The Blues

There are four types of depression like illnesses that occur after childbirth. Sometimes depression can be difficult to identify and in many cases it is the women’s partner who will first recognise the symptoms. Both men and women can suffer from PND and PTSD.

BABY BLUES:
(Hormonal)

Also known as: postnatal blues, third day blues, maternity or hospital blues

Risk factors: Can happen to anyone

Distinctions:
Very common – affects 50-80% of new mothers; believed to be caused by hormonal changes. Brief; the blues pass on their own accord within a few hours or days. Usually occurs within the first two weeks of the baby’s birth.

Symptoms:
Weepiness, irritability, being irrational, feelings of depression, mood swings.

Self-help Measures:
Tell your LMC. A good sleep, no visitors, self acceptance, understanding and practical help from partner, friends and family.

Professional Help:
No visitors. Affirmation and care from LMC, ward staff, partner and family.

POSTNATAL DEPRESSION:
(Mood Related)

Also known as: PND

Risk factors:
Baby blues, previous depression or mental health problem. Difficult relationships, especially with father of the baby or with own mother. Pre-natal anxiety, low self esteem, depression during pregnancy, life stressors (financial, housing), lack of social support. Complicated birth or birth that was different to expectations. Baby born with unexpected physical or mental impediment (Down Syndrome, illness, heart condition). A fussy baby or when bonding has not occurred. Mother deprived of sleep.

Distinctions:
Related to the mother’s mood, occurs in 10-15% of mothers usually appearing in the first few months of birth. With treatment 70-80% will fully recover, 20-30% will improve but will have some symptoms that last another six months and 10% will remain unwell for two or more years.

Symptoms:
Persistent weepiness, irritability, irrational behaviour, loss of appetite, tiredness, sleep disturbance. Withdrawal, feelings of instead fear or dread, lack of bonding with the baby. Intense anger, loss of confidence, loss of concentration, inappropriate thoughts. Out of character behaviour, from quiet to “over the top”. Anxiety, insecurity, loss of normal self. Guilt, contemplating harming oneself. Sometimes can be the “too perfect mother!”

Self Help Measures:
Adequate nutrition – especially B9 and B12, protein and carbohydrates. Evening primrose oil, low intake of salt, reduce or eliminate alcohol and smoking. Agree that help is needed. Active care and support for next pregnancy. Plunket Family Centre, Coffee Group, Postnatal Support Group. Exercise.
POST TRAUMATIC STRESS DISORDER:
(Events Related)

Also known as: PTSD or Shell Shock. (A psychological term for a set of reactions anyone may experience when something traumatic, scary or bad happens, involving death or injury to self or others.)

Risk Factors:
Previous trauma, rape, sexual abuse. Mother has become traumatised during the childbirth procedures, pain, perceived threat to her or her baby’s wellbeing, actions of health professionals etc.

Distinctions:
Events related. Affects 7% of mothers. Often misdiagnosed as PND – if unresolved will lead to depression. Symptoms occur in the first few weeks, months, years. Significant changes in personality and behaviour.

Symptoms:

Hyper-arousal – always jumpy, living in a continual state of flight or flight, always ‘on guard’. Hyper-vigilant – constantly looking around themselves, looking for trouble/stressors, e.g. will ensure that they have a seat by the door so they can control their environment.

Avoidance – attempts to avoid all reminders of the traumatic event, e.g. refuse to talk about it, avoid other mothers, pregnant women etc. Concentration is affected, avoidance of close emotional ties.

Physiological reactivity on exposure to events that resemble an aspect of the event – panic attacks, sweating or palpitations. Anger issues, loss of hope for the future. Psychic numbing – mother shuts down, so much, that cannot feel a thing emotionally.

Depression Symptoms: as per postnatal depression.

Self Help Measures:
Sympathetic and helpful person/s. Find a trusted person/s to TALK, TALK, TALK about the trauma. Find your own safe place. Acceptance of the condition. Create your own support network. Trauma and Birth Stress Support Group.

Professional Help:
GP, medication, counselling, psychotherapy, reprocessing therapy, family therapy, Maternal Mental Health Team. Homeopathic remedies, eye movement desensitisation.

PSYCHOSIS:

Also known as: Puerperal Psychosis

Risk Factors: previous psychosis

Distinctions:
Very rare – 1-2 in every 1,000 births. Immediate psychiatric intervention is required. Will not pass or resolve on its own accord. Usually begins in the first two weeks of birth, but can appear up to three months. Obvious to all around the mother.

Symptoms:
Hallucinations, delusions, hear voices, harm self or baby. Very depressed or very high moods. Obsessive behaviour, religious, writing, cleaning or spending. Paranoia.

Self Help Measures:

Professional Help:
Psychiatrist, hospitalisation, medication