

Post Natal Depression (PND)

Being a mother can be such an amazing and wonderful experience. Unfortunately for **one in 7 Australian women** their experience is very different. Every new day brings a new challenge and can be a struggle.

Is not unusual for some women to feel teary soon after the birth of their baby. When it only lasts a few days, it is what we refer to as The baby blues. If however, you are struggling emotionally for longer than just a few days you may be experiencing what we call Postnatal Depression (PND).

What is Postnatal Depression?

Postnatal depression is depression experienced by a mother following childbirth, typically from a combination of having to adjust to being a mother, being exhausted and experiencing hormonal changes. Women can develop PND at any time during the first year after childbirth, but it predominantly develops within the first 4 months.

Symptoms

- Feeling low in mood (quite flat/ depressed) for more than one week, being teary and crying easily.
- Feelings of being overwhelmed and not being able to cope.
- Feelings of being trapped and wanting to run away.
- Feelings of being rejected. Some women believe their babies prefer others over them (e.g. Dad) especially if they see their baby settles more easily for them.
- Feeling guilty: believing you should do everything yourself and not get help.
- Becoming irritable easily.
- Increased signs of tension such as headaches, stomach aches, sore muscles.
- Lack of appetite.
- Loss of libido.
- Worrying constantly, feeling anxious, having panic attacks.
- Having difficulties concentrating/ focusing.
- Lack of confidence and difficulties in making decisions.
- Lack of motivation.
- Sleep difficulties (feeling tired regardless of how much you sleep, or not being able to sleep much even if your baby is sleeping well).
- Lack of self care/ grooming.
- Feeling inadequate/ not good enough: For example, my baby deserves a better mother, my partner deserves someone better.
- Unexplained lack of interest in the new baby or activities in general.
- Social isolation.
- Fear of being alone – fear of doing something to the baby, not knowing what to do with the baby on your own.

Types of Postnatal mood disorders

There are three mood disorders following childbirth:

- *Baby blues.* This is very common among new mothers. Around 80% of new mums experience the baby blues: women become irritable, teary, and anxious. It usually occurs between days 3-10 after childbirth. It is temporary and does not need professional intervention. If however, symptoms do not cease, then it is important to seek professional help to assess for PND.
- *Post Natal Depression.* One in seven Australian women is diagnosed with postnatal depression each year. Women can develop PND at any time during the first year after childbirth, but most cases have their onset within the first 4 months.
- *Postnatal Psychosis.* 1 in 500 women will develop Postnatal psychosis. It usually develops in the first 3 to 4 weeks after childbirth. Usually the mother herself is unaware as her grasp of reality is impaired. Symptoms include disturbance in thought processes, insomnia, severe mood disturbance (either marked depression or elation or fluctuations from one to another), paranoia, hallucinations (auditory, visual) and inappropriate responses to the baby. Some women struggle believing their baby is theirs. This is a very serious condition and both the baby and mother can be at risk if untreated. It is important to liaise with your GP to get the right support immediately.

PND can be difficult to diagnose for various reasons such as:

- Women themselves are often uncertain of how they should be feeling: are they feeling what they are feeling because of hormones, or due to exhaustion?
- Our society often refers to motherhood as being such a wonderful time in a woman's life, as well as being so instinctive. When women are not necessarily enjoying motherhood or having difficulties coping or knowing what to do, they view themselves as not doing their jobs as mothers. This in turn results in hesitating asking for help.
- Some women fear their baby being taken away from them if they acknowledge they are not coping.
- Unfortunately one of the PND symptoms is having infanticidal thoughts (thoughts of harming your baby). These thoughts are often very frightening to women and are quite challenging to share them with others for fear of their baby being taken away.

Causes of Postnatal Depression

We don't quite exactly know what causes Postnatal depression. However, we know there are a number of factors contributing to a woman developing PND. Some of these are:

- *Biological:* Genetic predisposition to depression, sudden changes in pregnancy hormones following delivery, nutritional deficiencies and sleep deprivation, history of pre-menstrual tension, previous experience of depression including postnatal depression.
- *Psychological:* Difficulties with fertility and use of IVF for conception, difficult or traumatic birth (unexpected interventions, e.g. emergency Caesarean), traumatic or abusive

childhood (particularly sexual abuse), pregnancy difficulties, unrealistic expectations of motherhood and of herself, certain personality types (perfectionist or controlling), limited social and emotional skills (eg. lack of assertion, problematic or unresolved relationship issues with own mother), past unresolved issues of grief and loss such as previous miscarriage, still – birth, death of a loved one.

- **Social:** Lack of family and community support; difficult relationship with partner (removed emotionally, works long hours or travels often); intrusive or difficult family relationship (this also includes in-laws); social isolation and lack of transport; financial hardship; lack of close friends, particularly families with children; being of a younger or older age; loss of employment (partner's or your own); infant temperament; family/ society and own expectations about motherhood.

As a result of these contributing factors each woman's PND experience is unique depending on the combination of these factors.

Treatments for Postnatal Depression

At Vida Psychology we understand each woman's experience is different and as such she is treated as an individual. When treating PND we address the biological, psychological and social factors contributing to the woman's PND experience.

At Vida Psychology we ensure to use only evidence based psychological interventions. Following are some examples:

- **Cognitive Behaviour Therapy (CBT):** It is an approach that can bring long lasting relief after short term treatment. It focuses on individuals' views and interpretations of themselves and the world and how these impact on their moods and behaviour. The objective is to identify these interpretations, challenge and replace them with more helpful interpretations. One important element of CBT is to engage on behavioural tasks that challenge those interpretations. This allows individuals the opportunity to see firsthand the inaccuracy of their views. This in turn facilitates change.
- **Interpersonal psychotherapy (IPT):** It focuses on identifying and addressing interpersonal relationships and the expectations of others that may contribute to the person's depression. The objective is to help people develop assertive communication, increase adaptability, increase supports and develop new ways to resolve conflict and nurture relationships.
- **Mindfulness:** It focuses on increasing self awareness and self acceptance. Individuals learn to reduce the impact of their emotions by making the fight or flight part of their brain less reactive. Thus individuals learn to be less reactive as they become aware of having a choice on how they respond to situations.

How to get help

Your Family Doctor/ General Practitioner is a great first point of call. He/ she has established relationships with Psychologists and Psychiatrists highly trained in treating Postnatal depression. If your doctor believes you would benefit from seeing one, he/ she will make a referral through a Mental Health Treatment Plan and will recommend the right person for you.

At Vida Psychology we take pride in fostering relationships with GPs. Our Psychologists have extensive experience in treating depression.

“Your Shared Care Practice: *Working together to support patients and their GPs*”

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