



# talking about postnatal depression

This booklet reflects many discussions, suggestions and comments made by health professionals, professional bodies, lay and voluntary organisations, people with postnatal depression and their friends and family.

NHS Health Scotland would like to thank all of those who contributed in any way to the development of this booklet, for so willingly giving their time, and sharing their expertise and experience.

All the quotes in this booklet are from real people.

## **Disclaimer**

Every effort has been made to ensure that this publication is as up-to-date and accurate as possible. However, new research can sometimes mean that information and recommendations change very quickly. Changes and alterations will be made at the next reprint to reflect any new information.

While the booklet represents the consensus of good practice, please remember that different circumstances and clinical judgement may mean that you have slightly different experiences.

If you have any doubts, worries or fears, then do not hesitate to contact your doctor for reassurance and further explanations.

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## introduction

Having a baby is an important event in a woman's life. Her body has been undergoing major changes and she may even have experienced ill-health while pregnant. When the baby is born, the woman becomes responsible for the well-being of a small vulnerable person, who has very immediate needs for care and attention.

There is an assumption that motherhood is joyful and rewarding, and that it will be easy enough to adjust to a new baby. However, no matter how wanted the baby is, he or she will bring big changes to the mother's life—changes which can be distressing.

Many women find they go through a low patch after they give birth, feeling tired and weepy. But these 'baby blues' generally only last a few days before women feel more themselves again. For others, though, having a baby has a more serious effect. These women become depressed, confused or very anxious, and can't just 'snap out' of it. This reaction is known as postnatal depression, and can be very upsetting for the woman herself, her partner and her children.

This leaflet is written for mothers who are going through this experience, and for their families and friends. It aims to provide some basic information about postnatal depression: what it feels like, the possible causes and the various sources of help available. It also contains references to other reading and website material and to organisations which can provide further information.

## what is postnatal depression?

There are such high expectations of motherhood that it is assumed that the new mother will cope with caring for this new arrival and find the experience fulfilling and satisfying. That can cause great turmoil for the mother and cause her to doubt if she can manage, or even want to manage. It can all be very distressing.

Many mothers find they become tearful and despondent, anxious, or tense or angry, and don't know what to do about it. If you feel like this there may be no clear reason for it, which can make things worse since you may then feel guilty and inadequate. Even though the baby was planned, and your pregnancy and birth went well, it is as if a great black cloud has arisen out of nowhere and settled over you. You probably never thought that having a baby would make you feel like this.

Between 10% and 20% of women are affected by postnatal depression. Some women have very mild symptoms while for others they can be more severe. Many women who suffer from postnatal depression will have relatively time-limited episodes that may last a little longer than 'baby blues' but resolve naturally after a few weeks. So most women will not need very much additional help. A smaller number of women may need more focused help, perhaps from their families and friends and their doctor, while a smaller number again may need antidepressants. Around one or two per cent might need to see a psychiatrist. If left untreated one third of women will have symptoms one year later.

Postnatal depression can occur straight after the baby is born, or months later. It can start very suddenly or slowly take hold. Women of all ages and backgrounds are affected: both first-time mothers and those with other children. It is possible for you to feel alright with your first child, but become depressed with the next. The chances of developing postnatal depression are higher, however, if a woman has had postnatal depression before.

*'I had no self-confidence anymore. It went, just like that. I couldn't bring myself to do anything.'*

Each woman is affected in her own particular way. You may be able to relate to some of the feelings and experiences that women often report.

- Feeling depressed and tearful. Everything can seem a struggle. You feel bad about yourself and about everything around you.
- You become anxious and worried about your own health, the baby's health or the rest of the family's. You may feel genuinely frightened of being alone at home, or of going out even to the local shops.
- You become irritable and frustrated. You may snap at your children and get in a rage with your partner or your friends.
- You feel exhausted both physically and emotionally.

*'I was a bundle of nerves, twitchy and anxious.'*

- You find you are unable to cope with the many demands placed on you.
- You feel guilty at not behaving like 'a proper mother', or about the angry feelings you may have.

You may also notice changes in the way your body functions and the way you behave:

- Concentrating on even the simplest task can be difficult.
- Your usual sleep patterns may be upset. You may feel you want to sleep all the time, or it may be hard to fall asleep, or you have difficulty in sleeping long enough.

*'I was tense all the time, expecting the worst to happen.'*

- Your appetite can be affected so that you lose all interest in food, or eat much more than usual for comfort.

*'I couldn't communicate with my partner except by yelling. I had so much anger in me.'*

- Your body may seem to slow down so that making decisions of any sort, even about what to wear, can seem impossible.
- You may feel full of nervous energy and keep constantly busy, but not really achieve much.

- You may lose any interest in sex.

Sometimes depression can make you feel like harming yourself or have unpleasant thoughts in relation to your baby. These may even include upsetting, recurrent fears for your baby's health or safety. These thoughts are not uncommon in depression and your doctor or health visitor will be able to support you.

*'It was like being in solitary confinement. I wanted to avoid people, and be by myself. I resented anything which upset my safe little routine.'*

Women are affected to varying degrees by postnatal depression. With a great deal of effort, some may struggle on with their usual lives although everything may seem flat and dull. Others may be overwhelmed by powerful, frightening feelings they cannot control. In their despair, they can even believe that life has nothing to offer and the only way out is to kill themselves.

It can become a vicious circle. You become more tired through lack of sleep and this makes you more irritable. You then feel guilty about how you're treating your family, and feel more and more useless. It seems to go on and on.

But postnatal depression does not last. You will not always feel like this. It can be an enormous relief to realise that although there is a problem, something can be done about it.

It is also important to find that you are not the only one to have these experiences. Other women have been through them too and recovered.

## understanding postnatal depression

Once a woman recognises she is experiencing postnatal depression, she's likely to ask 'why me?' and look for reasons. However, there are various explanations for what causes it and a number of things may work together to trigger it off. The cause can differ from one woman to another. But sometimes there is no clear reason. At particular points in your life you may just be more vulnerable. Or difficult events in your past may make you more likely to experience postnatal depression.

Here are some of the explanations suggested:

- The birth itself may have been distressing or seriously disappointing. This can leave you with a sense of violation or loss, which may bring on postnatal depression.
- Your baby may be very demanding. It may be that he or she was born prematurely or has a health problem or disability and all of that can put unbearable stress on you as the mother.
- You may be under a lot of pressure generally. Perhaps there are money or housing problems. Maybe you get little support from your partner, or do not have one.
- Possibly you are isolated and lonely with no-one to provide support or help.

- Your own experiences of being mothered can influence how you cope. Painful memories of events in your childhood, the loss of loved ones or separation from them, physical or sexual abuse, may return when you face motherhood yourself.
- Society has a very mixed view of motherhood. On the one hand, mothers are regarded in a rosy light as selfless sources of love and caring. On the other hand, society makes little attempt to meet the needs of mothers and young children. Taking a baby out anywhere can be an enormous effort. Public transport and many public places such as cafes and shops are still hard to get around with a small child in tow.
- Being a mother is regarded as instinctive, as something all women know how to do. Yet many new mothers will have had little or no experience of caring for small children before their own babies came along, and no opportunity to prepare themselves or learn the skills needed.
- It is easy to feel isolated and ignored. Mothers who have given up work may feel resentful at being cut off from the adult world and at losing their income.

- There are big changes in hormones during pregnancy and after your baby is born. However, while ‘baby blues’ may be hormonally-based, the evidence is that hormonal changes do not seem to play a big part in developing postnatal depression. The risk factors for depression in the postnatal period are much more likely to be social ones, like a lack of support from others, perhaps the extra strain of looking after other children at home or perhaps being a young mother for the first time.
- Coverage of celebrity mothers who get back into shape straight after giving birth can leave you unhappy with the way you look.

Very occasionally, a woman may develop a serious condition called puerperal psychosis, which needs urgent treatment. It can lead her to behave in highly excitable and uncontrollable ways. She may have strange or bizarre beliefs or may hear voices, and will need medical help and support, sometimes in hospital, where the woman may be able to have her baby with her while she receives treatment. Where there is a family history of puerperal psychosis or of bipolar (manic-depressive) illness, or when a woman has had a previous experience of either, there is a high risk of it recurring after the birth of another baby. It is important for women to let their doctors and midwives know during subsequent pregnancies because they can be given treatment that may prevent it. Although puerperal psychosis is a serious condition, with proper treatment women experiencing it will make a full recovery.

## what you can do

Postnatal depression is exhausting and frightening. It can feel like you're trapped and have no way out, overwhelmed by demands you can't cope with – from your baby, your partner, your other children, your job and your friends. But there are steps you can take to break free. More will be said below about getting help from other people, but there are things you can do to help yourself recover. What helps may be different for each of us, but here are some of the things other women found useful.

If people offer help, take it. Sometimes when you think you are the only one who feels this way, you may want to try to cope on your own, but doctors, health visitors and midwives know that it is a common condition, are used to dealing with it, and will be glad to help.

Begin to take care of yourself. Have a treat, or indulge yourself by doing something you really enjoy, like meeting up with friends.

Get a break from the baby and the other children. This can be hard to arrange, but worth it, even for a short breathing space.

You may find it hard to respond to your baby. Babies need to be listened to and to see the world through your eyes. Even if you are feeling rough, try to set aside a few minutes when your baby is awake and alert to make eye contact and try to imitate whatever they do, for example, by making noises and funny faces. It is not too early to look

at a book and name colours or pictures. The pay-off may surprise you and even cheer you up as your baby talks back to you.

As far as possible, get enough rest. When the baby's asleep, ignore the housework and put your feet up for a while. If getting to sleep is difficult, try to develop a bed-time routine to unwind – have a bath or read for a while.

Exercise can help to relax. It need not be anything strenuous. Going for a walk gets you out and gives you a break from the baby's demands.

Try to eat regular meals, as lack of food or too many snacks of junk food may only make you feel worse. If you have no appetite, try to view food as medicine. Gradually your appetite will return.

Most mothers want to breastfeed because they know it is good for their babies, and can be very rewarding for them too. Sometimes, mothers need extra help when it comes to breastfeeding. Midwives and health visitors have the expertise to help support new mothers who are breastfeeding.

Remember that if you take supplements these may appear in the breast milk. For this reason it is best to seek the advice of your doctor or health visitor before taking supplements such as St Johns Wort. To date there is no evidence that complementary or hormonal supplements are effective.

Find ways of expressing your feelings. If you don't feel able to talk to your partner or a close friend, use other outlets, write down what you feel. Let yourself cry. Close the bathroom door and scream if you want to.

If you feel anxious or tense all the time, you may want to find out about relaxation techniques from your doctor or health visitor. Your local library may be able to supply some books on this.

Don't keep pushing yourself to live up to other people's expectations. Be good to yourself. Pay attention to the good feelings and the good times, rare as they may seem just now. They will become more frequent.

Recovering from depression can take time but the earlier you seek help, hopefully the earlier things will start to improve for you.

It is important to find ways of getting through this difficult period. While you can do a lot yourself, help from other people can also be very valuable.

*'It came to the point where I had to force myself to go out. That was a real turning point for me. Until then I'd used my house as a refuge where I could hide away.'*

## getting help from others

Sometimes it is useful to talk things over with someone outside your immediate circle of family and friends. It can be a big step to seek out such help, but you shouldn't feel ashamed of needing it. Getting help early, as soon as you recognise you have a problem, can save you and those close to you a lot of anguish. Getting help is important, not only for treating depression, but also to support the developing relationship between you and your baby, and to help your baby's development in the longer term. There are various sources of help available, each offering different kinds of support. It is worth contacting one of the organisations listed later to find out what is available in your area.

## counselling and psychotherapy

People sometimes find it hard to talk about their difficulties but it is important to seek help and support. Counselling and psychotherapy give people the chance to talk through their problems. Both focus on present feelings about difficulties, which may be current or rooted in the past, and enable you to take more control of your life and to cope in the longer-term.

Counselling often begins with the health visitor who can listen to you and talk about your feelings with you. If you and your health visitor believe that you are depressed, then she or he may discuss counselling with you and put you in touch with someone who could help. Your doctor may also have access to the services of a counsellor for his/her patients.

Sometimes it is useful to have more in-depth counselling or therapy. Counsellors and therapists use a range of different approaches. You may need to discuss what is best for you. You may not necessarily feel you have to find out what caused you to develop postnatal depression, but want to use counselling or therapy to help you bear the pain of depression and emerge from it.

One approach is cognitive behaviour therapy (CBT). This helps people address how their thoughts influence their feelings and behaviour. It can be useful in helping people overcome negative ways of thinking and, planning ways to become more active.

You may feel it is important that you see a counsellor or therapist on your own. If you have a partner you may want them to be involved, to some extent at least, so you can both move forward together. It is important, though, that you work out what you want and will find most helpful. It is also important to go back to your doctor if counselling or psychotherapy doesn't work.

## self help

Many women have found that talking with others who've been through similar experiences is very helpful. It can be a great relief to find you're not alone. Members of a self-help group can provide each other with the

*'It was so good to be able to talk without feeling you were being judged.'*

support and encouragement needed to get through the bad times, and practical advice on how best to cope. Self-help groups provide an opportunity to be honest about your feelings, in a setting where others understand but don't blame you.

Some groups offer both mutual support and counselling, with input from an experienced counsellor.

There are also self-help books available and reading those can be useful. Some are listed at the end of this booklet.

## medical treatment

Many women may be nervous about going to the doctor to discuss their feelings of depression because they feel frightened or ashamed. But a sympathetic doctor can be a great source of support and reassurance. Your doctor may choose to treat you him or herself, or may refer you to a psychiatrist for specialist help.

Most people will not need antidepressants but a course may be prescribed for you. These drugs are not addictive. They work for a lot of people, but not all. Many people find that a combination of antidepressants and therapy/counselling can be very effective.

Most antidepressants take two to four weeks before they have any effect on mood, so it is important not to give up too quickly if you do not feel better straight away.

Antidepressants should be taken for at least six months after symptoms have disappeared, because this greatly reduces the risk of the depression coming back. It is important to then go back to your doctor to find out if you need to continue with treatment. Some people may be advised to continue treatment for longer than six months.

Antidepressants should be taken as prescribed. Some patients experience mild symptoms when stopping, reducing or missing the dose. These can include dizziness, nausea, anxiety and headaches. The drugs however are not associated with tolerance and craving.

Your doctor may suggest you keep taking them for several months after you feel better, as this can prevent the depression from returning. If you are breastfeeding your doctor should be able to prescribe a drug which will not affect your baby.

All medication has some side effects and it is important that you ask your doctor to explain the treatment offered. You are entitled to information about the likely benefits and disadvantages of each drug prescribed for you. You can find out more by reading the drug information leaflet given to you by your pharmacist.

You may also want to talk about alternatives to drug treatment, such as counselling or self-help, with your doctor.

## the role of partners, family and friends

As a partner, relative or friend you can help by being patient and understanding. You can show your concern by listening sympathetically, and being prepared to spend time with her. Try to prompt her to talk about how she's feeling rather than bottle things up. It is not at all uncommon for women in these circumstances to be irritable but that is all part of the depression. It is particularly important at this time to let her know how much you care about her and accept her, even though you don't understand why she feels like this.

It's unlikely to do any good to tell her to pull herself together, or to say she's got nothing to be depressed about. Praise and realistic encouragement are likely to be more effective.

On a practical level, you can help by giving her time to herself, away from the baby and the other children. She may well be finding it hard to cope with everyday chores. Try not to get frustrated or angry. Do what you can to help out. As she recovers let her regain control of things. If you take over completely she will only feel even more useless and despondent.

Someone who is experiencing postnatal depression often sees everything in a negative light, and becomes preoccupied with their problems. You can help by pointing out situations or tasks which she handles well.

You may also need to encourage her to seek help. Your support can prompt her to take that step. Perhaps you could accompany her to a self-help group or a counsellor, even if you do not take part. Above all, try to be patient. It will take time for her to re-establish herself, and for you both to re-build your relationship.

## your needs

It is not easy to see a woman you care about go through postnatal depression. To see someone appear to change so much and become almost unreachable can be deeply distressing. You may worry that in some way you have contributed to the depression.

You will often feel helpless and not know how to react. You may feel bewildered and resentful that this has happened to someone close to you. You may feel angry at the effect on yourself and on the rest of the family, particularly the baby.

It can be very wearing to live with, or be in close contact with someone with postnatal depression. No matter how hard you look there may be no apparent reason for this to have happened. You may find yourself becoming depressed or agitated. It is now known that many new fathers as well as mothers experience depression.

Perhaps you have had to take on tasks and responsibilities because your partner or friend is not able to cope. This can be especially exhausting when a young baby is involved. And at the back of your mind is a nagging anxiety about what will happen to the children in the longer-term.

All this is a great deal to bear on your own. It is therefore important that you get advice and support too. If possible get others to help you. Talk to your family doctor about your concerns. Discuss your own feelings with family and friends. Try to find time to do things which you enjoy. Remember that you count too.

## looking ahead

*'The most important thing I'd want to tell other women is that you can leave postnatal depression behind you.'*

*'It was like coming out of a deep dark forest.'*

*'I used to warn people off when I was having a bad day so that they'd give me space and let me be.'*

It may take a while to get over postnatal depression, but it will happen. You will probably find you begin to have more and more good days, but try not to be too let down when a bad one comes along again. Don't expect too much of yourself too soon. Remember that all women go through spells of feeling low, sometimes with no obvious cause, and do not be misled into thinking you are not making progress.

If you are considering having another baby, the thought of experiencing postnatal depression again may make you very wary. But it is possible to take steps to reduce the risk. This time you and those around you have experience and foresight on your side, and can watch out for warning signs.

If possible plan in advance of the baby's arrival how you can get help and support, and time to yourself. It is a good idea to avoid putting yourself under undue stress, for example by moving house, although obviously it is not always possible. Perhaps most importantly, find someone you can confide in and trust – a friend or relative, a doctor, health visitor, counsellor or someone in your self-help group.

Sometimes, taking antidepressants after delivery to prevent recurrence of depression may be advised by your doctor. Ask your doctor to explain this to you so that you can make up your own mind. You have a right to that information.

Some women feel that the experience of postnatal depression – painful as it is – helped them to understand themselves better. Others prefer to leave it behind them and work at making up lost ground, strengthening their relationships with their children and others close to them.

## useful addresses

The national organisations listed below can put you in touch with local sources of help in your area.

### **The Association for Post-natal Illness**

145 Dawes Road  
Fulham  
London  
SW6 7EB  
Tel: 0207 386 0868

Can link mothers with others who have recovered from postnatal depression.

### **Breathing Space Scotland**

Tel: 0800 83 85 87  
[www.breathingspacescotland.co.uk](http://www.breathingspacescotland.co.uk)

Breathing Space is a free, confidential phone-line you can call when you are feeling down. The phone-line is open from early evening right up until two in the morning. Advisors will listen, and try to help prevent problems getting worse, offer advice and suggest local people who can help with specific problems.

### **The Church of Scotland Post Natal Depression Project**

Wallace House  
3 Boswall Road  
Edinburgh  
EH5 3RJ  
Tel: 0131 538 7288  
9am-5pm, Monday-Friday.

### **Depression Alliance Scotland**

11 Alva Street  
Edinburgh  
EH2 4PH  
Tel: 0845 123 2320  
Email: [info@dascot.org](mailto:info@dascot.org)  
[www.dascot.org](http://www.dascot.org)

### **Homestart**

Local groups:  
1 Watergate  
Perth  
PH1 5TF  
Tel: 01738 444020

and

Eldon Business Centre  
74 Townhead  
Kirkintilloch  
G66 1NZ  
Tel: 0141 776 3042  
[www.home-start.org.uk](http://www.home-start.org.uk)

Provides informal and friendly support for families with young children.

## **The National Childbirth Trust**

Alexandra House  
Oldham Terrace,  
London  
W3 1BE  
Tel: 0300 33 00 0771  
[www.nct.org.uk](http://www.nct.org.uk)

Local versions of the websites can be found at [www.nct-edinburgh.freemove.co.uk](http://www.nct-edinburgh.freemove.co.uk) and [www.nct-glasgow-north.co.uk](http://www.nct-glasgow-north.co.uk)

## **NHS24**

Caledonia House  
Fifty Pitches Road  
Cardonald Park  
Glasgow  
G51 4ED  
Tel: 08454 24 24 24  
[www.nhs24.com](http://www.nhs24.com)

NHS24 is a 24-hour health service for Scotland.

## **Samaritans**

PO Box 9090  
Stirling  
FK8 2SA  
Tel: 08457 909090  
24-hours a day, 7 days a week.  
Email: [jo@samaritans.org](mailto:jo@samaritans.org)  
[www.samaritans.org](http://www.samaritans.org)

## **see me Scotland**

1/3 Great Michael House  
14 Links Place  
Edinburgh  
EH6 7EZ  
Tel: 0131 554 0218  
[www.seemescotland.org.uk](http://www.seemescotland.org.uk)

The 'see me' campaign was launched in October 2002 to challenge stigma and discrimination around mental ill-health in Scotland.

## **useful websites**

### **[www.beyondblue.org.au](http://www.beyondblue.org.au)**

Australian website for the National Postnatal Depression Program.

### **[www.bluebellday.org.uk](http://www.bluebellday.org.uk)**

Awareness-raising campaign website.

### **[www.dascot.org](http://www.dascot.org)**

Depression Alliance Scotland

### **[www.fiveareas.com](http://www.fiveareas.com)**

Helping people to help themselves.

[www.readysteadybaby.org.uk](http://www.readysteadybaby.org.uk)

NHS Health Scotland's *Ready Steady Baby!* publication has advice online about postnatal depression.

[www.livinglifetothefull.com](http://www.livinglifetothefull.com)

Living Life to the Full: contains free modules on improving sleep, healthy living, challenging negative thinking and staying well.

[www.rcpsych.ac.uk/info/help/pndep/index.asp](http://www.rcpsych.ac.uk/info/help/pndep/index.asp)

The Royal College of Psychiatrists

[www.sign.ac.uk/guidelines/fulltext/60/index.html](http://www.sign.ac.uk/guidelines/fulltext/60/index.html)

Scottish Intercollegiate Guidelines Network guide for patients and carers.

[www.netmums.com/pnd/postnatal\\_depression.293](http://www.netmums.com/pnd/postnatal_depression.293)

Unique local network offering a wealth of information on both a national and local level.

## suggestions for further reading

There are many publications about postnatal depression and your GP or local library will be able to suggest some for you. Here are a few that might help.

### **Coping with Postnatal Depression**

by Sandra Wheatley.  
Published by Sheldon Press, 2005.  
ISBN 0859699307

### **Maternal Distress and Postnatal Depression: The Myth of Madonna**

by Jane Littlewood and Nessa McHugh.  
Published by Palgrave Macmillan, 1997.  
ISBN 033-363834-4

### **Mind Over Mood: Cognitive Treatment Therapy Manual for Clients**

by Christine Padesky and Dennis Greenberger.  
Published by Guilford Press, 1995.  
ISBN 089-862128-3

**Overcoming Depression: A Five Areas Approach**

by Christopher J Williams.

Published by Hodder Arnold, 2001.

ISBN 034-090586-7

**Postnatal Depression: Facing the Paradox of Loss, Happiness and Motherhood**

by Paula Nicolson.

Published by John Wiley and Sons, 2001.

ISBN 047-148527-6

**Surviving Post-Natal Depression: At Home No One Hears You Scream**

by Cara Aiken.

Published by Jessica Kingsley Publishers, 2000.

ISBN 185-302861-4

**Surviving the Baby Blues**

by Jane Feinmann.

Published by Cassell Illustrated, 1997.

ISBN 070-637624-2

Other topics covered by the *Talking about...* series are:

- Anxiety disorders
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- Bipolar affective disorders
- Depression
- Eating disorders
- Panic attacks
- Personality disorders
- Phobias
- Self-harm
- Schizophrenia
- Stress

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