIDS).

It's important to remember that you don't have to cope alone, and there is support out there. You can find more information about infant loss from these other organisations:

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

Or see our page on [bereavement](#) to find support for coping with your loss.

Can partners get perinatal mental health problems?

Doctors can only formally diagnose you with a perinatal mental health problem if you are pregnant or have given birth to a child in the past year.

But if your partner is pregnant or recently gave birth, you may also experience mental health problems during this time. For example, some studies show that partners can experience [depression](#) or [anxiety](#) around the time of their child's birth.

If you think you're experiencing a mental health problem, there is help and support available.

This page covers:

- [Why might partners experience mental health problems?](#)
- [Signs and symptoms of mental health problems](#)
- [Support for partners](#)

"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."

Why might partners experience mental health problems?

There are many reasons that you might experience mental health problems while your partner is pregnant or after they give birth.

But these problems are more likely if you:

- don't have good support networks in place
- are struggling with other stressful life events like moving house, losing your job or a [bereavement](#)
- have poor living conditions or are living in poverty
- experienced [abuse](#) in your childhood.

You might also be coping with:

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

Your partner may also experience mental health problems during their pregnancy or after giving birth. This can make it even harder for you to cope with the normal struggles of becoming a parent.

Depression as a new dad

"I was barely even past a week into my journey as a father and I was already on medication and signed off work."

[Read Ross' story](#)

Signs and symptoms of mental health problems

Everybody reacts to becoming a parent in different ways. But there are some common signs that you may be experiencing a mental health problem. These include:

- fear, confusion, helplessness and uncertainty about the future
- guilt, for example because you weren't the person who had to give birth
- withdrawal from family life, work and social situations
- indecisiveness
- frustration, irritability, cynicism and anger
- hostility or indifference to your partner
- hostility or indifference to your baby
- using more [alcohol or recreational drugs](#) than usual

- finding it [hard to sleep](#), even when you have the chance
- physical symptoms like indigestion, changes in appetite and weight, diarrhoea, constipation, headaches, toothaches and nausea.

If you think you're experiencing mental health problems, it is possible to manage these feelings with the right support.

Support for partners

There are a few different ways that you can get support for your mental health:

Speak to your doctor about your mental health

You can speak to your doctor any time you experience mental health problems. This includes during the time that your partner is pregnant or after your child is born.

Your doctor can refer you to local support services or talking therapies. They can also prescribe you medication for your mental health.

Contact a specialist organisation

There are several organisations who specialise in helping and supporting partners during this time:

- [PANDAS Dads](#) offers information for men experiencing postnatal depression.
- [National Childbirth Trust](#) offers information, support and events to support new parents in their local area.
- [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.
- [Postpartum Men](#) offers support and information for fathers experiencing postnatal depression, including an online peer support forum.
- [Pink Parents](#) offers support for gay and lesbian parents.

See our [useful contacts](#) page for other organisations who may be able to help.

Self-care

There are a few different ways that you can look after your own mental health if you are feel like you are struggling. See our page on [ways to look after your mental health when becoming a parent](#) for ideas that may help.

We also have pages about different [types of mental health problem](#) that you may experience. These pages include specific self-care tips and treatment and support options.

What is perinatal depression?

If you experience depression while you are pregnant or after giving birth, this may be known as:

- **antenatal depression** – while you are pregnant
- **postnatal depression (PND)** – during roughly the first year after giving birth
- **perinatal depression** – any time from becoming pregnant to around one year after giving birth.

Lots of people are aware of postnatal depression. But it is less known that many people experience antenatal depression, and some people may experience both.

The information on this page is about perinatal depression, so it is relevant if you are experiencing either antenatal or postnatal depression. It covers:

- [Signs and symptoms of perinatal depression](#)
- [Treatments for perinatal depression](#)
- [Self-care for perinatal depression](#)

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

The 'baby blues' is a brief period of low mood, feeling emotional and tearful around three to 10 days after you give birth. You are likely to be coping with lots of new demands and getting little sleep, so it is natural to feel emotional and overwhelmed. This feeling usually only lasts for a few days and is generally quite manageable.

Postnatal depression is a much deeper and longer-term depression. This usually develops within six weeks of giving birth and it can be gradual or sudden. It can range from being mild to very severe.

Signs and symptoms of perinatal depression

These are some of the common signs and symptoms of perinatal depression:

How you might feel

If you have perinatal depression, you might feel:

- down, upset or tearful
- restless, agitated or irritable
- guilty, worthless and down on yourself

- empty and numb
- isolated and unable to relate to other people
- finding no pleasure in life or things you usually enjoy
- a sense of unreality
- no self-confidence or self-esteem
- hopeless and despairing
- hostile or indifferent to your partner
- hostile or indifferent to your baby
- [suicidal feelings](#).

"I found it hard because whilst people talk about postnatal depression there is very little discussion of mental ill health in pregnancy and it's supposed to be such a joyful time."

How you might behave

If you have perinatal depression, you might find that you:

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

Some of these experiences are common during pregnancy and after becoming a parent. But it's still important to mention them to your doctor if you're concerned you might be experiencing perinatal depression.

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

Treatments for perinatal depression

There are various treatments that you may be offered for perinatal depression. Your doctor should discuss these options with you, so you can make a decision together about the best treatment for you:

Talking therapy

The talking therapies you may be offered include [cognitive behavioural therapy \(CBT\)](#) or [interpersonal therapy \(IPT\)](#). These are short-term therapies recommended to treat depression.

Medication

This is most likely to be an antidepressant. If you have any concerns about taking medication, you can talk to your doctor or pharmacist. We also have information about [taking antidepressants while pregnant or breastfeeding](#).

A combination of talking therapy and medication

Some people find that taking medication helps them feel stable enough to get the most out of a talking therapy. But other people find medication or talking therapies are more helpful on their own.

Sometimes there may also be long waiting lists for talking therapies in your area. Your doctor may offer you an antidepressant to help you while you wait for therapy.

Electroconvulsive therapy (ECT)

If you have very severe depression which doesn't respond to other treatments, your doctor may suggest [electroconvulsive therapy \(ECT\)](#). ECT can work very quickly, so doctors may suggest that you have it shortly after giving birth. This is to help you care for and bond with your baby as soon as possible.

ECT can be used during pregnancy, but there may be concerns about giving you anaesthetic while pregnant. You can speak to your doctor about this.

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

"Whilst I was worried about getting PND, I wasn't expecting to become so unwell in pregnancy. It was a mixture of hormones, lack of medication, worries about giving birth and sickness in the first trimester that contributed to my illness."

Self-care for perinatal depression

Experiencing perinatal depression can be very difficult, but these are some steps you can take that might help:

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.

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.

See our [useful contacts](#) page for links to online mood diaries, including mood tracking apps to use on your phone.

Look after your hygiene

When you're experiencing depression, it's easy for hygiene to not feel like a priority. But small things can make a big difference to how you feel. For example, you could take a shower and get dressed, even if you're not going out of the house.

Speak to people with similar experiences

Often we can feel that we are the only ones feeling how we do. There are peer support and advice groups available to share thoughts, feelings and experiences.

Contact Mind's [Infoline](#) or visit a [local Mind](#) to find out about peer support options in your area.

Contact specialist organisations

[PANDAS](#) offers information and support for people experiencing antenatal and postnatal depression. See our [useful contacts](#) page for other organisations that can help.

Ask for help

Where possible, ask for and accept help from those around you. Practical and emotional support from family, friends and community can be vital in helping you to cope.

For more ideas, see our page on [ways to look after your mental health when becoming a parent](#).

What is perinatal anxiety?

If you experience anxiety while you are pregnant or after giving birth, this may be called:

- **prenatal or antenatal anxiety** – while you are pregnant
- **postnatal anxiety** – during roughly the first year after giving birth
- **perinatal anxiety** – any time from becoming pregnant to around a year after giving birth.

Lots of people are aware that you can become depressed after having a baby. But many people also experience anxiety during pregnancy and after giving birth. In fact, it is common to experience depression and anxiety together.

The information on this page is about perinatal anxiety, so it is relevant if you are experiencing either prenatal or postnatal anxiety. It covers:

- [Signs and symptoms of perinatal anxiety](#)
- [Treatments for perinatal anxiety](#)
- [Self-care for perinatal anxiety](#)

If you experience anxiety specifically about childbirth, this is called 'tokophobia'. Pregnancy charity Tommy's has [information about tokophobia and what support is available](#).

Signs and symptoms of perinatal anxiety

These are some of the common signs and symptoms of perinatal anxiety:

Effects on your body

The common effects of perinatal anxiety on your body include:

- a churning feeling in your stomach
- feeling light-headed or dizzy
- pins and needles
- feeling restless or unable to sit still
- headaches, backache or other aches and pains
- faster breathing
- a fast, thumping or irregular heartbeat
- sweating or hot flushes
- finding it [hard to sleep](#), even when you have the chance
- grinding your teeth, especially at night
- nausea (feeling sick)
- needing the toilet more or less often
- changes in your sex drive
- having [panic attacks](#).

Effects on your mind

The common effects of perinatal anxiety on your mind include:

- feeling tense, nervous or unable to relax

- 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 you're anxious and are looking at you
- feeling like you can't stop worrying, or that bad things will happen if you stop worrying
- worrying about anxiety itself, for example worrying about when panic attacks might happen
- wanting lots of reassurance from other people or worrying that people are angry or upset with you
- worrying that you're losing touch with reality
- worrying a lot about things that might happen in the future
- rumination – thinking a lot about bad experiences, or thinking over a situation again and again
- depersonalisation – feeling disconnected from your mind or body, or like you're watching someone else (this is a type of [dissociation](#))
- derealisation – feeling disconnected from the world around you, or like the world isn't real (this is a type of dissociation).

Treatments for perinatal anxiety

There are various treatments that you may be offered for perinatal anxiety. Your doctor should discuss these options with you, so you can make a decision together about the best treatment for you:

Talking therapy

The talking therapy you are most likely to be offered for anxiety is [cognitive behavioural therapy \(CBT\)](#).

Your local mental health services may also run specific counselling or group programmes for anxiety. You can speak to your doctor or contact your local services to find out what is available.

See our pages on [talking therapy and counselling](#) for more information.

Self-help resources

Your doctor could give you access to online CBT programmes to try yourself. Or they may prescribe self-help books to help you learn to manage your anxiety.

Medication

There are several types of [medication](#) that can help to manage anxiety. If you have any concerns about taking medication, you can talk to your doctor or pharmacist. This includes discussing any concerns about taking medication during pregnancy or while breastfeeding.

See our page on [talking to your GP](#) if you're worried about having this conversation.

A combination of talking therapy and medication

You may be offered a combination of a talking therapy and medication. Many people find that taking medication helps them feel stable enough to get the most out of a talking therapy. But others find medication or talking therapies are more helpful on their own.

If there are long waiting lists for talking therapies in your area, your doctor may recommend that you try an [alternative to therapy](#). These can help you manage your mental health while you are on the waiting list.

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

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

Self-care for perinatal anxiety

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 anxious about something right now, try to shift your focus onto 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 with 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.

It 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 our pages on [physical activity and your mental health](#) for more ideas.

Contact specialist organisations

Charities like [Anxiety UK](#) and [No Panic](#) offer support, advice and information for people experiencing anxiety.

For more ideas, see our page on [ways to look after your mental health when becoming a parent](#).

What is perinatal OCD?

Obsessive-compulsive disorder (OCD) is a type of anxiety disorder. Perinatal OCD is when you experience OCD during pregnancy or in the first year after giving birth.

This page covers:

- [Signs and symptoms of perinatal OCD](#)
- [Treatments for perinatal OCD](#)
- [Self-care for perinatal OCD](#)

Signs and symptoms of perinatal OCD

OCD has two main parts: obsessions and compulsions.

- **Obsessions** are unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in your mind. They can make you feel very anxious, although some people describe it as 'mental discomfort' rather than anxiety.
- **Compulsions** are repetitive activities that you do to reduce the distress and anxiety caused by obsessions. It could be something like repeatedly checking that you locked a door or repeating a specific phrase in your head. Repeating compulsions is often very time-consuming, and the relief they give doesn't usually last very long.

It's normal to worry about your child's wellbeing and want to protect your baby while you are pregnant and after giving birth. But if you start to experience obsessive and compulsive symptoms that affect your daily life and wellbeing, you may be experiencing perinatal OCD.

The obsessions and compulsions you may experience are likely to relate to feelings about being a parent and your baby.

Common obsessions

Examples of common perinatal obsessions include:

- intrusive thoughts about hurting your baby, during or after pregnancy
- disturbing thoughts of sexually abusing your child
- fear of being responsible for giving a child a serious disease
- fear of making the wrong decision – for example, about vaccinations or medical treatment.

These thoughts can be very upsetting and frightening. It's important to remember that they are not your fault. Having an intrusive thought doesn't mean that you want to act on it, or that you will act on it.

Common compulsions

Examples of common perinatal compulsions include:

- excessive washing of clothes, toys or bottles
- avoiding changing soiled nappies because you're worried about accidentally touching 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
- going over what happened each day to reassure yourself that you haven't harmed your baby.

It can be very hard to open up and talk to someone about your obsessions or compulsions. But there are treatments and support options which may help.

"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."

Treatments for perinatal OCD

There are various treatments that you may be offered for perinatal OCD. Your doctor should discuss these options with you, so you can make a decision together about the best treatment for you:

Talking therapy

The main types of talking therapy offered for OCD are:

- [cognitive behavioural therapy \(CBT\)](#)
- [exposure and response prevention \(ERP\)](#), which is a specific form of CBT used to treat OCD.

ERP is a talking therapy 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.

ERP is only available in certain areas of the country.

Medication

You may also be offered [medication](#) to treat any symptoms of anxiety. If you have any concerns about taking medication, you can talk to your doctor or pharmacist. This includes discussing any concerns about taking medication during pregnancy or while breastfeeding.

See our page on [talking to your GP](#) if you're worried about having this conversation.

A combination of talking therapy and medication

Some people find that taking medication alongside a talking therapy can help them get the most out of their therapy.

If there are long waiting lists for talking therapies in your area, your doctor may recommend that you explore an [alternative to therapy](#). These can help you manage your mental health while you are on the waiting list.

See our page 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."

Self-care for perinatal OCD

Experiencing perinatal OCD can be very difficult, but there are steps you can take to help yourself cope. Here are some ideas to help manage your OCD:

Contact specialist organisations

Charities like [OCD UK](#) and [OCD Action](#) have resources to help you understand and cope with your OCD. They also run peer support groups and online forums where you can talk to other people living with OCD. [Maternal OCD](#) also 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 someone you trust

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, you could talk to them about your obsessions and compulsions. And you could talk about how you'd like them to respond and support you.

For more ideas, see our page on [ways to look after your mental health when becoming a parent](#).

"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."

What is PTSD and birth trauma?

Postnatal post-traumatic stress disorder (PTSD) is a type of anxiety disorder. It is also known as birth trauma.

You may develop postnatal PTSD if you experience traumatic events during labour or childbirth.

This page covers:

- [Causes of postnatal PTSD](#)
- [Signs and symptoms of postnatal PTSD](#)
- [Treatments for postnatal PTSD](#)
- [Self-care for postnatal PTSD](#)

Causes of postnatal PTSD

Examples of traumatic events that may cause postnatal PTSD include:

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

Some people feel that having a new baby makes up for any traumatic experiences. Or they may think that enjoying being a new parent means they will soon forget about trauma.

But these traumatic experiences can have a negative effect on your relationship with your baby and the people around you.

You may feel disappointed that childbirth was not the experience you were hoping for. Or you might feel angry with the medical staff if you felt that the delivery wasn't handled well.

Your experiences may also make you feel anxious about having another baby in future, in case you have to go through a similar experience during birth.

"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."

Signs and symptoms of postnatal PTSD

Some of the common signs and symptoms of postnatal PTSD include:

Re-living aspects of the trauma

This may include:

- vivid flashbacks (feeling that the trauma is happening right now)
- 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

This may include:

- panicking when reminded of the trauma
- being easily upset or angry
- extreme alertness, sometimes known as 'hypervigilance'
- finding it [hard to sleep](#), even when you have the chance
- irritability or aggressive behaviour
- finding it hard to concentrate, including on simple or everyday tasks
- being jumpy or easily startled
- self-destructive or reckless behaviour
- other symptoms of anxiety.

Avoiding feelings or memories

This may include:

- feeling like you have to keep busy
- avoiding situations that remind you of the trauma
- being unable to remember details of what happened

- feeling emotionally numb or cut off from your feelings
- feeling physically numb or detached from your body
- being unable to express affection
- using [alcohol or recreational drugs](#) to avoid memories.

Difficult beliefs and feelings

This may include:

- feeling like you can't trust anyone
- feeling like nowhere is safe
- feeling like nobody understands
- blaming yourself for what happened
- overwhelming feelings of anger, sadness, guilt or shame.

Treatments for postnatal PTSD

There are various treatments that you may be offered for postnatal PTSD. Your doctor should discuss these options with you, so you can make a decision together about the best treatment for you:

Talking therapy

The main treatments for PTSD are specific types of talking therapy:

- **Trauma-focused cognitive behavioural therapy (CBT)**, which is specifically designed to treat PTSD. See our pages on [CBT](#) for more information.
- **Eye movement desensitisation and reprocessing (EMDR)**. In this treatment a therapist guides you 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

[Medication](#) is not normally offered to treat PTSD itself. But there are a few related reasons why your doctor may offer you medication:

- It is common to also experience anxiety and depression alongside PTSD. Your doctor might offer you medication to treat those symptoms.
- Your doctor might offer you medication to help you feel more stable and able to care for your baby.

- Sometimes there are long waiting lists for talking therapies in your area. Your doctor may offer you medication to help you while you wait for therapy.

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

Self-care for postnatal PTSD

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

Get to know your triggers

You might find that certain experiences, situations or people seem to trigger flashbacks or other symptoms. These might include specific reminders of past trauma, such as smells, sounds, words, places, or particular types of book or film.

Some people find things especially difficult on significant dates. For example, this could be the anniversary of a traumatic experience, such as a child's birthday.

Confide in someone

If you experience postnatal PTSD, you may find it hard to open up to others. This may be because you feel unable to talk about what has happened to you. But you don't need to be able to describe the trauma to tell someone how you are currently feeling.

It could help to talk to a friend or family member. Or you might want to speak to a professional such as a GP or a trained listener at a helpline. See our page on [helplines and listening services](#) for more information.

Give yourself time

Everyone has their own response to trauma and it's important to take things at your own pace. For example, it may not be helpful to talk about your experiences before you feel ready.

Try to be patient with yourself. Don't judge yourself for needing time and support to recover from postnatal PTSD.

Try peer support

Peer support brings together people who have similar experiences, to share and listen to each other's experiences. This includes meeting in person at a local peer support group, or joining an online community like Mind's [Elefriends](#).

See our pages on [peer support](#) to find out more.

Find specialist support

There are organisations that specialise in advice and support for postnatal PTSD, for example the [Birth Trauma Association](#).

See our [useful contacts page](#) for details of more organisations who could help.

Look after your physical health

Coping with postnatal PTSD can be exhausting. You might feel like you can't find the energy to take care of yourself. But where possible, looking after your physical health can make a difference to how you feel emotionally. For example, it can help to spend time outside, look after your diet, and try to do some physical activity.

For more ideas, see our page on [ways to look after your mental health when becoming a parent](#).

What is postpartum psychosis?

Postpartum psychosis is a serious but rare mental health problem which develops after you give birth. It is sometimes called puerperal psychosis.

Postpartum psychosis can be an overwhelming and frightening experience, and it is important to seek help as soon as possible if you experience symptoms. But with the right support, most people fully recover.

This page covers:

- [Signs and symptoms of postpartum psychosis](#)
- [Causes of postpartum psychosis](#)
- [Treatments for postpartum psychosis](#)
- [Self-care for postpartum psychosis](#)
- [Planning another pregnancy](#)

Signs and symptoms of postpartum psychosis

The symptoms of postpartum psychosis usually start quite suddenly, within a few weeks after you give birth. 'Postpartum' means after childbirth.

If you have postpartum psychosis, you are likely to experience a mix of [psychosis](#), [depression](#) and [mania](#). This means you may experience these common symptoms:

How you might feel

You may feel:

- excited or elated

- severely depressed
- rapid mood changes
- confused or disorientated.

How you might behave

You may be:

- restless
- [unable to sleep](#), even when you have the chance
- unable to concentrate
- experiencing psychotic symptoms, like delusions or hallucinations.

What are delusions and hallucinations?

Delusions and hallucinations are aspects of psychosis which you may experience.

Delusions are strong beliefs that other people don't share. For example, you might think that:

- you are being followed
- your thoughts are being read
- you are very powerful and able to influence things outside of your control
- you have special insight or divine experiences.

Some delusions can be very frightening, such as believing that someone is trying to control you or kill you. These sorts of delusions are often called paranoid thinking or paranoia. See our information on [delusions](#) and [paranoia](#) to find out more.

Hallucinations are when you experience things that others around you don't. For example hearing voices, seeing visual hallucinations and other unexplained sensations. See our information on [hallucinations](#) and [hearing voices](#) to find out more.

Causes of postpartum psychosis

There is no clear evidence on what causes postpartum psychosis. But there are some factors which mean you may be more likely to develop it. For example, if you have:

- a family history of mental health problems, particularly a family history of postpartum psychosis
- a diagnosis of [bipolar disorder](#) or [schizophrenia](#)
- a [traumatic birth](#) or pregnancy

- experienced postpartum psychosis before.

But you can develop postpartum psychosis even if you have no history of mental health problems.

If you are at a higher risk of developing postpartum psychosis, it's important to discuss your mental health with your doctor or midwife. They can help you think about how you can plan ahead.

Action on Postpartum Psychosis (APP) has a [series of guides about postpartum psychosis](#). This includes a guide to planning pregnancy if you are at high risk of developing postpartum psychosis.

Treatments for postpartum psychosis

There are various treatments that you may be offered for postpartum psychosis. Your doctor should discuss these options with you, so you can make a decision together about the best treatment for you:

Medication

Your doctor is most likely to offer you an [antipsychotic](#) drug to manage your mood and psychotic symptoms. They may also offer you an [antidepressant](#).

See our pages on [medication](#) for more information.

ECT

If your symptoms are very severe and other treatments don't work, your doctor may offer you [electroconvulsive therapy \(ECT\)](#).

Will I have to go into hospital?

Your doctor may decide that treating you in hospital is the best way to get 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

"I became ill almost as soon as Joe was born."

[Read Eve's story](#)

Self-care for postpartum psychosis

If you are experiencing postpartum psychosis, the most important thing to do is get help. Speak to a health professional if you feel able, such as your doctor or a psychiatrist.

If you don't feel able to speak to a health professional, you could talk to someone who you trust about how you're feeling, and ask for their support in getting help.

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

Join a peer support group

You might feel really alone or as if nobody understands, but talking to other people can help. Peer support is a way to share your feelings and experiences with other people who've had similar experiences.

Action on Postpartum Psychosis runs a [peer support network for women who have experienced postpartum psychosis](#). Or you could try an online peer support group, like Mind's supportive community [Elefriends](#).

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. It can also help you become aware of the sort of experiences or feelings that might make you feel worse.

This 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 on Postpartum Psychosis has [a guide to recovering from postpartum psychosis](#). This includes lots of tips and ideas about how to cope in the days and months after being diagnosed.

For more ideas, see our page on [ways to look after your mental health when becoming a parent](#).

Planning another pregnancy

If you have experienced postpartum psychosis before, you may worry about becoming pregnant again.

Experiencing postpartum psychosis does mean you are more likely to develop it again with future pregnancies. But with the right support, you can plan ahead in case it does happen again.

So if you want to have another baby, or if you find out that you're pregnant, you should talk to your doctor and make a plan as soon as possible.

Your doctor can also refer you to a perinatal psychiatrist. This is a specialist doctor who can support you if you are pregnant or recently gave birth, and have experience of mental health problems.

Action on Postpartum Psychosis (APP) has a [series of guides about postpartum psychosis](#). This includes a guide to planning pregnancy if you are at high risk of developing postpartum psychosis.

How can I look after myself?

Becoming a new parent can be a very stressful experience. Finding ways to look after yourself that fit in with your responsibilities and needs can make a big difference to your mental health. Here are some ideas:

Build your support network

Talking to other new parents, and finding that they share the anxieties and frustrations you are experiencing, can be very reassuring.

It can also give you a chance to share skills and experiences, realise that you are not alone and get some emotional and practical support. It can help you feel more confident as a new parent.

These are some ideas you could try:

Go to local parent-and-baby groups

If you're feeling nervous about being around new people, try doing something based around an activity. This might make it easier to start talking to other parents. For example, you could try doing music or yoga.

There are also antenatal groups for parents who are expecting babies. You can ask your midwife or doctor for more information about these.

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 where you can share your experiences of being a parent and living with a mental health problem.

Websites like [netmums](#) 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.

See our page on [online mental health tools](#) for more information.

Try peer support

Peer support brings together people with similar experiences, so they can share those experiences and tips to help each other cope.

Many organisations run peer support programmes for people with perinatal mental health problems. For example:

- [Action Postpartum Psychosis](#) runs a peer support network for anyone with experience of postpartum psychosis.
- [PANDAS](#) runs support groups for perinatal mental health problems.
- Or you can also contact your [local Mind](#) to see if they offer any peer support groups in your area.

See our pages on [peer support](#) 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 while pregnant or while looking after a new baby can be a challenge for anyone.

Finding ways to manage day-to-day tasks can help take the pressure off. It can also make you feel more able to cope with the symptoms of your mental health problem.

These are some ideas which may help:

Accept help

If you have people close to you who want to do something practical to help, there is nothing wrong with accepting their support. For example, they might help you with shopping, cooking meals or cleaning.

Cook meals in advance

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've got access to fast and healthy meals when you're feeling unwell.

Take it slowly

It's easy to feel overwhelmed while you're pregnant or when you're looking after a new baby.

Try setting yourself 20 minutes to do as much of a task as you can. For example, throwing things in the washing machine or sorting through paperwork.

Taking things 20 minutes at a time can make tasks feel more manageable. It can help you 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 if you're also looking after a new baby, this takes up a lot of time and affects how much sleep you get.

Try not to set unrealistic standards for yourself or get too frustrated if you don't do the things you planned to.

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

Look after yourself

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

These are some ideas to help take care of yourself:

Keep active

This could be going for a walk with the pram, dancing to music at home or doing gentle yoga. Physical activity can boost your mood, and help you feel like you're getting to do some things for yourself.

See our pages on [physical activity and your 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 whenever you have the chance can make a big difference to your mental health.

Try sleeping when your baby sleeps or, if you can, ask your partner to help with feeding your baby during the night.

See our pages on [coping with sleep problems](#) to find some tips which may help.

Take time to relax

You might feel like you have no time for yourself, or that all you do is sit around at home.

Try to make a bit of time to do something that makes you feel good, even if it is only for a few minutes. And think about what really helps you unwind, whether it's reading a book, watching TV or doing crafts.

See our pages on [relaxation](#) for more ideas.

What support and services are there?

There are various organisations, support services and health professionals who can support your mental health during pregnancy and after having a baby. This page has information about the main options.

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 more unwell, or if you become more unwell. These include:

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

Or you can access support and services through [voluntary organisations and charities](#).

We also have information on [what to do if you don't get the support that you need](#).

If you want to find out about the treatment options for a specific mental health diagnosis, see our pages on:

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

"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 page on [talking to your doctor](#) if you are worried about having this conversation.

Antenatal care

You are likely to be in contact with several different health professionals while you are pregnant. At some point, they should ask you 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.

The NHS website has information about the [health professionals who may support you during pregnancy](#). You can also visit the NHS's [Start4Life](#) website for information about pregnancy and becoming a new parent.

Your health visitor

Your health visitor can offer support for looking after your baby and 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 they might suggest that you speak to your doctor.

Specialist services

Perinatal mental health services

There are specialist mental health services in some parts of the country for anyone who is pregnant or has recently given birth. These are called perinatal mental health services. They include teams of specialist nurses and doctors, as well as specialist hospital wards called [mother and baby units \(MBUs\)](#).

If you've had certain mental health problems in the past, you are likely to be in contact with a perinatal mental health team throughout your pregnancy. This could include a past diagnosis of [bipolar disorder](#) or experience of [psychosis](#). The perinatal mental health team can check how you're doing, assess your medication and plan your birth.

Unfortunately these services aren't available in all parts of the country, and accessing them can be difficult. You can contact Mind's [Infoline](#) for information about perinatal mental health services available in your area.

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 information on [CMHTs](#) and [crisis teams](#) to find out more.

Mother and baby units (MBUs) and hospitals

Mother and baby units (MBUs) are specialist psychiatric wards in hospitals. You can be admitted to an MBU with your baby if you are having mental health problems during pregnancy or after giving birth.

The MBU can give you treatment and support for your mental health problem. They can also support you in developing parenting skills and bonding with your baby.

Unfortunately there are very few MBUs around the country, and there are a limited number of places in each MBU. The Action on Postpartum Psychosis (APP) website has [a map showing the locations of MBUs around the UK](#).

If you are admitted to a regular psychiatric ward, you are unlikely to be able to keep your baby with you. If you do have to be away from your baby while you're being treated, it should only be for as long as is needed to keep you safe.

See our page on [treatment in hospital](#) for more information.

Voluntary organisations and charities

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

- [Family Lives](#) offers confidential support, information and advice for parents.
- [Home Start](#) offers a service which pairs you 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. This includes services during pregnancy and after giving birth.
- [NCT](#) runs a range of courses for new parents and has a membership that runs activities and social groups.
- The [Association for Postnatal Illness \(APNI\)](#) offers information and support about postnatal depression. This includes information for partners and carers.
- The [Breastfeeding Network](#) offers nationwide support about breastfeeding.

See our [useful contacts](#) page for details of other organisations who may be able to help. This includes organisations who can help if you have a specific mental health diagnosis.

"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."

What if I don't get the support that I need?

The symptoms of perinatal mental health problems can change a lot from day to day. It might be hard for health professionals, like your doctor or midwife, to understand what you're experiencing and offer the right support for you.

If you don't feel like you're getting the help and support you need, you can bring this up with a health professional. See our pages on [how to talk to your doctor](#) for more advice.

You may also need to ask a few times to get the support you need. This can be difficult when you're struggling with your mental health. You can ask someone you trust to support you in seeking help, or you might want the support of an advocate. See our pages on [advocacy](#) for more information.

Or you might worry that asking for help for your mental health might mean your child is taken away from you. It is very rare for parents to be separated from their children for this reason. And there is lots of [support available](#) to help you make sure that this doesn't need to happen.

How can other people help?

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

If your partner is pregnant or recently gave birth and you're worried about your own mental health during this time, see our page on [partners' mental health](#).

It might feel upsetting and frustrating if someone close to you 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 might not want to ask for help. This may be out of fear that they are judged as a bad parent, or because they worry that their baby will be taken away from them.

You can reassure them that many people have these experiences, and that they can get better. Here are some ways you can help:

Make time for them

You might want to offer to help your friend or family member, but worry that this is intruding on their private time. Or you may worry that they don't feel able to ask for your support.

But it's always worth offering to help. There are a few ways you can do this:

Offer to spend casual time with them

Just having some company while getting on with daily tasks and looking after their baby can help them feel less isolated.

Make time to keep in touch

If your friend or family member is struggling with their mental health, it can make a big difference if they feel that you're thinking of them and 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. 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

This can help if your friend or family member feels nervous about going to a group on their own.

Be patient

These are some ideas for helping your friend or family member with their mental health, and being patient with them if they are struggling:

Give them space

Your friend or family member may feel guilty if they don't have lots of time to spend with other people, or if they can't reply to messages. You could let them know that they only need to see you or respond to you whenever they feel able. Or simply send them a message to tell them that you are thinking of them, but they don't need to send a response.

Learn about perinatal mental health

If you're worried about how to talk to them about their mental health, try reading the rest of these pages to learn more. You might then find it easier to talk about, especially if they're finding difficult to open up about how they feel.

Listen to them

Try to keep the focus on your friend or family member rather than coming back to your own feelings. Unless you have experienced being a new parent, it might not help to compare things to your own experiences.

Don't judge

If they open 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. Try to listen and offer support where possible.

"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 friend or family member needs is to ask them. But 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

Your friend or family member might feel daunted about asking for help with their mental health or with parenting. They may worry that people will think they're a bad parent. There are a few ways you can help with this:

Offer to help them arrange a doctor's appointment

See our pages on [helping someone else seek help](#) for tips on how to provide this support.

Go with them to appointments

You could offer to look after their baby or older children while they go to appointments. Or you could help them plan what they'd like to talk about.

Help them research different options for support

This could include 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.

Other organisations

Action on Postpartum Psychosis (APP)

app-network.org

Information and support for anyone affected by postpartum psychosis.

Anxiety UK

[03444 775 774](tel:03444775774) (helpline)

[07537 416 905](tel:07537416905) (text)

anxietyuk.org.uk

Advice and support for people living with anxiety.

The Association for Post Natal Illness

[020 7386 0868](tel:02073860868)

apni.org

Provides support for women experiencing postnatal depression.

Birth Trauma Association

birthtraumaassociation.org.uk

Support for anyone affected by birth trauma, including partners.

The Breastfeeding Network

[0300 100 0212](tel:03001000212)

breastfeedingnetwork.org.uk

Support and information about breastfeeding and perinatal mental health.

Child Bereavement UK

[0800 028 8840](tel:08000288840)

childbereavementuk.org

Support when a baby or child of any age is dying, or a child is facing bereavement.

Family Action

[0808 802 6666](tel:08088026666)

family-action.org.uk

Supports families of any kind, including with mental health problems.

Family Lives

[0808 800 2222](tel:08088002222)
familylives.org.uk

Information and support for parents and families.

Fatherhood Institute

fatherhoodinstitute.org

Information, research and training to support fathers and their families.

Gingerbread

[0808 802 0925](tel:08088020925)
gingerbread.org.uk

Advice and practical support for single parent families.

Home-Start

home-start.org.uk

Support for families with young children, including details of local services.

The Lullaby Trust

[0808 802 6868](tel:08088026868) (Bereavement support)
[0808 802 6869](tel:08088026869) (Information & advice)
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, and their families.

The Miscarriage Association

[01924 200799](tel:01924200799)
miscarriageassociation.org.uk

Information and support for anyone affected by miscarriage, molar pregnancy or ectopic pregnancy.

Mood Diaries

medhelp.org/land/mood-tracker
moodscope.com

moodchart.org

moodpanda.com

Some examples of mood diaries – many more are available. Mind doesn't endorse any particular one.

The National Association for People Abused in Childhood (NAPAC)

[0808 801 0331](tel:08088010331)

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](tel:03003300700)

nct.org.uk

Provides information, support and classes for parents.

Netmums

netmums.com

Online community for parents, which also facilitates local meet-ups.

NHS UK

nhs.uk

Information about health problems and treatments, including details of local NHS services in England.

No Panic

[0844 967 4848](tel:08449674848)

nopanic.org.uk

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

OCD Action

[0845 390 6232](tel:08453906232)

ocdaction.org.uk

Information and support for people affected by OCD and hoarding, including online forums and local support groups.

OCD UK

[03332 127890](tel:03332127890)

ocduk.org

Charity run by and for people with OCD.

PANDAS Foundation

[0843 28 98 401](tel:08432898401)

pandasfoundation.org.uk

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

Pink Parents

pinkparents.org.uk

Information for gay and lesbian parents.

Postpartum Men

postpartummen.com

Information and support for new fathers experiencing depression, anxiety and other mental health problems, including an online peer support forum.

Sands

[0808 164 3332](tel:08081643332)

sands.org.uk

Information and support for anyone affected by the death of a baby.

Start4Life

nhs.uk/start4life

Information on pregnancy, breastfeeding and parenting from the NHS.

Tommy's

tommys.org

Information and support for people affected by stillbirth, miscarriage and premature birth.