

POSTNATAL DEPRESSION

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The arrival of a new baby is generally considered to be a joyous event and for most mothers of new babies it will be one of the highlights of their lives.

While it is generally accepted that this event will be wonderful and life changing, it may well be exhausting, stressful, lonely and enormously challenging. The arrival of a new baby invariably causes upheaval. For some mothers of new babies this 'joyous' event is further complicated by the bleakness of postnatal depression (PND), one of three mood disorders that can occur in a new mother after the birth of her baby. The others are the Baby Blues and Postpartum Psychosis.

BABY BLUES:

The **baby blues** is generally accepted as a common accompaniment to childbirth, affecting up to **80% of new mothers** between the third and the tenth day after giving birth. Believed to be caused by post-birth hormonal changes, women experiencing it are often tearful, irritable and anxious. The 'blues' typically last from hours to days at most. **This is a perfectly normal reaction after childbirth!** No treatment is indicated. The condition will settle down spontaneously, unless postnatal depression starts immediately.

POSTNATAL DEPRESSION:

Postnatal depression, may strike without warning, or have a slow, insidious onset. In some women the condition is apparent very soon after the new baby's arrival, and for other women, symptoms, and indeed diagnosis, may not occur for many months. Estimates of the incidence of PND vary, but the most commonly accepted figure is between **10-15% of new mothers**.

Symptoms

Typically, sufferers of PND report feelings of **exhaustion, anxiety, racing thoughts, guilt, tearfulness, irritability, poor concentration and feelings of inadequacy**. Sufferers may experience **anxiety or panic attacks, appetite disturbance, feelings of personal worthlessness or despair, disinterest in caring for their baby, loss of interest in sex** and a fear of harming their infant or indeed themselves. They may also want to hide themselves away at home, discouraging visitors and contact with the outside world. Alternatively, sufferers may feel more in control while out of the home, and will therefore race from appointment to engagement, juggling baby, baby equipment and perhaps other children, much like a mouse on a wheel!

Typical stories:

Kath: When she first presented because of her baby's failure to settle she recounted stories of frenetic activity: there was mother's group, baby gym, adult gym, hair appointments, coffee mornings, lunches, afternoon teas, baby music groups and doctors' appointments. When

first assessed on admission to a Mother/Baby Unit, Kath was highly anxious, barely sleeping, irritable, tearful and very busy. She firmly believed that if her baby could be more cooperative everything would be perfect, and was affronted when the suggestion was made that she had PND. So affronted, indeed, that she discharged herself! Some months later, however, she attended for a private consultation with the psychologist from the Mother/Baby Unit. She was then more ready to accommodate the suggestion that she may be suffering PND, re-admission to the Unit was organized and appropriate treatment commenced.

For Kath, who had moderate-severe PND, treatment involved both the use of anti-depressant medication and ongoing therapy, where she learned, amongst other things, relaxation techniques, anxiety management, how to handle the daily crises that arose when dealing with her baby particularly while at home, and challenging unhelpful thought processes. Kath responded well to treatment and went on to forge a strong relationship with her baby. She has since had other children without the re-emergence of PND.

PND can be of variable duration, sometimes persisting for weeks, and in other instances many months or even years. The potentially devastating effects on the woman, her child and her partner reinforces **the need for early diagnosis and appropriate management.** Interestingly, new fathers may also be affected by the condition. **Men whose partners have PND experience many emotions and often find themselves on the receiving end of what seems like endless anger and abuse.** As one partner in a group said: "I am the enemy!" **Many partners are aware that things are not right but feel powerless to know how to intervene.**

Hannah: Paul wasn't happy about me going into hospital but he knew **things were in a mess. He'd come home and I'd still be in my dressing gown. The washing hadn't made it to the clothesline, there were still dishes in the sink, the house looked like a bomb had hit it, there was rarely anything for dinner.**

Things were bad.

One of the realities of modern living is that many women work outside the home prior to commencing their families. **Consequently they often feel isolated after ceasing their employment and giving birth as they find themselves in an environment where they know few people and therefore lack supports. The extended family has largely been eroded, and many grandparents also work outside their homes. Thus, the new mum frequently finds herself in a position where she knows few people and often feels very alone.** Mothers groups, often organized through Maternal Child Health Centres, can be a useful tool in alleviating isolation and establishing networks with women in similar situations. Clearly, this is useful for those with or without PND.

Unfortunately many women with PND feel enormous shame about their thought processes and feelings, so lie about their true situation.

Rebecca: **I started feeling anxious in the hospital and didn't really want to leave. I didn't know how I'd manage at home. I was worried about the baby waking up, what will I do? What will I do for the next feed? Will he go back to sleep again afterwards?** He slept better during the day than at night but I was scared to wake him during the day. And how. They feel embarrassment, guilt and shame for their situation and frequently feel obliged to try and hide the reality. They see other mothers and assume that they are coping with their babies – when there is no guarantee that this is the case – and believe that they themselves are the only ones experiencing difficulties. Could I complain about a baby that was sleeping? And in my mothers' group I told lies about what was really happening: I didn't think they'd understand so I told them things were OK when they weren't.

Rebecca's story is not unusual in that many women know that things aren't what they should be so they fabricate a story in which everything is OK, or at least much better than what it is
Clearly these thought processes further compound the problem.

It cannot be overstated that women who continue to struggle after the arrival of their child should be assessed by an appropriate health professional, generally their GP or maternal child health nurse. Diagnosis and effective treatment are crucial. Interestingly, many women with PND frequently visit their GP with non-existent or very mild 'baby related problems', in an unconscious request for help for themselves. Fortunately, many GP's are alert to what is happening here.

TREATMENT:

There are a number of treatment options for PND, including counselling – individual and couple – support groups, medication, hospitalisation and electroconvulsive therapy. For women with mild-moderate PND, individual counselling may be all that is required. For those with more severe forms, a combined treatment regime would normally be indicated, for example medication and therapy. **Counselling with a therapist experienced in the area of PND would typically be tailored to the individual needs of the woman and may include issues around the transition to motherhood, anxiety management, how to get through each day, building self-esteem, addressing issues from the past, challenging negative thoughts and working through difficult aspects of new motherhood.**

Sadly, in our society, we often like to apportion blame. It is a myth to believe with PND that the sufferer is somehow to blame for their condition, or indeed that they could have 'avoided' it. One does not get PND because one 'deserves' it. Rather, it is a condition, often with an insidious onset, which can devastate the most competent individual. Self-blame, and intolerance from family and friends, serves only to exacerbate the situation.

POSTNATAL PSYCHOSIS:

Postpartum psychosis is a **rare** and serious condition affecting 1-2 women per 1,000 births. The onset is typically sudden, usually in the first four weeks after birth. Symptoms include bizarre behaviour, severe mood disturbance, hallucinations (seeing or hearing things which are totally convincing to the mother), delusions (strange rigid beliefs and ideas), and insomnia. It is unlikely that affected mothers will be safely able to care for their babies. Because the mother's behaviour is so severely affected, early diagnosis generally occurs, followed by hospital treatment.

For more information, and for a questionnaire to see if you (or someone close to you) have depression, please go to another of our organisation's site, www.depression.com.au.