



Medicine for Managers

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Post-Natal Depression

Post-Natal Depression, commonly called post-partum depression, is a common event following the birth of a baby. It is estimated to affect at least 1 in 10 women but it may be difficult to confirm and depression is undoubtedly more common. It is also reported to affect some fathers and partners. The period is often a time of domestic turmoil, emotional disruption, disturbed sleep, turbulence and adjustment.

It is considered to meet the diagnosis if the clinical features arise within one year of the birth.

Many women may feel dispirited in the first couple of weeks after the delivery and is often called **the baby blues**. The symptoms experienced include:

- Sadness
- Anxiety
- Mood swings
- Crying
- Difficulty concentrating
- Sleep disturbances
- Disturbed appetite
- Feelings of being overwhelmed

Post-natal depression may be dismissed as baby blues initially, but the symptoms are more intense, last longer and may be more resistant

to effective management. The symptoms include:

- Depression
 - Severe mood swings
 - Becoming withdrawn
 - Extreme tiredness
 - Lack of energy and insomnia
 - Crying persistently
 - Fear of maternal failure
 - Hopelessness
 - Restlessness and Confusion
- Mothers may struggle to take care of their baby and may not feel any sense of enjoyment.

Post-natal or post-partum?
Natal comes from the Latin word **natalis**, meaning 'to be born'. **Partum** is derived from the Latin verb **parere** (third person, **partus**) meaning 'bringing forth'. The **post-natal** or **post-partum** symptoms may begin within a few weeks of birth but can start during the pregnancy and for up to a year afterwards.

Why does post-natal depression occur?

There is no clearly defined cause for post-natal depression but a variety of factors have been implicated:

- **Genetic predisposition.** A family history may increase the risk of it occurring
- **Hormonal changes.** Oestrogen and progesterone manage the cyclical female activity during the reproductive years and it is the ratio of the two which is also important. The dramatic changes in the hormone levels following birth may contribute to post-natal depression. Other hormones such as the thyroid hormone, thyroxine, may be markedly affected.
- **Emotional disturbances.** In the post-natal period a new baby may overwhelm the mother and generate serious anxieties about the ability to care and fear of some perceived failure. Sleep deprivation, loss of confidence and even loss of life control have all been identified as factors which can precipitate or exacerbate post-natal depression.
- **Other pre-disposing risks** can include
 - Depression history
 - PND following previous pregnancy
 - Family history
 - Difficulty breastfeeding
 - Illness of the infant
 - Relational difficulties with a spouse or partner
 - Financial difficulties

Treatment of Post-Natal Depression

Treatment depends on the severity and the degree of distress and recovery time is consequently variable. However, there are a variety of treatments and means of support available.

It may be that mild depressive symptoms subside within a few weeks of the delivery, and simple measures may include:

- Getting as much rest as possible
- Taking care of oneself
- Obtaining help from family and friends
- Avoiding alcohol or any recreational drug which may make mood swings worse

More severe post-natal symptoms are often treated with psychotherapy (talking therapy), counselling or medication.

- **Psychotherapy**, including consultation with a mental health professional with cognitive behavioural therapy or other intervention.
- **Family Therapy** may be helpful
- **Medication.** An antidepressant may be helpful. Such medication may enter breast milk and the choice of drug used ensures that it is safe to use during breastfeeding.

With appropriate treatment post-natal depressive symptoms usually improve. However it is important not to stop treatment as soon as the symptoms start to subside because stopping treatment too early may result in relapse.

Post Natal Psychosis

This is a rare condition, affecting only one or two women in a thousand. It has the severest symptoms including:

- Extreme confusion
- Loss of touch with reality
- Paranoia and delusions
- Disordered thought and hallucinations

It usually develops quickly within days or the early weeks post-partum. It is considered a psychiatric emergency requiring immediate medical and psychiatric attention which is usually provided in hospital, especially if there is any risk of suicide or possible harm to the infant. Treatment is with a range of antidepressant and anti-psychotic medication and, if necessary, more interventionist psychiatric care.

Failure to identify or treat post-natal depression

Failure to receive the necessary support and assistance may result in serious maternal and familial problems.

For the mother, symptoms may be prolonged and more severe. Breastfeeding may stop, there may be difficulties bonding and other depressive effects may become recurrent.

For the other parent, there may be increased mental strain, and a risk of associated depression.

For other children, they are at risk of developing symptoms including sleeping and eating difficulties and educational delays.

In today's healthcare system, there is available plentiful support in the event of the development of post-natal depressive symptoms.

The symptoms may worsen if identification and management is delayed. Any woman or other family member displaying signs of depression following a delivery, should seek help immediately. Effective treatment provides valuable support for the woman and avoids distress and difficulty for the family.

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