

Is This the End of Perinatal Depression?

A new drug is being touted as revolutionary when it comes to this debilitating illness. But, amid accessibility concerns, does this newcomer provide fresh or false hope for women?

By Kate Symons



Through the cracks

Early detection is crucial for both mum and baby, emphasises Austin, who chaired the creation of clinical practice guidelines for mental health care in the perinatal period. (She is also the head of Perinatal Mental Health at the Royal Hospital for Women in Sydney.)

“Secure attachment really has to take place for the infant in the first 18 months of life,” Austin explains. “It’s not like you can put it on hold until a bit later. There is that critical window in which we have to get the mother [feeling] as well as we can ... because secure attachment is really what underpins an individual’s future emotional resilience.”

Still, research suggests that three quarters of those experiencing perinatal distress won’t be identified, while only one in 10 women who need mental health care during this period will get it. Social stigma plays a significant role, with many women concerned about feeling like, or being branded, a ‘bad’ or ‘failed’ parent. But it is just as likely, as in Yvette’s case, that the symptoms are misunderstood.

“Helping women recognise and seek treatment early, that’s still an obstacle,” says Terri Smith, CEO of Perinatal Anxiety & Depression Australia (PANDA). “We have women who are actively engaged in the health system throughout their [pregnancy] yet still the illness is often not identified.”

Mum-of-two Corinne Cinatl, 34, falls into both categories. She didn’t recognise her symptoms (including heightened anxiety and an inability to sleep) after giving birth to her son Charlie, until two years later when a friend shared her own diagnosis. Still, Corinne didn’t seek help, and headed into her second pregnancy full of trepidation.

“I figured things were going to get better,” Corinne recalls. “But I definitely should have sought some kind of psychiatric help when I was pregnant [the second time]



one in six new mums will experience symptoms of depression in their first post-baby year

Symptom watch

The signs of perinatal depression and anxiety can vary, so watch out for these potential symptoms:

- ☹️ Feeling sad or crying for no obvious reason
- ☹️ Persistent worry
- ☹️ Being nervous, panicky or easily irritated
- ☹️ Withdrawing from friends and family
- ☹️ Sleeping too much or not sleeping well
- ☹️ Mood swings
- ☹️ Feeling constantly tired
- ☹️ Having little or no interest in the things that normally bring joy
- ☹️ Fear of being alone or with others
- ☹️ Difficulty concentrating or recalling things
- ☹️ Increased alcohol or drug use
- ☹️ Panic attacks
- ☹️ Obsessive or compulsive behaviours
- ☹️ Thoughts of death, suicide or harming your baby

Visit panda.org.au for mental health checklists to help expecting and new parents, partners and carers to identify symptoms. It’s free and anonymous.



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because I was so traumatised by my experience with Charlie. I thought, ‘How am I going to cope, I am already not coping’. It was a huge roller-coaster of crazy feelings.” When her daughter Matilda was born, Corinne’s cloud darkened – women with a history of perinatal depression are at an increased risk of recurrence – and her progress continued to be hampered by fear. “I didn’t even feel like a human, I felt like a shell of a person who was in robot mode,” she remembers. “I just felt really exposed and vulnerable. I was scared to tell [people] how I really felt because ... I was so scared [that] saying [that] I just wanted to lie in bed all day would mean someone would come and take my kids away.” Eventually,

she found help through Raphael Services, a St John of God Health Care program providing specialist support during the perinatal period. This was helpful, although progress ebbed and flowed. Ultimately, in Corinne’s case, by far the most effective healer of all was time.

Help at hand

After her first suicide attempt, Yvette spent two weeks in a psychiatric ward. Doctors increased her antidepressant dosage and “psychiatrist after psychiatrist” helped her process some of her dark emotions. Interventions like this are at one end of a broad scale. To date, perinatal depression has been treated in the same way as other forms of depression – through counselling and, where appropriate, antidepressants. But these methods aren’t effective for everyone and, even when they are, positive outcomes can take weeks to surface.

These are pitfalls Zulresso is said to address. Clinical trials showed that within 60 hours, half the patients were no longer clinically depressed. The effects also showed to last for at least 30 days, with further tests not conducted beyond that. The downsides? Projected cost aside, the drug is administered as a single 60-hour infusion, making it invasive and pretty time consuming. Plus, a healthcare provider needs to continuously monitor the patient.

With more than two decades in the field, Austin views Zulresso with “a lot of scepticism”, labelling the study methodology “flimsy” with no patient assessment after 30 days, and the price tag “hugely problematic”. Smith is similarly wary: “I think it’s important to remember that we do already have a whole range of effective and affordable treatments on the market,” she says. “We’re keen to see new treatment options to support choice and

potentially see better outcomes, but at this stage we cautiously welcome further exploration of this drug.”

Whether Zulresso even reaches our shores depends on factors including its success in the US and the willingness of Sage Therapeutics – the company that developed the drug – to invest in the Aussie market. Either way, it doesn’t tackle the key issues of education and stigma around perinatal depression. But, Corinne is. Putting her firsthand experience to work, she is now a trained postnatal doula, providing one-on-one help for women during this vulnerable time. Her advice for expecting mums, who are, understandably, often focused on labour, is to prepare for the postnatal period as well.

“Invest in yourself rather than the newest, most awesome pram,” Corinne implores. “Organise a postpartum doula, organise to link in with a mothers’ circle or group that focuses on the mothers’ wellbeing rather than baby care. Have a list of people you can call for a non-judgemental chat when you are feeling low, knowing they will encourage and support you rather than offering unsolicited or unhelpful advice,” she continues.

Meanwhile, Yvette wears her diagnosis on her sleeve through her online platforms, in an effort to inform and support women struggling with mental health concerns. She still battles symptoms and takes an antidepressant each day, but she is now able to enjoy motherhood – something she once considered impossible. “I love it so much,” she says. “We have such a good time together. Our connection is just amazing. I thought that was out of reach [for me]. I am so grateful for my boys.” **uh**
For support in pregnancy and early parenthood, call PANDA’s National Perinatal Anxiety & Depression Helpline on 1300 726 306. It’s free and confidential. For 24-hour crisis support, call Lifeline on 13 11 14.