

Fact sheet: Depression after childbirth – what can help



Pregnant women usually expect the days and weeks following the birth of their child to be a happy time. Most people have heard about the chance of “baby blues”, so a few days of unsettled mood and overwhelming feelings might not come as a big surprise. But if the low mood does not go away, then the woman might be developing depression. Clinical depression after childbirth is much the same as depression at any other time of life, too. Except for one major difference: depressed new mothers often feel very guilty about the way they are feeling. They worry about how hard it is to care for their baby when they are feeling so badly themselves.

Having a new baby to care for is hard work, and many women just do not have as much emotional support and practical help as they need. Depression, fatigue and worry on top of all that is a tough combination. And although women should not feel guilty about being depressed, being depressed over time can interfere with their relationship with their new baby. It is important to pay attention to deep unhappiness and moodiness after birth, and get more support.

The first step is recognising that there is a problem – and not being judgmental. If you are depressed, sometimes you do not realise when it has become so bad that you need help. One of the features of depression is that it can be hard to know when you are in it, and when the moods have stopped being “normal”. Or you might feel so bad that you cannot reach out for the help you need. So it might be your doctor or midwife, your partner or a friend or other family member who will need to understand what is happening, and help you get more support so that you can start enjoying your life with your new baby.

How can you tell if a new mother is becoming depressed?

There are many terms for mood swings and turbulent feelings after giving birth, like baby blues, postnatal depression and postpartum depression. Postnatal and postpartum mean “after the birth”. Perinatal means “around birth”, and it includes pregnancy.

Postnatal “blues” might last for a few days after giving birth. Then it is usually over, although it could take up to two weeks for the woman’s emotions to settle down completely. Crying, mood swings and irritability are all common. This could happen to as many as half of all women who have just given birth. Support and understanding are usually enough to help you through.

Postnatal depression is different, although it can include all the emotions that someone who is having “baby blues” has as well. Up to 15 out of 100 women will get depressed in the first 3 months after giving birth (15%). About half of these women (8 out of 100, or 8%) will have mild or moderate depression, and around 7 out of 100 will have major depression (7%).

Depression is actually more likely to happen during pregnancy than after giving birth, and many women who have depression after the birth already had an episode of depression while they were pregnant.

These are the signs of postnatal depression:

- Low mood (deep sadness and crying)
- Not enjoying things that usually give you pleasure
- Anxiety
- Insomnia and changes in appetite
- Poor concentration
- Low self-esteem
- Thoughts of harming yourself or your baby

You need to have been feeling these things over a period of several days for it to be diagnosed as depression. If you or your midwife or doctor think you might have postnatal depression, they will ask you questions about how you are feeling, eating and sleeping to help them judge whether or not you are depressed.

Is postnatal depression dangerous?

No, postnatal depression is usually not dangerous for the woman or her baby. It is not unusual for a new mother to have unwanted thoughts about, for example, harming her baby: that can happen when you are depressed and as long as you do not actually do it, this is not a sign of psychosis or serious mental illness. But anyone who has a very severe depression is in danger of staying depressed for a long time, or even becoming suicidal. If anyone starts having serious thoughts of suicide, they need to get urgent medical help.

There is also another serious condition that can occur after childbirth, called postpartum psychosis or puerperal psychosis. It is rare, affecting perhaps one or two women out of every thousand (0.1 – 0.2%), although the risk is higher for women who have already had a condition like bipolar disorder (with alternating episodes of mania and depression).

If having a baby is going to trigger a psychosis, it is most likely to start within a few weeks after childbirth. If you think you might be developing a psychosis, a psychiatrist can help you find out quickly. Most likely, you do not have postpartum psychosis, but talking to a psychiatrist can reassure you about this, and help you with your worries.

When people develop a psychosis, they lose touch with reality and have trouble communicating and interacting with other people. Their feelings and behaviour are odd, sometimes bizarre, often including hallucinations. If you think there is any chance at all that a woman you know is developing psychosis, you need to make sure she sees a psychiatrist urgently.

What causes postnatal depression and how long does it last?

There are many theories about what causes depression after childbirth, but none have been solidly proven. For a long time people thought that it was caused by hormones or biochemical changes in the woman's body after giving birth, but no biochemical changes that could explain the depression have been found.

Motherhood is often seen as something that is natural and fulfilling. And of course it can be like that, too. However, motherhood is also very difficult and challenging, both physically and psychologically. It is common these days for women to not have as much support and help as they need. So it is not surprising that as the weeks go by, some women react to the struggles and difficulties they are having by getting depressed. Some women, however, simply become depressed as though it has come out of the blue. That can happen at any time of life, not just after giving birth.

About 15% of women who have given birth develop depression, and that is about 3 times as often as women of the same age who have not recently given birth. So pregnancy and childbirth do increase the risk of a woman having an episode of depression. Without treatment, postnatal depression will often be over within 4 to 6 months, although there can still be symptoms up to a year later. However, without treatment, depression can settle in for the long term (chronic depression).

Getting help: how much benefit do counselling and psychological treatments provide?

For mild depression, getting more emotional support and

practical help in everyday life will be enough. The key here is to get support from a non-judgmental person, who is not going to make you feel bad about yourself or criticise you because you are not coping as well as you would like to be. You might find that talking to other women who have been through the same experience will help. Remember, this is very common. Even if you do not realise it, some of the women you know who have babies are likely to have been depressed too. There may also be self-help groups near to you where you could meet other women and families who understand what you are going through.

However, for moderate or severe depression especially, getting medical or psychological treatment is important. Many women do not tell people how badly they are feeling because they are ashamed or feel guilty. It is important to know that there are many options for getting help and support.

Researchers have found that although these do not help everyone, many women do experience some relief in symptoms through non-directive and supportive counselling with trained psychologists and counsellors.

Another technique that has been shown to help is cognitive behavioural therapy (CBT). A trained CBT therapist is a psychologist or counsellor who works with the woman on thoughts, beliefs and behaviours that are making her unhappy. Intrapersonal psychotherapy has also been shown to help. Here the woman has weekly sessions with a psychologist to find out what might be making it harder for her to adjust to the changes in her life, and identify individual strategies that might help her. You can read more about these treatments and the research on them here (URL: <http://www.informedhealthonline.org/index.452.en.html>)

The research showed that about 5 in 10 women recovered from their depression, independent of treatment. By comparison, almost 7 in 10 women who had psychological treatment – an extra 2 in 10 women – had a complete recovery.

What are the other treatment options?

There are many different drugs for the treatment of depression (also called antidepressants). While these can be very important for some women, they tend to be used less in pregnancy and during breastfeeding. This is because it is not always clear what effects particular drugs might have on the baby. If you take antidepressants while

you are breastfeeding, it is important to ask your doctor what to look out for. Small amounts of medication may be passed on to the baby through the breast milk they drink, and this could cause adverse effects in the baby. The same is true of St John's wort (URL: <http://www.informedhealthonline.org/index.385.en.html>) (hypericum). That herbal medicine can help with depression, but its effects in pregnancy have not been fully studied. If the mother takes hypericum while breastfeeding, there will be a small amount in her milk.

If you are already taking antidepressants when you become pregnant, it is important that you let your obstetrician or midwife know about this. If you decide to stop taking the medications during the pregnancy, it is important to let the people who are close to you know, so that they can pay particular attention to how you are feeling and managing.

There are a variety of other treatments and strategies that women try out, but they have not yet been studied enough to show whether or not they can definitely help. These include massage, exercise, omega-3 fatty acids supplements, acupuncture and bright light therapy. Bright light therapy involves spending a certain amount of time near a special type of lamp or light box with your eyes open, so that the light shines on the retinas of your eyes. If more research results become available about any of these options, we will add it to our information.

How do other women and families cope?

Postnatal depression can be a very lonely experience. Many women are reluctant to tell even the people who are close to them how they are feeling. While this may be the right thing for some women, for many women, this stops them getting the extra support that they need to get back to fully enjoying their life and their new baby. Partners may also be having a difficult time and need support as well.

Many women talk about how out of control their lives feel, and worry that their lives will never get "back to normal". They might spend a lot of time at home alone with their baby, worrying about whether they will ever just "have fun" again. They could have lost interest in sex, which leads to problems with their partner, and is another loss of enjoyment in their lives. When you have a small baby, it is hard to get things done, and it is difficult to adjust to the changes this can make in your lifestyle.

Other women say that they gradually came out of that phase by just struggling to survive day by day, and starting

to get more control again over their lives.

These feelings will not last forever: postnatal depression will go away, especially if you get more support and practical help if you need it. It can be hard, though, to reach out to other people when you are depressed and embarrassed or ashamed about how you are feeling. But there will be people around you or health care professionals who will be non-judgmental and support you in coming to terms with the emotions you are experiencing and the changes in your life.

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<http://www.gesundheitsinformation.de/evidence-based-medicine>.

The authors of the major systematic reviews on which our information is based are always approached to help us ensure the medical and scientific accuracy of our products.

Glossary

hormones

“Hormones” is the collective term for different types of messenger substances in the body. They are produced in different organs or tissues and released into the blood or the lymphatic system to be distributed throughout the body. Hormones only have an effect on those parts of the organism that have a corresponding docking site. This is how hormones can have such specific effects. Insulin, estrogens, vasopressin and thyroxine are some well-known hormones. Many medical ingredients imitate the effect of hormones.

evidence

Evidence is what we call scientific proof from well-conducted, good-quality scientific trials that have been carefully designed to answer specific questions. Depending on the types of questions, different scientific research methods (types of study) are most appropriate to find reliable answers to these questions. Randomized controlled trials (RCTs), for example, are the best way to get reliable evidence on the effectiveness of medical treatments (interventions). This type of study, however, is not the best form of evidence for all possible questions, and does not provide the best answers to all kinds of questions, either. Epidemiological studies, for example, are very suitable for establishing well-founded proof for the spreading of a disease in the population.

systematic review

Systematic reviews pull together the evidence on a specific question. A systematic review sets out to find all the trials that have put that particular question to the test. The quality of the trials are then evaluated and then results analyzed and explained. Often, the results of trials can then be summarized together through a statistical method called meta-analysis.

acupuncture

Acupuncture is a complementary form of therapy used in traditional Chinese medicine. A doctor inserts thin needles at precisely defined points on the body. This is supposed to loosen what are thought to be blockages in the body or to stimulate or calm different organs.

depression

Depression is one of the most common mental illnesses, and it can be mild, moderate or serious. There are several different types of depression that can be recognised by different signs. Which symptoms of depression occur and how strong and frequent they are vary from person to person. People in any social or age group can be affected, both women and men. If someone has had at least two of the following symptoms for longer than two weeks, it might mean that they are depressed: deep sadness; listlessness; loss of interest in the things they usually care about.

fatigue

Fatigue is a term used to describe paralyzing mental and physical exhaustion that may also be accompanied by heightened emotional sensitivity. In contrast to usual tiredness, fatigue only responds to rest or sleep to a very limited extent.

Sources

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Our information is based primarily on systematic reviews of the effects of health care. Systematic reviews are necessary to gain an objective picture of health care. In order to do this, a clear question is formulated. Researchers then find all the relevant studies that could answer this question. They then evaluate those studies.

You can find a list of the evidence and other scientific literature on which this information is based at **www.informedhealthonline.org**

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