



## C-Gen 11

# Postnatal/Perinatal Depression

Perinatal depression (PND) is a mood disorder which can impact significantly on women, families and the broader community.

All members of pregnancy care teams have the responsibility to identify clinical features during pregnancy that may predispose to the chance of a pregnant woman subsequently developing PND. Personal and family history of depression or anxiety states, as well as screening tools, may be used to identify women at higher risk of PND.

Antenatal recognition of risks for PND should alert pregnancy carers to initiate a care plan that allows for early recognition and treatment of PND, in the expectation this will ameliorate the impact of the disorder.

GPs should be considered the cornerstone of management of PND because of their role in the continuity of holistic care of the patient; their ability to interact in both private and public sectors; and the provision for referral to further mental health care. All pregnancy carers should identify resources to enable them to maximise care for a woman affected by PND.

### Bibliography

1. National Institute for Health and Clinical Excellence (NICE) (2007) *Clinical Guideline number 45, Antenatal and postnatal mental health: clinical management and service guidance*, London: National Institute for Health and Clinical Excellence.  
<http://www.nice.org.uk/guidance/CG45/niceguidance/pdf/English> accessed 28 February 2007.
2. Beyond Blue National Depression Initiative (currently under development)  
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-beyond>
3. Drugs and Breastfeeding (2004) Pharmacy Department, Royal Women's Hospital Melbourne. ISBN 0958730660.
4. Department of General Practice and Public Health (GaPP), University of Melbourne *Principles of shared care* Evidence based guideline (1999).

### Useful Links

1. *Therapeutic Goods Administration*. Prescribing medicines in pregnancy, 4<sup>th</sup> ed (1999).  
<http://www.tga.gov.au/docs/html/medpreg.htm>. Accessed 23 February 2007. This contains amendments to classification updates to prescribing medicines in pregnancy, see four documents below:

February 2007 <http://www.tga.gov.au/docs/html/mip/0702newmed.pdf>

June 2006 <http://www.tga.gov.au/docs/html/mip/0606newmed.pdf>

June 2006 <http://www.tga.gov.au/docs/html/mip/0606catchang.pdf>

February 2006 <http://www.tga.gov.au/docs/html/mip/0602catchang.pdf>

2. List of references pertaining to *Drugs in Human Milk*, developed by the King Edward Memorial Hospital <http://www.pharm.uwa.edu.au/drugs-milk/intro.html>. Accessed 23 February 2007

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This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

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