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POSTNATAL DEPRESSION

INFORMATION FOR CONSUMERS

Having a baby is an exciting life-changing event for many people, mothers and fathers alike. In an ideal world, it would be like that for every mother. For many women, sadly, in the days, weeks and months after a baby is born, some develop feelings of sadness, distress, anxiety, and depression, often for the first time in their lives. There are many reasons why this may happen which will be explored in this booklet, but first it is worthwhile to describe the changes women experience.

Helen Mayo



HOUSE



Government
of South Australia



POSTNATAL DEPRESSION OR POSTNATAL DISTRESS?

While medical staff tend to use the name postnatal depression, others prefer the term postnatal distress, as they do not like to make things sound too medical. If the condition is not very severe, the term postnatal distress may be preferred. Where there are more severe symptoms, calling it postnatal depression is likely to be a good approach as it may lead to a wider range of treatment choices. In this brochure, the term PND will be used so let it stand for whatever you prefer.

The blues

The blues and postnatal depression are NOT the same. The blues comes soon after birth and passes off very quickly. Postnatal depression begins, and often goes on..... and on.

Most women (up to 70%) are likely to have a day or so of tearfulness around day 3 after childbirth. The cause of this is the sudden drop in hormones (probably progesterone) at the time of delivery when the placenta or afterbirth is shed. Women may feel sad, can be easily upset and tearful, and may be very distressed about an issue such as breast-feeding. Getting along with a new baby may not be straightforward and easy, so it is not surprising that many women get distressed - but the worst of the "blues" passes in a day or so with kindly reassurance, support and more information about different ways to approach things.

WHAT IS POSTNATAL DEPRESSION (PND)?

Sleep Difficulty or PND?

PND develops in the weeks or months following childbirth. It can develop quickly or sneak up slowly so that it is not always recognised for what it is. You may begin to feel tired and tearful. A young baby will be waking several times at night and so of course you may be short of sleep. People may put your tiredness and tearfulness down to this. In fact, it may be that lack of sleep is the main problem. You may begin to feel much better as soon as your baby starts to develop a regular sleeping and feeding pattern. Family members can help with night shifts (where possible with breast-feeding) and this may help you sleep too.

Post Natal Depression - what it looks like

1 in 7 women with a young baby have a problem which is more than lack of sleep.

Symptoms

Common symptoms include the following: You may experience some or many of these, if you have PND

- Unable to go to sleep even when your baby is asleep eg your thoughts will not switch off or you cannot go back to sleep at night after your baby has been fed, even though you feel tired.
- You may feel sad.
- You may lack energy, and have to push yourself to get your tasks done.
- Appetite can be all over the place. Some women with severe depression cannot eat at all, and others turn to comfort eating, particularly sweet things.
- You may worry a lot about how you look, especially as your body may not yet have regained its old shape. If you are breastfeeding, your body image has a lot to deal with. You may begin to hate how you look.
- You may feel hopeless about everything you are doing, particularly how good a mother you are and see no end to the troubles in the future.
- Suicide thoughts are very common, and you may begin to feel that ending it all is the best solution. This is certainly a warning sign to get some help, especially if you are starting to think about how you might actually do it.

1 in 500 women develop symptoms within days of childbirth where they may lose touch with reality (delusions, hallucinations) and other frightening changes (this is not Postnatal Depression it is Postpartum Psychosis). It is medical emergency and urgent treatment must be sought. This is a medical emergency and urgent treatment must be sought.

ANTENATAL DEPRESSION

More studies recently have found that many women who seek help for depression after their baby is born have actually been depressed during their pregnancy. The symptoms are very similar, and having your baby will not cure the depression.

WHERE DOES YOUR BABY FIT INTO THIS?

Many women who are depressed can feel very loving towards their baby, and you may manage the care of your baby confidently and well. There are many other new mothers who are troubled about their feelings (or lack of them) for their baby. It is common for new mothers to not feel as loving towards their baby as they had expected (in a South Australian study it was found that less than 60% of women fall in love with their baby at first sight.) Sometimes love can develop quickly in the next few days but this is not always the case for some women. You may continually question your feelings for your baby, and as you pick up on your baby crying, you begin to feel more and more that you are not a good mother. Some young babies are very restless, and it may take the first 3-4 months of their lives to settle into satisfactory feeding and sleeping patterns. If you begin to believe that someone else could look after your baby better than you can, and hate yourself for not loving your baby, the depression may deepen. You may find it very difficult to talk to other people about this, because you may feel ashamed of your own feelings. Some women develop thoughts of wanting to harm their babies, and this must be taken seriously. If you notice you are starting to shout at your baby, (or sometimes with a second baby, your anger is directed more at your toddler), feel like shaking or throwing your baby, or any other harm, asking for support and help is very important.

What Problems Can Develop With Your Child Over Time?

Depression in a mother might affect her relationship with her baby in a way that there may be effects on her child which show up over the next few years. This includes behaviour problems and some difficulty in learning and concentrating. This is not a problem for all babies of depressed mothers, but science has not yet shown clearly which children are at risk and why. It is likely, though, that there are certain features of depression, which make the risk more. Babies benefit from loving attention from their parents, (although it is important to say that even perfect mothers cannot tune into their babies all of the time). So if you are lacking energy, or cannot smile at your baby, talk to them and attend to their needs OVER A LONG PERIOD OF TIME you may need to seek help to try and get things right for yourself and your baby. Problems do not develop over night and babies are very adaptable and learn FAST in the first 2 years of life. If you think things aren't going well with your baby now, do not spend time 'beating yourself up' but talk to someone about it who can either reassure you or point you in the right direction for help with your infant.

WHERE DOES YOUR PARTNER FIT INTO THE PICTURE?

Many partners are loving and supportive and know by instinct how to help their partner with her own feelings and needs. They are wonderful and loving fathers to their new baby, enjoying the practical tasks like bathing, feeding and changing. This is not the same with every partner. Some men will feel very put out by the arrival of a new baby to whom their partner gives so much attention. If you are becoming distressed and concerned that you are not doing the right thing by your baby, your partner may begin to feel that his efforts too are useless, and that the whole situation is out of control. Nothing like a tiny baby who has been hard to settle for several hours at night to bring a lot of tensions to the surface in a relationship! Some men whose partners are depressed will also become depressed themselves, and may find it very hard indeed to ask for help.

AND WHILE WE'RE ON THE SUBJECT OF PARTNERS, SEX...

For almost all women who have had a baby, there is no sex drive for a while. Reasons include:

- Genital area recovering from childbirth
- Sore breasts if breastfeeding
- Body shape has not returned to pre-pregnancy, therefore low confidence
- Tiredness, just want to sleep

When does sex drive return? Many professionals who work in the area have been asked and their answers vary from "when the baby starts sleeping through the night", "when breast-feeding stops", to "when the kids go to school" or even later!

When anyone becomes depressed, not only will their need for food and sleep change, as described above, but almost everyone will lose their sex drive. Women who have depression and recently had a baby rarely find any pleasure from sex. This may make you feel guilty and useless as a partner, and may make your partner feel upset and pushed aside. Discussing this together can be very helpful in staying emotionally close, but won't immediately make the sex drive return! Only time and patience, and solving the PND problem will make that happen. It has been said that libido is the first thing to go when depression arrives, and the last thing to come back when depression is treated!

SINGLE WOMEN

Some women of course do not have a partner, and the issues of single parenting can be different. Women with a partner sometimes wish their partner would be more helpful, but those who don't have anyone there with them may wish for SOMEONE to keep an eye on the baby while they go to the shops.

WHAT CAUSES PND

PND is a group of problems, rather than one particular medical diagnosis. Not only does it vary a lot in how severe it is but it has many possible causes. There is no concrete evidence for exactly what causes PND, and it often seems to be a mixture of a number of things.

These include the following:

- Some people are born with a tendency to become depressed and in fact may have had depressions before. There is often depression in the family.
- Other women have had particular losses in their lives, including deaths of close family members (losing your own mother can be a particular burden), and also problems with other pregnancies eg a still birth.
- Women who have very poor self-esteem and those who tend to worry are more likely to become depressed. Very high or perfectionistic standards are also strongly linked to depression.
- Whenever you have a new baby support is very important, so those without enough support and emotional care may experience difficulties.
- There are many other factors, which can contribute, including: a premature baby, or infant with difficulties, many changes in life circumstances (moving interstate, leaving the workforce, money worries, relationship difficulties with your own parents) are just some of the other factors that can have an impact.

WHAT TO DO ABOUT PND

When Should You Get Help

Anyone who feels they need some help, or more support should certainly look for this. As there are many causes of PND and also big variations from mild to severe, so different solutions suit different individuals.

DISTRESS: When the problems are not as severe, there are lots of things that you can do to help yourself. First make sure you do not have a more severe depression. (look at the next section to make certain of this). If you are sure you do not need professional help, things you can do include:

- Getting more help with your baby – ask your partner to help over night or see if your mother can have your infant overnight
- Get out of the house a bit more, take a walk (the early morning light is particularly good for depressed women and your partner can mind the baby), go for a swim, to the movies or browse at the shops, go out for coffee with your partner
- Try to change your diet eat more fruit and vegetables and less fatty foods (chips, hamburgers, takeaways).
- Talk about how you are feeling to a girlfriend or you partner or your mother.
- Set somewhat lower standards for yourself. Setting very small goals which you can actually achieve will make you feel better than aiming for a long list which you can't manage. Does it really matter if the bed is not made?

All these things are good to do for women with distress. They are also good self-help activities for women who are more depressed, and who might try some of these suggestions as well as getting professional help.

DEPRESSION

When sleep, energy and appetite are very disturbed, the feelings of depression are severe or have been there for a long time, there are thoughts of hopelessness and suicide, your baby isn't settling down or you or your family feel concerned for other reasons, it is time to seek professional help. For most people, the first person to see is your General Practitioner. The GP can assist you by listening to your story helping you to understand what is happening and suggest solutions. Your GP may encourage you to do some of the things mentioned above under "Distress". Sometimes having the perspective and reassurance of someone from outside the family is all that is needed, but often GPs may offer other avenues of help.

These include:

- Postnatal Depression Support Groups are available in some communities (ring 08 8303 1451 for group contacts), and talking things over with other women who may be in a similar situation to yourself can be extremely helpful.
- Child and Youth Health can offer extra support for you and your baby.
- Your GP may refer you to a clinical psychologist. They have special training to help, and may for instance offer cognitive therapy (some GPs do this too), which can help you to think more positively about yourself.
- Relationship counselling is another option that can be helpful during this time.

In some cases your GP may discuss with you the option of prescribing antidepressants. **Always ask your doctor or pharmacist about the possible side effects of the medication to yourself and your child if breastfeeding.**

Tell your doctor about other prescribed medications or over the counter medication (including herbal remedies) that you are taking.

As the situation is very complicated and changes over time, a discussion with your GP about whether you need to take medication at all, and then, which one is very important. Many factors will need to be considered, including the depth of your depression, the risks to yourself and others, whether you are breastfeeding, what else you can do, and also your views about it all. Once you start medication, usually you need to take it for at least 6 months after you feel better, and again, advice from your doctor will help to work out how long you need tablets for.

Some other tablets are also used at this time but usually only for short periods of time eg sleeping tablets (a good night's sleep with a sleeping tablet can help you to feel quite different).

Your GP may also undertake a physical examination and will often order blood tests. Sometime problems with your thyroid gland, which can be treated with tablets, is associated with depression. Sometimes you may be anaemic which can make you feel particularly tired. There are many causes of anaemia and it does respond to treatment.

WHAT ELSE CAN BE DONE

When a woman has a severe depression, your GP may want to refer you for extra help from a psychiatrist. The psychiatrist has special training in treating depression and is likely to offer other solutions through talking in depth with you, reviewing any medication you may be taking and consulting with your GP. For some women, admission to hospital will be appropriate. This can occur in either of two ways, you may be admitted on your own to a hospital or in some cases you may be offered an admission with your baby or toddler to Helen Mayo House. Helen Mayo House is a specialised treatment centre for women with babies, and is part of the Women's and Children's Hospital.

WHAT IF I DON'T SEEK TREATMENT?

Postnatal distress is likely to improve in time, and you will gradually begin to feel better. Even postnatal depression can sometimes improve by itself, but it may take many weeks or even many months. Unfortunately, in the meantime, it may have effects you do not intend on your relationship with your partner, how your baby is going, or how you feel about yourself as a mother. We certainly see risks when you do not seek help, particularly if your depression is at the more severe end of the scale. Many of the suggestions we have made in the brochure are about valuing yourself, allowing yourself to have a little bit of time and space to look after your self, so that you can better look after your baby.

WILL I GET BETTER?

Yes, you will! PND is a treatable condition. For those whose distress is less severe, the symptoms may ease more quickly. A more severe depression is likely to take weeks or even months to go away, but you will improve. Time helps a lot as your baby settles down - a smiling baby can make you feel MUCH better. Changing things in your life can take time too, and will take some work by you, people around you and your doctor, but keep going, ask questions if you are not improving and maybe new treatment methods will offer better help. When depression is persistent it is disheartening for everyone and sometimes, relapses do occur and are very distressing. For most women, there are good days and bad days, but eventually the good days vastly outnumber the bad. Persevering with treatment is worthwhile for you, your baby and your whole family.

SUPPORT GROUPS

Support groups tend to change from time to time. Child and Youth Health sometimes run support groups for postnatal depression and Helen Mayo House often does too.

- Helen Mayo House (08) 8303 1451 Contact Helen Mayo House to find out if there are any support groups in your local area.

ADDITIONAL RESOURCES

There are many publications about postnatal depression, and these include:

- Mothers Matter Too: Jenny Phillips
- Coping with PND; Dr Bryanne Barnett
- Beating The Blues: Susan Tanner and Jillian Ball
- New Mother Syndrome: Carol Dix
- Surviving Motherhood: Maggie Comport

Useful Websites include:

Child and Youth Health: www.cyh.sa.gov.au

CAN YOU PREVENT PND?

Many studies have shown that there are some risk factors which can be identified while you are pregnant (or soon after your baby is born) indicating that the risks of developing PND are greater. These include a past or current history of depression, troubled relationships with your parents or partner, premature baby and lots of losses. Unfortunately, even knowing that some people are at risk, studies have not been able to identify activities, which will definitely stop PND developing. Nevertheless, many people have found some of the following list very helpful. At Helen Mayo House, it is called the P list: P FOR PREVENTION

Personal Support Network: making sure you have as much support from your personal network as possible. Things you can do include:

- See if your partner can take time off work for as long as possible after your baby is born,
- Negotiate with your extended family (and your in-laws if possible) for the type of help, which fits your needs and their needs. Some people really like to give practical support such as cooking a meal, doing a load of washing or vacuuming the follow. Others prefer to give emotional support
- When you feel upset, ring the people who feel emotionally close – family or friends.

Professional Support Network: Make sure you have a GP you can talk to about how you are feeling, and other support people as needed. This may include a midwife, a Child and Youth Health Nurse, a counsellor, or whoever you and your partner work out is appropriate.

Paid help: making sure your house gets cleaned often enough so you can live comfortably in it, can make you feel better. With a new baby, this may be difficult. Obviously money is often also in short supply at this time, but for some people it may be worthwhile thinking of paying off your mortgage or other debts more slowly so you have some money available to make life a little easier for those first few months. Most people will only have one or two children altogether, and making your start with them as smooth as possible is very worthwhile.

Psychotherapy: This isn't for everyone, but if you have lots of problems from your past it may be worthwhile to seek help understanding yourself better while you are pregnant. This can help with what has been called "Ghosts in the Nursery" - figures from your past which colour your relationship with your baby, and also upset you. Now is a great time to work those things out if they are bothering you.

Prayer: Many people receive great help from a spiritual faith, a supportive minister of religion, the warmth of a church community and those who do can receive wonderful support from this avenue.

Pills: If your doctor and you think you are at a high risk of developing severe PND you may weigh up the risks for you and your baby and think of beginning medication even before PND develops.

Prioritize: Set your priorities so that you, your baby, your partner and immediate family are high on your list, and you don't let yourself in for things which can wait for another time.

Permission: Allow yourself to look after yourself, and take some time just for you. If you are feeling good, you can come back with more energy to look after your baby and your family. When you are over this difficult period, you may then be able to offer help in return to others.

A village is a very good place to bring up a baby. There are always people around to help you, to chat with, to look after your infant for a few minutes and to give you a bit of advice about what worked for them when their baby cried all night. Most Australians live in cities, not village. The more each of us makes our own village community around us, the more supported we are, and the better it is for our babies.