

# The transition to parenthood, mood changes, postnatal depression and post traumatic stress disorder



# Contents

The transition to parenthood	3
What are the 'Baby Blues'?	3
What can you do to help yourself?	4
What can partners / family / friends do to help?	4
What is postnatal depression?	4
Risk factors for postnatal depression	5
What are the main symptoms to look for?	5
What can be done to help?	6
What is postnatal psychosis?	7
What is Post-Traumatic Stress Disorder?	8
What does this mean for me?	8
What is 'Birth Stories'?	9
Are there any support groups?	9
National support	9
Local support	11

## The transition to parenthood

Child birth can be one of the most challenging and rewarding experiences in any woman's life. The creation of a new life is a very personal experience which brings enormous pride, pleasure and responsibility. While it is a very exciting time, new mums can and do feel tired, stressed and sometimes overwhelmed by their new circumstances; these feelings are natural and a period of adjustment is to be expected.

Post-natal depression affects about 10 per cent of women who have just had a baby. It is a reaction to a life event which can be split up into three categories. Baby blues a few days after delivery, post natal depression which can continue for months, and postnatal psychosis.

This leaflet has been written to try to explain the changes that can occur in the early months after you have given birth to your baby, and to help women who are suffering from these very common problems to talk about them and seek the help they need.

## What are the 'Baby Blues'?

Around the third or fourth day after giving birth, 50 – 80% of women go through what is known as the 'baby blues'. It is not known why it happens but it is quite normal and very common and may last up to a week.



### You may be feeling:

- Upset & cry for no reason
- tired and weary
- feeling useless
- anxious (stressed out)
- unable to sleep
- cross and cranky
- not eating properly.

## What can you do to help yourself?

- Rest, rest and more rest, take naps when you can and as often as you can.
- Do not be too hard on yourself. You do not have to be super woman. Accept help around the house from family and friends.
- Eat a healthy diet, a little and often if your appetite is poor. Take plenty of drinks especially if breastfeeding.
- Talk about your feelings to your partner and friends and allow yourself to have a good cry if you feel upset.
- Treat yourself and try to organise time for yourself and your partner.

Remember please do not be afraid to talk to your midwife, health visitor or GP. They are there to help you.

## What can partners / family / friends do to help?

- Be aware that most new mothers go through the 'baby blues'. Be patient and willing to help with the baby and the housework.
- Give the new mother time out to rest and relax.

## What is postnatal depression?

Postnatal depression is a term used to cover feelings of depression after having a baby and affects about 10 per cent of new mothers. It usually begins between one month and three months after giving birth.

At first many women are tired, feel unsure and are not able to cope when they come home from hospital. This normally passes within a couple of weeks. However, for some mothers with postnatal depression, things do not improve.

Any new mother can get postnatal depression, but some women seem to be at higher risk than others. If you have the following 'risk factors' then you might be more at risk of postnatal depression than other women, but the chance of this is still low and it does not automatically mean that you will get depressed.

### Risk factors for postnatal depression are:

- Being depressed before, particularly previous postnatal depression
- Having a psychiatric illness (disorder) already
- Being alone or isolated with few friends and poor social support
- A poor relationship with your partner
- A recent stressful event, e.g. bereavement, moving house
- Severe/unresolved postnatal blues

You may not know what is wrong with you and do not want anybody else to know your feeling about yourselves and your baby. This makes it difficult to look for help, but by doing so, you can get the support and help you need to make a speedy recovery and prevent the possible consequences of untreated postnatal depression. Delay may affect your ability to bond with and stimulate your new baby which will have a detrimental effect on the baby's development.

### What are the main symptoms to look for?

- A lack of interest in yourself or the baby
- unable to cope, finding everything is an effort
- feeling that you are a bad mother, guilty and ashamed
- fear of being left alone with your baby
- feeling angry, confused and unable to concentrate
- feelings of panic, anxiety, dizziness, fast heart beat, sick in your stomach and sweating

- feeling exhausted yet unable to sleep properly (finding it hard to get to sleep and/or waking up very early in the morning)
- over eating or no interest in food
- no interest in sexual relations
- feelings of hopelessness.

Postnatal depression usually lasts up to six months, but some symptoms may remain a year after the baby was born.

Some women may not feel depressed but suffer from an anxiety disorder or panic disorder instead. You may have symptoms of intense anxiety, rapid breathing and heart rate, shaking and dizziness.

Some women also suffer from obsessive compulsive disorder following birth. Symptoms include repetitive thoughts (possibly about harming the baby), avoiding the baby, and anxiety.

## What can be done to help?

Post Natal Depression is treatable and is treated in much the same way as ordinary depression.

Talking about the problem with somebody, such as a midwife, health visitor or GP is very important and you should not delay in seeking professional help.

Getting extra support and help from family and friends with looking after the baby is also important.

Often simple measures like more rest and time out will be very beneficial. Joining a support group for women suffering from postnatal depression may also be helpful. Prescribed treatment may involve a combination of drug treatment and psychotherapy. The initial treatment can be counselling and may be carried out by health professionals visiting the mother at home.

Where some women have more severe postnatal depression sometimes antidepressants are necessary. Although this can cause problems with breastfeeding, since some drugs get into breast milk, there are drugs that are safe. You should remember that the most important thing both from the baby's and your point of view is to get better as quickly as possible.

In rare cases, women can become very severely depressed and may then need admission to hospital for their own safety and to receive specialist help.

## What is postnatal psychosis?

This is a rare complication of childbirth, occurring in 1 in every 500 women or so.

It is most likely to occur in mothers who have previously had an episode of serious mental illness or in those who had a strong family history of serious mental illness.

**Symptoms of the disorder can be varied but usually include:-**

- a disturbance of mood, though this can be either an elevation of mood (mania) or depression
- having muddled thoughts,
- loss of contact with reality
- false ideas (delusions)
- hearing voices or seeing things that are not there
- abnormal behaviour.

Symptoms appear from a couple of days to a couple of weeks after the birth and it is important for mothers with postnatal psychosis to receive treatment as soon as possible.

Postnatal psychosis requires treatment that will depend on the exact symptoms that you are suffering. The use of drug treatments

may vary if you are breast feeding. This will usually involve a psychiatrist.

The effects of a mother's postnatal depression on other family members and their subsequent needs should be considered and support offered as appropriate.

## What is Post-Traumatic Stress Disorder?

A small percentage of women may find their birth experience traumatic and may suffer from anxiety or distress. Some may even find they have symptoms of post-traumatic stress disorder. If you are feeling traumatised by your birth experience and are experiencing any of the following symptoms:



- Nightmares
- flashbacks
- panic attacks
- numbed emotions
- sleeping difficulties
- problems with concentration
- irritability or anger.

Please speak to your GP, Midwife, a close friend or your family and tell them. You can also contact the Birth Trauma Association at their website: [www.birthtraumaassociation.org.uk](http://www.birthtraumaassociation.org.uk)

## What does this mean for me?

If you think you are at risk of developing postnatal depression, it is very important that you seek advice for your own particular situation. It may be easier to contact someone you already know, this could be your midwife, GP or health visitor, or you may prefer to contact a self-help organisation.

We all expect to feel a gush of love for our new baby. This may not happen straight away for every mother. Skills will come with time and experience. Do not be afraid to look for help.

## What is 'Birth Stories'?

'Birth Stories' is a listening service for pregnant women or women who have used the maternity services at Brighton and Sussex University Hospital Trust.

It gives you an opportunity to discuss your birth experience and to provide a co-ordinated approach to the health and social care of the women and their families.

For details please ask your midwife.

## Are there any support groups?

For details on local support groups you will need to ask your midwife, health visitor, GP or ask at your children's centre or local health centre. The following organisations may also be helpful:

## National support

Association for Postnatal Illness

Telephone: 020 7386 0868

[info@apni.org](mailto:info@apni.org)      [www.apni.org](http://www.apni.org)

National Childbirth Trust

Telephone: 0870 444 8707

[enquiries@national-childbirth-trust.co.uk](mailto:enquiries@national-childbirth-trust.co.uk)

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

**NHS Choices**  
[www.nhs.uk](http://www.nhs.uk)

**MIND**  
[www.mind.org.uk](http://www.mind.org.uk)

**National Newpin**  
Telephone: 020 7358 5900  
[info@newpin.org.uk](mailto:info@newpin.org.uk)      [www.newpin.org.uk](http://www.newpin.org.uk)

**Maternity alliance**  
Offering information on all aspects of pregnancy & parenthood.  
[www.maternityalliance.org.uk](http://www.maternityalliance.org.uk).

**MIDIRS**  
Informed choice leaflet  
[www.infochoice.org](http://www.infochoice.org)

**Parentline plus**  
0808 800 2222  
[www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

**Birth Trauma Association**  
[www.birthtraumaassociation.org.uk](http://www.birthtraumaassociation.org.uk)

**NHS Direct**  
0845 4647

**Medic8Family Health**  
[www.medic8.com/healthguide](http://www.medic8.com/healthguide)

**SIGN**  
[www.sign.ac.uk/guidelines](http://www.sign.ac.uk/guidelines)

[www.dad.info](http://www.dad.info)



## Local support

### Brighton

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

#### Threshold

Women's Mental Health initiative  
01273 622 886      0808 808 6000

Patient and Liaison service  
01273 696 955 Ext. 4029

Playlink  
01273 320 900

Housing advice  
01273 293 115  
Brighton Housing Trust    01273 234 737

Family information service  
01273 293545

Childrens centres  
[www.brighton-hove.gov.uk/childrenscentres](http://www.brighton-hove.gov.uk/childrenscentres)

### Mid Sussex

Burgess Hill support group  
01444 246 942 (Mon, Wed, Thurs)

Patient and Liaison service  
01444 475 722

Wallice group (under age 19)  
01342 321 585

Housing advice  
01444 477574



If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি

如你不明白本單張的內容，我們可安排口譯員服務。

如你不明白本传单的内容，我们可安排口译员服务。

اگر مندرجات این جزوه را نمیفهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.

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**Disclaimer**

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

Ref number: 252.1

Publication Date: December 2012

Review Date: December 2014

