POSTNATAL ILLNESS

INTRODUCTION

If you have recently had a baby and you are experiencing a variety of confusing emotions - sudden changes in mood, despondency, panic attacks - at a time when people say you are meant to be feeling wonderful, it may be that you are suffering from postnatal illness.

The term postnatal illness (PNI) is used here to describe a range of different conditions from which women may suffer after childbirth. The most common, which is known as the baby blues, is a short-lived period of mild depression. The next is postnatal depression, which is a more serious and prolonged depressive illness; the main symptom of which may be severe anxiety rather than depression. The rarest and most severe form of postnatal illness is puerperal (postpartum) psychosis. More information about puerperal psychosis can be found in a separate leaflet available from the Meet A Mum Association (MAMA).

This leaflet is intended to give an overview of PNI and information about the condition; symptoms, possible causes, treatments and self-help measures. It is not intended to give a diagnosis or to replace the role of GP or Health Visitor. If you are feeling unwell or finding it difficult to cope after childbirth you should always seek medical assistance. The sooner the illness is recognised and treated, the sooner recovery can begin. Many women, their families, and friends suffer prolonged, needless distress simply because the condition is not recognised and women are not given the help they require.

BABY BLUES

More than 50% of newly delivered mothers go through a period of the blues, usually within a week of the birth but sometimes later. The mother may feel very emotional and keep bursting into tears for no particular reason. She may also feel very confused, tense, anxious, sad, inadequate and guilty. Other symptoms include worrying about small problems, difficulty sleeping and a poor appetite.

It is generally thought that the blues is connected to the sudden hormone changes which follow childbirth. There are other factors which can make a mother feel low, such as; a jaundiced baby, difficulties with feeding, the need to adapt to the new role of parent, and the many enormous changes that motherhood brings.
While medication is not normally needed, the opportunity for a mother to talk about how she is feeling, combined with as much rest as possible is very important. If instead of gradually fading away, her symptoms continue and become more distressing, the mother should see her doctor as soon as possible. She may be developing postnatal depression.

**POSTNATAL DEPRESSION**

Although postnatal depression (PND) commonly follows on from the blues it can also start some time later, usually within the first postnatal year. A period of intense elation can sometimes come before the onset of PND.

**CAUSES**

It is not known for certain what causes PND, but it seems likely that in some cases it is the sudden change in hormones after the birth which may be the trigger. Research has shown that there are a number of things which may make some women more vulnerable to developing PND. These include:

- a previous or family history of depression
- lack of social support
- no one in whom the mother can confide
- a poor relationship with her own mother or partner
- major life events in the 12 months before the birth (for example, bereavement, moving house, unemployment)
- social circumstances (for example, poor housing, financial worries)
- a traumatic birth experience (research has shown that the way the mother feels about her birth experience is more important than what actually happened)
- unrealistic expectations

**SYMPTOMS**

The symptoms of PND are many and varied and are experienced in different combinations by different women, or even at different times during the course of the illness. The following list is not exhaustive, but includes the most common symptoms.

**Anxiety** The mother may be in a state of intense anxiety, obsessed with often quite unreasonable fears about the health of the baby or herself or partner. She may only feel safe if someone is with her at all times.

**Panic Attacks** A mum with PND may be having panic attacks. Her heart may beat faster, her palms may sweat and she may feel sick. She may feel as if she is going to faint. These attacks can strike at any time, although commonly in stressful situations, like shopping or travelling by bus or train, and especially if the baby starts to cry. She may then start to feel the
symptoms of a panic attack if she is faced with this situation again and can then begin to avoid going out in an attempt to avoid another panic attack.

**Tension and irritability**  The mother may feel tense, her neck tight, her body hunched. She is unable to unwind and relax. She can be very snappy. The slightest thing can cause her to shout at the children or her partner.

**Depression**  Depressive symptoms can vary in severity from a low, sad feeling to feelings of intense, almost paralysing despair. She may feel as though she is in a long dark tunnel with no way out. She may talk of feeling numb, empty and generally lethargic. She will have no interest in outside activities. Her thoughts will be negative, focusing on her failures.

**Exhaustion**  She may feel constantly tired and drained of energy, unable to cope with household chores, uninterested in her own appearance or surroundings. In spite of this exhaustion, she may have difficulty sleeping; either finding it difficult to get to sleep or waking early in the morning and not being able to get back to sleep again.

**Lack of concentration, inability to make decisions**  Depressed mothers frequently feel confused. They are unable to concentrate on reading, watching television or even conversation. Making the simplest decisions, like what to wear, seems impossible and she may spend a lot of time making lists in an attempt to get organised.

**Rejection of baby or partner**  Some mothers blame their partner or the baby for the way they are feeling. They may also feel detached from the baby or partner and may feel that everyone would be better off if the baby or partner were to leave her. The lack of feeling towards her baby or partner can cause a mother intense distress.

**Inappropriate/obsessional thoughts**  Some mothers can be convinced that they are going mad. These thoughts can be frightening and the mother may be afraid to tell anyone about them, particularly if they involve harming the baby. She could feel guilty and may worry that her baby will be taken away if she confides these thoughts to anyone. If at all possible, she should not be left alone with the baby as these thoughts are always worse if she is alone.

**Loss of libido**  Most mothers find that it takes some time for their libido to return after having a baby. For a mother suffering from PND the last thing on her mind is sex. Unfortunately, this can place strain on a relationship. She will feel the need to be loved and wanted, but may fear being hurt or becoming pregnant again. She may also feel exhausted, and just want to
sleep. Her partner may be feeling upset and bewildered, trying to show that he still loves her and wants her, and not understanding why she is so aloof and so a vicious circle of rejection and resentment can start.

**Physical symptoms** A mother may be experiencing physical symptoms as well as depressive symptoms which will add to her distress. These can include: sleep and appetite disturbances, lethargy, headaches, blurred vision and stomach pains. These can all be signs of tension, the body’s way of saying that something is wrong and that help is needed. However, they can cause considerable anxiety and many mothers become convinced that there is something more seriously wrong.

**TREATMENT**

The first and most important step on the road to recovery is for both the mother and her family to accept that she is ill. The second step is understanding that the more help the mother receives and the sooner she gets this help, the quicker she will recover. A mother needs to consult her GP as soon as possible and it can be helpful if someone accompanies her to ensure that she describes her symptoms fully and is taken seriously by the GP. She will need constant reassurance that she will get better, that she is not going mad and that the illness is not her fault. The mother and her family will need to be patient as it may be a considerable time before she is completely better.

A mother suffering from PND may be offered one or a combination of a number different treatments. These could include:

**Anti-depressants** There are a wide variety of these drugs available now. They are not addictive and there should not be fears over their long term use. GP’s will choose the one which they believe will work best for individual women. The choice of anti-depressants will also be influenced by whether or not the mother wishes to breastfeed. Not all anti-depressants suit everyone, however, and it can be a matter of trial and error to find the one which suits a mother best. Improvement is generally gradual and there can be unpleasant side-effects which can make the mother feel worse initially. It is important that she persist with them, even if they don’t seem to be working, and that she consult her GP if the side effects are really bad.

Once she has begun to improve there can be a temptation to stop the medication. This should not be done too soon or too quickly or she may get worse again. The usual length of time on medication is 4 - 6 months.