

What can be done if you have postnatal depression?

If your depression lasts longer than a few days you should discuss your feelings with your doctor. If possible take your partner or a friend or relative with you. Before you see the doctor write a list of all the symptoms that you are suffering from. You should not go on suffering depression in the hope that it will go away. Postnatal depression is a real illness and it can be treated successfully with anti-depressant drugs. These drugs are not addictive. They make the unpleasant symptoms fade until they go completely.

Who else can help?

After you have seen the doctor, you may find it helpful to talk to an understanding and sympathetic member of your family or a friend. If your friend understands that you will recover completely and be your 'old self' again when you are better, then he or she can be a real source of comfort and reassurance to you during the time of your illness.

Your midwife, community nurse and health visitor can also give you advice, reassurance and support.

It is important to remember that all mothers recover from postnatal depression. As the recovery proceeds, the bad days get fewer and less upsetting and the good days become more numerous. Gradually the bad days disappear completely.

Some mothers find it helpful to talk to a mother who has had postnatal depression and recovered. If you contact the Association for Postnatal Illness, we will send you further information about the illness and tell you how to apply for a supporter who has had the illness.

Self help

Although it may be very difficult to rest when you have a demanding baby and perhaps other children to care for; it does help to rest as much as possible if you are suffering from depression. You will find that you feel worse if you are overtired. Ask a partner or friend to care for the baby whilst you have a proper rest, preferably in the middle of the day. Try to lie on your bed even if you do not sleep. A rest in the day often improves sleeping at night for those with sleeping difficulties.

Try to eat a small meal or have a hot sweet drink at regular intervals. Many depressed mothers forget to eat and this can make the depression symptoms feel worse.

Male Postnatal Depression

Male partners may also suffer from Postnatal depression. If this happens then they should seek help from their G.P.

Further information

For more information about postnatal depression please write to:

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

Phone: 020 7386 0868
Fax: 020 7386 8885
Web site: www.apni.org
e-mail: info@apni.org
Office Hours 10am-2pm Weekday s



If you would like to join a group meeting where general problems of motherhood are discussed ask your health visitor for details of a local mother and baby group or contact:

The National Childbirth Trust,
Alexandra House, Oldham Terrace, Acton, Phone:
0300 330 0700 Option 2 (answered live Mon-Fri
9am-3pm)
www.nct.org.uk or
www.netmums.com

The Baby Blues and Postnatal Depression



One in two women who have just given birth experience the baby blues. This leaflet explains why some women feel emotional after a birth and it offers information and advice about the blues and postnatal depression.

This leaflet is produced by
the Association for Post-natal Illness

The Baby Blues

After the birth of a baby about half of all mothers suffer a period of mild depression called the blues. This may last for a few hours or, at most, for a few days and then it disappears.

Symptoms of the Blues

Many mothers feel very emotional and upset when they have the blues and they cry for no particular reason. They may find that it is impossible to cheer up. Some mothers feel very anxious and tense. Minor problems may cause mothers with the blues to worry a great deal.

Some mothers have pains for which there is no medical cause or they may feel unwell but without any particular symptoms. Most mothers who have the blues feel very tired and lethargic most of the time. Frequently mothers who have the blues have difficulty sleeping.

Possible causes of the Blues

The blues may have several causes, some biological and some emotional.

When a baby is born there are very sudden changes in the mother's hormone levels. Some, required during pregnancy, drop rapidly, while others like those which start the production of milk, rise. These rapid changes may act to trigger the blues.

Many mothers are unprepared for the extreme weariness which often follows a birth. The weariness is usually due to a combination of factors. In many cases the mother will have been anticipating the birth with some apprehension. This, as well as the physical exertion of the birth itself, can make mothers feel exhausted.

Rest and quiet are most important after a birth. Few mothers get either, as they are busy responding to the needs of the baby, or, when they might be able to rest, they are disturbed by hospital or home routines or by visitors who may stay too long.

Sometimes the baby may have a slight health problem such as jaundice or feeding difficulties in the early days. These problems are very common with new babies, but they cause mothers great anxiety. The problems do settle down as the baby gets older and mothers should try to talk to medical staff and allow themselves to be reassured that the baby will thrive.

What can be done to help a Blues sufferer

Mothers who have the blues should be allowed to cry if they want to and allowed to express their fluctuating emotions. If they feel miserable they should not be told to pull themselves together. It can be a great help to the mother if someone listens to her and reassures her that her worries and misery will not last and that she will soon feel better.

A mother who has the blues must have as much rest as possible. It may also help the mother if she is told that the blues are very common and that they will usually pass quickly.

Affected mothers are often over-sensitive about what is said to them by relatives and medical staff. So tact and empathy from the staff can be very beneficial at this time.

Length of the Blues

In most cases the blues last for only a few days and then the feelings fade.

If the blues do continue and seem to be getting worse then the mother should see her doctor and discuss the problem.

Postnatal Depression

Postnatal depression is an unpleasant illness which affects about 10% of mothers who have recently given birth. The depression often starts after the mother has left hospital and been discharged by the midwife.

Symptoms of Postnatal Depression

Postnatal depression has many symptoms. Most mothers who have the illness find that they are less able to cope with the demands of the baby and of the home. Some mothers feel very despondent. They may feel very sad and cry frequently. Some mothers feel anxious and fearful, they worry about their own health and that of the baby. They may suffer from panic attacks and feel tense and irritable all the time. Most depressed mothers feel tired and lack energy, often they feel unable to concentrate and they find even simple tasks are confusing and demand too much energy.

Some mothers experience pains for which there is no cause (other than tension and anxiety), many suffer difficulty in sleeping and poor appetite. Many depressed mothers lose interest in sex.

A depressed mother may suffer from any or all of the symptoms mentioned. Most mothers who have this illness feel guilty that they are not 'coping' as they feel they should be.