



For better
mental health

Understanding postnatal depression



'Everybody kept saying to me, "Oh, how well you're coping". And yet, behind the closed walls, you think, "Why can't I tell them what's going on?".'

'I sat in the park under a big tree, looking at the beautiful, clear, blue sky. There was no-one else there. Tears just kept coming out of my eyes and rolling down my cheeks, for no particular reason. I didn't feel particularly sad, but I just couldn't stop them.'

'Late one afternoon, I stood washing up at the kitchen sink. The water was hot. The next thing I remember is that the water was cold and it was dark outside. I was glad that we lived near King's Cross Station, because there were lots of trains and I could walk under one.'

Postnatal depression is very common. Yet far too often, new mothers are left to suffer in silence, struggling on alone, because their problem is not recognised. This booklet explains the possible causes of postnatal depression, describes the signs to look out for, and tells you what can be done to help.



What is postnatal depression?

People expect that having a baby is going to be a source of happiness, and of course it is, and should be. But, as a new mother, you may be very far from feeling this straight away, and this can bring with it huge anxiety. You may well go through a period of depression, which may be brief and manageable (the 'baby blues') or deeper and longer-term (postnatal depression). Very rarely, a new mother may experience an extremely severe form of depression, known as puerperal psychosis (see p. 11).

The baby blues

The baby blues usually arrives two to four days after the birth and is so common that it's regarded as normal. You may feel very emotional and liable to burst into tears, for reasons that may seem quite trivial to other people. You may find it difficult to sleep (even when the baby lets you) and you may not feel like eating. You may also feel anxious, sad, guilty, and afraid that you are not up to being a mother.

Doctors suggest that the baby blues may be down to changes in hormone levels that happen after the birth, but others say it's brought on by the experience of being in hospital. Although having the baby blues is distressing, it's important to know that it clears up quickly, usually within a couple of weeks. Medical professionals don't usually take it very seriously. If the depression goes on for longer, however, or gets worse, it may be a turning into postnatal depression.

Postnatal depression (PND)

At least one new mother in ten goes through PND, often when the baby is between four and six months old, although it can emerge at any time in the first year. It comes on either gradually or all of a sudden, and can range from being relatively mild to very hard-hitting.

What are the common signs of PND?

You may go through one or more of the following experiences, although it's extremely unlikely that you will go through all of them:

- feeling very low, or despondent, thinking that nothing is any good, that life is a long, grey tunnel, and that there is no hope
- feeling tired and very lethargic, or even quite numb. Not wanting to do anything or take an interest in the outside world
- a sense of inadequacy; feeling unable to cope
- feeling guilty about not coping, or about not loving the baby enough
- wanting to cry
- being unusually irritable, which makes the guilt worse
- losing your appetite, which may go with feeling hungry all the time, but being unable to eat
- difficulty sleeping; either not getting to sleep, waking early, or having vivid nightmares
- being hostile or indifferent to your husband or partner
- losing interest in sex
- having panic attacks, which strike at any time, causing rapid heartbeat, sweaty palms and feelings of sickness or faintness
- an overpowering anxiety, often about things that wouldn't normally bother you, such as being alone in the house
- difficulty in concentrating or making decisions
- physical symptoms, such as stomach pains, headaches and blurred vision

- obsessive fears about the baby's health or wellbeing, or about yourself and other members of the family
- thoughts about death.

Thoughts about death can be very frightening, and may make you feel as if you are going mad or completely out of control. You may be afraid to tell anyone about these feelings. It's important to realise that having these thoughts doesn't mean that you are actually going to harm yourself or your children, although this does happen very occasionally (see p. 11). However difficult, the more you can bring these feelings out into the open and talk about them with someone you trust, the less likely you will be to act on them.



What causes PND?

PND can happen whatever your family circumstances, and whether or not the baby is your first. You may have managed happily with your first baby and yet become depressed after your second, or the other way around. There is no one cause for PND, but a number of different possibilities have been put forward to explain why new mothers may become depressed in this way.

The shock of becoming a mother

Women are often unprepared for the physical impact of childbirth, and yet motherhood has further shocks in store. There are new and daunting skills to learn, and this is only the beginning. You are suddenly responsible, 24-hours a day, for a helpless human being who powerfully communicates his or her unhappiness.

As a new mother, you may find you can't go out without the baby, and that you may not even want to. Neither can you leave the baby alone in the house. Suddenly your own freedom to come and go as you please has disappeared. When you do take the baby out, the pram or buggy turns familiar routes into obstacle-courses, and buses and shops are suddenly hard to use. All too often, you may find yourself alone in the house, with no adults to talk to. And you will probably feel totally exhausted. All this takes getting used to. Becoming a mother involves many losses, not only of freedom, but also of income, of independence, and of your sense of who you are.

Changed relationships

Becoming a mother can be a huge change of role. It alters the relationship between you and your partner. Two adults, who may have had few joint responsibilities previously, are suddenly parents. As the old rhyme goes:

*'When that we were single, we used to sport and play,
But now that we are married, the kids get in the way'.*

It will affect your relationship with your own mother, too. You're no longer your mother's little girl but, instead, have turned her into a grandmother. This is a further loss, as well as a gain, which both sides have to adjust to. You may well have given up a job, if only temporarily, and will find yourself financially dependent on someone else, perhaps for the first time in your adult life.

Even when the baby is a second or third one, there are still adjustments to be made, because each new baby changes the family as a whole. In a way, it gives birth to a new family, and all its members have to get used to that.

Help with adjusting

Mothers do not enjoy high status in the West, and there are hardly any rituals to honour them, or celebrate their new role. Rituals help us to adjust. An Indian health-worker, now living in the UK, put it as follows:

'During our visit home to Gujerat, my sister-in-law gave birth. She did no housework for 40 days, just lay in bed with the baby, and we, the women of the family, all sat around bringing her presents, singing and gossiping and telling stories. Every day, the midwife came and gave her and the baby a massage.'

Customs like this give the new mother a breathing space to recover from the birth and get to know her new baby. They affirm her in her role as mother, and give her a chance to gain knowledge and skills from other women in the family. And they help raise the self-esteem of these women as mothers. We have lost this.

Lack of support

It's easy to ask too much of mothers and motherhood. On the one hand, society idealises motherhood, requiring mothers to be open-armed, ever-giving sources of food and love. On the other, they are expected to achieve this impossible perfection by magic. Mothering is thought of as instinctive, not something that needs to be learned.

In the past, women learnt about motherhood in the large families that used to be common. When they became mothers, in turn, they could expect to call upon the help of their female relatives, young and old. Nowadays, many new mothers have to cope on their own, with, or without, the help of their partner, and neither of them is likely to have had any previous experience. Not having these skills can feel like a crippling personal failure.

Other stresses to cope with

If you are under additional strain for any reason, you are more likely to become depressed. The cause could be an illness or death in the family, or because you are moving house or changing your job. Or it could be the result of longer-term difficulties, such as being unemployed, on a low-income or in poor housing.

Evidence suggests that a new mother is more likely to become depressed if she has no-one to confide in, has no job outside the home and has three or more children under 14 years old living with her. These are all factors that involve some kind of loss and low self-esteem.

Childhood experiences

Your own childhood experiences can have a huge influence on the present. Sometimes, long-buried hurts can be forced to the surface by the shock of giving birth. In particular, if you were separated from your own mother for any length of time before the age of 10 or 11, you could be more vulnerable to postnatal depression. The separation could be because of illness, death or war. Or it could have been through being sent away to relatives (for the birth of a sibling, perhaps) or to boarding school. Some of these events might have been seen as unremarkable at the time, but they would still have been traumatic for you as a child.

When these old sorrows emerge, in the form of depression, it can be frightening and bewildering. It's also potentially healing. With the right kind of support, you may be able to let go and move on.

Hormonal upheaval

The hormones oestrogen and progesterone affect our emotions. Some doctors, notably Dr Katherine Dalton, believe that PND can be caused by a difficulty adapting to a lack of the hormone progesterone after the birth. Using progesterone as a treatment is still controversial, however, and not widely available.

In view of all these factors, the amazing thing is not that some mothers do get depressed, but that all mothers don't.

What can I do to help myself get better?

PND usually clears up in time, although it may take up to a year. Love, support and nurture from family, friends and community can be vital in helping you to cope.

Someone to talk to

It's important to feel understood and supported. A sympathetic listener, who can hear about your feelings and worries without judging, can bring enormous relief. It could be a health visitor, a community psychiatric nurse, a counsellor, or a volunteer from a self-help organisation (see *Useful organisations*, on p. 12). Health visitors have a responsibility towards families with children under five. Some have training in counselling skills. Some run groups for new mothers. As a new mother, you should already be in contact with them.

Meeting other mothers

Meeting others in the same position as you will give you a chance to share skills and experiences, to realise you are not alone, and above all to get some emotional and practical support. It can also help to affirm you in your new role. There are many organisations that can put local mothers in touch with each other (see *Useful organisations*, on p. 12, for details).

Take care of yourself

This is easier said than done with a small baby in the house, but it's where relatives and friends can help.

Difficulty in concentrating and lack of appetite are part of the depression. The first makes it difficult to prepare food; the second makes it difficult to eat. Lack of food makes the condition worse. You are quite likely to be lacking vitamin B, calcium and magnesium.

Lack of sleep, anxiety and poor concentration make another vicious spiral. If your baby takes a bottle, try to get someone to take over the night feeds, if only for a night or two. If you are breastfeeding only, you can take the baby into bed with you, so that you can feed with the minimum of disruption. In time, you and the baby will fall into a natural rhythm of sleeping and waking, and this makes the night feeds much less stressful and tiring. Don't try to do too much round the house; you and the baby are much more important. If at all possible, have people to help you out with daily responsibilities, so that you can rest during the day. If lack of sleep has become habitual, your GP may also consider prescribing sleeping pills to help you. Provided these are taken only for a brief period, there should be no problem with becoming dependent on them (see Mind's booklet, *Making Sense of Sleeping Pills*, details on p. 14).

Physical activity is an antidepressant, especially if it's enjoyable. Try dance, yoga or T'ai Chi. These are often available through your local authority's adult or community education programme, and there may be a crèche available.

Learn to relax

There are various techniques you can learn, to help you become more relaxed and deal with anxious feelings. These may be simple breathing or relaxation techniques, such as those taught in antenatal classes. (See Mind's booklet *The Mind Guide to Relaxation*, or *The Mind Guide to Managing Stress*, details on p. 14.)

Find something to do, just for the fun of it. It doesn't matter whether it's five minutes with your feet up and a glass of orange juice, or an aerobics workout, as long as it gives you pleasure. This recharges your batteries and reminds you, and others, that you deserve good things.

Complementary therapies

Complementary therapies are well worth looking into. Many women have found cranial osteopathy, herbal remedies and homeopathy helpful. These work to support the body and spirit in healing, rather than intervening with a mechanical fix. (See *Useful organisations*, on p. 12, and *Further reading*, on p. 14, for further information.)

What sort of treatment is available?

PND is not only a distressing condition, it's a serious and disabling one, which can be nipped in the bud if it's spotted early. It can be hugely reassuring to both you and your partner to know what's wrong.

If PND isn't acknowledged and addressed, it's likely to last longer and be more severe than it need be, and this can affect the relationship between you and your baby. You need help, but you may need encouragement to seek it, and support in getting it. Feeling reluctant to ask for help is part of the problem.

Possible sources of help include your GP, midwife, health visitor, community psychiatric nurse, psychiatrist, psychotherapist or counsellor. Unfortunately, it's still true that some health professionals may not have received adequate training, or may simply be too hard-pressed to recognise the condition. There is now a questionnaire available to health visitors and GPs to help them distinguish the problem from the 'baby blues'.

Experts suggest that the best treatment for PND may be a combination of practical support and advice, counselling or psychotherapy, and if necessary, antidepressants.

Counselling and psychotherapy

Talking treatments, such as counselling and psychotherapy, offer you the opportunity to look at the underlying factors that have contributed to the PND, as well as helping you to change the way you feel. Many GPs now have a counsellor or psychotherapist attached to the practice. They can also refer patients to a psychiatrist or psychologist on the NHS. Various organisations offer talking treatments, and some of them operate a low-fee scheme for those who can't afford to pay.

(For more information, see Mind's booklet, *Understanding Talking Treatments*.) Cognitive behaviour therapy is increasingly popular as a short-term treatment, providing you with practical strategies for dealing with problems (see *Useful organisations*, on p. 12, and *Further reading*, on p. 14, for more information.)

Prescription medicine

A GP can prescribe various different kinds of medication to help, and it's important to discuss this fully, beforehand, and to keep monitoring progress. It may be necessary to try different medications, or to adjust the dosage, to achieve the best results. Any medication can enter the breast milk and this will be an important consideration.

Antidepressants are a possible answer, but you need to find one that suits you, and they take time to work. They can also have side effects. Most new antidepressants are not considered to be addictive, but you should be prepared to take them for at least six months. GPs sometimes prescribe a tranquilliser, such as Valium, to deal with severe anxiety and sleeplessness. These can be addictive and should only be used for a few weeks. (For more information, see Mind's *Making Sense* series of booklets, details on p. 14.)

Treatments involving hormone supplements are still relatively untried, but, as yet, there is no strong evidence in support of them. Although oestrogen patches may benefit some women, this is not yet established.



How can family and friends help?

It may be both difficult and frustrating to live with someone who has PND. It may be helpful to think of the birth of the baby as a crisis that everyone has to adjust to, to avoid blaming any one family member for the distress. Think of it as a patch of stormy weather that has to be got through. And be prepared to seek help from wherever you can, both for yourself and for the depressed mother.

Perhaps the most important thing is to recognise that someone suffering from PND may need encouragement to seek help, and support to get it. Help her to find someone to talk to in depth, and reassure her that she is not going mad and that she will get better. Make sure she knows that you will support her, and not abandon her.

Practical steps include helping her to get enough food, rest, and exercise. Try to ensure that she doesn't spend much time alone to cope with the baby. A sense of isolation can be the most stressful aspect of mothering. Support the idea that she deserves to have a daily treat, and enable her to get it. One way might be to offer her a massage. This is a great help in promoting relaxation and restoring a sense of wellbeing.

The following will make her depression worse:

- telling her to pull herself together. She is already feeling bad about herself, and doing her best
- walking out on her, however difficult or impossible she is
- leaving her alone with the baby for long periods
- plying her with alcohol or encouraging her to drink too much.

Try to find out as much as you can about postnatal depression, and, if necessary, be prepared to fight for more resources. Be prepared to talk about it, so that the problem does not remain invisible.

What is puerperal psychosis?

Fortunately, puerperal psychosis is fairly rare, affecting only one in 500 new mothers, but it's the most serious kind of postnatal illness. It usually comes on quite suddenly a few weeks after the birth, and starts with the mother being very restless, excited or elated and totally unable to sleep. She may have delusions (for example, she may believe that she is the Virgin Mary and is going to save the world) or hallucinations (she may see or hear things that others can't). She may be manic (cleaning the house at three o'clock in the morning) or have wild mood swings from high to low. Her behaviour may become increasingly bizarre and disturbing to those around her, and she may lose touch with reality. It soon becomes very clear that she needs help, and medical and social support.

Treatment (which may involve being in hospital) may include stabilising drugs such as lithium, strong antipsychotics such as haloperidol, and antidepressants. Doctors may want to use electroconvulsive therapy (see Mind's *Making Sense* series, details on p. 14). It may take a long time to recover completely.

Women with a previous or family history of mental health problems (for example, a diagnosis of schizophrenia or bipolar disorder) may be at a higher risk of developing puerperal psychosis. However, one experience of puerperal psychosis does not automatically mean that a woman is likely to have it again.

i

Useful organisations

The Association for Post Natal Illness

145 Dawes Road, London SW6 7EB

tel. 020 7386 0868, fax: 020 7386 8885

e-mail: info@apni.org web: www.apni.org.uk

Provides support to mothers with postnatal depression

British Association for Counselling and Psychotherapy (BACP)

BACP House, 35–37 Albert Street, Rugby CV21 2SG

tel. 0870 443 5252, fax: 0870 443 5161

e-mail: bacp@bacp.co.uk web: www.bacp.co.uk

Contact for details of local practitioners

British Confederation of Psychotherapists (BCP)

West Hill House, Swains Lane, London N6 6QS

tel. 020 7267 3626, fax: 020 7267 4772

e-mail: mail@bcp.org.uk web: www.bcp.org.uk

A linking body of psychoanalytical psychotherapy societies.

Can provide a register of members

MAMA (Meet-a-Mum Association)

376 Bideford Green, Linslade, Leighton Buzzard, Bedfordshire LU7 2TY
tel. 01525 217064, e-mail: meet-a-mum-assoc@blueyonder.co.uk
web: www.mama.org.uk

Offers information, one-to-one support and support groups

The National Childbirth Trust (NCT)

Alexandra House, Oldham Terrace, London W3 6NH
tel. 0870 770 3236, fax: 0870 770 3237
enquiry line: 0870 444 8707,
e-mail: enquiries@national-childbirth-trust.co.uk
web: www.nctpregnancyandbabycare.com

Offers supportive groups to women before and after birth, and groups for depressed mothers

National Newpin

Sutherland House, 35 Sutherland Square, London SE17 3EE
tel. 020 7358 5900, fax: 020 7701 2660
e-mail: info@newpin.org.uk web: www.newpin.org.uk

Offers support, individual counselling and group therapy for parents, and play therapy for children

United Kingdom Council for Psychotherapy (UKCP)

167–169 Great Portland Street, London W1W 5PF
tel. 020 7436 3002, fax: 020 7436 3013
e-mail: ukcp@psychotherapy.org.uk
web: www.psychotherapy.org.uk

Umbrella organisation for psychotherapy in the UK. Regional lists of psychotherapists are available free

Further reading

- Depression: The way out of your prison* D. Rowe (Routledge 1996) £10.99
- Factsheet: *Psychosis* (Mind 2002) 50p
- Good Mood Food* M. Van Straten (Cassell 2002) £10.99
- How to Cope with Relationship Problems* (Mind 2001) £1
- How to Cope with Sleep Problems* (Mind 2002) £1
- How to Help Someone Who is Suicidal* (Mind 2002) £1
- How to Look After Yourself* (Mind 2002) £1
- How to Parent in a Crisis* (Mind 2002) £1
- How to Rebuild Your Life After Breakdown* (Mind 2000) £1
- How to Recognise the Early Signs of Mental Distress* (Mind 2002) £1
- How to Stop Worrying* (Mind 2003) £1
- Making Sense of Antidepressants* (Mind 2002) £3.50
- Making Sense of Antipsychotics (Major Tranquillisers)* (Mind 2003) £3.50
- Making Sense of Cognitive Behaviour Therapy* (Mind 2001) £3.50
- Making Sense of ECT* (Mind 2003) £3.50
- Making Sense of Herbal Remedies* (Mind 2000) £3.50
- Making Sense of Homeopathy* (Mind 2001) £3.50
- Making Sense of Sleeping Pills* (Mind 2000) £3.50
- Making Sense of Traditional Chinese Medicine* (Mind 2001) £3.50
- Making Sense of Lithium* (Mind 2003) £3.50
- Making Sense of Minor Tranquillisers* (Mind 2003) £3.50
- The Mind Guide to Food and Mood* (Mind 2000) £1
- The Mind Guide to Managing Stress* (Mind 2002) £1
- The Mind Guide to Physical Activity* (Mind 2001) £1
- The Mind Guide to Relaxation* (Mind 2001) £1
- The Mind Guide to Yoga* (Mind 2001) £1
- Overcoming Depression: A self-help guide using cognitive-behavioural techniques* P. Gilbert (Constable 2000) £7.99
- Parenting Well When You're Depressed: A complete resource for maintaining a healthy family* J. Nicholson, A. D. Henry, J. C. Clayfield (New Harbinger 2001) £13.99
- Postnatal Depression* P. Nicholson (Wiley 2001) £8.99
- Understanding Anxiety* (Mind 2002) £1
- Understanding Depression* (Mind 2003) £1
- Understanding Talking Treatments* (Mind 2002) £1

order form

For a catalogue of publications from Mind, send an A4 SAE to the address below.

If you would like to order any of the titles listed here, please photocopy or tear out these pages, and indicate in the appropriate boxes the number of each title that you require.

Please add 10 per cent for postage and packing, and enclose a cheque for the whole amount, payable to Mind. Return your completed order form together with your cheque to:

Mind Publications
15-19 Broadway
London
E15 4BQ
tel: 020 8221 9666
fax: 020 8534 6399
e-mail: publications@mind.org.uk
(Allow 28 days for delivery)

Please send me the titles marked above. I enclose a cheque (including 10 per cent for p&p) payable to Mind for £

Mind works for a better life for everyone with experience of mental distress

Mind does this by:

- advancing the views, needs and ambitions of people with experience of mental distress
- promoting inclusion through challenging discrimination
- influencing policy through campaigning and education
- inspiring the development of quality services which reflect expressed need and diversity
- achieving equal civil and legal rights through campaigning and education.

The values and principles which underpin Mind's work are:

autonomy, equality, knowledge, participation and respect.

For details of your nearest Mind association and of local services contact Mind's helpline, *MindinfoLine*: **0845 766 0163** Monday to Friday 9.15am to 5.15pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, *MindinfoLine* has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 0289 032 8474

This booklet was written by Penny Cloutte

First published by Mind 1994. Revised edition © Mind 2003

ISBN 1-874690-89-8

No reproduction without permission

Mind is a registered charity No. 219830

Mind (National Association for Mental Health)

15-19 Broadway

London E15 4BQ

tel: 020 8519 2122

fax: 020 8522 1725

web: www.mind.org.uk



**For better
mental health**