

Talking about postnatal depression

Introduction

Having a baby is an important event in a woman's life. For what can seem like for ever, her body has been undergoing major changes and she may have experienced considerable discomfort or even ill-health while pregnant. When the baby is born, the woman becomes responsible for the well-being of a small vulnerable person, who has very immediate needs for care and attention.

We tend to assume that motherhood is joyful and rewarding, and that it will be easy enough to adjust to the arrival of a new baby. However, no matter how wanted the baby is, he or she will bring big changes to the mother's life—changes which can be disturbing or distressing. Many women find they go through a low patch shortly after they give birth, feeling tired and weepy. But these 'baby blues' generally only last a few days before women feel more themselves again.

For others, though, having a baby has a more serious and longer lasting effect. These women become depressed, confused or very anxious, and can't just 'snap out' of it. This reaction is known as post-natal depression, and can be very painful and upsetting for the woman herself, her partner and her children.

This leaflet is written for mothers who are going through this experience, and for their families and friends. It aims to provide some basic information about post-natal depression: what it feels like, the possible causes and the various sources of help available. It also contains references to other reading material and to organisations which can provide further information for those who want to know more.

What is post-natal depression

We tend to have high expectations of motherhood and assume that you'll cope with caring for this new baby and find the experience fulfilling and satisfying. So if you find yourself in a turmoil and begin to doubt if you can manage—or even want to manage—it can be very distressing.

Many mothers find they become tearful and despondent, anxious, or tense or angry, and don't know what to do about it. If you feel like this there may be no clear reason for it, which can make things worse since you may then feel guilty and inadequate. Even though the baby was planned, and your pregnancy and birth went well, it is as if a great black cloud has arisen out of nowhere and settled over you. You probably never thought that having a baby would make you feel like this.

Post-natal depression is more common than you realise—between 10 and 20 percent of women are affected. It can occur straight after the baby is born, or months later. It can start very suddenly or slowly take hold. Women of all ages and backgrounds are affected: both first-time mothers and those with other children. It is possible for you to feel alright with your first child, but become depressed with the next. The chances of developing post-natal depression are higher, however, if a woman has had PND before.

Each woman is affected in her own particular way. These are some of the feelings and experiences which women often report. Feeling:

- depressed and tearful. Everything can seem a struggle. You feel bad about yourself and about everything around you
- anxious and worried about your own health, the baby's or the rest of the family's. You may feel genuinely frightened of being alone at home, or of going out even to the local shops
- irritable and frustrated. You may snap at your children and get in a rage with your partner or our friends
- exhausted both physically and emotionally
- unable to cope with the many demands on you
- guilty at not behaving like 'a proper mother', or about the angry feelings you may have.

You may also notice changes in the way your body functions and the way you behave:

- concentrating on even the simplest task can be difficult
- your usual sleep patterns may be upset. You may feel you want to sleep all the time. Or it may be hard to fall asleep or sleep long enough
- your appetite can be affected so that you lose all interest in food, or eat much more than usual for comfort
- your body may seem to slow down. Making decisions of any sort, even about what to wear, can seem impossible
- or you may feel full of nervous energy and keep constantly busy, but not really achieve much
- you may lose any interest in sex.

I had no self-confidence any more. It went, just like that. I couldn't bring myself to do anything.

I was a bundle of nerves, twitchy and anxious.

Tense all the time, expecting the worst to happen.

I couldn't communicate with my partner except by yelling. I had so much anger in me.

It was like being in solitary confinement. I wanted to avoid people, and be by myself. I resented anything which upset my safe little routine.

Women are affected to varying degrees by post-natal depression. With a great deal of effort, some may struggle on with their usual lives although everything may seem flat and dull. Others will be overwhelmed by powerful, frightening feelings we can't control. In our despair, you may even believe that life has nothing to offer and the only way out is to kill yourself. It can become a vicious circle which traps you. You become more tired through lack of sleep and this makes you more irritable. You then feel guilty about how you're treating your family, and more and more useless. It seems to go on and on.

But post-natal depression does not last. You will not always feel like this. It can be an enormous relief to realise that although there is a problem, something can be done about it.

It is important, also, to find that you are not the only ones to have these experiences. Other women have been through them too and recovered.

Understanding post-natal depression

Once a woman recognises she is experiencing post-natal depression, she's likely to ask 'why me' and look for reasons. However, there are various explanations of what causes it and a number of things may work together to trigger it off. The cause can differ from one woman to another, and sometimes there may be no clear reason. At particular points in your life you may just be more vulnerable. Or difficult events in your past may make you more likely to experience post-natal depression.

Here are some of the explanations suggested:

- the birth itself may have been distressing or seriously disappointing. This can leave you with a sense of violation or loss, which may bring on post-natal depression
- your baby may be very demanding. Or perhaps he or she was born prematurely or has a health problem or disability. All these can put unbearable stress on you as the mother
- you may be under a lot of pressure generally. Perhaps there are

money or housing problems. Maybe you get little support from your partner, or don't have one. Possibly you're isolated and lonely with no-one to provide support or help

- our own experiences of being mothered can influence how we cope as mothers. Painful memories of events in our childhood—the loss of loved ones or separation from them, physical or sexual abuse—may return when we face motherhood ourselves.
- society has a very mixed view of motherhood. On the one hand, we are regarded in a rosy light as selfless sources of love and caring. On the other hand, society makes little attempt to meet the needs of mothers and young children. Taking a baby out anywhere can be an enormous effort. Public transport and many public places such as cafes and shops are still hard to get around with a small child in tow
- being a mother is regarded as instinctive, as something we all know how to do. Yet very often we will have had little or no experience of caring for small children before our own baby came along, and no chance to prepare ourselves or learn the skills needed
- we can easily end up feeling isolated and ignored. If we've given up work, we may well feel resentful at being cut off from the adult world and at losing our income
- the effects of hormone changes after giving birth. Some doctors support the view that changes in hormone levels lead to post-natal depression, although not all doctors agree on this.

Very rarely, a woman may develop a serious condition called post-*puerperal* psychosis. This can lead her to behave in highly excitable and uncontrollable ways. She may have strange or bizarre beliefs or may hear voices, and will need medical help and support.

What can I do?

Post-natal depression is exhausting and frightening. It can feel like you're trapped and have no way out, overwhelmed by demands you can't cope with—from your baby, your partner, your other children, your job and your friends. But there are steps you can take to break free. More will be said below about getting help from other people, but there are things you can do to help yourself recover. What helps may be different for each of us, but here are some of the things other women found useful.

Begin to take care of yourself. Have a treat, or indulge yourself by doing something you really enjoy. Meet a friend for lunch, have a leisurely soak in a bubble bath, buy yourself a bunch of flowers.

Get a break from the baby and the other children. This can be hard to arrange, but worth it, even for a short breathing space.

As far as possible, get enough rest. When the baby's asleep, ignore the housework and put your feet up for a while. If getting to sleep is difficult, try to develop a bed-time routine to unwind—have a bath or read for a while. Exercise can help to relax. It need not be anything strenuous. Going for a walk gets you out and gives you a break from the baby's demands.

Try to eat regular meals, as lack of food or too many snacks of junk food may only make you feel worse. If you have no appetite, try to view food as medicine. Gradually your appetite will return.

Find ways of expressing your feelings. If you don't feel able to talk to your partner or a close friend, use other outlets, Write down what you feel. Let yourself cry. Close the bathroom door and scream if you want to.

If you feel anxious or tense all the time, you may want to find out about relaxation techniques from your doctor or health visitor. Your local library may be able to supply some books on this.

Don't keep pushing yourself to live up to other people's expectations. Be good to yourself. Pay attention to the good feelings and the good times, rare as they may seem just now. They will become more frequent.

Recovery won't be easy and it won't necessarily happen quickly.

It came to the point where I had to force myself to

going out. That was a real turning point for me. Until then I'd used my house as a refuge where I could hide away.

It is important you find ways of getting through this difficult period. While you can do a lot yourself, help from other people can also be very valuable.

Getting help from others

Sometimes it is useful to talk things over with someone outside your immediate circle of family and friends. It can be a big step to seek out such help, but we shouldn't feel ashamed of needing it. Getting help early, as soon as you recognise you have a problem, can save you and those close to you a lot of anguish. There are various sources of help available, each offering different kinds of support. It is worth contacting one of the organisations listed later to find out what is available in your area.

Counselling and therapy

These are sometimes called 'talking treatments' because they give people a chance to talk through their difficulties. Therapy—of which there are many types—tends to be longer-term and to be concerned more with explaining and coming to terms with past events. Counselling tends to be more practical and focuses on present day feelings and difficulties. In either, it is important to find a counsellor or therapist you can relate to and trust.

Counsellors and therapists use a range of different approaches and you may need to discuss what is best for you. Psycho-therapy tries to help you understand your current feelings in the context of past events and experiences. Cognitive therapy sets out to help someone feel better about themselves. You may not necessarily feel you have to find out what caused you to develop post-natal depression, but want to use counselling or therapy to help you bear the pain of depression and emerge from it.

Your family doctor may have access to the services of a counsellor for his/her patients. Or your health visitor may be experienced in this area and be able to help, or put you in touch with someone who could. While your baby is small, you are likely to have regular contact with a health visitor. Try and explain to her how you are feeling.

You may feel it is important that you see a counsellor or therapist on your own. If you have a partner you may want them to be involved, to some extent at least, so you can both move forward together. It is important, though, that you work out what you want and will find most helpful.

Self-help

Many women have found that talking with others who've been through similar experiences is very helpful. It can be a great relief to find you're not alone. Members of a self-help group can provide each other with the support and encouragement needed to get through the bad times, and practical advice on how best to cope. Self-help groups provide an opportunity to be honest about your feelings, in a setting where others understand but don't blame you.

It was so good to be able to talk without feeling you were being judged.

Some groups offer both mutual support and counselling, with input from an experienced counsellor.

Medical treatment

Many women may be nervous about going to their family doctor to discuss their feelings of depression because they feel frightened or ashamed. But a sympathetic doctor can be a great source of support and reassurance. Your doctor may choose to treat you him or herself, or may refer you to a psychiatrist for specialist help.

A course of anti-depressants may be prescribed for you. These are not addictive. They do not in themselves cure depression, but can lift your mood sufficiently to enable you to cope more effectively and to take advantage of other help, such as counselling. These drugs work for a lot of people, but not all. They can have unpleasant side-effects, such as causing drowsiness or giving you a dry mouth or constipation.

Most anti-depressants take 2-4 weeks to have any effect, so it is important not to give up too quickly if you don't feel better straight away. Your doctor may suggest you keep taking them for a few more weeks after you do feel better, as this can prevent the depression from returning. If you are breast-feeding, your doctor should be able to prescribe a drug which will not affect your baby. It is important that you get your doctor to explain the treatment offered. You're entitled to information about the likely benefits and disadvantages of each drug prescribed for you.

Your doctor may prescribe a course of hormone treatment. Some women do find this beneficial although it is not suitable for everyone—for example if you have a history of blood clots.

You may also want to talk about alternatives to drug treatment, such as counselling or self-help. Your doctor may be able to put you in touch with other sources of help.

Friends and relatives

Your role

As a relative or friend you can help by being patient and understanding. You can show your concern by listening sympathetically, and being prepared to spend time with her. Try to prompt her to talk about how she's feeling rather than bottle things up. Let her know you still care for her—cuddles can help!—and accept her, even though you don't understand why she feels like this.

It's unlikely to do any good to tell her to pull herself together, or to say she's got nothing to be depressed about. Praise and realistic encouragement are likely to be more effective.

On a practical level, you can help by giving her time to herself, away from the baby and the other children. She may well be finding it hard to cope with everyday chores. Try not to get frustrated or angry. Do what you can to help out. As she recovers let her regain control of things. If you take over completely she will only feel even more useless and despondent.

Someone who is experiencing post-natal depression often sees everything in a negative light, and becomes preoccupied with their problems. You can help by challenging this negative way of thinking and pointing out situations or tasks which she has handled well.

You may also need to encourage her to seek help. Your support can prompt her to take that step. Perhaps you could accompany her to a self-help group or a counsellor, even if you do not take part. Above all, try to be patient. It will take time for her to re-establish herself, and for you both to re-build your relationship.

Your needs

It is not easy to see a woman you care about go through post-natal depression. To see someone appear to change so much and become almost unreachable can be deeply distressing. You may worry that in some way you have contributed to the depression.

You will often feel helpless and not know how to react. You may feel bewildered and resentful that this has happened to someone close to you.

You may feel angry at the effect on yourself and on the rest of the family, particularly the baby.

It can be very wearing to live with, or be in close contact with someone with post-natal depression. No matter how hard you look there may be no apparent reason for this to have happened. You may find yourself becoming depressed or agitated—it is now known that many new fathers as well as mothers experience depression.

Perhaps you have had to take on tasks and responsibilities because your partner or friend is not able to cope. This can be especially exhausting when a young baby is involved. And at the back of your mind is a nagging anxiety about what will happen to the children in the longer-term.

All this is a great deal to bear on your own. It is therefore important that you get advice and support too. If possible get others to help you. Talk to your family doctor about your concerns. Discuss your own feelings with family and friends. Try to find time to do things which you enjoy. Remember that you count too.

The future

The most important thing I'd want to tell other women is that you can leave post-natal depression behind you.

It was like coming out of a deep dark forest.

It may take a while to get over post-natal depression, but it will happen. You will probably find you begin to have more and more good days, but try not to be too let down when a bad one comes along again. Don't expect too much of yourself too soon. Remember that all women go through spells of feeling low, sometimes with no obvious cause, and don't be misled into thinking you're not making progress.

I used to warn people off when I was having a bad day so that they'd give me space and let me be.

If you're considering having another baby the thought of experiencing post-natal depression again may make you very wary. But it is possible to take steps to prevent it. This time you and those around you have experience and foresight on your side, and can watch out for warning signs. If possible plan in advance of the baby's arrival how you can get help and support, and time to yourself. It's a good idea to avoid putting yourself under undue stress, for example by moving house, although obviously it's not always possible. Perhaps most importantly, find someone you can confide in and trust—a friend or relative, a doctor, health visitor, counsellor or someone in your self-help group. Some doctors will advise you to follow a course of hormone treatment or anti-depressant drugs while you are pregnant as a preventive measure, but not everyone agrees that the benefits to the mother outweigh the risks. Ask your doctor to explain these to you so you can make up your own mind. Remember you have a right to this information. Some women feel that the experience of post-natal depression—painful as it is—helped them to understand themselves better. Others prefer to leave it behind them and work at making up lost ground, strengthening their relationships with their children and others close to them.

Suggestions for reading

Depression after childbirth

by Katherina Dalton.

Published by the Oxford University Press, 1980.

The new mother syndrome: coping with post partum stress and depression

by Carol Dix.

Published by Doubleday, 1985.

Coping with post-natal depression

by Fiona Marshall.

Published by Sheldon Press 1993.

Postnatal Depression

by Vivienne Welburn.

Published by Manchester University Press, 1980..

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