Unit 10: Understanding Postnatal Depression
# Table of contents

1. Introduction  
2. Learning Outcomes  
3. Understanding the Term ‘Postnatal Depression’  
4. The Difference Between the Terms ‘Baby Blues’ and ‘Postnatal Depression’  
5. The Possible Risk Factors for Developing Postnatal Depression  
6. The Features of Puerperal Psychosis  
7. The Feelings an Individual May Have When Experiencing Postnatal Depression  
8. The Ways Postnatal Depression Can Affect the Mother, Bonding with the Baby and Others  
9. The Preparation for Birth That May Reduce the Risk of Postnatal Depression  
10. Self-help Measures for Postnatal Depression  
11. Possible Treatments for Postnatal Depression  
12. The Local Resources and Treatments Available to an Individual Experiencing Postnatal Depression  
13. Puerperal Psychosis and How It May Be Managed  
14. Unit Summary
INTRODUCTION

In this unit you will gain an understanding of postnatal depression and its causes, looking at how it can affect the individual and others. You will also gain an understanding of the ways in which postnatal depression can be managed.
LEARNING OUTCOMES

This unit will teach you to:

- Understand the term 'postnatal depression'
- Understand the causes of postnatal depression
- Understand puerperal psychosis
- Understand how postnatal depression can affect the mother and others
- Understand how preparation for the birth can help reduce the risk of postnatal depression
- Understand how postnatal depression may be managed
- Understand how puerperal psychosis may be managed
UNDERSTANDING THE TERM ‘POSTNATAL DEPRESSION’

Postnatal depression is a condition that is thought to affect up to 1 in 10 women after the birth of a child.

The signs and symptoms of postnatal depression are similar to other types of depression and can lead to many women struggling to look after both themselves and their baby. Sometimes the cause of postnatal depression can be identified but sometimes it cannot, which can often make it difficult to treat.

A DEFINITION OF POSTNATAL DEPRESSION IS: “A DEPRESSIVE ILLNESS SUFFERED BY SOME WOMEN AFTER CHILDBIRTH WHERE THEY EXPERIENCE SYMPTOMS SIMILAR TO DEPRESSION. IT IS KNOWN TO TYPICALLY ARISE DUE TO A COMBINATION OF FATIGUE, PSYCHOLOGICAL ADJUSTMENT TO MOTHERHOOD AND ALSO HORMONE CHANGES AFTER THE BIRTH OF THE BABY”.

Some researchers argue that partners can also experience postnatal depression, but this is thought to be quite rare.
THE DIFFERENCE BETWEEN THE TERMS ‘BABY BLUES’ AND ‘POSTNATAL DEPRESSION’

Many women may mistakenly believe that they are experiencing postnatal depression when, in fact, they have something that is commonly referred to as ‘baby blues. Baby blues is thought to occur because of the massive change in hormone levels following childbirth.

Conversely, some women may believe they have baby blues when they are experiencing postnatal depression. This can lead to them believing that what they are experiencing is normal and this stops them from seeking treatment.

Knowing the difference between the signs and symptoms of the two is vital, and any uncertainty about what a mother is experiencing should be checked by a midwife, health visitor, GP or other relevant health professional. The table below highlights some of the main differences between the two conditions:

<table>
<thead>
<tr>
<th>Baby Blues</th>
<th>Postnatal Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced by approximately 80% of mothers in the 3-4 days following childbirth.</td>
<td>Experienced by approximately 10% of mothers and can be diagnosed up to two years after childbirth.</td>
</tr>
</tbody>
</table>
### SYMPTOMS

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Weepiness Or Crying For No Apparent Reason</td>
<td>- Self-Neglect</td>
</tr>
<tr>
<td>- Feeling Unlike Their Familiar Self</td>
<td>- Loss Of Sense Of Humor</td>
</tr>
<tr>
<td>- Impatience</td>
<td>- Feelings Of Guilt And Inadequacy About Their Ability To Care For Their New Baby</td>
</tr>
<tr>
<td>- Irritability</td>
<td>- Problems Bonding With The New Baby</td>
</tr>
<tr>
<td>- Frustration</td>
<td>- Loss Of Interest In Sex</td>
</tr>
<tr>
<td>- Anxiety</td>
<td>- Extreme Mood Changes</td>
</tr>
<tr>
<td>- Rapid Mood Changes</td>
<td>- Withdrawal From Family And Friends</td>
</tr>
<tr>
<td>- Poor Concentration</td>
<td>- Thoughts Of Self-Harming Or Harming The Baby</td>
</tr>
<tr>
<td>- Sleeping Problems</td>
<td>- Confusion</td>
</tr>
<tr>
<td>- Loss Of Appetite</td>
<td>- Loss Of Interest In Previously Enjoyable Activities</td>
</tr>
<tr>
<td>- Insomnia</td>
<td></td>
</tr>
<tr>
<td>- Extreme Anxiety</td>
<td></td>
</tr>
<tr>
<td>- Feelings Of Worthlessness</td>
<td></td>
</tr>
<tr>
<td>- Intense Fatigue And Irritability</td>
<td></td>
</tr>
</tbody>
</table>

Clearly, there is some crossover between the two conditions, which is why it can be very difficult for some women to understand which one they may have. Support from health professionals should enable them to identify any problems that they have following childbirth, and many will be aware if they have any significant risk factors for postnatal depression whilst they are pregnant.
THE POSSIBLE RISK FACTORS FOR DEVELOPING POSTNATAL DEPRESSION

There are many possible risk factors for developing postnatal depression. Some women will be exposed to more than one, which increases their chances of developing the condition. However, this is not always the case and many women who are exposed to multiple risk factors never go on to become postnatally depressed.

Risk factors can be categorised under the following:

- Physical
- Psychological
- Environmental

PHYSICAL RISK

Factors A sudden drop in the hormones oestrogen and progesterone are thought to be a major contributing factor in the onset of postnatal depression. Both hormones surge during pregnancy but then begin to drop before birth in order for labour to begin. After the birth of the baby, the levels can drop dramatically, and this is what is thought to cause ‘baby blues’. However, when women are very sensitive to changes in hormone levels, this means that their levels may not return as quickly to pre-pregnancy levels and this is what is thought to trigger postnatal depression to start.

Additionally, if someone has had a difficult birth, this can mean that their physical health in the wake of the birth is not as good as usual. Many women experience extreme fatigue in the early days after giving birth, but when accompanied by a lack in mobility due to a difficult birth, it can cause women to feel helpless, which can be a contributing factor in postnatal depression.
Women who undergo a **caesarean section** are thought to be at increased risk of postnatal depression because of the physical and psychological effects that it has on the mother. Up to 25% of women in the UK have a baby via this method and, since it is classed as major surgery, the recovery time can be a lot longer than by giving birth naturally. Many women who have had a caesarean struggle to be as active as they were before their operation and many will feel intense guilt at not giving birth naturally, especially if the procedure was carried out as an emergency.

Many women who **find it difficult to breastfeed** their baby can also develop feelings of failure and inadequacy, and when added to other physical factors such as **exhaustion**, this can be debilitating on their ability to care for their baby. Like we have mentioned before, this can develop into a cycle where their feelings of hopelessness get worse.

**Physical issues that affect the baby** can also be risk factors for postnatal depression. If parents are unaware that their baby has got a disability before it is born, then this can be extremely shocking and can lead to feelings of guilt and disappointment because they can feel as though they have failed their baby. These are also issuing for women who have had **premature births** and women whose babies have **developed an illness** soon after birth and so have to be placed in a special care unit, which reduces the chances for them to bond.
PSYCHOLOGICAL RISK

Factors If a woman has had a **previous experience of postnatal depression**, this is thought to raise her chances of developing it again after subsequent births. Also, women who have **incidents of other types of depression** are also thought to be at increased risk of experiencing postnatal depression.

Women who have experienced other types of **mental illness** are thought to be at increased risk of postnatal depression, which may develop more rapidly than in women who do not have other mental health issues. This is thought to be linked to fluctuating hormone levels and the effect that they have on brain chemistry, which regulates moods.

ENVIRONMENTAL RISK FACTORS

There appears to be more environmental risk factors of developing postnatal depression than any other. This is possibly because a woman’s ‘environment’ encompasses many aspects of her life. For example, if she **lacks social support** or has a **poor relationship with her partner** this can lead to postnatal depression because she may feel overwhelmed with responsibility and be unable to cope.

If she is currently undergoing **stressful life events** this can also be a contributing factor. This is because caring for a new baby can be all-consuming and having other stressful things to worry about as well can also lead to feelings of being overwhelmed.

Some women may have previously had **little experience of caring for a baby** and this may make her feel inadequate and like she is floundering, unsure if she is doing the right thing. This can be made even worse by other women who seem to be able to adapt to motherhood with ease, even though those women may be experiencing exactly the same feelings of inadequacy privately.
Isolation becomes a risk factor for some women, especially if they live a long way from their family and they do not have many friends in the same area. Caring for a baby can be a job that takes up a lot of time and leaves little time for the mother to have time for herself, and if she does she may feel too exhausted to do anything anyway. This can lead her to be detached from her own social network, especially whilst she is on maternity leave from work, leaving her with little adult contact.

Some women become very resentful at being cut off from their adult world and these feelings can be exacerbated if they have given up work for good to care for their baby. Giving up work can also lead to worries about household finances, which can also be a contributing factor in the onset of postnatal depression.

Many of these risk factors can be interlinked, and when women begin to have negative thoughts about one aspect of their life, this can lead to negative thoughts about others. Before long, the woman is unable to see anything positive in any situation. This can be a difficult cycle to break, and when this happens, it is vital that the woman seeks help before the postnatal depression becomes very difficult to treat or manage.
THE FEATURES OF PUERPERAL PSYCHOSIS

Puerperal psychosis, also known as postnatal psychosis, is a very rare but serious mental health condition that usually develops within the first two weeks following childbirth. It is thought to only affect 0.1% of mothers but its severity can have life-changing effects.

Puerperal psychosis is a psychotic reaction to childbirth where symptoms can change rapidly. It can happen to any woman and can be an extremely frightening experience both for her and for her family as well. The majority of women make a full recovery from puerperal psychosis but for many it can cause ongoing trauma to them and many have lasting effects for many years after the birth of their child. Mothers who have previously experienced postnatal depression or bipolar disorder are thought to be at increased risk of developing it but there are many incidents of it developing in women who have no previous incidents of mental health issues at all.

There are many features of this condition that make it very different to postnatal depression. Many women who have puerperal psychosis will experience:

- Confusion and disorientation
- Irrationality
- Complete rejection of their baby
- Being over demanding
- Loss of inhibitions
- Mania – such as talking too much or trying to take on too many activities
- Severe insomnia
- Detachment from reality
- Inability to focus or concentrate
Perhaps some of the most frightening symptoms of puerperal psychosis are **hallucinations and delusions**, which can lead the woman to believe that someone is going to do something to her baby. This can lead to **hypervigilance** and **paranoia** and often women refuse to sleep because they think that someone will take advantage of this time to take their baby away from them or to harm them. Women can also become **extremely sensitive to comments** and may misconstrue a comment that she is being called a bad mother or that something is wrong with her baby.

Unfortunately, the symptoms of delusion caused by puerperal psychosis can also lead women to **try and harm themselves or their baby**. Although it is rare, it can be one of the symptoms of this condition, which is why anyone who suspects that they may be experiencing it should seek medical assistance urgently.
THE FEELINGS AN INDIVIDUAL MAY HAVE WHEN EXPERIENCING POSTNATAL DEPRESSION

The feelings that someone who has postnatal depression may have will likely depend on the severity of the condition and they are also likely to change on a daily basis.

Some of the feelings that are common, and which help clinicians to make a diagnosis of postnatal depression, include:

- Persistent low mood
- Irritation and frustration
- Exhaustion
- Lack of motivation
- Feeling unable to or not wanting to manage the baby’s needs
- Problems sleeping
- Reduced or increased appetite
- Unable to enjoy previously pleasurable activities or spending time with their baby
- Anxiety
- Guilt
- Feelings of isolation and despair
- Tension
- Persistent aches and pains
The experience of **low mood** is different to when a woman has baby blues, because in postnatal depression, the feeling is persistent and can go on for many months, even when it is being treated. Some women may find that they feel worse at certain times of the day, such as in the morning when the day ahead may feel unmanageable, or in the evening when they feel that they have spent another ‘worthless’ day and have not accomplished anything meaningful.

Feelings of **irritability** may mean that the woman gets irrationally angry or frustrated with her partner, baby or with other children. Irritability makes someone feel as though nothing they do goes right or that they should not even bother trying something because there is no point. This can then lead to feelings of guilt and hopelessness, which do nothing but help feed into the depression.

**Exhaustion** is commonplace for women who have a new baby, because caring for a baby can be an incredibly tiring and demanding job that never seems to end. This can be made worse if the woman has a poor support system or is managing as a single parent. Being exhausted can cause women to have **no motivation** to do anything, and in some severe cases, this can lead to loss of personal hygiene routines and general self-care. It can also mean that the woman may also **neglect the care of her baby**, although severe neglect in postnatal depression is rare.

Even though some women may be completely exhausted, sometimes, postnatal depression affects their sleeping patterns, and this can lead to **insomnia**. Insomnia may be caused by **worry and anxiety** about their ability to care for their baby or general worry about whether or not they are doing a good job. Some women have concerns that they are not bonding with their baby and all of these worries can make them unable to fall asleep even when their baby is still sleeping.

**Appetite changes** are common for women who have postnatal depression. Some women are so consumed by their baby’s care needs that they actually forget to eat. For some women, postnatal depression means that their appetite is completely diminished, and they no longer get any enjoyment from preparing and eating meals. For some women, however, an increase in appetite occurs because they find that they are eating for comfort. Whilst this may make them feel better in the short term, ultimately, it may result in guilt about gaining weight; for women who have pre-existing body image issues this can prove very problematic.
One problem for women that can cause extreme guilt is that they do not enjoy spending time with their new baby. The postnatal period is often portrayed by the media as a time when women and their babies go through a joyous period of bonding and it comes across as the happiest time in a woman’s life. However, the reality of the postnatal period is often quite different. Mother’s that do not suffer from postnatal depression are likely to have a period of baby blues anyway, but postnatal depression can mean that women do not enjoy being with their baby, especially if he or she is especially demanding.

Problems such as colic can mean that babies only sleep for short bursts and spend a lot of time crying and this can be completely overwhelming for women, meaning they feel as though they cannot cope. The exhaustion that this causes can mean that they have no time or get no pleasure from things they used to enjoy because they are too tired and their mood is too low to enjoy them.

Postnatal depression can mean that a woman has negative and guilty thoughts that are with them for most of their waking hours and can even interrupt their sleep. Some examples of negative thoughts that a woman who is experiencing postnatal depression may have include:

- ‘I am not a good mother’
- ‘I shouldn’t be feeling like this’
- ‘I can’t cope’
- ‘My baby doesn’t love me’
- ‘I haven’t got the confidence to tell anyone how I am feeling’
- ‘Everyone thinks I am a failure’
As well as negative thoughts, women may also experience thoughts of anxiety regarding their baby and themselves, which can be very overwhelming:

- ‘My baby is ill’
- ‘My baby has not put on enough weight’
- ‘My baby has put on too much weight’
- ‘My baby is quiet – they must have stopped breathing’
- ‘I am going mad’
- ‘I am seriously ill’

Many of these thoughts are normal and come as part of adjusting to a new lifestyle but they can become very intrusive and, for many women, thinking negative and anxious thoughts can become their normal way of looking at things and this can be very tiresome.

Anxiety caused by negative thinking can result in some physical symptoms, which may also be experienced as part of postnatal depression:

- Rapid heart rate
- Shallow breathing
- Sweating
- Trembling
- Fear that you are losing control or going mad

When someone experiences negative thinking patterns all the time, this can affect their physical health and they may feel as though they are tense all the time, causing aches and pains that affect their overall well-being. When psychological and physical symptoms combine, someone can be left feeling very unwell and this can cause them to withdraw from their social life and, as such, feel isolated and alone.
THE MOTHER

Postnatal depression can have a severe impact on the mother because it has a direct impact on her ability to lead a normal life and carry out day-to-day activities. At its worst, the mother may **feel like her inability to cope makes life not worth living**. Depression can cause people to see no hope for the future and, sometimes, this can lead to thoughts of self-harm or suicide.

Many women who have postnatal depression are **unable to prioritise correctly**, which can mean that whilst their baby is screaming with hunger, they are loading their dishwasher or vacuuming the carpet. Many of these responses are due to the fact that some women will not want others to know that they cannot cope or that they are experiencing depression and so **they feel the need to maintain an image of being in control**, even if this means that their baby’s needs are not met as a result.

One of the most resounding effects of postnatal depression is usually the impact of the mother **feeling as though she has failed**. There is a lot of societal pressure for women to feel as though they have to do everything, and whilst some women can completely dismiss these demands, for others they are taken on board and deemed as a way that they have to live their lives. Trying to care for a new baby as well as trying to maintain a household can be a very daunting task, and for some women, trying to achieve this is what has a big influence on the development of postnatal depression.
BONDING

Fears of failure can also mean that mothers do not bond with their baby in a meaningful way. Psychologist John Bowlby argued in the 1960s that attachment to a primary caregiver was essential for a baby’s initial development and on their own ability to forge positive relationships in the future. He stated that there was a ‘critical period’ in which bonding or attachment should occur and if this time expired without bonding being achieved, then this would negatively impact the child in the future. The ‘critical period’ for bonding to take place is, according to Bowlby, between birth and approximately 24 months, which happens to coincide with the time when postnatal depression is most likely to occur.

Whilst Bowlby’s theories have been heavily criticised, they are still influential and are thought to be one of the reasons why mothers are given their babies to hold as soon as they are born (whenever this is possible) in order to encourage bonding. Most women will bond with their baby automatically and they will know instinctively how to respond when he or she is in distress. They will coo to them, comfort them and hold them close to show the baby that they are there. However, maternal instincts are not automatic for some women and for those who have postnatal depression any instincts might be overridden by the condition, which makes them unable to bond effectively whilst they have it.
Lack of bonding may occur because the mother is too exhausted to care for her baby properly. She may have had a traumatic birth or a caesarean section, which coupled with lack of sleep means she cannot care effectively for her child and may, therefore, rely on others to help. This may lead to guilt as she feels as though bonding is happening with other people and not with her.

Also, a woman who has postnatal depression may feel resentful towards her child for the development of her condition and this can cause her to not want to look after her child, or in some cases even touch or look at him or her. This lack of positive feeling in the ability to bond with the baby can lead to intense guilt and shame, and in some extreme and tragic cases this can cause the woman to harm the baby or herself, but this is uncommon.

THE EFFECT OF POSTNATAL DEPRESSION ON OTHERS

The family and friends of the woman who has postnatal depression may be left feeling helpless because they do not know how to react to what she is going through. Sometimes, this may mean that they avoid seeing her because they do not know what to do or say and this can make things worse as she then feels isolated and detached from the people around her. It can be extremely distressing for people around the woman to see her not respond to her baby’s needs and this may be another reason why they avoid seeing her.

Many partners may feel resentful that this has happened to their wife or girlfriend and this can cause tension, both in the relationship and with the partner’s other relationships as well, as they may be uncharacteristically angry or frustrated for much of the time. Partners may also feel left out and neglected because the woman simply cannot find the energy to interact with them in the way that they used to. Many partners can sometimes feel responsible for what is happening and may take unrealistic steps to ‘fix things. For example, they may become a workaholic to ensure that their baby does not suffer financially in the future for what they see as a negative start to their life.
Partners may also begin to develop some level of depression, because if the women’s postnatal depression means she is struggling to carry out daily activities, the partner will have a lot of added responsibilities likely on top of doing their own job as well. They may feel exhausted and some partners may feel as though they cannot ask for help as they too feel like this would be an admission of failure to adjust to having a new baby.

In order to lessen the impact of postnatal depression, people around the woman should be patient and understanding. They should listen to her concerns and encourage her to talk openly about her feelings. This should help her to feel less alone and more supported rather than like she is going through the condition alone.

If the woman is feeling overwhelmed by daily activities, then it may help to offer support but not to take over and to ensure that she gets time alone for herself, even if this means just a 30-minute nap or an hour to have a bath or read a book.

If there is a lack of understanding about postnatal depression, then it may help if the woman and her partner seek guidance together about what is happening and what they can do to help her to recover. This may involve doing their own research or they may visit their GP who will help them to understand the condition and offer guidance about support and treatment if they think it is required.

Partners and other family members should not neglect their own health and ensure that they too are asking for help and support when they need it, even if this is something that they find difficult or are reluctant to do.
THE PREPARATION FOR BIRTH THAT MAY REDUCE THE RISK OF POSTNATAL DEPRESSION

BEFORE THE BIRTH

Prevention of any condition is always better than a cure and there are some steps that women can do in preparing for the birth of their baby that might reduce the risk of them developing postnatal depression.

Avoiding any unnecessary stress is vital in ensuring that the woman remains calm and relaxed and that her anxiety levels are not raised. Not only can this cause her blood pressure to rise, which can be dangerous in pregnancy, but it also causes a stress hormone, known as cortisol, to be released. Cortisol can reduce the effectiveness of the immune system and cause her to be more susceptible to illness.

Women should also ensure that they get enough rest. Pregnancy can be an exciting time and there certainly is a lot to plan. However, if women become overtired, this may actually reduce their ability to go to sleep and rest properly. The first few weeks after the birth can be exhausting and women should be physically, as well as mentally, prepared for this time to try and avoid becoming completely fatigued.

For their overall well-being, eating a nutritious diet will ensure that women have enough vitamins and minerals to stay in good health, which can make them feel better and more prepared for the birth. This means that the birth may feel less overwhelming when it actually happens. Eating regularly can also maintain their blood sugar at appropriate levels and reduce the chances of them feeling ill through dizziness and nausea.

If women are anxious about changes to their body, they may consider asking for advice about things such as stretch marks and also consider continuing a gentle exercise programme to ensure that their weight is kept under control and they remain active as the pregnancy progresses. Yoga and Pilates are very good for stress and tension and some women may find these to be useful.
Attending antenatal classes can help women to speak to someone else who may be experiencing the same things as they are, and they can see that the anxieties that they may be feeling are not unique to them. Taking a partner to antenatal classes can be a good bonding experience for them and can help them to prepare for labour and therefore feel calmer and more in control leading up to their due date.

Women should also ensure that they attend all antenatal midwife appointments and any other appointments that are specific to their pregnancy. This can give women the opportunity to discuss any problems or worries that they have and can act as reassurance that all is progressing as it should be. At an antenatal appointment, women have their blood pressure taken, their urine is tested and the baby’s heartbeat is listened to as well. These check for complications such as gestational diabetes or pre-eclampsia and ensure that the baby is healthy and moving around as it should be. If they have a specific condition that may cause problems during pregnancy, such as a heart condition, then appointments with a specialist should not be missed as not only might they pick up something that may cause a problem but they can also calm the nerves of women who are finding pregnancy to be a stressful time.
Ensuring that all is in order in the final weeks before the birth can also help to alleviate any stress which might increase the risk of the development of postnatal depression. Having the baby’s room ready as well as the woman’s hospital bag (if that is where she plans to give birth), can help both the woman and the partner feel a little bit more in control of a situation that may start to feel completely out of their control once labour is underway.

In fact, some women find a ‘pregnancy plan’ to be very useful throughout their pregnancy as they know what to expect at what stage and this can also help them to feel more in control and educated about what is happening to them. When a woman is pregnant, some of the medical appointments can be extremely intrusive and the distress that they can cause might be lessened if the woman knows what to expect before she attends.

Plans can also indicate when it is a good time to tell family and friends, when certain checks will take place, when the nursery should be started and a whole host of other ideas which may be very useful, especially for first-time parents to help them organise their time.

AFTER THE BIRTH

Women should talk about any fears they have with their partner, friend or their midwife and they should not be afraid to ask for help when they need it. Accepting that they cannot be ‘superwoman’ will go a long way in enabling a woman to ask for support and therefore become less likely to develop postnatal depression.

They should find time to spend alone and with their partner, even if this means asking one of their parents to look after the baby for a few hours. Time apart from the baby can act as a ‘recharge’ and many women will appreciate their baby even more having spent some time apart from him or her. Finally, once the baby has been born, monitoring any signs and symptoms is vital in ensuring that postnatal depression is identified as early as possible. This way, support can be given immediately and the risk of the condition becoming worse and carrying on for longer is reduced.
SELF-HELP MEASURES FOR POSTNATAL DEPRESSION

Arguably, the best self-help measure for anyone who is experiencing a period of postnatal depression is to talk about it. This does not necessarily mean with a medical professional, as it can be just as useful to discuss issues with friends and family. Talking through any problems can provide comfort and reassurance and it also helps a woman to accept that she is experiencing postnatal depression but that she is also taking steps to get better.

When someone is less secretive about their condition, it can lessen the opportunity of isolation, which is a distinct possibility for women who are too afraid or too ashamed to open up about the issues that they are having.

Talking to other people also opens up a support network where everyone involved understands the fears and stresses of others, and it can be very reassuring to know that someone will always listen, be empathetic and non-judgemental when someone is having problems. It can also be very fulfilling for a woman to know that she is there to help someone else going through a similar experience when she feels that this is something that she is ready and able to do.
Support groups are there for women to share their experiences of postnatal depression with other women who are going through, or who have gone through, the same things themselves. Whilst speaking with family and friends provides comfort, speaking with someone who knows exactly what the woman is going through can give hope and reassurance that recovery from postnatal depression is possible and that what they are going through is only temporary.

Some support groups are available online and these may be more useful for a woman who may find it too daunting to open up about her issues in front of people. An online forum creates an alternative opportunity for her to be completely honest about how she is feeling, something that can come as a revelation to herself as well as to others. Women also feel as though they are less of a burden to others when they can discuss their problems online. Being online removes the real world connection that might prevent them from being so open and honest in real life.

Creating ‘me time’ is something that many women overlook because they are either too busy, stressed, or because the nature of their depression makes them feel as though they do not deserve to spend time (or money) on themselves. However, people cannot be effective in caring for others if they do not take time to care for themselves.

Taking time every day to do something that is meaningful for the woman can be very empowering and may involve asking someone to care for their baby for an hour or two. The time spent alone might be used to catch up on sleep, watch TV, meet up with a friend or do some exercise; anything that creates time for the woman to feel as though she is in control of her life. Doing this regularly means that the woman has something to look forward to and she may even appreciate her baby more when she has spent some time away from him or her. Some form of relaxation, such as meditation, can be especially beneficial if the woman’s postnatal depression makes her feel anxious.

For some women, returning to work early after maternity leave may be beneficial if they are starting to feel ‘trapped’ at home with their baby. They should be reassured that this does not make them a bad parent and that if it is what they want to do then their decision should be encouraged and validated. Any form of judgement about this decision may result in the recovery from postnatal depression being slowed because one of the biggest reasons that postnatal depression occurs in the first place is a woman feeling that she is not in control and cannot cope.
Diet and exercise are useful in enabling women to have a positive overall sense of well-being. A good diet can boost energy levels and exercising releases ‘feel good’ hormones such as serotonin, which can alleviate the signs of depression naturally.

Some self-help books might be useful for women to read so they can understand what their condition means for them. This is because if the depression is still in a very early stage, understanding what is happening to them might be able to prevent it from getting any worse before they need to seek professional help. This may include taking some natural remedies that are thought to alleviate stress, such as St John’s Wort (although this should not be taken whilst the woman is still pregnant or whilst she is breastfeeding).

Finally, being realistic about what they can achieve in a day can take a lot of the pressure off a woman who feels that she should be doing everything. She should celebrate what she has achieved rather than focusing on what she has not had time for. This way, she will be able to reduce the possibility of becoming trapped in a negative thinking cycle. Partners and families can help women to feel good about what they have achieved, firstly, by helping them to achieve it and, secondly, by praising efforts and encouraging them in a way that is not patronising but that lifts them and makes them determined that they will recover from their condition.
POSSIBLE TREATMENTS FOR POSTNATAL DEPRESSION

Early medical involvement for postnatal depression is vital in ensuring that symptoms do not become debilitating. For the first 28 days after a woman gives birth, she will be visited regularly by a midwife who will check the well-being of her and her baby. Midwives are trained to spot the signs of postnatal depression, but many women will be very good at hiding them if they are too ashamed to admit how they are feeling.

The midwife may be able to offer emotional support and if they think that the woman appears to be developing clear signs of depression, they may advise that she seeks further help from her GP. The GP is important because they are able to discuss with the woman what her options for treatment are.

Some women will agree to a course of antidepressant medication. Antidepressants work by increasing the amount of serotonin (a ‘feel good’ hormone) available in the brain. It stops the brain reabsorbing serotonin, which is what results in a person’s low mood. This type of medication is known as a selective serotonin reuptake inhibitor and is very commonly prescribed for all kinds of depression.

The GP can also offer to refer the woman for therapy, of which there are a number of choices. CBT – cognitive behavioural therapy – works by enabling the woman to look at their thinking patterns and readjust them so that they do not automatically fear the worst and can self-question in times where they may catastrophise. For example, a woman with a newborn baby may assume that just because her baby has a mild temperature that they have meningitis. Whilst this is extremely unlikely, people who are prone to anxiety will always fear the worst. CBT can help them to ‘retrain’ their patterns of thinking so that they are aware of the likelihood of some of their predictions. This is intended for the woman to realise how unlikely her predictions are and to stop going to them as an automatic response to a situation.
In severe cases of postnatal depression, psychotherapy may be useful in getting to the root cause of the depression. Trauma in childbirth can stir up memories that have been repressed into the woman’s unconscious and it may be the resurfacing of those painful memories that is causing postnatal depression. For example, if the birth was incredibly traumatic and involved a lot of screaming and panic, this may have subconsciously reminded the woman of an accident that she was in as a child. The memories of that accident may have been long ‘forgotten’ but then recalled due to some of the similarities of the situation. Psychotherapy helps people to bring repressed memories into the conscious mind so that they can be identified as the cause of the problem and then discussed and resolved appropriately.

Person-centred counselling is the style of counselling that is currently most commonly used for people who are experiencing depression. This style enables the individual to find their own solutions to their issues, with the counsellor simply acting as a guide. Counselling takes place in a non-judgemental atmosphere where the counsellor will encourage the woman to be open and honest about how she is feeling. The counsellor will show empathy and hopefully help the woman to see that she is not alone in how she feels.

Simply the act of sitting and speaking with someone for an hour a week can have a significantly positive effect on alleviating the symptoms of depression because someone feels listened to and appreciated.

Some hospitals have a mother and baby unit where the woman can be treated in hospital without having to leave her baby in the care of someone else. This is usually only necessary in the cases of severe postnatal depression but can help the woman to maintain a bond with her baby whilst she is being treated.

As we have already seen, self-help methods are also useful treatments and they can be even more so if they are combined with medication and/or therapy if this is the approach that is needed. Self-help methods can assist in the continuing recovery when a period of medication or therapy has ended and, as such, will help to lessen the possibility of the depression reoccurring.
Local treatments such as a visit to the GP for a course of medication or a referral for counselling have been discussed in the previous section as a means of dealing with the actual symptoms of postnatal depression. However, there are other local resources that might be useful in relieving some of the stress and anxiety that may be feeding into the woman’s postnatal depression.

For example, if someone is experiencing financial difficulties, then their local Citizens Advice Bureau is an excellent source of information in enabling people to effectively manage their debts. They can also help with housing problems, which can be a huge factor in the development of depression. If a mother is living in damp or overcrowded conditions, this can affect her quality of life and, as such, lead to low mood and could be a factor of her postnatal depression.

Local authorities may also be useful in housing crises if a woman is unhappy with her current location. In some circumstances, women (especially if they are single) who have a new baby may be prioritised for housing, although this is not always guaranteed.

Women who are very unhappy with their postnatal body and are experiencing low self-esteem may be able to join a local exercise or weight management class. They can also be referred to a health trainer by their GP, who can help them with nutrition, self-esteem and may also be able to offer a reduced rate to a local gym where they can exercise, swim or attend classes, all of which may have a positive effect on how they feel about themselves.
Counselling for couples by organisations such as RELATE can help women who are experiencing problems in their relationship. If problems existed in the relationship before the arrival of the baby, then once the baby arrives more strain can be put on everyone involved. If all parties are agreeable, couples counselling can be very useful, and many will see their progress as part of a ‘new beginning’ in their relationship. This will have a hugely positive effect on symptoms of depression if the relationship is causing stress and anxiety.

Someone who is struggling with the demands of being a new parent may be able to access a local postnatal support group where women are supported by both other women and health professionals. They can help the woman with things they may be struggling with or things they are unaware of because of being a new mother. For example, some women may not realise that a bottle fed baby may need stronger milk from a very early age, even as young as a couple of weeks and that the reason why they are crying so much is because they are constantly hungry. Some women may not be confident at bathing their child or knowing how to spot signs of certain illnesses. Attending a class can raise their confidence and lessen their feelings of helplessness.
PUERPERAL PSYCHOSIS AND HOW IT MAY BE MANAGED

Puerperal psychosis is a serious mental health condition that requires different resources and treatment than postnatal depression. **Psychiatric hospital admission** will almost certainly have to happen as a result of a diagnosis of puerperal psychosis. Many women will fear for their own safety and that of their baby and, as such, will voluntarily attend a hospital in order to be supported. However, some women may not realise how serious their condition is and they will have to be detained under the Mental Health Act 1983 (sometimes referred to as being ‘sectioned’). This will only happen if the woman is seen as a serious threat to her own health, her baby’s health or that of others. Many women will resist being detained in hospital as they fear that their baby will be taken from them and never returned. This is when mother and baby units at a hospital are vital because they can stay together whilst the mother is being treated.

When someone is detained under the Mental Health Act, two different health professionals will have separately assessed them, one of whom must be a specialist in mental health conditions (such as a psychiatrist). When both have agreed that this is needed, the person can then be detained in hospital and treated against their will.

As part of their initial admission to hospital, the woman will be **closely monitored to watch for signs of suicidal behaviour or behaviour that may harm her baby**. As such, a **risk assessment of self-harm or harm to the baby and a risk assessment of abuse or neglect** will be carried out to try and ascertain the background of the admission. The results of the risk assessment will guide what care is needed and what possible safeguarding measures need to be put into place, both whilst the woman remains in hospital and when she has been discharged. For example, it may become apparent that the woman is at risk of abuse from her partner and enabling her to return to that situation would put her and her baby at risk of harm.
In addition, as part of her initial care, the woman may need to have an injection to calm her down so that she is able to discuss what is happening to her in a more rational manner. Some women may behave aggressively but this is not as common as people may be led to believe. If they are aggressive, the delusion that their baby is going to be harmed or taken from them is usually the motivation for the behaviour.

As part of their treatment whilst in hospital, the woman may be given antipsychotic medication. Antipsychotics tend to be prescribed in cases of schizophrenia, bipolar disorder and severe depression or anxiety; they work by boosting or reducing the effect of certain chemicals in the brain. The way in which the drug is administered will determine how quickly it works – if it is taken in regular tablet form, it can take up to several days before any difference is noticed. However, if it is administered by a direct injection into a muscle, it can work within an hour and this may be the method that the woman experiences if she has been admitted to hospital against her will. Examples of antipsychotic drugs include chlorpromazine, clozapine and flupentixol.

Mood stabilisers may also be used as part of the woman’s treatment. These work by helping to treat the psychotic symptoms such as lifting the woman’s depressive symptoms and ‘flattening’ those which induce mania. They can be prescribed to women who are still breastfeeding their baby and, unlike many other drugs that are used to treat mental illness, they can be used longer term.

ECT – electro-convulsive therapy is only used on women for whom all other types of treatment have failed. It is used for a woman who is at severe risk of suicide and is classed, therefore, as being a danger to themselves and also to others, including their baby.

Someone undergoing ECT will have electrical currents sent through their brain in order to try and relieve some of the symptoms of the depression. No one is certain how ECT actually works but it is believed that it changes patterns of blood flow and of chemicals in the brain. It is a controversial treatment, often depicted as cruel and barbaric in the media; however, for some it can be a lifeline back to a normal life and is thought to be successful in up to 75% of cases, but this is only in cases where the individual also has a course of medication or follow-up ECT treatments as well.
Help with care for her baby is a resource that should certainly not be overlooked when the woman is being treated in hospital. If she does not live near a hospital where she can have her baby with her then he or she will need to be cared for elsewhere and by someone else. Ensuring that the woman is able to still see her baby may aid her recovery and the care of the child should never be completely assumed or taken over by anyone else unless this has been specifically negotiated and the woman has agreed.

Follow-up care once the woman has been discharged from hospital is essential, especially if another baby is planned. Whilst still in hospital, the woman will have been encouraged to put a care plan together with the help of medical professionals to try and prevent a recurrence of the psychosis. This may mean that, initially, she has someone to live with her as a part-time carer and this can be someone who does this voluntarily such as a family member or a professional carer who is paid for their care and support.

She will also be encouraged to make plans for the future and to note down some goals that she wants to achieve. This can be useful in aiding recovery because it gives the woman hope for the future. The community mental health team in her local area will have many health professionals who can help to care and support the woman, as well as helping ensure her and her baby’s safety. Health professionals who may be involved in the ongoing care of the woman include:

- Psychiatrist
- Psychologist
- Mental health nurses
- Health visitors
- Occupational therapists
- GP

All of these people should come together to ensure that the woman’s recovery from puerperal psychosis is as quick as possible whilst also ensuring the least
UNIT SUMMARY

In this unit we have understood what is meant by the terms ‘postnatal depression’ and ‘baby blues’ and how these are differentiated. We discussed the possible causes of postnatal depression before introducing you to the term ‘puerperal psychosis’ and how this condition differs from postnatal depression. We began to understand the effects that postnatal depression can have on the mother and others before exploring how preparation for the birth can help significantly reduce the risk of postnatal depression occurring. Finally, we have gone into detail regarding the self-help measures, possible treatments and local resources that are available for someone with postnatal depression or puerperal psychosis.