



Depression during & after Pregnancy

If you are depressed during your pregnancy or after your baby is born, do not despair. Most women will recover completely.

One in five people will be affected by depression at some point in their life.

If you have depression, or if you are worried about a friend or relative who is depressed, Depression Alliance can help.

Depression Alliance is the leading UK charity for people with depression. We work to relieve and to prevent this treatable condition by providing information, support and understanding to those who are affected by it. We also campaign to raise awareness amongst the general public about the realities of depression.

A member-led organisation, we co-ordinate a national network of self-help groups so that people with depression can share experiences and coping strategies with others in similar situations. We produce a unique range of free publications which offers advice and information on depression and related topics, we also offer a number of mutual support services for members.

Though effort has been made to ensure the accuracy of the information contained in this publication, the responsibility for any acts resulting from reading the booklet remains with the reader alone.

You do not have to read this leaflet all at once! Just keep it to hand so that you can refer to it whenever you feel you need to.

Many thanks to Dr Sandra L. Wheatley for reviewing this leaflet

Contents

Page 02	Depression Alliance
Page 04	Introduction
Page 05	What is depression
Page 05	Big Changes
Page 06	Too much is expected
Page 07	Postnatal mood changes
Page 08	Postnatal depression
Page 08	How do I know if I have PND?
Page 10	What causes PND?
Page 12	Can PND be prevented?
Page 12	Suggestions to help you become and stay healthy
Page 14	I've had depression before, but now I want a baby
Page 14	Depression in pregnancy
Page 15	I'm pregnant and worried about the effects of depression
Page 15	I'm pregnant and worried about the effects of medication for depression
Page 16	Your treatment options for depression
Page 16	Counselling, Psychotherapy and Psychiatric help
Page 18	Medication - Antidepressants
Page 18	Are the medications used in depression known to cause birth abnormalities?
Page 19	Could antidepressants affect my child in later life?
Page 19	Can I breast-feed if I am taking medication for depression?
Page 19	Are antidepressants addictive?
Page 20	Supporting the depressed woman: How you can help
Page 21	Family & friends
Page 22	Partners/Fathers
Page 24	Getting help
Page 24	Other useful organisations
Page 26	Useful books

Funded by an educational grant from Cygnet Healthcare



Introduction

Each mother's experience of being pregnant and having a baby is unique. It is usual to feel both happy and sad about having a baby. You may feel excited and look forward to your child's first smile but at the same time be worried that you won't be able to cope with the responsibility of looking after a baby. Some women feel sad more often than they feel happy. Sometimes this sadness can become overwhelming and develop into depression.

What Is Depression?

The word 'depression' is used to describe everyday feelings of low mood which can affect us all from time to time. Feeling sad or fed up is a normal reaction to experiences that are upsetting, stressful or difficult; those feelings will usually pass.

If you are affected by depression, you are not 'just' sad or upset. You have an illness which means that intense feelings or persistent sadness, helplessness or hopelessness are often accompanied by physical effects such as loss of energy, or physical aches and pains.

Sometimes people may not realise how depressed they are, especially if they have been feeling the same for a long time, if they have been trying to cope with their depression by keeping themselves very busy, or if their depressive symptoms are more physical than emotional.

Big Changes

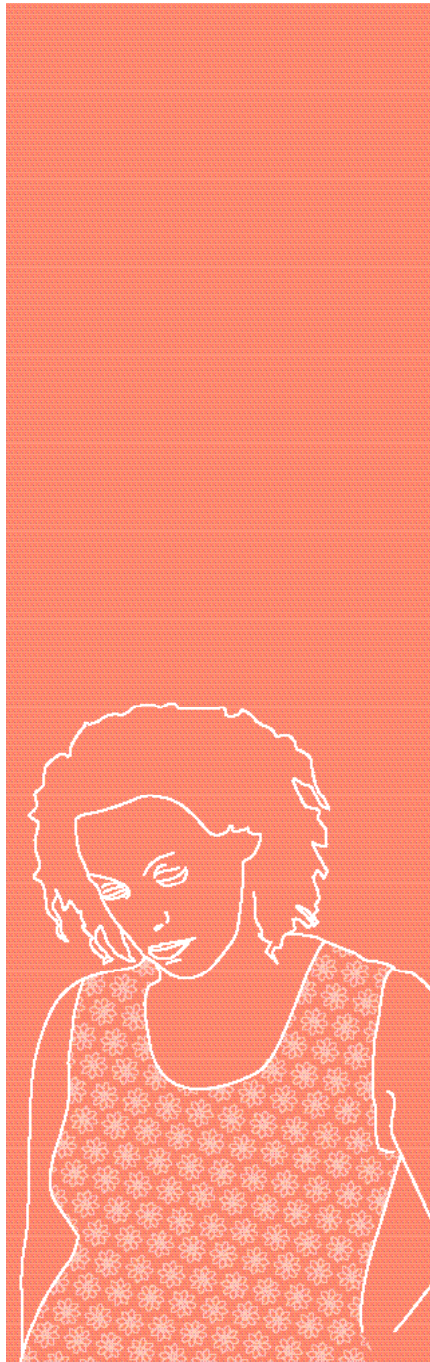
Having a baby is one of the biggest changes in anyone's life. Over the nine months of pregnancy the woman will feel both physical and emotional changes. Whether this is her first, second or third child, changes to her home, her relationships and her life begin to be made as the expectant mother prepares for delivering and looking after her new baby. Individuals react to change in their own way. Few people enjoy change and this aspect of having a baby can be both difficult and rewarding.

Too much is expected

We can expect too much of ourselves. Popular images of motherhood suggest that mothers are radiant and energetic, living in perfect homes with supportive partners.

Unfortunately, mothering is often believed to be a natural ability that all 'good' women have. In reality becoming and being a mother means constantly experiencing new events and carrying out tasks we are not sure we can manage. A new set of skills to cope with these situations has to be learnt. Women do not automatically know how to be a mother.

Women who find the weeks and months after childbirth difficult often imagine that they are the only ones who are not coping. This is simply not true. Feeling this way can lead to feelings of inadequacy, and a sense of failure.



Postnatal mood changes

There are three kinds of mood changes which can develop after pregnancy; some common, some rare and more serious.

The Baby Blues tend to occur in the first week after delivery and affect as many as 80% of all new mothers. In fact, the blues are experienced by so many women that it is often considered unusual not to have them. A woman may have mood swings, crying spells and feelings of vulnerability, loneliness and/or irritability. Reassurance and encouragement from family and friends, support from the midwife and GP, are almost always all that are needed. If the low mood lasts more than one week, then advice from the GP or specialist should be sought, especially if the mother has had depression before.

Postnatal Depression (PND) usually begins in the first six months after childbirth, although for some women, the depression begins in pregnancy. PND affects between 10% and 20% of new mothers. PND can last for longer than a year if help is not sought and treatment received. Untreated PND can lead to the breakdown of relationships with partners and children. On an optimistic note, early diagnosis

and treatment of PND will result in a faster recovery. Quite often a close family friend or perhaps the partner of the woman recognises that there is something wrong before the mother herself. This booklet will focus upon depression during and after pregnancy and will outline symptoms and possible treatments. In addition, advice to the depressed woman, her partner, family and friends is offered.

Puerperal Psychosis is a much more rare and serious mood change, affecting about one in 500 new mothers. Symptoms include hallucinations (seeing or hearing things that others cannot) delusions (incredible beliefs such as thinking she must save the world) and mania (extremely energetic and bizarre activity like cleaning in the middle of the night). These symptoms will appear quickly. It will be very obvious that she needs medical help and it should be sought immediately from her GP or from the Emergency Services.

Postnatal depression

How do I know if I have PND?

There are many symptoms of depression; some of the more usual symptoms are shown below. To help find out if you are feeling well, your health visitor will ask you to fill in a questionnaire about six weeks after the birth. It is called the Edinburgh Postnatal Depression Scale (EPDS) and consists of 10 simple questions. Please be honest with yourself when reading through the following list and when completing that questionnaire.

If you feel any of the following happen more often than would be usual for you, please do confide in someone you feel you can trust about these feelings. If this person is not your midwife, health visitor or GP then please do speak with them as soon as possible. They will then be able to help you get well again. Quite simply, the sooner you ask for help, the sooner you will receive help, feel better and be able to enjoy your life as a mother.

- Feeling irritable and angry.
- Crying, or often being on the verge of crying.
- Feeling inadequate and unable to cope.
- Unjustified worries about things that you normally take for granted.
- Being fearful of being left alone with the baby.
- Uncontrollable feelings of panic.
- Having overwhelming fears about, for example, dying.
- Some depressed mothers may have recurrent thoughts about harming their baby.
- Sleeping difficulties, even when your baby is sleeping soundly.
- Constantly feeling exhausted and lethargic.
- Lack of interest in your appearance and surroundings.
- Alternatively, becoming obsessively tidy and trying to maintain impossibly high standards in the home.
- Having trouble concentrating, and feeling distracted.
- Losing large amounts of weight because you don't feel like eating, or putting on too much weight because you are eating for comfort.
- Loss of pleasure in activities you usually enjoy, for example, having little or no sexual desire, which can be very difficult for both you and your partner.
- Guilt, perhaps about not being the wonderful mother you hoped you would be.

The most important thing you can do is to believe that you will get better, and to seek and accept help. If you think you could be depressed, talk to your midwife, health visitor or GP as soon as you can.

Many people find it difficult to ask others for help but it is very important that you do. It is unlikely that your depression will just get better on its own, no matter how much you wish that it would.

It is an illness. It is not your fault you feel the way that you do. You would not expect a broken arm to get better without the help of health professionals. Don't expect your feelings to get better without their help either.

Please don't feel ashamed of how you are feeling. You are not alone. Your midwife, health visitor and GP are all trained to help you. They want to help you.

If you do not feel able to cope with explaining how you feel to them on your own ask someone that you trust to be with you. You can ask your midwife, health visitor or GP to come and see you at home if you prefer. There are lots of different ways you can be helped and they are discussed

What causes PND?

Due to a large amount of research, many possible causes of PND have been identified. As each woman and her personal circumstances are unique, the cause of her depression is also likely to be specific to her. You are an individual and one of, or a combination of, the following may cause your depression:

- Previous depression. This is perhaps the most predictable factor in the development of depression before or after birth as around one in three women who have had depression in the past are at risk of suffering again at this time.
- Unrealistic expectations. Some women may find that the reality of life as an expectant or new mother is very different from what they had imagined. Much of our concept of being a mother comes from society and the media and the image portrayed of motherhood is usually an overwhelmingly positive one. However, that is not realistic. If we believe this unrealistic image then we will be disappointed and this feeling of being let down can cause depression.
- Loss of independence. "Life will never be the same again". The birth of a baby brings permanent changes to a new mother's life. Babies are hard work, with the constant tasks of feeding, bathing, comforting their crying, and putting them to sleep. The new mother is suddenly responsible 24 hours a day. A new mother loses the freedom she had before the baby was born.
- Relationship changes. The birth of a child will have an impact on relationships. For example, if this is your first baby your own mother will now be a grandmother and your partner (if you have one) now the father of your child. Your beliefs about how a 'Grandmother' or a 'Father' behaves may conflict with others' behaviour and put your relationships under an enormous strain.
- Isolation and loss of status. Women who are isolated from their families, or who are without a supportive partner, can also be more likely to suffer from PND. In addition, many women work nowadays. If a woman does not return to work after having a baby the lowly status of 'Motherhood' in society is likely to come as a disappointment. Particularly when the amount of hard work involved is taken into consideration. In addition, the lack of contact with colleagues, no matter how small and seemingly insignificant, may lead to feelings of intense loneliness.
- Stressful life events. A new mother is more likely to be depressed if she has experienced recent stressful events in her life – a serious illness, domestic violence or bereavement, for example. Having a number of young children already, expecting twins, feeling unsure about the pregnancy, having had a traumatic or difficult birth, or a premature or unwell baby, are also sometimes associated with PND.
- Social factors. Unsurprisingly, poverty, inappropriate or unsuitable housing, unemployment and being a refugee or asylum seeker all contribute to making depression more likely.
- Hormones. A small number of women who develop PND have a temporary thyroid gland defect associated with their mood difficulties. Progesterone is sometimes used for prevention or treatment, but its effectiveness is still uncertain.

Can PND be prevented?

Taking care of yourself, and allowing others to take care of you will reduce the likelihood of you developing depression. You don't need to wait until you have depression to follow the advice given below. All of these suggestions will help you to become, and then to stay, healthy.

Suggestions to help you become and stay healthy:

Do try to...

- Take life one day at a time. Try to find the positive in things. Not everything in your life is always negative, even if it feels like it at the moment. Making yourself find positive aspects of your day will be very difficult at first. But do try as it is a very simple way of helping yourself to notice when you start to feel better. If you don't look for the positive things in your life you won't see them.
- Involve your partner or someone you are close to as much as possible.
- Set aside time for relaxing with family and friends.
- Be open about your feelings and worries. This will help others understand what you need.
- Talk to your midwife, health visitor or GP – no question is ever too small or too silly.
- Ask people you trust to help you with practical tasks like housework.
- Find out what support networks there are in your area and contact

them. Mothers in similar situations can provide invaluable emotional and practical support. You may not feel up to going along just yet, but you may want to soon.

- Take every opportunity to rest. Try to learn the trick of catnapping. Your partner can give the baby a bottle feed at night, using expressed milk if you like.
- Eat a balanced healthy diet, and try to eat little and often as this will give you a constant supply of energy – food is fuel.
- Find time to have fun. Accept genuine offers to baby-sit and go out for a meal, or to the cinema, or simply visit friends.
- Let yourself and your partner be intimate, even if you don't yet feel like sex – a kiss and a cuddle can be a source of great comfort and reassurance of the love you feel for each other, and in your own time this will help the return of full sexual desire.
- Organise a daily treat, however small. It could be a walk in the park, a workout, or simply a chat with friends.

But try not to...

- Be a superwoman – caring for your new baby 24 hours a day will logically mean that you need to reduce commitments in other areas of your life.
- Organise situations that could be potentially stressful. If it isn't going to make you feel better, then don't do it.
- Drink coffee, tea, cola drinks and alcohol, all of which can disrupt your ability to sleep.
- Move house if you can help it, either while you are pregnant or for some months after delivery.
- Be too hard on yourself or your partner, if you have one. Don't blame yourself or your partner for your depression. That won't make the depression go away. Blaming yourself or others is not helpful for anyone, least of all you. Accept that life is tough at this time. Arguments about irrelevant and unhelpful matters will weaken your relationship when it needs to be at its strongest.

I've had depression before, but now I want a baby

Discuss your concerns in depth with a trusted health professional, such as your GP, practice nurse or health visitor. This is especially important if your depression was recent or severe, or if you are prone to depression.

If your doctor is concerned, he or she may suggest that they see you regularly to make sure you are well and offer you help quickly if you are not, or even that you should start on an antidepressant as a safety measure. This is especially so if you are feeling vulnerable or if your home or personal circumstances are difficult.

Depression in pregnancy

Depression can develop at any time in a person's life. Changes in life circumstances can increase the risk of depression. Getting pregnant and giving birth are major life events; therefore, a woman is at increased risk of developing depression at this time. The probability of developing depression during pregnancy, known as antenatal depression (AND), is about the same as for developing depression after having a baby.

The possible causes of AND are very similar to those discussed here for PND, with one important difference. That is, more and more research is showing that women who are depressed during their pregnancy are likely to continue to be depressed after the baby arrives. Quite simply, AND often predicts PND.

So if you are pregnant and have read the list of symptoms for depression and think you may be experiencing those feelings more often than is usual for you, please do talk to your midwife, health visitor or GP as soon as you can. They will listen to what you have to say and do their very best to start to help you feel better.

I'm pregnant and worried about the effects of depression

It is known that depression in pregnancy is associated with other problems that may affect the pregnancy. For example, if you are depressed you will feel less positive and may not bother to make full use of ante-natal care. If you are aware of this, you can remember to try and make the extra effort to go for your ultrasound scans and perhaps even ask your midwife to come to your home to see how you are.

Depression is also associated with less control over other drug use, both prescription medication and non-prescription drugs, and with smoking and drinking alcohol. If you do notice this in yourself or perhaps in your pregnant partner, do seek help from your midwife or GP and consider contacting organisations that deal specifically with these matters.

I'm pregnant and worried about the effects of medication for depression

So what are the risks of antidepressants to the unborn child? All the evidence we have shows that the risks for most of the antidepressants used by doctors are relatively small. There are two main types of antidepressants – the older type called tricyclic antidepressants (TCAs) and the newer types called selective serotonin reuptake inhibitors (SSRIs).

If you are taking an antidepressant and are planning a pregnancy or think you may be pregnant it is very important to discuss this with your doctor as soon as possible. If your doctor is not, or does not seem to be, confident about the situation, you should request referral to a specialist and continue your medication in the meantime.

A balanced judgement has to be made between the very small potential risks to the baby of the mother taking antidepressant medication and the significant risks to her, and to the unborn child, if treatment is stopped and depression returns.

It is very important to discuss the situation with a doctor before stopping antidepressant treatment during pregnancy.

Your treatment options for depression

Essentially the methods of treatment most widely offered and found to be helpful are talking therapies such as counselling and psychotherapy, and medication in the form of antidepressants. These treatments are not mutually exclusive. An enhanced rate of recovery has been found for some individuals when both antidepressants and counselling are received.

Complementary therapies, such as reflexology and aromatherapy, have also been found to help women become well again. As their name suggests, they are most effective when used to complement other treatments. You may also like to learn how to massage your child. Infant massage has been found to help benefit both the mother and the baby as individuals, and to enhance the bond between you.

Counselling, Psychotherapy and Psychiatric help

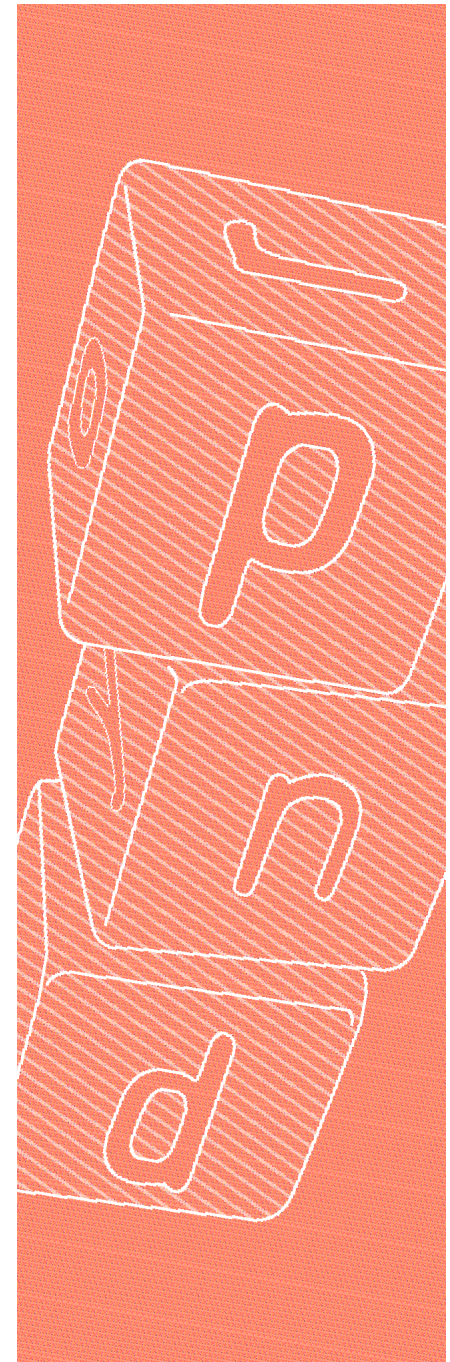
Professional counselling can be a great help if you are depressed. Many GP practices in the UK now have access to a counselling or psychotherapy service. Your health visitor may be trained as a counsellor and may offer to come and see you at home to talk through your difficulties with you. Being able to confide in someone who is not related to you, or a close friend of yours, may seem awkward at first but it does have some advantages.

In particular, you may feel more able to be honest with the counsellor, as they are not going to take offence if you don't take their advice. In counselling, the opportunity to talk about your troubles to a sympathetic, understanding, uncritical ear can provide a great sense of relief and release.

For mild to moderate depression, psychotherapy can be very beneficial. One form of psychotherapy, Cognitive Behavioural Therapy (CBT), has been shown to be as effective as antidepressants. CBT involves looking at how you think about things, confronting negative thoughts and focusing your attention on positive thoughts and actions.

About one in four women suffering from PND develops more severe symptoms such as feeling suicidal and naturally needs more specialised help. Although you may receive psychiatric treatment to help you recover, this must form part of an overall strategy of support and practical help involving partners, family and friends. Your GP will refer you to a psychiatrist if necessary.

Sometimes women with the most severe forms of PND need inpatient treatment because they are unable to function at all at home. In these situations it is vital that the depressed mother is not separated from her baby as this can make her feel worse and damage the attachment relationship with her child. Admission should be arranged to a specialist mother and baby unit where specialist nursing and psychiatric skills support recovery.





Medication - Antidepressants

Are the medications used in depression known to cause birth abnormalities?

From what is currently known, there is no increased risk of major abnormalities with the most commonly prescribed antidepressants.

Lithium is the only drug known to cause a birth defect, where the risk is 1 in 2,000 births. However, this risk is low compared with the average risk of birth abnormality in the general population, which is 40 – 60 in every 2,000 births. If the depression has been severe, then a 1 in 2,000 risk may be acceptable. Please note though that Lithium is not usually prescribed for PND, being more usually prescribed in cases of the much more rare and severe illness of puerperal psychosis.

In general, SSRIs are less toxic than most TCAs, and may be preferable in PND because they have relatively fewer side effects.

Could antidepressants affect my child in later life?

Several studies have been carried out to see if antidepressants can affect how the brain works in children as they mature. Reassuringly, no delayed effects on behaviour have been found in children exposed to antidepressants in the womb or through breast milk.

Can I breast-feed if I am taking medication for depression?

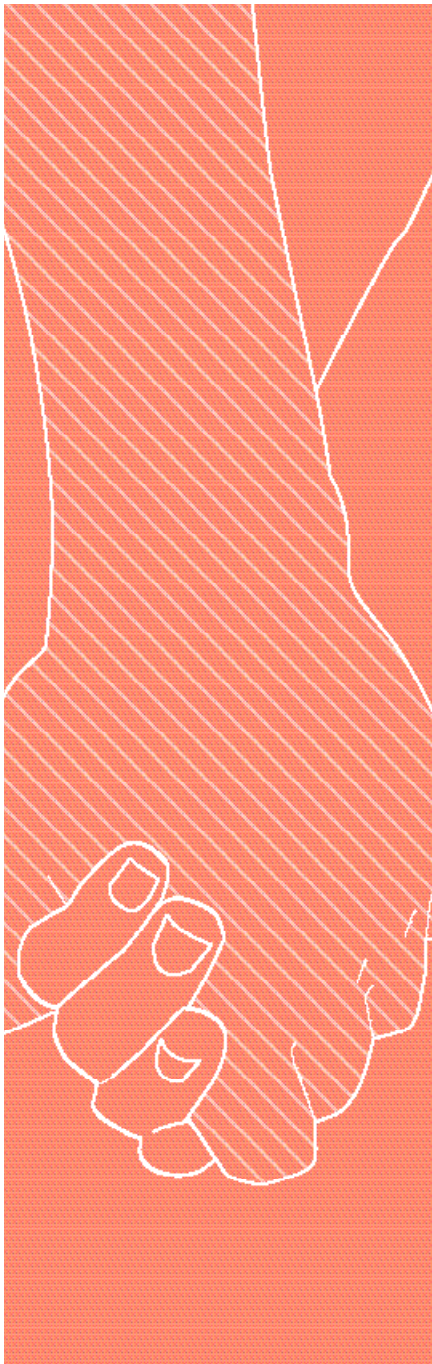
Foods and drinks as well as medication affect breast milk. It is well known, for instance, that alcohol can pass quickly in large amounts from mother to child via breast milk.

Antidepressants can also pass from mother to child through breast milk, but the balance of risks and benefits to the mother in taking antidepressants must be considered. In general, doctors feel that the benefits of a contented mother breast-feeding and bonding with her baby while on antidepressant medication outweigh the possible risks of a small amount of the antidepressant reaching the child. Some mothers will, however, prefer to bottle-feed if taking antidepressants.

Are antidepressants addictive?

Current medical advice is that antidepressants are not addictive. However, it is important when finishing a course of antidepressants to come off them gradually, cutting down the dose over a period of time. Your doctor will advise on this. Stopping an antidepressant suddenly during pregnancy, or around the time of delivery, can lead to a reoccurrence of the depression.

Remember that antidepressants take two or more weeks before they work – so don't give up just because you don't feel any better immediately. You may need to continue to take the antidepressant for up to six months after your depression has lifted to prevent it returning. Always bear in mind that depression is an illness, and give yourself time to recover.



Supporting the depressed woman: How you can help

Living with a depressed woman can be very difficult and frustrating. It might be useful to think of the baby's arrival as a crisis that will pass.

Give support, encouragement and hope. Be patient and understanding. Your help at this time of crisis is absolutely invaluable.

Most importantly, be prepared to seek help, both for her and for yourself if you feel you need it. There are a number of things you can do to help.

Family & friends

Do try to...

- Sensitively ask her what she feels she needs, she will probably have a good idea of what she wishes someone would do for her to help her feel better. If she does not feel able to work this out at the moment, remember that as she gets better this may change. When you notice that she is feeling better, ask her again what she thinks she needs.
- Encourage the depressed mother to go to her midwife, health visitor or GP and ask for help. Offer to go with her or arrange for them to come to see her at home, with yourself present if you think that might help her to actually get help.
- Suggest she joins a self-help group, like those run by Depression Alliance. We have groups – run by people who have themselves experienced depression – all over the UK. Exchanging experiences with people in a similar position and realising that you really are not the only one suffering can be an enormous relief. Again, this may not be something she feels she wants to do at first, but as she begins to feel better she may change her mind.
- Offer help with practical child care arrangements.
- Offer to do the cleaning/washing/ironing whilst she spends some time relaxing and getting to know her baby.
- Be patient. Please remember that depression is an illness.
- Let her express her true feelings. Be aware that it may not be easy for you to hear what she has to say. Treat her fears and feelings seriously. Be sympathetic. It will have taken great courage to admit these feelings to herself; saying them aloud to you will have taken a great deal more courage.
- Find out more facts about depression and PND. She may be too ill to do this for herself or frightened of what she may find out. It will also help you to continue supporting her in a sympathetic way.

Partners/Fathers

You are perhaps the most important person in terms of helping your partner to become better.

Whilst this may seem very flattering, it may also feel like a burden at times. Try and remember that she does not want to be a burden to you. She does not want to be ill. Also remember to look after yourself and share the responsibility of support with others. For example, with a friend, relative or Community Psychiatric Nurse.

Together you can help your partner become well again. Hopefully when she feels better you will feel that your relationship is stronger for the experience of surviving this difficult time.

All of the above will help in addition to the following suggestions.

Do try to...

- Frequently reassure her that her illness is temporary and that she will get well.
- Reassure her of your love and support. Let her know that you will not abandon her. She will fear this greatly, as she will probably also fear having the baby taken away from her.
- Ensure that she gets enough food and rest.
- Encourage her to be active, even though she might resist. Going for a short walk together will help you feel better too.
- Point out to her any small improvements you notice in her well-being. Praising her will reinforce the behaviour that has led to that improvement and give her the hope and courage to continue.
- Give her a massage. Don't worry, you don't need to be an expert, try some gentle stroking to start with – it will help her to relax and restore her feelings of well-being.
- Go out together as a couple without your children, but don't force your partner to do anything

- Look after yourself. Neither antenatal nor postnatal depressions are gender exclusive illnesses i.e. you can develop them too. It would be a good idea for you to follow the 'suggestions to help you become and stay healthy' mentioned above. If you too are following those simple steps it will make it easier for her to do them with you.
- Get help if you need it – please don't keep it to yourself.

Depression during pregnancy and after birth threatens the mother's and father's health, marriage, friendships and careers, as well as the baby's welfare. Dealing with it on a day-to-day basis can be a huge challenge for family and friends.

With support and patience you can help the depressed mother to recover.

Getting help - Other useful organisations

**The British Association for
Counselling and Psychotherapy**
Provides information and advice on
all matters related to counselling.
They can also send you a list of
accredited counsellors in your
local area.
1 Regent Place
Rugby
Warwickshire, CV21 2PJ
Telephone: 01788 550 899

Carers Line
Helpline providing advice and
information for carers on any issue.
Telephone: 0808 808 7777
(Mon – Fri, 10.00 – 12.00,
14.00 – 16.00)

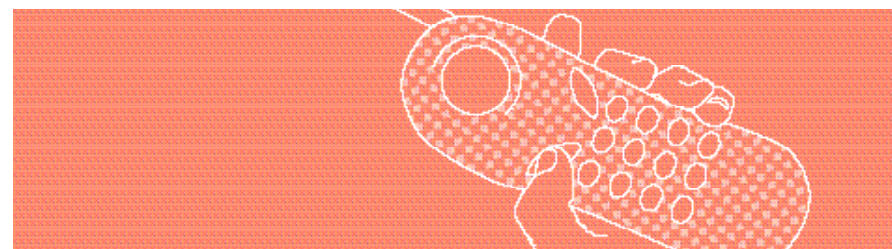
The Manic Depression Fellowship
Offers information and advice
specifically related to Manic
Depression/Bipolar Disorder.
Castle Works
21 St Georges Road
London, SE1 6ES
Telephone:
020 7793 2600 England
0141 400 1867 Scotland
01633 244 244 Wales

UKPPG Medication Helpline
Confidential information about
prescription drugs from trained
medical professionals.
Telephone: 020 7919 2999
(Mon – Fri, 11.00 – 17.00)

**Northern Ireland Association for
Mental Health**
Voluntary organisation providing
services for people with mental health
needs, including residential, day care,
counselling, information, education and
training. Range of information on mental
health service provision, treatment,
use and research issues.
80 University Street, Belfast, BT7 1HE
Telephone: + 44 (0) 1232 328 474

NHS Direct
A 24-hour nurse-led helpline providing
confidential healthcare advice and
information.
Telephone: 0845 46 47

MIND
(National Association for Mental Health)
Information service for all matters
relating to mental health (covers
England and Wales only).
Granta House
15-19 Broadway
London, E15 4BQ
Telephone: 08457 660 163
(Mon – Fri, 9.15 – 16.45)



The Samaritans
Offer confidential emotional support
to any person who is suicidal or
despairing.
46 Marshall Street
London, W1V 1LR
Telephone: 08457 90 90 90
Textphone: 08457 90 91 92

SANE
Gives information and support to
anyone coping with mental illness.
1st Floor, Cityside House,
40 Adler Street,
London, E1 1EE
National Helpline: 08457 678 000
(every day 12pm (noon) until 2am)

Scottish Association for Mental Health
Offers support, information and advice
on various aspects of mental health.
Cumbrae House
15 Carlton Court
Glasgow, G5 9JP
Telephone: 0141 568 7000

DAPeND
The Depression Alliance Peri-natal
Depression Helpline is an information
and support line for anyone affected by
depression associated with childbirth.
Telephone: 0845 120 3746

Association for Postnatal Illness
Offers a helpline for women with
post-natal illness, their families,
friends and professionals.
25 Jerdan Place,
Fulham
London, SW6 1BE
Telephone: 020 7386 0868

MAMA
(Meet-A-Mum Association)
Provides information, support and self-
help groups to mothers and pregnant
women who are isolated and lonely
or experiencing post-natal illness.
376 Bidefore Green
Linslade
Leighton Buzzard
Beds, LU7 2TY
Telephone: 0845 120 6162
Web: www.mama.org.uk

Parentline
Helpline and information for
parents under stress.
520 Highgate Studios
53-79 Highgate Road
London, NW5 1TL
National Helpline: 0808 800 2222

Useful books

Nine women, Nine months, Nine lives

Dr Sandra L Wheatley, Potent

ISBN 0-9540012-0-6

Read the first chapter online at

www.potent.uk.com

Freephone: 0800 996 1244

For all those having (or recently having had) their first child and containing the actual and varied experiences of nine women. From the moment they saw the blue line on the pregnancy test up until their child's first birthday their new lives and how they feel about them, as they tell them, are presented.

Life After Birth

Kate Figes, Viking

ISBN 0-670-86600-8

The Year After Childbirth

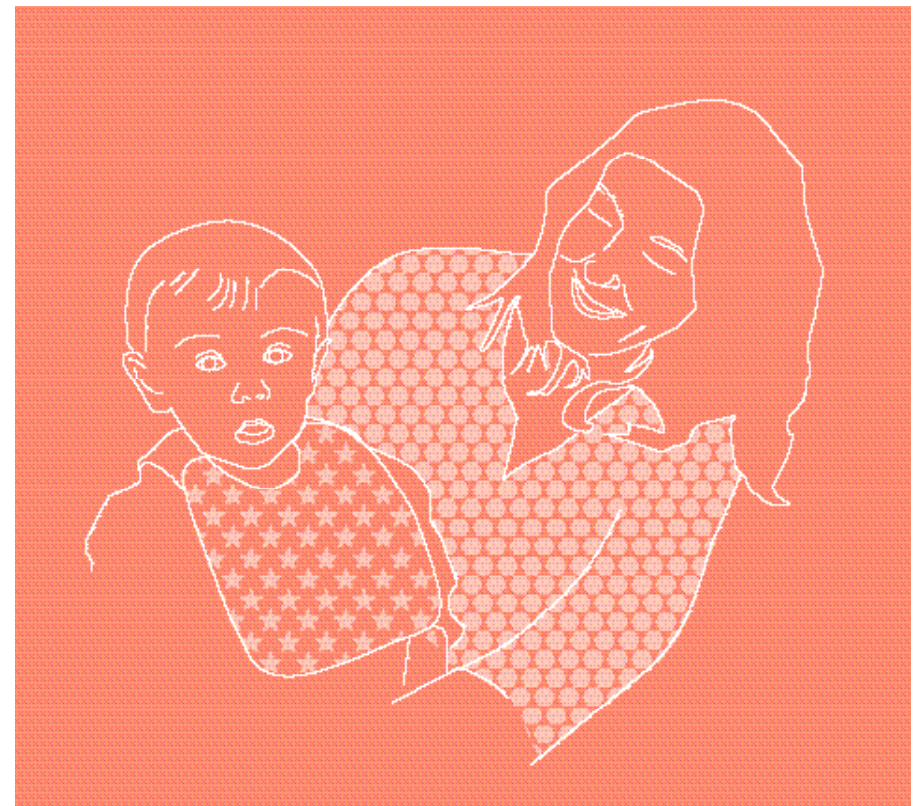
Sheila Kitzinger, Oxford

ISBN 0-19-286165-4

The Best Friend's Guide to Surviving
the First Year of Motherhood

Vicki Iovine, Bloomsbury

ISBN 0-7475-3648-1



Edited by Amelia Mustapha,
designed by Mathew Wade
© Depression Alliance 2003
First edition, October 2003

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form by any means, electronic, photocopying, recording or otherwise, without prior written permission from Depression Alliance.

Depression Alliance is a registered charity (1096741) and A Company Limited by Guarantee (4253700). The views expressed in this booklet are not necessarily those of Depression Alliance

Depression Alliance is the leading UK charity for people with depression. We work to relieve and to prevent this treatable condition by providing information, support and understanding to those who are affected by it. We also campaign to raise awareness about the realities of depression.

For more information about Depression Alliance, our services, our publications or our membership scheme, please contact our English, Welsh, or Scottish office as appropriate.

Depression Alliance
35 Westminster Bridge Road
London
SE1 7JB
T: 020 7633 0557
(textphone: 020 7928 9992)
F: 020 7633 0559
Email:
information@depressionalliance.org
Web: www.depressionalliance.org

Depression Alliance Scotland
3 Grosvenor Gardens
Edinburgh
EH12 5JU
T: 0131 467 3050
F: 0131 467 7701

Depression Alliance Cymru
11 Plas Melin
Westbourne Ave
Whitchurch
Cardiff
CF14 2BT
T: 029 2069 2891
F: 029 2052 1774