



## POSTNATAL DEPRESSION

Many people expect new mothers, especially those with their first baby, to be happy and excited, get over their first few days of “baby blues” and get on with the job. However, a stressful pregnancy or birth experience, lack of support and other factors can contribute to the quiet development of postnatal depression.

Postnatal depression can be an insidious, difficult to diagnose condition that can slip past many people around it including health workers. Its ability to affect the immediate family and have far-reaching effects, is underestimated. Some women may have a prolonged relapsing illness that can affect them for several years.

The statistics for postnatal depression seem to indicate around 15% of women develop this problem in the first six months after the birth. However, the depression can be delayed and can even occur several months after birth. Here in New Zealand, in a study of Pacific Islanders in 2006 published in the Australian and New Zealand Journal of Psychiatry, the average rate was measured to be 16%.

The rates in this study varied from 7.6% for one Pacific Island group to 30.9% in another Pacific Island group. In Pacific Islanders, significant contributors included it being the first birth, stress from not having enough food, stress from a household income less than \$40,000 per year, and difficulty with transport.

In everyone, the risk factors for postnatal depression can come from having been depressed or anxious during the pregnancy, being young, having a low income and having problems with the pregnancy itself. In addition, low self esteem, low social support and a history of childhood abuse can be in the background.

During the pregnancy, any stressful life events and having a poor relationship with the partner can be very important. After the baby is born, difficulties with the baby's temperament, childcare and any major life events can significantly contribute.

The scientific literature debates whether hormones are involved, but in particular, progesterone, prolactin and a brain chemical called tryptophan have been mentioned. Some studies have shown some benefit in using natural progesterone as part of the treatment.

Postnatal depression also causes significant parenting stress and as such, affects the rest of the family and in particular, the partner. It is so severe that an Australian group reported that, of 15% of new mothers diagnosed with postnatal depression, 10% of their partners were also affected.

New fathers can be affected because they may need to take time off work to care for the woman and the rest of the family. This problem can have flow on effects such as a reduction in family finances, which in turn affect work, home life and even the marriage. Statistics have also shown increased visits to the doctor and increased child ill-health in these families.

The treatment of postnatal depression is urgent because the consequences can be severe – in some extreme cases suicide or harm to the baby has been a result.

An important tool that can be used to help identify postnatal depression is the Edinburgh Post Natal Depression Scale – this can be easily filled in while waiting for the doctor's or midwife's appointment.

In 2004 the Australian and New Zealand Journal of Psychiatry recommended that the treatment of postnatal depression should include antidepressant medication if the depression is moderate or severe, and that psychological support and therapy can be useful.

**What to look out for:**

- A new mother who is not coping in any way.
- A new father who is not coping.
- A baby that keeps getting sick.
- A mother needing more visits to the doctor.

It is relatively straightforward for a woman to be seen and assessed by her family doctor and appropriate treatments given. This condition is an important life altering condition, not just for the sufferer, but also for many people associated with her.

If you know anyone who might have postnatal depression, a proactive supportive approach to get help for her (and possibly her partner) could make a world of difference.

**My suggestions are:**

1. Get a medical assessment – if seriously depressed, this is an urgent, and possibly life threatening condition.
2. Obtain psychological support from a counsellor or psychologist
3. Give practical support to the woman. Eg. mind the baby so she can sleep, place food in the freezer, clean the house, do some shopping for her.
4. Support her husband/partner or other family members as appropriate.