



# Post Natal Depression

## Introduction

Most people today have heard the term 'baby blues' which is used to describe a mild, short, period of depression which many women experience just after childbirth. Fewer people are aware that 10% or more of all recently delivered women go on to develop postnatal depression. In some of these mothers the depression may become so severe that they will need out-patient psychiatric help and many need counselling and drug therapy.

In view of how common it is, it is surprising that postnatal depression is not mentioned more often in books about pregnancy and childbirth, and it is not often discussed in ante-natal classes.

The purpose of this booklet is to give you some information about the many symptoms of postnatal depression, ranging from the mildest to the most severe forms. Do not be alarmed by the list of symptoms. Every woman who experiences postnatal depression will recognise a combination of the symptoms mentioned which apply in her own case. Please be reassured that this is a condition which usually results in a full recovery, and the most distressing symptoms can be alleviated and resolved by therapy.

Sadly, many women experience severe postnatal depression without recognising it as a treatable illness. This can mean the woman suffers her distressing symptoms for longer and the strain of the illness can affect her family and friends. The earlier a woman recognises that she is ill, the sooner she will seek medical help for her illness, and the sooner she will recover.

## After the birth

The 'baby blues' usually arrive within the first week after the birth of the baby. The mum 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 rebuked for being weepy and miserable.

Sometimes the mum will feel confused and unable to concentrate; she may try to read a book, but be unable to follow the story. Often her memory seems very poor and many mums worry about this. This is a common cluster of symptoms after childbirth but they are temporary. However, many new mums worry that these changes may be permanent. It is helpful to reassure new mums that these symptoms are common in women who have just given birth, and that the symptoms will usually fade away in a few weeks after the birth.

The 'blues' may be connected with the sudden hormone changes that occur when a woman gives birth. There are other factors besides the 'baby blues' which can make a mum feel depressed after the birth. Many new-born babies have a degree of jaundice or some feeding difficulties in the first week. As these conditions improve the mum will usually feel happier.

A new mum may feel that she will be unable to cope if she is 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 help ease the situation. As the mum becomes more confident with the baby at home her feelings of depression and/or anxiety will lift.

If a mum is worrying about her ability to support the baby financially she should get advice from her health visitor and local DHSS. 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 mum can live a happy and active life when she returns home. It is very important that a new mum should try to get as much rest as possible, especially if she is experiencing a mild patch of the 'blues'. She should try to have at least one proper rest, on her bed or the sofa, 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 mum 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 'baby 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.

## Depression

Many mums begin to feel depressed, increasingly despondent and hopeless soon after their 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 crying. Sometimes the mum may feel rejected by her partner, family, friends', or even by the new baby; these feelings usually have no foundation.

The depressed mum 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 becomes too much for the mum while she is unwell and someone else must be found to help or take over until she has recovered. It is rarely a good idea to separate the mum from her baby, as this may deepen the depression. It will also interfere with bonding.

If a friend or relative can offer practical help in the home at this time it can be very helpful. If that is not possible, then, if finances allow, a mothers' help may be employed for a short period. This may give the new mum the support she needs to start her recovery. There are also charities like Homestart which offer practical help to new mums in their own home.

## Anxiety

A depressed mum 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 mums suffer backache, and/or chest pains which they fear are due to heart trouble. Some mums may have a number of minor medical complaints which 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 well-being of other members of the family, especially the baby.

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

## Panic-Attacks

A depressed mum may feel very confused by everyday situations and may experience feelings of panic. These feelings are unpredictable and 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 along with aches and pains are often associated with depression. The mum 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 respond to treatment with sedatives. Women taking sedatives should not despair if they do not work, as anti-depressant drugs; may be of more help.

## Unwanted and Upsetting thoughts

A mum who is suffering from depression commonly experiences unwanted and upsetting thoughts which may keep re-occurring. These may be about a person, a situation or about a certain activity. Some mums become very frightened and believe that they may harm a member of their family especially the baby. These fears are common symptoms of depression and may 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 the doctor.

A distressed mum will often find the companionship of a sympathetic partner, relative or friend reassuring. This company provides moral support and will help the mum to recover. This phase of the illness usually passes fairly quickly once treatment has started to have its effect.

## Poor Concentration

A depressed mum will often find that she cannot concentrate on books, television programs or even conversation. She will find, to her distress, that her memory is very poor and she will often feel very disorganised and disorientated. She may find that she sits for long periods of time doing nothing, and unable to think about anything other than how awful she feels.

## Sleeping difficulties

Often a depressed mum 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 mums dread going to bed as their symptoms trouble them more at night. Some mums find the insomnia is one of the most distressing aspects of their illness. Often mums are prescribed medications to help with sleep by their doctor.

Sometimes the sleep difficulties can cause the mum to feel quite desperate especially when she may have just fallen asleep and then is woken by the baby. Usually when the depression is treated a more normal sleep pattern will be restored.

Many mums lie awake for ages and spend the time agonising about their worries and the lack of sleep. It may help if the mum gets up, makes a hot milky drink (or weak decaffeinated tea or coffee) and turns her attention to something distracting such as reading a book or magazine, sewing, knitting, or crochet etc until she feels sleepy.

It is very important that the mum keeps warm while she is awake. She should avoid looking at TV, using a computer or phone, as all these devices are too stimulating and may make the insomnia worse. She should also avoid doing any physical work like cleaning or ironing as this can be stimulating.

Insomnia may be reduced if the mum has a midday rest. She should have a couple of hours on her bed or on a sofa if this is possible.

## Early Waking

This can be extremely distressing for a depressed mum. It may help to get up when she wakes up and go to a room where she can put on lights. She may put a hot milky drink in a thermos before going to bed which can now be drunk.

Sometimes mums find listening to music is very calming. The mum should not return to bed until she feels warm, sleepy and relaxed. If she returns to bed and cannot sleep or starts to feel fearful again, she should get up as this is much better for her than agonising in the dark. Early waking and panic attacks do respond to treatment for depression and will pass.

## Breastfeeding and Depression

If the new mum is having sleeping difficulties it can be a great help if someone else feeds the baby during the night. If the mum prefers not to express milk she can use formula at night and to 'top up' if the baby is hungry. Mixed feeding suits many babies and mums should not be worried about doing this.

Most depressed mums experience a great deal of anxiety. This can affect the let-down reflex making breastfeeding more difficult. Sometimes the anxiety is entirely focused around breastfeeding.

Some mums become quite desperate because, whilst they want to continue to breastfeed, the baby seems constantly hungry and fretful and is never satisfied by a feed. This often results in a vicious circle which both mother and baby find distressing.

One way to assist this situation is to try mixed feeding. Breastfeeding counsellors may advise strongly against mixed feeding on the basis that the breasts need frequent stimulation. However when someone is extremely anxious their milk production is often affected. Mixed feeding may reassure a very anxious mum because she will no longer feel that the baby will lose weight if she cannot produce enough milk.

We have received many reports from recovering depressed mums who have settled into a comfortable mixed feeding pattern and their breast milk production has increased.

## 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 the depression lifts. It should be stressed that a return of sexual desire may be delayed and patience is necessary if a relationship is to be kept intact whilst a mum recovers from postnatal depression.

During the recovery 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 other people can help

Friends or family should make sure, as a priority, that the mum is receiving treatment for her depression from the doctor as soon as possible. If the treatment she is first prescribed does not suit her, please encourage her to go back to the doctor and ask them to change it.

It can be helpful if someone goes with the mum when she sees the doctor. It can be very hard to say how you feel when you are depressed and a companion can be a huge help in identifying the problem for the doctor.

It is also very helpful if the whole family understands that the mum's illness is a temporary one, and that with their help and support she will recover. Patience is necessary as it may take some time before she is completely better.

Please do forget any ideas of 'chivvy' her out of this illness and accept that she is unwell. Try to treat the mum as you would if she had a physical illness with patience, kindness and compassion.

When she is feeling unwell, take on as much of the running of the household as she wants to give up. Even simple tasks such as cooking, shopping or laundry can seem overwhelming when you are depressed so do lighten the load and offer to take care of these tasks if possible. When the mum 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. As she recovers the good days will become more frequent than the bad ones.

Do remind her constantly that she will get better. Remind her that depression is not a sign of weakness; Winston Churchill and many other prominent people have suffered from it. Often a depressed mum will hate being left alone with her baby. 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 vital that help is given until the mum feels confident to be left with the baby.

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

## Medical Treatment

Any mum who thinks that she may be suffering from postnatal depression should see her GP 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 them correctly diagnose the illness. If the doctor prescribes some treatment ask whether you are being given medication for anxiety or anti-depressants.

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 anti-depressant 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 unfortunately, makes you feel worse, then tell your doctor and ask them 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 again as you may need a stronger dose or an alternative drug. These drugs do work gently and any improvement is gradual, so try not to be impatient.

Many mums 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 pre-menstrual tension.

It is important to try to maintain a healthy diet, and sometimes Vitamin B Complex or a general vitamin supplement may be given a mineral supplement containing Calcium, Magnesium and Zinc may also be helpful.

It is very beneficial for a mum 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 they are sympathetic) can be a great relief.

When you find a drug which helps you, do not try to persuade your doctor 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 about your relapse. The doctor will probably put you back onto your previous medication. When you feel better again ask your doctor if you can slowly reduce your medication over a longer period of time, as this often helps prevent a recurrence of symptoms.

## Counselling

Professional counselling can be very beneficial if you are depressed. Some health visitors can 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 alongside the drugs. Whilst counselling is a very valuable treatment for depressed mothers, regrettably, in some places, counsellors are not available on the NHS.

Cognitive Behavioural Therapy (CBT) is a very helpful form of therapy to support a recovery from depression. It has the added advantage that it teaches the mum coping skills which may be of use after she has recovered. Cognitive therapy helps mums change many of the negative feelings that they may have towards themselves and others.

## Private counselling

If it is possible to afford some private counselling sessions then mums can look for a counsellor recommended by the British Association for Counselling and Psychotherapy (BACP). Counselling may be online or face to face. The Counselling Directory ([www.counselling-directory.org.uk](http://www.counselling-directory.org.uk)) will give you details of counsellors in your area.

## Physical Symptoms

Try to remember that the level of tension and aches and pains which affect so many mums during postnatal depression are not the signs of a serious or fatal illness. Many anxious and depressed mums 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 try to relax and forget about the pain and you will find that as the depression lifts the pains fade away.

## Self Help

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 or a sofa 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 recovery.

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

Most mums benefit from taking a multi mineral supplement tablet once a day. Do not force yourself to do things which you do not want to do, or which upset you. Treat yourself with a little kindness, and try to do things which do not cause you anxiety.

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 the recovery process will take time.

## Isolation

It is very common for mums to feel isolated when making the transition into motherhood. Try to keep in contact with family and trusted friends. If you feel well enough then try to join local mums at

cafes, baby groups, support groups (including online) if they are available.

The two organisations below offer friendship through mothers' groups and coffee mornings. Please contact them to find out about your local activities.

## The National Childbirth Trust

Tel: 0300 330 0700 – This line is manned 8am- midnight every day of the year. [www.nct.org.uk](http://www.nct.org.uk)

## Netmums

A good website offering local meets for mothers along with useful information about motherhood and parenting. [www.netmums.com](http://www.netmums.com)

## Contraception

Many mums start to take the contraceptive pill as soon as their doctor suggests it is a good time to do so for them after birth.

Try to avoid becoming pregnant again whilst you are depressed. It is far better to wait until you have fully recovered, before planning another child.

If the form of contraception you used before becoming pregnant no longer suits you, then discuss alternative options with your GP.

## Recurrence

Postnatal depression can occur again if the mum has another baby but there are few accurate studies of recurrence rates. Most mums are best advised to expect that they will become unwell after a subsequent birth, and plan accordingly. It is important to arrange plenty of support for the period after the birth and make sure that some help is arranged for the care of older children.

If the mum expects another bout of depression then she may feel better able to seek treatment quickly should she notice the onset of symptoms.

If the mum does not become unwell following the birth then nothing is lost and the support she has arranged may have been helpful in preventing a recurrence of the illness.

Parents who want to increase their families can do so if they accept the risk of a possible recurrence of the illness and feel that another child makes this risk worthwhile. Early prevention, detection and treatment are factors which previous sufferers have in their favour given their experience of PND.

## Prevention

There is evidence that extra psychological support during a subsequent pregnancy reduces the likelihood of an episode of postnatal depression. Your GP 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 mum 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 unproven but 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.** This is a helpful book which contains lots of information and good 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

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.

**Why Post Natal Depression Matters by Mia Scotland**

(2015) Pinter and Martin

The book deserves to be widely read, as it contains a wealth of details on a whole range of topics, including the nature of depressive illness, the numerous factors that might trigger PND in mothers and in fathers. The author suggests common sense, practical strategies, to improve general mental health, as well as helping someone recover from PND.

It nails some common myths about the causes of PND, making it clear that clinical studies have yet to prove a single specific cause for PND. It avoids being prescriptive about the possible treatments that might help someone with PND – and is neither anti-drug nor talking therapies.

A particularly useful feature of this book is the Chapter on Post Natal Depression in men. This pocket-sized book is physically small, but is packed with a great deal of good, reassuring, and up to date advice, and is highly recommended.

**Feelings after Birth by Heather Welford. (2002)**

The NCT Book of Postnatal Depression. This is an excellent book and will help anyone who is suffering from PND and their family. It is short and sensible and discusses issues such as how long PND lasts and how you can help yourself when 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. Katharina Dalton pioneered treating post-natal

depression using progesterone and anti-depressants. The book is currently out of print and only second-hand copies are available.

**Not the Only One: by Rachel Mason (2020)**

This book is a collection of true stories, poems and songs about Postnatal illness and recovery. Provides real reassurance and reminds you that you are Not the Only One!

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