



The Baby Blues and Postnatal Depression (PND)

There is a lot of stigma and misinformation surrounding *Baby Blues* and *Postnatal Depression (PND)*

The illness can range from a mild and normal period of mood upset, known as the baby blues, through to the most severe and rare affliction postnatal psychosis.

Normally PND will occur in the first 10 to 12 weeks after birth but it can occur anytime in the first year and can range from the mild to the very severe.

- *At no other time in her life is a woman more at risk of suffering mental illness than during and after pregnancy*
- *When PND is recognised and treated, it is a temporary condition that you can recover from.*
- *BUT suicide is the leading indirect cause of maternal deaths and in rare cases women are driven to kill their children,*

Postnatal Depression (PND) does require intervention.

“I suffered Postnatal Depression (PND) with my first child. Happy to let my friends know that I made it and having PND is nothing to be ashamed of!”

“To all of you who are suffering now please believe me there is light at the end of tunnel.”

As long as PND is recognised and treated, it is a temporary condition that you can recover from.

However, suicide is the leading indirect cause of death in mothers and in rare cases women are driven to kill their children. So here we try to give you some comprehensive facts on the symptoms, risks and treatment.

The Incidence of Postnatal Depression

MENTAL HEALTH STATE	REACTIONS & SYMPTOMS	PREVALANCE	England & Wales
Live Births 2009			706,248
Baby Blues	Mood swings, crying spells, feelings of vulnerability, loneliness or irritability.	Affects about 1 in 2 50% new mothers	353,124 new mothers
Postnatal Depression (PND) And Severe Postnatal Depression	Sleep problems, low mood, loss of pleasure and confidence, constant apprehension about baby's health, restlessness, agitation, sometimes suicidal ideas.	Affects 1 in 10 to 2 in 13 10% to 15% new mothers 3% Severely	70,824 to 105,937 new mothers 21,187 severely
Puerperal Psychosis (Postnatal Psychotic Disorder)	Lost contact with reality, uncharacteristic behaviour, restlessness, agitation, suicidal ideas.	Affects 1 in 500 0.002% new mothers	1,412 new mothers

The Baby Blues

Onset is normally between the third and fifth day of giving birth and is estimated to occur in 50-80% of Mums. Usually it involves mild and transient mood disturbances.

It is normal to encourage mothers to take gentle exercise and allow sufficient time to rest, and to use family and friends to help with caring for the baby and provide emotional support

Approximately 20% of those with baby blues go on to develop depression

Mild to Moderate Postnatal Depression

A non-psychotic depression characterised by more severe and longer lasting symptoms than the baby blues. Postnatal Depression (PND) is clinically similar to any major depression.

It occurs in between 15 to 20% of new mothers, within 12 months of their child's birth. Onset is later than baby blues, usually within 4-12 weeks following birth.

Severe Postnatal Depression

Affects between 3% and 5% of new mothers, within 12 months of their child's birth.

Psychological treatments may not be so good for some people with severe depression. This is because you need some motivation to do these treatments and people with severe depression often find motivation difficult.

If depression is severe doctors should refer to a specialist perinatal mental health team. Occasionally, admission to hospital may be needed this would be to a specialist mother and baby unit.

Unlike other depressive illness, those suffering Severe Postnatal Depression can decline very rapidly.

The Confidential Enquiries into Maternal Death has found any expressions of suicide are NOT a call for help. These mums normally act upon their ideas and intentions in the most traumatic ways imaginable.

Puerperal Psychosis

This condition is extremely rare. Only 1 or 2 mothers in 1,000 develop a severe psychiatric illness that requires medical or hospital treatment after the birth of a baby. This illness can develop within hours of childbirth and is very serious, needing urgent attention. Affected mothers may not recognise that they are ill.

Acute onset usually occurs within months 1 to 3. As there is a risk of harm to both mother and baby in this uncommon, but serious, mental health illness, women generally need to be admitted to hospital with their baby for treatment.

Many women who experience psychosis in the postpartum period have a pre-existing mental disorder, eg bipolar disorder

Outlook

PND can be lonely, distressing and frightening, but you should be reassured that there are many treatments available.

As long as PND is recognised and treated, it is a temporary condition that you can recover from.

"I eventually got help through medication and counselling and when my daughter was two I came off medication and fully recovered."

Treatment Options

If you think you have postnatal depression (PND), see your GP, midwife or health visitor as soon as possible so a diagnosis can be made and an appropriate course of treatment started.

- ❑ *If you do have PND, it is important for you and your family to remember that it can sometimes take a long time to recover fully from the condition.*

Milder cases of postnatal depression can be treated with counselling. This can be given by the health visitor or a therapist. More severe cases often require antidepressants and you may need to see a specialist, or be admitted to hospital.

- **Normally treatment consists of a combination of drug and psychological treatments such as counselling.**

1. Drug Treatments

Antidepressants

Antidepressants work by balancing the chemicals in your brain. They raise the level of the hormone serotonin to lift your mood.

If you have been advised to start a course of medication for your PND, talk to your GP about the type of medicine that is most suitable for you, and any possible side effects. If you experience any side effects, tell your GP so they can alter your dose or change your medicine.

If your GP finds the right antidepressant for you first off, you can expect to start feeling the benefits after two to three weeks, but you shouldn't be tempted to stop taking them at this stage as you'll be at a high risk of relapse

- ***As antidepressant drugs start to take effect, after approx 10 to 21 days, PND sufferers are at their highest risk of taking action as they become more cognitive, able to think clearly and therefore take 'action'.***

Antidepressants can help ease symptoms such as low mood, irritability, lack of concentration and sleeplessness, allowing you to function normally and giving you the ability to cope better with your new baby.

A course of antidepressants usually lasts for four to six months. However, if your symptoms improve, the dose may be steadily reduced by your doctor. It is also important to continue taking your medicine for the full length of time recommended by your doctor. If you stop too early, your depression may return.

- ***Between 50 and 70% of women who have moderate to severe PND improve within a few weeks of starting treatment with antidepressants. However, antidepressants are not an effective method for everyone.***
- ❑ *Women who are taking antidepressants may wish to discuss feeding options with their GP so they can make an informed choice about whether to take antidepressants.*

Many mothers are keen to continue breastfeeding because they feel it helps them to bond with their child and boosts their self-esteem and confidence in their maternal abilities. These are important factors in combating the symptoms of PND.

Tranquillisers

In severe cases of PND, such as postnatal psychosis, where symptoms can include irrational behaviour, hallucinations and suicidal thoughts, tranquillisers may be prescribed as a treatment option. However, they are usually only recommended for short-term use.

Tranquillisers can cause side effects including confusion, loss of balance, memory loss, drowsiness and light-headedness. Because of these side effects, they can affect your ability to drive or operate machinery, so these activities should be avoided when taking tranquillisers. Your GP may be able to adjust your dose of medication or prescribe an alternative if necessary.

2. Psychological Treatments

Talking treatments

For people with moderate PND, talking treatments such as cognitive behavioural therapy have about the same success rate as antidepressants (50-70%).

Talking treatments may not be as effective for people with severe depression, because they require a certain level of motivation, and those with severe depression often find this difficult.

- **Research has suggested that a combination of antidepressants and counselling is better than either treatment alone.**

If your GP feels that a talking treatment may help you, you will be referred to a psychologist or other mental health specialist. There are various different types of talking treatment, but their availability on the NHS may vary depending on where you live.

Types of talking treatment are outlined below.

Cognitive Therapy

Cognitive therapy is based on the idea that certain thoughts can 'trigger' mental health problems, such as depression. Your therapist will help you to understand how your thoughts can be unhelpful or harmful to your state of mind. Sessions are usually conducted on a weekly basis over several months, and the aim is to help you change your thought patterns in a way that is more helpful and positive.

Cognitive Behavioural Therapy

Cognitive behavioural therapy (CBT) combines cognitive therapy and behavioural therapy. Behavioural therapy is about changing any behaviour that is harmful or unhelpful. The aim of CBT is to help you change the way you think, feel and behave for the better. See the Health A-Z topic about [CBT](#) for more information.

Telephone-based peer support

Mothers who receive this are more likely to experience a decrease in depressive symptoms. Ask your health-visitor or care worker to provide information of what is available.

Other talking therapies

Other talking therapies include interpersonal therapy and problem-solving therapy. In some areas, trained health visitors can also give short counselling sessions over several weeks, which have been shown to help PND.

3. Support and Advice

The most important step in treating PND is recognising the problem and then taking action to deal with it. The support and understanding of your partner, family and friends can play a big part in your recovery.

However, to benefit from this, it is important for you to talk to those who are close to you and explain how you feel. Bottling everything up can cause tension, particularly with your partner, who may feel they are being shut out.

The support and advice from social workers or counsellors can be very helpful if you have PND. Self-help groups can also provide you with good advice about how to cope with the effects of PND, and you may find it reassuring to meet other women who feel the same as you.

- ❑ **Ask your health visitor about the services in your area.**
- ❑ **Search on the internet or Facebook for any of the various support groups and online forums**
- ❑ **Take advantage of the Self Help treatments on sites such as Netmums**
- ❑ **But mainly just "Be informed and know what to ask for" !**

4. Referral for Treating Severe PND and Puerperal Psychosis

You may be referred to a mental health team if your PND is severe, or does not respond to treatment. These teams are usually made up of a range of specialists, including psychologists, psychiatrists, specialist nurses and occupational therapists, and can provide intensive talking treatments such as cognitive therapy or psychotherapy.

If it is felt that your PND is so severe that you are at risk of harming yourself or your baby, you may be admitted to hospital or referred to a mental health clinic.

In the UK any such referral should be to one of the specialised 'mother and baby units' so that you are not separated from your baby and you are helped to provide them their care and support.

Only in rare cases would it be recommended that if they have the support available your partner or family care for your baby until you are well enough to return home.

If you do not have support available to help you care for your baby, or your mental health team feels

Danger signs to look out for when caring for someone!

Always trust your instincts. If you become more concerned about your partner's wellbeing or that of your children, or notice any deterioration in your partner's symptoms, it might mean you need to contact her doctor or support services directly to let them know or to seek advice.

For example, if your partner might show any of the following signs:

- Talk of harming herself or the baby
- Bizarre thoughts or speech patterns, or risk-taking behaviour
- Behaviour that seems odd or is out of character
- Severe change in mood
- Extreme despair
- Obsession with morbid ideas, or statements like "You'd be better off without me."
- Withdrawal from all social contact
- **Withdrawal from treatment or counselling is the most significant sign 24 hours prior to a mum with PND attempting suicide.**

Want more help and information

Handouts and Factsheets

Joanne Bingley Memorial Foundation

> <http://www.joebingleymemorialfoundation.org.uk/jbmf-handouts-and-factsheets/>

NHS Choices Carer Rights

> <http://www.nhs.uk/carersdirect/guide/rights/pages/carers-rights.aspx>

NHS Choices Carers Assessments

> <http://www.nhs.uk/CarersDirect/guide/assessments/Pages/Carersassessments.aspx>

NHS Choices Care Program Approach

> <http://www.nhs.uk/carersdirect/guide/mental-health/pages/care-programme-approach.aspx>

Care Programme Approach

> http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083650

When having a baby can cause you to 'lose your mind'

By Clare Dolman, Trustee of Action on Postpartum Psychosis

> <http://www.bbc.co.uk/news/health-15969234>

Useful Websites:

MIND – Understanding Postnatal Depression

> http://www.mind.org.uk/mental_health_a-z/8007_postnatal_depression

Up to 10% of dads suffer from postnatal depression

> <http://www.telegraph.co.uk/health/healthnews/9226013/Fathers-just-as-likely-to-suffer-postnatal-depression.html>

Fathers Reaching Out

Mark Williams, set-up Fathers Reaching Out which aims to help men who suffer from perinatal mental illness or who are left responsible for caring for mums suffering from perinatal mental illness

> <http://www.fathersreachingout.com/>

4Children

> www.givemestrength.org.uk

Family Action

> <http://www.family-action.org.uk/home.aspx?id=11578>

Action on Postpartum Psychosis – Map of MBUs

> <http://www.app-network.org/what-is-pp/getting-help/mbus/>

If you have an electronic copy of this leaflet click on the links otherwise Google the titles in blue

Effect on the Child

The identification and management of psychological health is crucial for the child as well as the mother.

It is well documented and generally accepted that separation of the mum from her baby adversely affects the mums recovery

In several studies, post-natal depression has been shown to have adverse effects on the baby, including:

- ❑ Insecure attachment,
- ❑ Cognitive development deficits and
- ❑ Increased likelihood of psychiatric illness,

And some of these can persist in the longer term resulting in behavioural problems prior to the age of 16.

Access to Services

NHS National Policy states: Seriously ill women, whose needs cannot be met by primary care, will require the assistance of Specialist Perinatal Psychiatric Services and sometimes admission to a Specialist Mother and Baby Psychiatric Unit.

- **50% of Primary Care Trusts failed to commission the specialist perinatal psychiatric services as recommended by NICE clinical standards and NHS Service Frameworks**
- **Over 70,000 mums a year suffer from postnatal depression which is an illness that can be treated successfully and from which most make a full recovery.**
- **Unfortunately many mums feel unable to ask for help and over 35,000 suffer in silence!**

In many areas, Primary Care Trusts have failed to commission the specialist perinatal psychiatric services as recommended by clinical standards and NHS Service Frameworks.

However, even where specialist services do not exist there are treatment options you should be aware of so you can make an informed choice on your treatment and care.

"I had PND, and the Doctors did nothing, so my mam ended up looking after me."

"I suffered with PND 17 years ago and I wasn't diagnosed until my daughter was 8 months old, up until then I thought I was going mad, it was a terrible time and most of it I went through on my own!! I eventually got help through medication and counselling and when my daughter was two I came off medication and fully recovered.

For the future

If you are planning future pregnancies be sure to consult your health professional for medical guidance, as there is a higher risk of postnatal depression in subsequent pregnancies if a woman has already experienced it. Most medical practitioners recommend a woman should have discontinued medication for at least a year before conceiving again.

Postnatal depression is very treatable and has a high rate of recovery. However, it can sometimes take many months, but if you persevere the difficulties will ease and you will be rewarded with the family you have been waiting for.

The key task is to raise awareness so that sufferers of PND and their Carers "Know what to ask for?"

For more information about the charity contact:

Our Website: www.joebingleymemorialfoundation.org.uk