

#weareNHFT



Northamptonshire Healthcare
NHS Foundation Trust

EMOTIONAL CHANGES DURING PREGNANCY AND FOLLOWING CHILDBIRTH



📞 01604 657735

🌐 nhft.nhs.uk/perinatal



**MAKING A
DIFFERENCE
FOR YOU,
WITH YOU**

CONTENTS PAGE

Hush Little Baby by Kathryn Gutteridge	2
Introduction	3
Emotional changes in pregnancy and beyond	5
Recognising the early warning signs for depression and anxiety	6
Postnatal mood changes:	11
• The baby blues	11
• Postnatal depression	12
• Trauma following childbirth	13
• Post partum psychosis	14
How partners and family can help	15
Fathers and partners - an important role	16
• 1001 critical days	18
Helping yourself through low mood, depression and anxiety	19
Your plan for staying well or recovery	21
How other people can help:	22
• Changing Minds IAPT	23
• Medication	24
• Complementary therapies	24
• Hospital based care	25
Online resources and social media	26

HUSH LITTLE BABY

The following poem was written by an active member of the postnatal care and support sub-group about the experience of suffering postnatal depression.

Hush little baby please don't cry,
Mummy is tired and doesn't know why.
Sleep through tonight, after you've been fed
Let mummy rest in her warm, soft bed.
Hush little baby, sweet are your dreams
Mummy does care, hard though it seems
No one told her just how it would be
The hours that stretch out for eternity.
Hush little baby, keep quiet for tonight
Let mummy sleep in brief respite
She's lost sight of herself, nothing is left
Crying in sadness, lonely and bereft.
Hush little baby, try to be good
Mummy will get better, just as she should
She loves you so much though hard to say
Let time be the healer, and peace come to stay.

by Kathryn Gutteridge.

INTRODUCTION

It is recommended that you read this booklet with your partner, a close friend or a family member.

Having a baby and becoming a parent is a major life event, usually accompanied by changes to your home life, social life and relationship. Parents of a new baby experience a variety of emotions after the birth. You may feel happy and proud of yourself, or just relieved that the birth is over.

Whether this is your first, second or third baby, parenthood is very demanding both physically and emotionally, particularly in the early weeks.

It can be difficult to find time for yourself, your partner or your family when you have the 24 hour demands of a new baby to deal with. Meeting the needs of a baby can be rewarding, but during

pregnancy and in the weeks and months following the birth of a baby, it is normal to sometimes feel overwhelmed and exhausted. Try not to expect too much of yourself, or if you are in a relationship, your partner.

It is likely during the first few weeks and months of parenthood you will feel a mixture of emotions. It is very important you talk honestly to your partner, friends or family about how you feel.

In reality becoming and being a parent means constantly experiencing new events and carrying out tasks we are not sure we can manage. A new set of skills to cope with these situations have to be learnt.

This booklet is intended to give you information about the emotional changes that can happen during pregnancy and after having a baby. It will focus on low mood,

anxiety, depression, psychosis and trauma and will outline symptoms and possible treatments. In addition, advice is offered to the woman, her partner, family and friends about self help and recovery.

This information should help you decide if the emotions you (or your partner) are experiencing during pregnancy and after having your baby are common place or whether you may need extra support.

A list of useful organisations and support groups for parents is available from your health visitor or from the website: www.nhft.nhs.uk

Remember – if you experience mental health difficulties

whilst pregnant or after your baby is born, do not despair. Most women will recover completely.

“Women do not automatically know how to be a mother. Men do not automatically know how to be a father.”



EMOTIONAL CHANGES IN PREGNANCY AND BEYOND

It is increasingly recognised that women can be emotionally vulnerable when they are pregnant.

Identifying and treating low mood, depression and anxiety as early as possible increases the positive outcomes for the woman, her infant and the rest of the family.

Two thirds of women who experience depression after they have had their babies were experiencing low mood or depression when they were pregnant.

Expect your midwife and health visitor to ask you how you are feeling and coping emotionally during your pregnancy and after you have had your baby. Answering their questions honestly will enable you and your health professional to

work together to manage your emotional health in a proactive positive way to enhance your preparation for parenthood and beyond.

Possible triggers of low mood:

- A current or previous depression or other mental health issue
- Previous miscarriage or neo-natal death
- Anniversary dates of losses or trauma
- Lack of support
- Money worries, housing problems
- Being around someone who has treated you badly
- Physical illness
- Being judged or criticised
- When things do not go to plan

RECOGNISING THE EARLY WARNING SIGNS FOR DEPRESSION AND ANXIETY

Please be honest with yourself when reading through the following list. If you feel any of the following more often than usual, please talk to someone you can trust about these feelings.

If this person is your midwife, health visitor or GP then please speak to them as soon as possible. They will then be able to help you get well again. The sooner you ask for help, the sooner you will receive help, feel better and be able to enjoy your life as a mother or father.

The symptoms of depression and anxiety are different for each individual. There are many symptoms of depression; feelings some people may experience are shown as follows:

Anxiety: you may feel very anxious, sometimes you can become obsessed with unhelpful, unrealistic and negative fears about your baby, yourself or your partner. You may feel safer if someone is with you all the time.

Panic attacks: your heart beats faster, your breathing becomes irregular, the palms of your hands become sweaty and you may feel sick. You may feel you are going to faint. These attacks can occur at any time, but they are most common in stressful situations.

Tension: you may feel physically tense, have muscle tiredness or clenched fists, your neck may feel tight, your jaw painful and you may be unable to unwind and relax.

Irritability: you may find yourself shouting at your baby or your children, partner and others who cannot understand what they have done to deserve your anger. Inevitably you then feel guilty and sorry.

Low mood: can vary from feeling low or sad to as severe as your world is an empty place and you are unable to look forward to things anymore. Your thoughts may be negative and focus on your failures and have no interest in your everyday life.

Going out might be difficult for you and you may even find talking to people is too much for you to do. You may experience mixed emotions about your baby, and this can cause you some distress. You might feel your baby or partner would be better off without you.

Exhaustion: you may feel constantly tired and drained of energy and unable to cope with daily tasks. You may be uninterested in your appearance and surroundings. You may have difficulty sleeping, either getting off to sleep, or waking up very early and being unable to get back to sleep.

Some women describe wanting to sleep all the time no matter how much they have – this is not just as a result of the expected sleepless nights that all new parents experience.

Lack of concentration: you may feel confused, or find it difficult to read or watch TV.

Inability to make decisions: making simple decisions such as what to wear may seem impossible. You may spend a lot of time making lists in an attempt to get organised – but never appear to succeed.

Physical symptoms: these can include appetite disturbance, lethargy, headaches, blurred vision and stomach pains. These may be signs of tension and your body's way of saying something does not feel right.

Unwelcome or intrusive thoughts, images or doubts: For example, you may believe if you don't walk on cracks in the pavement your baby will sleep through the night, or you may be convinced if

you do walk on cracks in the pavement your baby will die.

These experiences could be the result of obsessional compulsive thoughts and are far more common than previously known. Without treatment it can begin to impact on your ability to look after yourself or the baby. These thoughts can be very frightening. This could make you scared to tell anyone how you feel and you may worry your baby will be taken from you. (This is very unlikely to happen).

Lack of interest in sex:

For many women it takes some time for them to be interested in sex after their baby is born. They may need time to heal after the birth and may be too tired in the early weeks and months following the birth. However, with mood changes it may take a lot longer to regain an interest in a sexual relationship and this can become another source of stress and frustration.

Guilt, shame and blame:

one of the many emotions women describe is an overwhelming sense of guilt. They may feel that they should be 'grateful for their beautiful baby' or all the help they are getting and should just 'pull themselves together'.

It is difficult because sometimes the people who are nearest to you may be saying these things and then you may feel ashamed and blame yourself. This is one of the most common feelings associated with depression and it is difficult to admit to feeling this way. It is not your fault; these are real emotions and have happened because you and your family are struggling to adapt to this major life event.

Use this page to consider your own triggers and early warning signs and how they might relate to each other.

Warning signs	Triggers
E.g. Loss of concentration	E.g. Money worries

Your midwife, health visitor and GP are all trained to help you. They want to help you.

Many people find it difficult to ask others for help but it is very important that you do.

It is unlikely your depression will just get better on its own, no matter how much you wish it would.

Depression and anxiety are treatable; it is not your fault you feel the way you do.

You would not expect to cope alone with a broken arm without the help of your family and health services. Don't expect your feelings to get better without their help either.

If you don't feel able to cope with explaining how you feel to them on your own ask someone you trust to be with you.

You can ask your midwife, health visitor or GP to see you at home if you prefer.

There are lots of different ways you can be helped and they are discussed later in this booklet.

"Please do not feel ashamed of how you're feeling - you are not alone."



POSTNATAL MOOD CHANGES

There are a number of mood changes which can develop after the birth of a baby; some common, some rare and more serious.

THE BABY BLUES

As many as 8 out of 10 women feel this way. In fact, the blues are experienced by so many women that it is considered unusual not to feel this way after having a baby, even if only for a short while.

It normally begins within a few days of the baby's birth. Common reactions are to burst into tears for no obvious reason, or to feel on top of the world one minute and miserable the next. It is not unusual to feel anxious or tense, lacking in confidence or worried.

Remember, having a baby can turn your world upside down. In the first few weeks

and months you are likely to be feeling emotionally and physically drained. Becoming a parent for the first time can feel like an overwhelming responsibility and it is very easy to feel inadequate when other parents around you seem to be coping well. You may expect to love your baby immediately, but this can take a while and is not always instinctive. Not loving your baby straight away does not mean you are not a 'good mother' or a 'natural mother'. In fact you may feel the same if this is your second, third or fourth baby.



Every time you have a baby your life will change.

So don't be too hard on yourself, you are only human. We all learn to be a parent when we actually have a baby, not before. Give yourself plenty of time to adjust to your new life. Find time to rest and eat a healthy nutritious diet as this will help you become and stay physically and emotionally healthy.

Things may not have gone as planned or expected either related to pregnancy, birth, feeding or bringing your baby home. It is important to remember some of these changes are beyond your control. Some women can feel a loss of things that haven't gone as planned - remaining positive about the here and now is important.

Talk to someone you can trust about how you are feeling, like your partner, your mum, a friend, or to your midwife or health visitor. It can help a
12

lot just to confide in someone else. Once they know how you are feeling they will be able to give you the support you feel you want or need.

If you think you are becoming more unhappy or upset, or if the low mood continues for more than one week, then you may be experiencing something other than the baby blues.

Talk to your midwife, health visitor or doctor – help from these health care professionals should be sought, especially if you have had depression before.

POSTNATAL DEPRESSION

Postnatal depression (PND) affects approximately 1 in 10 women following the birth of their babies. This illness usually begins in the first six months after childbirth, although for many women, the depression begins in pregnancy.

It is important to know postnatal depression can occur at any time within the first year of the birth of your baby. However, postnatal depression can last for longer than a year if help is not sought and treatment received. Untreated postnatal depression can contribute to tensions in family life and have a lasting effect on all concerned.

Early diagnosis and treatment of postnatal depression will result in a faster recovery. Quite often a close family friend or perhaps the partner of the woman recognises there is something wrong before the mother herself.

TRAUMA FOLLOWING CHILDBIRTH

It is known that some women's experience of childbirth can be very distressing. These feelings may only last a few weeks or in some cases may continue.

Researchers suggest some women who give birth will

go on to experience a more lasting trauma reaction. This is sometimes called 'Post-Traumatic Stress Disorder after childbirth'. Women who have been traumatised by the birth experience should be encouraged to speak about it when they feel ready to do so.

Health professionals may be able to help by offering support and listening. Some women find it useful to have an opportunity to talk through their birth experience.

If the symptoms of increased anxiety, poor sleep, nightmares and flashbacks (vivid memories of the birth) last longer than 2-3 weeks the woman should be encouraged to seek help firstly from the GP who may refer them for more specialist help which is available locally.

Some women may also experience:

- intrusive thoughts about the birth which feel as if

they are playing again and again in the mind.

- difficulty remembering parts of the birth
- numbed emotions or problems bonding with the baby
- depression or irritability
- angry mood swings
- difficulty concentrating
- problems with breastfeeding
- feelings of inadequacy
- fear previous events will reoccur with similar if not worse outcomes
- fear of becoming pregnant again

Some women avoid appointments for themselves or their babies, contributing to the distress they already feel. Worryingly, this can include the investigation and treatment of abnormal cervical smears.

POSTPARTUM PSYCHOSIS

Postpartum psychosis (PP) is also known as puerperal

psychosis and pospartum onset bipolar disorder.

This is a rare and serious mood change, affecting about 1 to 2 in 1000 new mothers. This psychosis occurs in the first few weeks following the birth of the baby.

Women with a family history of mental illness or who have suffered from Postpartum psychosis or bipolar disorder in previous pregnancies are at higher risk of developing the illness.

Symptoms can include:

- hallucinations - hearing, seeing, feeling or smelling things that others cannot
- delusions - unusual beliefs such as thinking you must save the world or have special powers
- mania - feeling very energetic and like 'super-mum' or agitated and restless
- loss of contact with reality

The symptoms of Postpartum psychosis can get worse very

quickly, therefore it should be treated as a medical emergency and usually requires hospital treatment, preferably in a specialist mother and baby unit. Women can and do make a full recovery with the correct help and support.

Symptoms may present as:

- having trouble sleeping, insomnia or not feeling the need to sleep
- talking faster or louder than usual
- having a very busy mind or racing thoughts
- behaving in a way that is out of character or control
- feeling paranoid or suspicious of people's motives
- feeling that everyday events, or stories on the TV or radio have special personal meaning
- feeling that the baby is connected to God or the Devil in some way
- appearing preoccupied or distracted and having difficulty concentrating

Your partner may be the

first to notice that you are unwell. It is important your partner or if you do not have a partner, someone close to you knows the symptoms to look out for.

Seeking help quickly will improve your chances of making a speedy recovery.

HOW PARTNERS AND FAMILY CAN HELP

There are a number of things you as a member of the mother or father's family can do to help. Such as:

- Help with practical child care arrangements wherever possible.
- Helping with household chores may give the family some much needed time to relax and be together.
- Your patience and understanding over this difficult time will be important to the whole family.
- Encourage both parents to talk more openly and honestly about their

feelings. At times this might be difficult to hear.

- Please take fears or concerns she may express seriously. Your empathy and understanding will make it easier for her to confide in you.
- It might be useful to find out more about depression, anxiety and psychosis. This will help you to be more understanding of how she is feeling and help you carry on offering support. Please see the list of useful organisations available at www.nhft.nhs.uk

FATHERS AND PARTNERS - AN IMPORTANT ROLE

It can take time to adjust to being a parent. You are often the most pivotal person in terms of helping your partner to recover. While this may seem very flattering, it may also feel like a burden at times.

After the birth a significant number of fathers and partners may feel low and anxious. This is a reaction to

the major change in their lifestyle and the stress of adjusting to being a parent.

Research suggests 25% of men suffer depressive symptoms after the birth of their baby. If their partner has postnatal depression then the chance of fathers experiencing some depression rises to 50%. Research shows that both same sex and adoptive parents can experience postnatal mood changes.

We often do not recognise men are depressed because some men hide their feelings, particularly when they are overwhelmed by them. More commonly men present with signs of anger and frustration rather than tearfulness and sadness.

They may feel indifferent to the baby and struggle to bond with their child in the early days after he/she is born. They may also feel left out and rejected by their partners preoccupation with the baby.

Avoiding the family by working late or going out more than usual may be signs of struggling to adapt to the new situation. Time and support from their partner, or family and realising that other men go through this as well can be helpful.

Try and remember depression and anxiety are not a choice. Your partner does not want to feel this way. She does not want to be a burden to you. She does not want to be ill.

Your support will be vital in her recovery. Hopefully when she feels better you will feel that your relationship is stronger for the experience of managing this difficult time.

All of the previous advice will help in addition to the following suggestions.

- Frequently reassure her these symptoms are temporary and in time she will recover.

- Give her lots of love, support and reassurance.
- Ensure she gets enough food and rest.
- Encourage her to be active, even though she might resist. Going for a short walk together will help you feel better too.
- Remain positive about progress as a family however small. This will encourage hope that things will improve.
- Give her a massage. Don't worry, you don't need to be an expert, try some gentle stroking to start with. It will help her to relax and restore her feelings of wellbeing.
- Make time for yourselves as a couple without your children when you can. This could be when the baby is sleeping.
- Look after yourself. It would be a good idea for you to follow 'helping yourself through low mood, depression and anxiety' below. If you are following those simple

steps as well it will make it easier for you to do them together.

1001 CRITICAL DAYS

The first 1001 days of being a parent are now accepted to be the most significant in a child's development. Leading child health experts worldwide agree that the care given during the first 1001 days has more influence on a child's future than any other time in their life.

Get help if you need it – please don't keep it to yourselves.

Mental health difficulties after the birth of a baby can have a huge impact on the mother and father's health, partnership, friendships and career, as well as potentially having a damaging effect on the baby's emotional and physical wellbeing. Coping with it on a day-to-day basis can be a huge challenge for family and friends.



HELPING YOURSELF THROUGH LOW MOOD, DEPRESSION AND ANXIETY

Take control: you are the one person who can decide on what is best for you. Learning to set manageable goals can give you a sense of achievement.

Self awareness and knowledge: having a baby gives you the chance to learn more about yourself, your strengths, your capacity to change and what you want to achieve. Learning about yourself and what is happening and how to deal with difficult situations reduces the fear, builds confidence and accelerates wellbeing.

Ask your GP, health visitor or midwife about self-help books available aimed at enhancing wellbeing.

Structure the day: organising your day and setting small achievable targets like preparing a meal or paying a bill etc. It is important you get rest and relaxation each day.

Exercise: there is a great deal of well researched evidence that regular exercise can be a very effective way of lifting low mood and promotes feelings of wellbeing. For a new mum, getting out of the house and going for a walk can feel like a real achievement and an important part of managing the day.

Doing some gentle exercise is good as it can help you start to feel better about yourself.

Local leisure centres may have classes for relaxation and exercise. There may also be crèche facilities available. Ask your GP, health visitor etc about your local exercise referral process.

In your local community there may also be opportunities to meet with other mums doing exercise in a group such as a buggy walk.

Healthy eating: mothers are often so busy looking after the needs of their babies they forget about themselves. A low fat, high fibre diet with lots of fresh vegetables and fruit will increase body energy. Too much caffeine can increase anxiety levels.

Healthy eating is important, however not eating enough can reduce energy levels and milk production if you are breastfeeding. Don't feel pressured to loose weight or diet.

Positive thinking: have a positive outlook. Not everything in your life is always negative, even if it feels like it at the moment. Making yourself find positive aspects of your day may be very difficult at first, but it will help you notice when

you start to feel better.

Hope: Take life one day at a time. The first and most important step on the road to recovery is for you, your partner and your family to accept this is temporary and given time you will recover.

"The sooner
you get
support, the
sooner you will
recover."

YOUR PLAN FOR STAYING WELL OR RECOVERY

Take a moment to look at some of the points mentioned above and how you could use them in your own life.

Diet:

Exercise:

Positive thinking and hope:

Structure to your day:

HOW OTHER PEOPLE CAN HELP

In most cases of mild to moderate mental ill health the GP, health visitor and midwife will advise that a 'stepped care approach' to offering treatments is taken. This means considering a number of non-medical options like looking at your lifestyle, e.g. exercise, diet, expectations and coping skills as well as trying new things.

Ask your health visitor or local children's centre about baby massage. This is a lovely way of benefiting you and your baby. Research shows baby massage helps decrease stress hormones, both in baby and the person doing the massage. It can be done by mums or dads and promotes positive feelings of bonding and attachment as well as having physical benefits for the baby's growth and development.

If your symptoms indicate a more moderate depression

then antidepressants may be considered. An enhanced rate of recovery has been found for some individuals when both antidepressants, talking therapies and self help options are taken up.

These treatments can be combined for more moderate to severe, long term depression.

"Baby massage helps decrease stress hormones, both in baby and the person doing the massage."

CHANGING MINDS IAPT

Your doctor, health visitor and midwife will be able to refer you to the right level of service for your need. This may include the Changing Minds IAPT service for mild to moderate mental health conditions, the Specialist Perinatal Mental Health Service or other mental health services.

Talking therapies can be a great help if you are depressed.

Your health visitor will offer you the practical lifestyle advice already mentioned in this booklet as well as 'listening visits' in your home to talk through your difficulties.

Being able to confide in someone who is not related to you, or a close friend of yours, may seem awkward at first but it does have some advantages. However, you may be more honest with a professional, they will listen

and offer objective advice and support.

The opportunity to talk about your troubles to a sympathetic, understanding, uncritical ear can provide a great sense of relief and release.

MEDICATION

If you are taking medication when planning a pregnancy or when discovering you are pregnant, do not stop suddenly it is important to seek medical advice first.

It is important to remember starting medication is not a sign of failure, it can be one of the tools to get you back on track.

Antidepressants can be helpful for some types of depression and anxiety and are not considered addictive. Many can be used during and pregnancy and breastfeeding.

For further information about antidepressants visit the website: www.choiceandmedication.org/northamptonshire

COMPLEMENTARY THERAPIES

Complementary therapies, such as reflexology and aromatherapy, have also been found to help women become well again. As their name suggests, they are most effective when used to complement other treatments. If you are feeling very unwell they should be used alongside treatment recommended by your doctor.

You need to be sure the person offering the therapy is properly trained in its use during pregnancy. You also need to be sure the use of certain aromatherapy oils are safe to use during pregnancy.

Examples of some of the therapies available include:

- Aromatherapy
- Herbal remedies
- Homeopathy
- Infant massage
- Reflexology
- Acupuncture

HOSPITAL BASED CARE

Some women who experience perinatal illness develop more severe symptoms such as feeling suicidal and naturally need more specialised help.

Although you may receive psychiatric treatment to help you recover, this must form part of an overall strategy of support and practical help involving partners, family and friends. Your GP will refer you to a psychiatrist if necessary.

Being admitted to hospital is rare unless you have severe depression or psychosis. In some hospitals there are special mother and baby facilities for mothers needing extra help, so they do not have to be separated from their babies. You will need a lot of support around you both during your hospital stay and when you go home.

Professional and voluntary sector support, such as Home-start, can be arranged

for you. Be open about your feelings and worries as this will help others understand what you need.

Talk to your midwife, health visitor or GP. There may be postnatal support groups local to where you live. These are a good way of meeting up with other mothers, exchanging information, relaxing and building up confidence about skills such as breastfeeding and baby care. See the useful organisations list for further information.

Your local health visitor, midwife and children's centre are always able to help you make contact with groups in your area.

ONLINE RESOURCES AND SOCIAL MEDIA

There are many online resources and social media channels available to mothers, parents and families and in recent years there have been huge developments in the way support can be accessed. Care should be taken when accessing information online. Be mindful while accessing online information there may be content that users may find distressing or upsetting by the nature of the subject matter. NHFT does not in any way endorse these sites.

Please speak to your health professional for more information on other organisations available to support you. A list of these organisations can also be found on the website: www.nhft.nhs.uk.

Thanks to Helen Adams, Commissioning manager children and young people's team for her contributions. Redrafted by C.Galpin and R.Chadbon (2015)





Visit our website at
www.nhft.nhs.uk



Follow us on twitter at
@NHFTNHS



Find us on Facebook
Northamptonshire
Healthcare NHS
Foundation Trust



**Northamptonshire Healthcare
NHS Foundation Trust**
2nd Floor
Campbell House
Campbell Square
Northampton
NN1 3EB
Telephone: 01604 657735
www.nhft.nhs.uk/perinatal

Crisis and Telephone
Support Service (CATSS)
line is available 24 hours a
day on 0800 917 0464.



If you require this leaflet in other formats or languages please contact PALS: 0800 917 8504

এই লফিলেটেট যদি আপনার অন্য কোনো ফর্ম্যাটে বা ভাষায় প্রয়োজন হয়, তবে অনুগ্রহ করুন 0800 917 8504 নম্বরে পালস এর সাথে যোগাযোগ করুন

Jei się skrajutę norite gauti kitu formatu ar kalba, kreipkitės į PALS: 0800 917 8504

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub języku,

prosimy o kontakt z PALS pod numerem telefonu 0800 917 8504.

Dacă aveți nevoie de acest prospect în alte formate sau limbi, vă rugăm să contactați PALS: 0800 917 8504

Если Вы хотели бы получить данную брошюру на другом языке или в другом формате, просим обращаться в PALS (Информационная служба для пациентов) по 0800 917 8504.

© 2019 Northamptonshire Healthcare NHS Foundation Trust All Rights Reserved

© Postnatal Care and Support Sub-group of the Maternity Services Liaison Committee (Leicester)

Review date: January 2021