Postnatal depression

The arrival of a new baby makes a huge change to a woman's life. As well as the usual joy of the new arrival, the extra work involved in being a mother to young baby calls for an enormous life adjustment. This strain can increase the risk of developing depression.

Baby blues and depression

The majority of women experience some tearfulness soon after the birth of the baby and this is sometimes called baby blues. This usually lasts no more than a week. Postnatal depression (PND) is much more than the 'baby blues' and is a recognised illness. Typical symptoms include a consistently low mood and reduced energy levels. Distressing thoughts about harming the baby can occur. In severe cases, a mother may feel life is not worth living.

Who gets PND?

PND is common, affecting around one in ten mothers. Anyone who has suffered with depression in the past, particularly around an earlier pregnancy, is most at risk of developing postnatal depression. Negative birth experiences, such as difficult delivery, can increase this risk. Having other worries in the family such as ill health, financial problems or relationship difficulties are also risk factors. Many women find they are more socially isolated and feel lonely after childbirth and this lack of support from family or friends can also make depression more likely. See also Causes, below.

What are the symptoms?

Many symptoms of PND are similar to depression at other times of life. They can begin during pregnancy or up to a few months after the birth.

A persistent low mood, tearfulness and difficulty in sleeping, despite extreme tiredness, are the most common symptoms. Some women find that they are preoccupied by anxious thoughts about their babies and feel they want to keep checking on them. Feelings of guilt, where women believe they are bad mothers or bad wives, are common. Irritability and short-temperedness with partners or children may also be common. Many women experience recurrent thoughts about harming the baby, which they find particularly distressing. An inability to enjoy things that normally give pleasure is another common symptom. Poor appetite and weight loss is possible, although some women do the opposite and "comfort eat".

If untreated PND can last for many months and damage the mother's relationship with her partner and children. Rarely, severe forms of PND result in women being admitted to hospital, ideally to a specialised mother and baby unit. Sometimes electro-convulsive therapy (ECT) is necessary or stronger calming medication (anti-psychotics) as well as antidepressants.

What causes PND?

There is rarely a single cause for a bout of depression and several factors usually work together. Hormonal changes associated with childbirth have been blamed for PND, but treatment with hormones has been tried without much success. It is more likely to be due to the combination of life changes associated with childbirth. The adjustment to the extra responsibility, selflessly looking after a totally dependent infant, is demanding. All babies are different; some are more 'colicky' or irritable than others, and this can make them particularly difficult to look after. Many women find their relationship with their partner changes, as they focus their energy on childcare. Women are routinely less interested in sex for a time after childbirth, which may cause an additional partnership strain. The birth experience itself can be disappointing or even traumatising, with some women feeling out of control and frightened. Many women stop work when they have babies and find that they have less social life, lower status and income. Depression does tend to run in families, and so it is likely that some genetic factors are important, although these are not clearly understood.

Awareness of PND is increasing and midwives, GPs and health visitors are often alert to the symptoms.

If you think you might have PND, see your doctor. The doctor will ask you questions about your mood, health and your baby. Your doctor may refer you to a psychiatrist or a community psychiatric nurse. The diagnosis of PND is made after such an interview to discuss your problems.

Spotting and treating PND

Many women feel bewildered or ashamed of their symptoms, and delay seeking help However doctors, midwives and health visitors are now trained to be aware of the symptoms of postnatal depression and offer sympathetic, prompt treatment. A questionnaire to help professionals spot women at risk are regularly used with new mothers. The most popular is the Edinburgh Postnatal Depression Scale (EPDS), which has ten simple questions and a scoring system.

Options for treatment include antidepressant medicines and talking therapies, such as counselling and psychotherapy.

Antidepressant tablets in the Prozac family of drugs, known as Selective Serotonin Receptor Uptake Inhibitors (SSRIs), are commonly prescribed for PND. The course usually lasts several months and, in order to avoid a relapse, generally continues for some time after the symptoms clear up.

Counselling can often be referred by GPs. Antidepressants and talking treatments, or the two combined, can help to improve mood and quality of life. Practical measures, such as help with childcare, giving mothers 'time off' or more social support can also be vital. Sharing experiences with other mothers affected by PND can also be very valuable.

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Further information

American Academy of Family Physicians
http://www.familydoctor.org/handouts/379.html

National Women's Health Information Center
http://www.4woman.gov/faq/postpartum.htm

The Association for Postnatal illness
020 7386 0868 (limited daytime hours only)
www.apni.org/

Healthwise (Health Information Resource Centre)
Tel : (852) 2849 2400
Fax : (852) 2849 2900
Email : info@healthwise.org.hk
Homepage : www.healthwise.org.hk

This leaflet is for information only. For a detailed opinion or personal advice, please consult your own doctor.

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