

Postnatal Depression



The Association for Postnatal Illness,
145 Dawes Road, Fulham, London SW6 7EB

POSTNATAL DEPRESSION

INTRODUCTION

Most people today have heard the term 'baby blues' used to describe a mild, short, period of depression which many women experience after childbirth. Fewer people are aware that as many as 10% of all recently delivered women develop postnatal depression. In a proportion of these mothers the depression may be of such severity that they need out-patient psychiatric help and many need drug therapy.

In view of its common occurrence it is surprising that postnatal depression is so rarely mentioned in books about pregnancy and childbirth, and it is not usually discussed in ante-natal classes.

The purpose of this booklet is to give some information about the many symptoms of postnatal depression, from the mildest to the most severe forms. The list of symptoms should not alarm you, women who experience depression will probably recognise a combination of symptoms which apply to their particular case. Do remember that this is a condition which always results in complete recovery, and the distressing symptoms can be abolished by drug therapy.

Sadly, many mothers experience severe depression without recognising it as a treatable illness. This can mean the mother suffering needless distress and can also affect her family and friends. If a mother can recognise her condition then she may seek medical help at an earlier stage of the illness.

AFTER THE BIRTH

The 'baby blues' usually arrive within the first week after the birth of the baby. The mother may feel very emotional and find that she keeps bursting into tears. She cannot explain why she is upset, and is not easily cheered up. She should be allowed to cry and not admonished for being weepy and miserable.

Sometimes the mother feels confused and unable to concentrate, she may read a book but be unable to follow the story. Often her memory becomes very poor and many mothers worry about this.

The 'blues' may be connected with the sudden hormone changes that occur when a woman gives birth.

There are factors other than the 'baby blues' which can make a mother feel depressed after the birth. Many newborn babies have a degree of jaundice or some feeding difficulties in the first week; as these conditions improve the mother will feel happier.

A new mother may feel that she will be unable to cope when at home alone with

the baby. This is especially the case with first time mothers. Often the promise of practical help from family and friends can ease the situation, and as the mother learns how to cope at home her feelings of depression lift.

If the mother is worrying about her ability to support the baby financially she can get advice from the social worker in hospital or from her health visitor and local DHSS when she returns home. Many mothers are unaware of the range of benefits to which they are entitled once they have had a baby.

Symptoms of tension, anxiety, sleeping difficulties and poor appetite are very common just after a woman has given birth but they are usually so mild that the mother can live a normal, happy and active life when she returns home. It is however, terribly important that a new mother should get as much rest as possible, especially if she is experiencing a mild patch of the 'blues'. She should make sure that she has at least one proper rest, on her bed, every day, until the baby is several weeks old.

In a few cases the 'blues' get worse and the symptoms become more distressing. In this case a mother should see her doctor as soon as possible, as this is a common and treatable condition.

DEVELOPING DEPRESSION

Slowly developing postnatal depression can take two forms. One type occurs when a patch of postnatal 'blues' which started soon after the baby's birth becomes worse and more distressing as time passes. The second type develops more slowly and is not noticeable until several weeks after the birth of the baby.

DEPRESSION

Many mothers begin to feel depressed, increasingly despondent and hopeless soon after the baby is born. They may feel terribly miserable and sad for no particular reason and may find that they spend a large part of each day in tears. Sometimes the mother may feel rejected by her partner, family, friends, or even by the new baby; these feelings usually have no foundation.

The depressed mother may feel permanently tired and lethargic, unable to cope with household chores. She may give up bathing, dressing properly or making-up.

Sometimes the care of the baby is too much for the mother whilst she is unwell and someone else must be found to 'take over' until she has recovered. It is usually inadvisable to separate the mother from her baby, as this may serve to deepen the depression. If a relation or friend cannot be found to keep the mother company and help look after the baby, an advertisement may be placed in a local paper for a lively pensioner who for a small fee will help a convalescent mother with a young baby. This arrangement enables the mother to stay in her own home and keep her baby with her whilst she recovers.

ANXIETY

A depressed mother may feel extremely anxious about a variety of subjects and situations. She may be worried about her health, possibly having felt unwell since the birth of the baby. She may experience severe pain for which the doctor can find no satisfactory explanation. This pain is often in the head or neck. Other mothers suffer backache, and chest pains which they fear are due to heart trouble. The mother may have a number of minor medical complaints which can cause undue distress.

Pain and a general feeling of illness or constant tiredness are very common symptoms of depression and can become worse if the depression remains untreated.

Anxiety may take the form of unjustified worries about the health and wellbeing of other members of the family, especially the baby.

The mother may feel too tense and anxious to go out of her home. She may not be able to bear to meet even her closest friends, and may refuse to answer the door, telephone or letters. In this situation she will not venture out to consult a doctor so a home visit may be required.

PANIC

A depressed mother is often very confused by everyday situations and may experience feelings of panic. These feelings are unpredictable and often very distressing. She is unable to 'calm down' and every effort should be made to avoid the situations in which she becomes distressed.

TENSION

Feelings of tension are often associated with depression. The mother who experiences these feelings finds them extremely distressing. She is quite unable to 'relax' however much she is encouraged to do so. She may feel as if she is about to explode when the tension is at its worst. This type of tension, when it is a symptom of depression, may not be helped by taking tranquillisers. Women taking these drugs should not despair if they do not work, as there are other drugs; which run no risk of dependency; that can be of more help.

OBSESSIONAL AND INAPPROPRIATE THOUGHTS

A mother suffering from depression commonly has some obsessional thoughts. These may be about a person, a situation or about a certain activity. Some mothers become very frightened and believe that they may harm a member of their family especially the baby. These fears are very common symptoms of depression and may or may not be accompanied by feelings of guilt. Such fears are almost entirely unjustified, but if a mother is afraid that she may hurt the baby then she should tell her family and doctor.

A distressed mother may find the companionship of a suitable relative or friend reassuring. This phase of the illness usually passes quickly once treatment has started to have its effect. The mother will benefit from the company and moral support of a companion as she recovers.

CONCENTRATION

A depressed mother will probably find that she cannot concentrate on books, television programmes or even conversation. She will find, to her distress, that her memory is very poor and she will often feel very disorganised. She will find that she sits for long periods of time doing nothing, but thinking about how awful she feels.

SLEEPING

Often a depressed mother will have some form of sleeping difficulty. She may be awake until the early hours of the morning, or get no sleep at all. Some find that they sleep very fitfully and waken frequently, others that they wake in the early hours of the morning with nightmares, and then cannot get back to sleep.

Many depressed mothers dread going to bed as their symptoms trouble them more at night. Indeed some mothers find insomnia one of the most distressing aspects of the illness. Often mothers are prescribed sleeping pills by their G.P. and find them ineffective even taken in large doses. This situation can cause the mother to feel quite desperate. If the depression is treated normal sleep will be restored.

The feeding requirements of a young baby do not help a mother who is having sleeping difficulties. It can be of great benefit if someone else can feed the baby at night.

SEX

A common effect of depression is a complete loss of interest in sex. This may last for some time, and it is helpful if partners realise that this is a symptom of the illness and that sexual desire will return as soon as the depression lifts. It should be stressed that a return of sexual desire is often the last sign that a depression has lifted, and great patience is necessary if a relationship is to be kept intact whilst a mother recovers from postnatal depression.

During the illness physical contact in the form of touching, hugging and cuddling can do much to reassure both partners and is very beneficial.

There are many other symptoms of depression but these are some of the most common and show how this condition can manifest itself in various ways.

HOW THE FAMILY CAN HELP

Firstly friends or family should make sure that the depressed mother is receiving treatment for her depression from the doctor. If the treatment she is prescribed does not suit her, do encourage her to go back to the doctor and ask him to change it. It can be helpful if someone accompanies the mother when she sees the doctor. This person can then assure the doctor that the mother is ill and not just being 'nervy'.

The family should understand that the illness is a temporary one, and that with their help and support the mother will recover. They should realise that it may take a considerable period of time before she is completely better.

Please do not forget all ideas of 'chivvying' her out of it and accept that she is unwell. Try to treat her as you would if she had a simple physical illness.

When she is feeling unwell, take on as much of the running of the household as she wants to give up. However when she feels better let her do as much as she wants to. You may find that she has patches of good and bad days, this is very common with the illness.

Do remind her constantly that she will get better. Remember that depression is not a sign of weakness; Winston Churchill suffered from it.

Often a depressed mother will hate being left alone. If this is so then try to organise a rota so that there is always someone who is close to her and whom she trusts in attendance. This is a passing phase of the illness but it is most important that help is given until the mother is happy to be left on her own.

Ultimately anything you can do to help the mother through the distressing stages of this illness will help her towards recovery

MEDICAL TREATMENT

Any mother who thinks that she may be suffering from postnatal depression should see her doctor as soon as possible. If she cannot bear to visit the surgery a home visit should be requested.

Try to tell the doctor all the symptoms which are troubling you, as this will help him to correctly diagnose the illness. If he prescribes some treatment find out whether you are being given tranquillisers or antidepressants. Many women find that tranquillisers do not help them and need to return to the doctor for the treatment to be changed.

Though forms of drug treatment vary, they usually involve the use of anti-depressant drugs. You cannot become addicted to these. You may find if you are taking a tricyclic drug that your mouth becomes dry and you feel rather drowsy but these feelings wear off as you continue to take the drug.

If the drug you have been given makes you feel worse then you must tell your doctor and ask him to change it. If you have taken your medication for several weeks and it has not made you feel any better then consult your doctor as you may need a stronger dose or an alternative drug. These drugs do work gently and improvement is gradual so try not to be impatient.

Many women find that their depression becomes worse just before, or during, a period. If this is so you can ask your doctor to consider progesterone therapy to help prevent this severe form of premenstrual tension.

It is important to maintain a good diet, sometimes Vitamin B6 or a general vitamin supplement can be helpful.

It is very beneficial for a woman who has postnatal depression to talk about her illness and its symptoms. Close relations and friends should try to be sympathetic even if they feel bored with these conversations. Often just talking to the doctor (if he is sympathetic) can be a great relief.

When you find a drug which helps you, do not try and persuade your medical adviser to cut the length of the treatment short. You may find when you take the drugs that you improve quickly but remember that depression is an illness, and give yourself plenty of time to make a full recovery

If your symptoms should return after you have stopped taking your medication, do not despair, do tell your doctor of your relapse. He will probably put you back onto your previous medication. When you feel better again ask your doctor if you can cut the pills down over a period of time, as this often helps to prevent a recurrence of symptoms.

COUNSELLING

Professional counselling can be very beneficial if you are depressed. Some health visitors offer counselling on a weekly basis, otherwise you may need to ask your G.P. to arrange for you to see a counsellor. If your depression is mild, counselling alone may help to lift it. If you are given drug treatment for depression you can still ask for counselling as well as the drugs. Whilst counselling is a very valuable treatment for depressed mothers regrettably in some places counsellors are not available.

Cognitive therapy is a very helpful form of therapy to hasten a recovery from depression. It has the added advantage that it teaches the mother coping skills which may be of use after she has recovered. Cognitive therapy helps mothers change many of the negative feelings that they may have towards themselves and others.

SELF HELP

The most important thing you can do for yourself is believe that you will get better. You must have a great deal of patience and realise that recovery will take time.

Try to remember that the aches and pains which affect so many mothers during postnatal depression are not the signs of a serious or fatal illness. Many mothers think their headaches signify brain tumors or the pain and tightness in their chest is due to a heart condition. These pains are very common symptoms of depression and worrying about them makes the depression worse, so do try to relax and forget about the pain and you will find that as the depression lifts the pains quickly fade away.

Take as much rest as you can. This is very important as tiredness seems to make depression worse. If you can, try and get a rest on your bed, every day, and sleep if possible. Avoid late nights if you can, and try to get someone else to feed the baby at night. Some doctors believe that rest, peace and quiet, after the birth can help to prevent postnatal depression, so rest must play an important part in your convalescence.

Do not go on a strict diet or go for long periods without food. Hypoglycaemia - low blood sugar - can make things worse for a depressed mother. If you need to diet cut down on sweet and starchy foods and eat plenty of fruit and raw vegetables when you are hungry.

Most mothers benefit from taking a multi mineral supplement tablet once a day

Do not force yourself to do things which you do not really want to do or which upset you. Treat yourself with a little kindness, and be occupied doing things which do not cause you anxiety

ISOLATION

Many mothers who are recovering from post-natal depression suffer from feelings of isolation. The NCT has postnatal support groups around the country. You may like to contact them and see if they have a support group in your area.

The National Childbirth Trust, Alexandra House, Oldham Terrace, Acton,
London W3 6NH Tel: 03003300773 or contact www.nct.org.uk

If you contact your Health Visitor she may be able to tell you about other support groups that exist in your area.

There are several support sites on the internet such as:

- 1) www.pni-uk.com, contains chat rooms, message boards, info on PND, coping techniques.
- 2) www.netmums.com, offers information on both a national and local level. Gives details of local resources such as child friendly cafes and childminders.
- 3) www.chumsformums.co.uk, a “meet a mum in your area” philosophy, trying to beat mother’s isolation and developing PND due to unpleasant thoughts that are not shared with other mums.

THE PILL

Many mothers start to take the pill as soon as their doctor will let them after birth. If a mother is at all depressed she should stop taking the pill at the earliest opportunity, even if she is loath to do so.

The pill can cause depression in some women and it is seen as an aggravating factor where a woman is depressed after birth. It is however very important that the depressed mother does not become pregnant because she will probably need drug treatment which cannot be given in early pregnancy. Also a further birth can sometimes make the mother more depressed and in this state she has two very young babies to cope with.

For a woman who is suffering from depression several methods of birth control can be used. Both the sheath and the cap when used properly give adequate protection against pregnancy and are easy to use.

RECURRENCE

Postnatal depression can occur again if a woman has another baby but there are few accurate studies of recurrence rates.

Most women are best advised to expect that they will become ill after a subsequent birth, and plan accordingly. They can then try to arrange plenty of support for the period after the birth and provision can be made for help with the care of older children.

If she expects to become ill the mother will feel more able to seek treatment quickly should she notice depression symptoms. If the mother does not become ill following the birth then nothing is lost and the support she has arranged may have been helpful in preventing a further bout of the illness.

Parents who want to add to their families can do so if they accept the risk of a further bout of the illness and feel that another child makes this risk worthwhile. Early detection and early treatment are both factors which previous sufferers have in their favour.

PREVENTION

There is evidence that extra psychological support during a subsequent pregnancy reduces the likelihood of an episode of postnatal depression. Your doctor or health visitor may be able to arrange this for you.

Two other types of preventative treatment are currently used. One method involves giving high doses of progesterone after labour. The progesterone is given in decreasing doses for eight days by injection. The mother then uses progesterone pessaries until menstruation starts again.

Women who are expecting babies and are interested in this treatment should discuss it with their doctor. It should be stressed that this treatment is as yet unproven but early results indicate that it can be helpful in some cases.

The other method involves the use of anti-depressants in late pregnancy usually in the last three weeks. Many doctors feel that exposing the baby to anti-depressants even in late pregnancy is dangerous. However some feel that the benefit to the mother outweighs the risk to the baby.

BOOKLIST

Overcome your Postnatal Depression (Life Survival) by ‘This Morning’ and Denise Robertson: Hodder Arnold
This is a new book which contains lots of information and helpful advice.

Coping with Postnatal Depression (Overcoming Common Problems)
Sandra Wheatley: Sheldon Press
A really good book containing much helpful and sound advice.

Coping with Postnatal Depression by Fiona Marshall.
Sheldon Press. 1993 (Available from Amazon)
This book is full of information helpful to women suffering from postnatal depression. There are plenty of hints about how best to cope while you are ill.

Depression after Childbirth: How to Recognise, Treat and Prevent Post-natal Depression by Katharina Dalton and Wendy M. Holton. Oxford Paperbacks
This is an excellent book which covers the subject in a clear and interesting way. Dr Dalton discusses the results of many different research projects and gives us the benefit of her years of work treating this illness. Every aspect of the illness is covered and the book will help those who have had the illness and their families.

Further information

For more information about postnatal depression, please contact:

The Association for Postnatal Illness
145 Dawes Road, Fulham, London SW6 7EB
Phone: 0207-386-0868
Fax: 0207-386-8885
Office hours: 10am-2pm, weekdays
e-mail: info@apni.org

THE ASSOCIATION FOR POSTNATAL ILLNESS

The Association was formed in 1979 with the aim of helping women who suffer from postnatal depression.

The Association is run by a Committee of doctors, scientists, supporters and women who have experienced the illness.

The Association wishes to acknowledge the very generous support of the Mr and Mrs J. A. Pye's Charitable Settlement for over 25 years.

The Association has set up a register of women who have suffered from postnatal depression and are now well. These women make telephone, letter or e-mail contact with mothers who are currently depressed, this contact is maintained throughout the illness and period of recovery.

The Association is always prepared to offer advice to depressed mothers on a wide range of issues concerning the management and treatment of postnatal illness. Our Committee and advisers are available when specialist advice is requested. The Association works in co-operation with other organisations such as the National Childbirth Trust and the Federation of Womens Institutes.

The Association is a registered Charity committed to raising money to support research into postnatal illness. All funds received above the running costs of the Association are devoted to research.

The Association welcomes anyone interested in the illness to its membership. Membership is free and requires only an application in writing to the Secretary. Donations are our only source of income, every donation, however small is both urgently required and very much appreciated. Cheques should be made payable to the Association for Postnatal Illness. Newsletters are published every May and October. To receive these publications an S.A.E should be sent to the Secretary each year. The October newsletter is sent to all members.

Postnatally depressed women may feel unable to go out of their house, and meeting people causes them a great deal of stress, therefore contact made on the phone, by email or by post is ideal.

Mothers find that talking to someone who has had the illness and recovered allows them to talk about the most distressing symptoms of the illness. Our volunteers also give the mothers hope that they will eventually recover. For those who prefer it we can offer the services of volunteers who will communicate by e-mail or by post.

If you are suffering from postnatal depression we do advise you to try talking to one of our volunteers. We are always happy to hear from depressed mothers and glad to answer any enquiries. You can ring us on 0207-386-0868, but please do enclose an S.A.E. or a stamp if you write.

I should like to become a member of the Association.

Name (Mr, Mrs, Miss)

Address

Phone:

I should/should not like to speak to mother who has recovered from this illness.

I should/should not like email contact

The Baby ismonths old

The baby is my (first, second, etc)

The baby is/is not healthy and is a (girl, boy).

I have been unwell for

I have/have not seen my doctor.

My doctor prescribed

I have been on the treatment for

I was/was not depressed while I was pregnant.

I have/have not suffered from depression before I became pregnant.

I have/have not suffered from a previous mental illness (please specify)

.....

The main feature/symptom of my illness is

.....

Please tell us any information that you feel is relevant or helpful to us below. If you want more space please continue on a separate sheet of paper.

.....

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This information is requested so that we can offer appropriate volunteer support to women who request it. All information is treated in the strictest confidence and women who prefer not to answer some of the questions above are under no obligation to do so.

Please send this form to The Association for Postnatal Illness, 145 Dawes Road, Fulham, London SW6 7EB. Please enclose an S.A.E.

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