

Baby blues and postnatal depression

It's quite normal to feel a bit 'down' during the first few days after giving birth. For most women these feelings go away within a week or two, but for others the feelings persist and become worse and maybe a sign of postnatal depression.

Baby blues

You are likely to feel a real mix of emotions in the days after the birth – joy at seeing your baby, relief that you are no longer pregnant and fear about how you will cope with motherhood. Your hormone levels, which are at an all time high during pregnancy, can suddenly fall around 3-10 days after birth. This causes the 'baby blues' and makes you feel miserable, anxious and tearful. You'll feel better after a short period of time, but it's good to tell someone how you are feeling so you're not alone.

Postnatal depression (PND)

Postnatal depression (PND) is more than just feeling a bit low, it is a persistent depressed mood that in severe cases can become overwhelming, making it hard to look after yourself and your baby. It usually occurs within the first six weeks of the birth, but it can start several months after having a baby and may last for more than a year. It can often go undiagnosed, as some women don't recognise that they have PND even though they are feeling very low, or they choose to ignore their symptoms because they are worried about what people will think of them.

DID YOU KNOW?

10-15 women in every 100 are affected by PND.

What causes PND?

There is no single cause, but it is thought that women are more likely to have PND if they:

- have had previous mental health problems, including depression
- suffered from antenatal depression or anxiety during pregnancy
- lack support from their family and friends
- have had a recent stressful event such as bereavement or a broken relationship.

How to recognise the symptoms

PND has many similar symptoms to general depression. Signs to look out for include:

- feeling low, unhappy and tearful most of the time
- loss of interest and enjoyment in things that used to give pleasure
- lack of energy and feeling exhausted all the time
- being unable to sleep, even when exhausted
- feeling anxious and irritable
- appetite changes
- wanting to avoid people
- feelings of guilt and self-blame
- lack of concentration
- low self-esteem
- thinking about self-harming or suicide
- feeling hostile or indifferent to your partner or baby
- no interest in sex

Getting PND diagnosed

At your postnatal checks your GP, midwife and health visitor will want to know how you are feeling emotionally. There are two standard screening questions that you may be asked:

- 'During the past month, have you often been bothered by feeling down, depressed or hopeless?'
- 'During the past month, have you often been bothered by having little interest or pleasure in doing things?'

If the answer to these two questions is 'yes' you will be asked if you feel you need or want help.

Your GP may also carry out blood tests to make sure there is no other reason for your symptoms. Please don't wait, if you are feeling 'down' do speak to your midwife, GP or health visitor immediately so that they can help and support you and your baby.



Treatment

Your GP will want to know about your symptoms and will ask you questions about how you are feeling. It's important that you give honest answers as knowing about your symptoms, along with their severity and persistence will help your GP decide whether your depression is mild, moderate or severe and determine the best course of treatment. In many cases self-help techniques are all that are required. These can include:

- talking to friends and family about how you feel
- getting enough rest. If you can't sleep during the night try to rest when your baby is asleep in the day
- eating regular, healthy meals
- finding something that you enjoy or which helps you to relax
- taking regular exercise, as this will help lift your mood
- avoiding alcohol
- allowing others to help with shopping, housework and childcare.
- joining a postnatal support group. Your health visitor will be able to tell you what groups are available in your area.



Read Zoe's story
emmasdiary.co.uk/PND-zoe

Talking therapies

Counselling, cognitive behavioural therapy (CBT) or interpersonal therapy (IPT) may also be suggested. Talking to a counsellor can help you deal with the negative thoughts that can come from depression. CBT is a talking therapy that helps you to manage problems better by thinking and behaving in a different way.

Medication

If your depression is more severe, antidepressants may be prescribed. Your GP will choose the best one for you and if you are breastfeeding will take this into account. Antidepressants are taken every day and can take two weeks or more before they start to work. You may need to take them for a length of time but they are not addictive. Your GP will monitor you to see how you are getting on.

Whatever treatment you have, it's really important that you tell the people closest to you how you are feeling so that they can understand and help and support you.

When to get urgent help

If you have thoughts of suicide or planning to harm yourself, or cannot look after yourself or your baby you must seek help at once. Ask for a same day appointment with your GP. They can arrange for you to see a mental health professional that day. If it is out of hours contact the GP 'On Call service' or go to the local Emergency Department.

Organisations that offer help and support include:

Association of Post Natal Illness (APNI)
www.apni.org
Pre and Postnatal Depression Advice and Support (PANDAS)
www.pandasfoundation.org.uk
MIND – the mental illness charity
www.mind.org.uk
Best Beginnings
www.bestbeginnings.org.uk

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