

Postnatal Depression

There can be many stressors facing Rainbow Families before we even become parents because of who we love & the complexities of getting pregnant, adopting children or having children through a surrogate.

Conception, pregnancy, birth and bringing a baby home can be a joyful as well as an intense time. For some parents their emotional well-being can be pushed to the limit with varying degrees of anxiety and depression developing. Both parents can be affected but it is most prevalent in the birthing parent.

Early recognition of perinatal anxiety and depression as well as screening, treatment & availability of support services is essential.



HOW WILL I KNOW IF I AM GETTING ANXIOUS OR DEPRESSED?

Typical signs and symptoms of post natal depression or anxiety include feelings of sadness, anxiety, anger, loneliness or isolation, a sense of panic &/or hopelessness, an inability to cope, difficulties sleeping even when the opportunity is there to sleep, exhaustion & distressing or unusual thoughts. The new parent may express a strong need to be in control, a desire for things to be perfect or an overwhelming fear that harm will come to their baby.

They may be very quick to blame or judge themselves and appear very emotionally reactive or increasingly withdrawn and disconnected from others.

Partners may also be at risk of depression and anxiety as they juggle work and family demands while dealing with their own transition into parenthood.

"I feel so selfish for feeling so sorry for myself, but I cannot connect with this baby, I don't feel maternal at all, this is horrible!"



EARLY RECOGNITION (for parents giving birth)

At the booking in session in the first trimester, the midwife will ask a series of questions about mental health including medical history, medications, drug and alcohol use, family history and ask a series of questions about your state of mind. This is called the Edinburgh Depression Scale, it gives health professionals a score to work with throughout your perinatal period and enable them and you to gauge where you are at with anxiety and particularly depression. There are also some key questions you will be asked as a screening tool for domestic violence. All of this information remains confidential even to your partner unless you disclose it.

If your partner has a history of anxiety or depression you could ask the health provider to do the scale with them as well. If you are adoptive parents or surrogate parents you can also be affected & it is worth checking in on each other and involving your health professional with your mental health. Health professionals are learning more about the specific needs and issues facing LGBTIQ families but at times we need to tell them what we expect & help guide their understanding. We hope this brochure gives you the tools to do that.

"I feel like I am living in a parallel universe to those around me, Stop the merry-go-round, I want to get off"

'Remember, you are NOT alone, many LGBTIQ parents go through this'



SUPPORT and TREATMENT

If you are experiencing any anxiety or depression or have a history of perinatal anxiety & depression you will be offered a consultation with a specialist social worker or a referral will be made to a psychologist or your GP for further assessment, monitoring and/or treatment. Some people prefer to see a private psychologist, counsellor or psychiatrist & they will liaise with your health provider. Some people may need medication for a period of time and only medications that don't affect the growing baby/ breastfeeding baby will be prescribed. Finding time to meet some of your own needs can also really help with cope and it is important to accept the help of friends and family so you can get out and exercise, see friends or meet with other mums, practise mindfulness or go to yoga/pilates class, eat a healthy diet & make time to communicate effectively with your partner and supporters.



RECOGNITION, SUPPORT and TREATMENT

If you are experiencing any anxiety or depression sometimes it will be your midwife, partner or family and friends that notice & may ask you how you are feeling. It's important to be honest because treatment is likely to be more effective the earlier you catch it and get help. Remember you are not alone and many LGBTIQ parents go through this. Unfortunately it can sometimes be harder for the LGBTIQ parent to reach out for help because they don't have a lot of family support or they feel guilty for not feeling happy with their new baby and role given how much they wanted this child and planned for it.

When you go home from hospital you may have a midwife visiting you at home. Regardless, an early childhood nurse will visit you at home in the first ten days and will repeat the Edinburgh Depression Scale and domestic violence screen with you. They will also weigh the baby, provide advice regarding feeding and other information. These nurses are very skilled and it would be advisable to have your partner present so the nurse can assess their mental well-being too.

There are rooming in services available for parents and babies at Tresilian, Karitane, St John of God, and the Gidget Foundation across Sydney. Rooming in provides specific mental health care for the parent as well as learning skills to feed and settle the baby. There are also outpatient groups where parents stay at home but may join a supported group with psychologists or counsellors.

There are also outpatient treatment groups where people can learn about post natal depression or anxiety and skills to better look after themselves whilst still living in the community. These groups often provide baby sitting with a qualified mothercraft nurse.

USEFUL CONTACTS

PANDA National Helpline 1300 726 306

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Lifeline 131114

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Beyond blue 1300 22 46 36

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Mensline Australia 1300 78 99 78

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QLife (LGBTIQ support line) 1800 184 527

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