

# Postnatal depression

## Introduction

This leaflet is aimed at:

- the partners, friends and relatives of a woman with Postnatal Depression (PND) who provide continuing help and support, without payment;
- the psychiatrists and other members of the mental health team involved in the care and treatment of the woman at this time.

It suggests ways of improving communication and partnerships between a woman, her carers and mental health professionals.

## For the carer

### About PND

Over half of all women feel very emotional in the first week after giving birth (baby blues) and this usually passes in a few days. If these feelings continue or get worse, the woman may have PND. This illness affects 1 in 10 mothers and usually begins within a month of birth, but can start six months later. If untreated, it can last for months, or sometimes longer.

Less common is puerperal psychosis. This affects 1 in 500 mothers after childbirth. It is a serious mental illness that usually comes on within days or weeks of birth. Women may experience rapid and extreme changes of mood, withdrawal or overactivity, severe sleeplessness, false beliefs or unusual experiences. A woman is most likely to be affected if she has already experienced such an illness, or if someone in her family has suffered a serious mental illness.

Although PND and puerperal psychosis are completely different illnesses, both respond well to treatment. It is important for the

woman to receive help as early as possible.

Some of the most common symptoms of PND are:

- low mood and despondency
- tearfulness
- guilt about not coping
- unusual irritability
- withdrawal and avoiding contact with other mothers, family or professionals
- changes in appetite
- problems sleeping
- anxiety, panic and/or clinging behaviour
- excessive fears about the baby's health
- thoughts of death
- indifference to the baby
- inability to enjoy anything, including sex
- sometimes, thoughts of harming herself or worries about harming the baby

These signs must be taken very seriously, and it is important to discuss them as soon as possible with the professionals who care for the woman.

### Making a diagnosis of PND

In some women, PND is one of a number of episodes of depression; in others the depression may only occur after giving birth. A diagnosis will normally be made by talking to the person, their partner, or other close relatives or friends to get an understanding of the person's history, as well as considering all other possible causes of the symptoms. Sometimes a health visitor, GP, or mental health professional will use a questionnaire such as the Edinburgh Postnatal Depression Scale.

## Treatments

For many women, increased support and counselling with the health visitor and GP is sufficient. Some women will need to be treated with antidepressant medication. Psychiatrists can prescribe medication to women even when they are breastfeeding. Occasionally a woman will need hospital admission. In some regions, there are specialist Mother and Baby in-patient units.

### As a carer and/or partner you may feel:

- shocked at, disappointed or angry with your partner
- frustrated and helpless
- scared and/or ashamed about admitting there is a problem, and seeking help – will they take my baby away?
- worried about the effect of the illness on the baby
- blame the baby
- worried about the responsibility of caring for the woman and/or baby, and scared to leave them alone
- exhausted by caring for the woman and other children
- resentful that your needs have been pushed to one side

## Tips for carers

### In partnership with your doctor and the health care team

Good communication between a doctor, members of the health care team, a woman with PND and her partner or carer is important, but takes time and effort. Forming a positive relationship with staff and doctors is especially important if the condition is long-term.



After making a diagnosis, the GP may refer the woman to a specialist. The specialists you are likely to come across include: psychiatrists, community psychiatric nurses, counsellors, psychologists, social workers and other members of the community mental health team or perinatal psychiatry team

**Questions to ask the doctor**

- What does the diagnosis mean?
- Can you explain it in a way that we will understand?
- Are there any treatments?
- Are there other things we can do to help ourselves?
- What can we expect in the near future and over time?
- How often should we come and see you?
- What is the woman's care plan?
- What is the carer's care plan?
- Do you have any written material on this condition? If not, who does?
- Is there anything that we can change at home to make things easier or safer?
- Are there any organisations or community services that can help?
- Which health service worker is our main contact for guidance and advice?
- Will this affect the baby?
- Does this mean we should not have another baby?
- Can you give me an 'out-of-hours' emergency telephone number?

If the woman needs another appointment, remember to arrange this before you leave. Regular, well prepared visits to the doctor will help get the best care for both of you, and the baby.

**The following advice may help you prepare for follow-up visits**  
**Before your visit:**

- Keep track of changes in the woman's behaviour and reactions to medication in a notebook, along with any concerns or questions that have arisen since your last visit.
- It may be helpful to sit together and decide what concerns you both want to discuss with the doctor. Writing down this information means you do not have to worry about remembering it, and you can be sure to talk about the things that matter most.

For example, these may include questions about:

- changes in symptoms or behaviour
- side-effects of medications
- general health
- your own health and that of the baby
- help needed

**During your visit:**

- If you do not understand something, ask questions until you do. Don't be afraid to speak up.
- Take notes during the visit. At the end, look over your notes and tell the doctor what you understood. This gives the doctor a chance to correct any information or repeat something that has been missed.

**Tips for carers – dealing with doctors**

Doctors can be reluctant to discuss a woman's diagnosis with their partner and/or carer as there is a duty of confidentiality between a doctor and the patient. However, if the woman is ill and unable to understand what is happening, doctors usually appreciate the need to involve the carer to obtain information and discuss treatment plans.

Although many professionals will be happy to see you together, it may be important for a woman to be seen alone also. She may put on

a brave face in front of a carer and feel more able to discuss her feelings about the illness, the relationship and the baby if alone with her doctor.

**If the doctor is still unwilling to involve you as a partner/carer, there are a number of things you can do:**

- ask the woman if you can stay with her for part of her appointment with the doctor
- talk with other partners/carers of women with PND for helpful suggestions
- try to talk to other health professionals

**Don't forget to look after yourself as well:**

- Don't be afraid to ask for help.
- Explain to your employer why you may need extra time off.
- As the depression lifts, if possible, try to have fun with your partner. Get a baby-sitter and go out together.
- Share your worries with trusted friends or family members.
- Look after your own health, and go and see your doctor if you are exhausted or depressed.

**For the professional**

As a professional working with women with PND and their carers, we hope that the following is a helpful guide to good practice. Remember that partners and/or carers may be physically and emotionally exhausted and they will know more about the patient when well than anyone else.

**When making an assessment, do you?**

- Try to see the woman and the partner/carer separately, as well as together
- Try to see them at home – their environment could be important



**Do you allow enough time to?**

- Listen, ask, listen
- Obtain a life and family history
- Ask about any losses, or other traumatic life events especially previous miscarriages or stillbirths
- Leave time for questions and discussion
- Explain how you arrived at the diagnosis
- Talk about the prognosis

**In the management of the illness, do you?**

- Discuss possible treatments
- Talk about the possible side-effects of drugs
- Spend time asking about the partner's/carer's physical and emotional health
- Discuss how to meet the health needs of both the woman, and the partner/carer

**Points to remember**

- Everyone needs some respite – use family for baby sitting, consider nursery placements, either through social services or privately.
- Make it clear that you will be happy to talk to any other members of the family, with the patient's consent.
- Tell everyone you see about voluntary organisations which can offer information and support.
- Give a telephone number where you can be reached.
- Make sure that there is a named professional person whom the family can contact at any time.
- When you write to the GP or specialist, consider sending copies to the partner or carer.
- Try talking to the GP as well as writing.

**Further help**

**Royal College of Psychiatrists**

17 Belgrave Square, London SW1X 8PG

Tel: 020 7235 2351 ext 259;

[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

Provides information for the general public on common mental health problems and treatments.

**Association for Postnatal Depression**

145 Dawes Road, London SW6 7EB

Helpline: 020 7386 0868;

[www.apni.org](http://www.apni.org)

Provides support to women suffering from PND.

**Meet-A-Mum-Association (MAMA)**

7 Southcourt Road, Linslade, Beds LU7 2QF

Tel: 0845 120 6162;

[www.mama.co.uk](http://www.mama.co.uk)

Self-help groups for mothers and support to women with PND.

**The Princess Royal Trust for Carers**

142 Minories, London EC3N 1LB

Tel: 020 7480 7788; [www.carers.org](http://www.carers.org).

Provides information, support and advice to carers.