

# Let's talk perinatal anxiety and depression

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## What is perinatal anxiety and depression, and who is affected?

**The time spanning the beginning of pregnancy to the end of the first (and increasingly the second) postnatal year is known as the 'perinatal period', meaning around birth.**

It is a time of immense biological, social and psychological change. While most people expect it to be a time of generally positive emotions and experiences, for a significant number of parents, this is not the case. In the perinatal period, about 1 in 5 will experience significant mental health difficulties. Partners can also be impacted. Anxiety and depression might be experienced as separate problems or together. Perinatal mental health also includes those who experience loss in the perinatal period. Anxiety-related difficulties and depression are by far the most common of these problems, and they are often found together. Perinatal anxiety can take various forms. For example, it might be repetitive worries about the pregnancy or parenting, distressing and unwanted intrusive thoughts of harm coming to the infant, feeling like you are reliving parts of a difficult birth experience, or feeling anxious about being judged by others.

Having a previous history of anxiety or depression can increase the risk of experiencing perinatal difficulties, but for others, aspects of the perinatal period itself can trigger the problems. The causes of perinatal anxiety and depression are varied and complex and include: biological vulnerability to hormonal changes; difficulties associated with complicated pregnancies and traumatic birth experiences; adjustment to significant changes in roles; financial stress; partner conflict or abuse; and trying to meet impossible standards in parenting and childcare.

## Signs and symptoms

### **Going through pregnancy and becoming a parent is a challenging experience for almost everyone at times.**

Many will have experienced difficulties and sometimes loss on the journey to becoming a parent. Occasional worries or dips in mood are normal for most parents as they get to grips with these phases and adjust to having a new baby. For many there is a temporary period of 'baby blues' as hormone levels change in the first week or so after the birth. However, if the symptoms of anxiety or low mood persist and feel very distressing or lead to feelings of being distant and isolated, then they may be a problem in their own right.

**If you are experiencing any of these symptoms, consider reaching out to a qualified medical professional, for example a GP, for help and support.**

#### **Symptoms of depression include:**

- Feeling persistently low in mood, tearful or distressed
- Not taking pleasure or having interest in things that you would normally have enjoyed
- Feeling very low in energy (this may be difficult to determine with a young baby)
- Not sleeping even when you have the chance to
- Not eating properly
- Feeling guilty that you are getting things wrong

#### **Symptoms of anxiety can include:**

- Excessive worry that something bad will happen to the baby
- Repeated experiences of unwanted intrusive thoughts or images of harm coming to the baby
- Physical feelings of panic like racing heart, sweating, hot flushes and trembling
- Feeling anxious that things will go wrong, even when you have had medical reassurance
- Excessive checking on the internet for information about safety in pregnancy, trying to get everything completely 'right'
- Feelings of anger and irritability

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It is important to know that, although quite rare, mental health can change very quickly in the perinatal period. You can seek urgent help through an A&E department or by contacting specialist perinatal mental health services if you or someone you know is experiencing:

- A significant deterioration in mental state
- Thoughts or acts of violently harming yourself or your baby
- Feeling estranged from your baby and persistent thoughts that you are no good as a mother

## How is perinatal anxiety and depression diagnosed and treated?

**Perinatal anxiety and depression is typically diagnosed by a mental health professional (for example a psychiatrist or clinical psychologist), using a combination of clinical judgement, nationally recognised criteria and screening questionnaires, following referral from a GP or midwife.**

### Did you know?

NICE produce useful guidance, supporting health professionals to deliver the best care.

Formal diagnosis is usually guided by the International Classification of Diseases (ICD) criteria and questionnaire measures, such as the GAD-7 and PHQ9.

Treatments for anxiety and depression are well established and may include the use of both antidepressant medication and talking therapies, namely Interpersonal Psychotherapy (IPT) and Cognitive Behavioural Therapy (CBT). Psychological therapies aim to reduce psychological distress and improve quality of life.

**The evidence-based treatment and therapy guidelines used in the United Kingdom and the NHS are based on recommendations from the [National Institute for Clinical Excellence \(NICE\)](#).**

Some antidepressant medications such as [selective serotonin reuptake inhibitors \(SSRIs\)](#) are considered safer for use in pregnancy and in breastfeeding mothers; any use of medications at this time should be discussed with the prescriber (for example a GP) who will have access to the most up to date information. Medications take about two weeks to have an effect.

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Psychological therapies have similar effectiveness in the perinatal period as at other times. However, they work best if treatment is adapted to consider the unique challenges of the perinatal period. This could include, for example, taking into account previous experiences of pregnancy difficulties or loss, and the high demands of caring for a young infant. Effective adaptations may involve tailoring treatment content to consider feelings around becoming a parent, as well as modifying treatment delivery methods. This could include offering flexible appointments and cancellations, and allowing infants to be present in the session.

Where parents are experiencing difficulties bonding with their baby, more specialised interventions may be required.

## Specialist provision

**Since 2014, there has been an increase in specialist provision for women and partners experiencing perinatal mental health problems, with more perinatally-trained practitioners in these services and 'perinatal champions' in primary care talking therapies services (previously known as IAPT).**

Perinatal clients should be prioritised for treatment. There are also now maternal mental health services (MMHS) which are specifically for anxiety, trauma and loss related to maternity experiences, either during pregnancy, postnatally or having had these experiences some time ago. MMHS services provide therapy and can help liaise with maternity services for women who are anxious during pregnancy. In routine services, specialist mental health midwives can provide support during pregnancy for women, and health visitors provide support postnatally.

Paternity leave is very short in the UK compared to other comparable high-income countries in Europe, and fathers tend to seek help less than mothers, but can also experience anxiety and depression at this time. Paternal and maternal mental health are associated, and it is important that both parents seek support where needed. Fathers can access help via talking therapies and sometimes alongside a partner being seen by specialist services.

## What can you do to support yourself, if you are experiencing perinatal anxiety and depression?

**If you think you or someone else may be experiencing perinatal anxiety and depression, there are a number of support options. If you are currently pregnant, you can inform your obstetric care team who can work with you and signpost or refer you to mental health support.** This may be in the form of specialist perinatal mental health services, primary care talking therapies, or an MMHS – the latter two usually accept self-referral. If you are postnatal or have experienced baby loss, you can also seek help via these routes. Alternatively, you can consult with a GP to get a referral.

The perinatal period is challenging and can feel lonely, which can make feelings of anxiety and depression worse. You may find it helpful to access peer support in some form. This may be general, in terms of linking with local parents via antenatal groups, breastfeeding cafes, and baby groups. Becoming a parent is hard and it can feel like everyone else but you knows what they are doing, which can lead to anxiety and depression. There are some helpful websites with information on early parenting and managing common stressors such as infant sleep and feeding difficulties.

There is a network of helpful mental health organisations run by those with lived experience of almost every aspect of the perinatal journey. These encompass support with difficult decision making when pregnant, premature birth and babies needing neonatal care, perinatal depression, birth trauma, maternal OCD and many more. [The Maternal Mental Health Alliance](#) is an umbrella organisation which lists many of these.

Looking after yourself is key but is not always easy during such a demanding time. Accepting help and support where it is offered, trying to eat and sleep where you can, finding out the range of experiences that parents at a similar stage of the journey are going through can be helpful in challenging depression and anxiety.

# How to support reasonable adjustments in the workplace for those with perinatal anxiety and depression

**Equality legislation in the UK defines disability as a physical and/or mental health condition that has a substantial and long-term impact on a person's ability to undertake normal daily activities.** Under the provisions of the legislation, employers must make reasonable adjustments to ensure that the individual is not disadvantaged at work. They can be changes or adaptations that remove barriers in the workplace.

In addition, pregnancy and maternity are protected characteristics under the Equality Act 2010, in Great Britain. Under Health and Safety legislation, employers must also carry out an individual risk assessment for pregnant workers and new mothers and manage identified risks. You can find out more on the [Health & Safety Executive \(HSE\) website](#).

Have you seen our [Let's talk Adjustments campaign?](#) It aims to raise awareness and empower everyone in veterinary workplaces, no matter their role, disability or health condition, to have important conversations about reasonable adjustments.

There are suggested adjustments below in the context of perinatal anxiety or depression but each request and need is individual.

As a colleague, you may be working alongside someone who is currently pregnant or someone who is coming back to work as a new parent, and who is experiencing anxiety or depression. Pregnancy can be physically demanding and, as the weeks progress, adjustments to working patterns and conditions should be considered. This may include preventing exposures to medical devices or some animal work for pregnant women.

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If you are a manager, regular check-ins during a pregnancy can be helpful to support your colleague to manage any feelings of anxiety and overwhelm. These conversations can also provide an opportunity to respond to any changes in their medical situation that may require adjustments or forward planning. On occasion, your colleague may need to take time off work with little warning, either for an appointment or if maternity leave starts unexpectedly. There is a strong interface between physical and mental health in the perinatal period. Those who experience complicated pregnancies or births, and those with twin pregnancies are at greater risk for anxiety and depression. Offering a sense of understanding, validating a person's experience, and signposting to formal or informal help and support where appropriate, can all have a positive impact.

Please note that pregnant employees are entitled to certain rights, which employers should be aware of, such as paid time off for antenatal care. In addition, To find out more visit the [Government website](#).

There is no one way to experience pregnancy birth, early parenting challenges, or perinatal loss and some people may need additional time or adjustments in workload in order to help process what is going on or what has occurred'.

After maternity leave, learning to juggle work and parenting demands can be challenging. Making time to discuss how work can best support people as they return is often helpful, in particular if there are additional ongoing medical appointments for their infant or themselves. Therapy for perinatal depression or anxiety will often take place during maternity leave, but may continue beyond that period. For some being at work can provide stability and structure that can help.

## Support schemes

Dependent on your individual circumstances there are also a range of government, employment and NHS support schemes that can support you with advice and benefits such as free prescriptions, and childcare costs. To find out more visit the [Government website](#) or [Citizens Advice](#) website.

## How to talk to someone experiencing perinatal anxiety and depression

**Being a parent is challenging, and even before that, many people will have had experiences of loss and trauma on their journey to trying for or having a baby.**

**Checking In –** As colleagues, we may have most contact with people in the earlier stages of their pregnancy and after return from maternity leave, which can both be difficult phases as people adjust to their multiple roles. Simply asking about how they are getting on with things at home can convey that you understand this and can help people feel supported.

**Connection –** During maternity you may find it useful to incorporate check-ins around [Keep in Touch \(KIT\)](#) or [Shared Parental Leave in Touch \(SPLIT\)](#) days and other staff information sessions too, for those on maternity leave. It is also worth checking that necessary insurance is also in place.

**Listening without assumptions –** Upon return to work they may be coping with sleep deprivation or physical consequences of birth, or a child with additional needs. Empathising with the physical, emotional, practical and financial demands of parenting is a good foundation for conversations about perinatal mental health. This can help create a space to discuss any particular difficulties that they may want to think through or need further support with. Avoid dismissing the person's experience as 'baby blues', saying "this too shall pass", or sharing your own experiences of being tired in pregnancy. Instead listen and offer your support, rather than solutions, but do signpost to people who can help with solutions.

**Signposting –** Identify and share internal support mechanisms, as well as relevant mental health charities and support services such as Maternal Mental Health Alliance, can be a useful source of help and information.

## Seeking support

### NHS help and support

You can contact a GP, a midwife or a health visitor for advice, an assessment and referral to local psychological therapies team, or to access medication. In England, Scotland and Wales/Cymru, you can also self-refer to your local NHS Talking Therapies (formerly IAPT) service.

You may also be able to access online CBT programmes such as SilverCloud.

**If you need more urgent help and support**, you can contact NHS 111 in England, Scotland, and Wales/Cymru, or Lifeline in Northern Ireland on 0808 808 8000 to receive support and advice. If you are deaf or hard of hearing, you can also find useful advice from the [RNID](#) on using the confidential relay service Relay UK, to contact NHS 111 and Lifeline.

You can also contact a GP surgery and ask for an emergency appointment.

**If you are in crisis or need immediate medical help** call 999 and ask for an ambulance or visit your local A&E department.

## General support

- **PANDAS** – available 8am to 10pm daily to listen and offer free and confidential information, support and guidance. You can message them on Whatsapp on 07903508334, email [supportme@pandasfoundation.org.uk](mailto:supportme@pandasfoundation.org.uk), or if you would like to speak to someone they have a free bookable call back service via their website. Visit the [PANDAS website](#) to find out more.
- **Vetlife helpline** – available 24/7 to listen and offer a confidential, safe, and non-judgmental space. Call 0303 040 2551 or visit the [Vetlife website](#) to register and contact anonymously via email.
- **Samaritans** – available 24/7 and provides a safe place for anyone, whatever you are going through. Call 116 123 or email: [jo@samaritans.org](mailto:jo@samaritans.org)
- **Shout** – available 24/7 and offers a free, confidential text messaging service for anyone who is struggling to cope. Text SHOUT to 85258

There are also resources and information provided by [Mind](#), [Maternal Mental Health Alliance](#), [MumsAid](#), [Birth Trauma Association](#), [Tommy's](#) and [Maternal OCD](#).

If you would like a list of research and resources that have been used/referred to in this guide, please contact [info@vetmindmatters.org](mailto:info@vetmindmatters.org)

## About this guide

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This guide has been developed by Dr Fiona Challacombe, Clinical Psychologist, in partnership with the Royal College of Veterinary Surgeons' (RCVS) Mind Matters Initiative. 'Clinical psychologists deal with a wide range of mental and physical health problems including addiction, anxiety, depression, learning difficulties and relationship issues' (British Psychological Society, 2025).

## Did you know?

Clinical psychologists and counselling psychologists are protected titles by law and individuals must be registered with the Health Care Professions Council (HCPC) to practise. [You can check if someone is registered on the HCPC website.](#)

Please note that our health information should not be used for diagnosis purposes. If you are concerned about your health, please seek help from a GP or a mental health professional.

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## How to feed back and contact RCVS Mind Matters

As part of our commitment to continuous improvement, we welcome feedback and suggestions for future updates to this guide.

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