



POST-NATAL DEPRESSION

Nicole Healy



OVERVIEW

- The Spectrum of Post-Natal Depression
- Long-term Effects on Mother and Baby
- Causation of Post-Natal Depression
- Prevention
- Treatment and Referrals

1. SPECTRUM OF POST-NATAL PSYCHOLOGICAL ADJUSTMENT

- **Normal Post-Natal Adjustment**
 - Anxious moments, feelings of isolation, overwhelm and uncertainty.
 - Need reassurance, normalizing of symptoms and community support

1. SPECTRUM OF POST-NATAL PSYCHOLOGICAL ADJUSTMENT

➤ Baby Blues

- Normal part of adjustment
- Affects 85% of new mothers
- Begins 2 to 4 days after baby is born, resolves on its own within a few weeks
- Crying, mood swings, feelings of vulnerability, irritability, loneliness and weariness
- Emotional support and rest needed

1. SPECTRUM OF POST-NATAL PSYCHOLOGICAL ADJUSTMENT

➤ Post-Natal Depression

- Defined as a Major Depressive Episode occurring within 12 months of giving birth
- Affects 15 to 25% (Low SES) mothers
- Women who have had miscarriages are at risk
- May start as baby blues and worsen or develop after time
- Prominent when baby is 4 to 6 months

1. SPECTRUM OF POST-NATAL PSYCHOLOGICAL ADJUSTMENT

➤ Post-Natal Depression

➤ Symptoms

- A persistent feeling of sadness and low mood*
- A lack of enjoyment and loss of interest in the wider world*
- Poor bonding
- Irritability and Anger
- Anxiety, inadequacy, overwhelm, panic attacks
- Sleep problems: insomnia or hypersomnia

1. SPECTRUM OF POST-NATAL PSYCHOLOGICAL ADJUSTMENT

➤ Post-Natal Depression

➤ Symptoms

➤ Exhaustion

➤ Cognitive Difficulties: Poor memory, concentration and decision-making

➤ Appetite changes

➤ Poor libido

➤ Tearfulness

➤ Fears about baby dying or of their own death

1. SPECTRUM OF POST-NATAL PSYCHOLOGICAL ADJUSTMENT

➤ Post-Natal Psychosis

➤ Less common: 1 to 2 %

➤ Rapid onset: 2 to 3 days after childbirth / 2 to 4 weeks

➤ Symptoms:

➤ Delusional thoughts, hallucinations, mood swings, confused thinking, grossly disorganized behaviour

2. LONG-TERM EFFECTS FOR MOTHER AND BABY

- Maternal deaths (suicide)
- Infanticide
 - SA is second to Dar es Salaam for highest rate
 - Mothers are always the perpetrators
 - Risk of infanticide associated with economic stress, unemployment, younger age, limited education, social isolation, mental illness, substance abuse, and being victims of intimate partner violence.

2. LONG-TERM EFFECTS FOR MOTHER AND BABY

- Impact on attachment
 - Mother-child bonding in first year is NB for development of a healthy mother-child relationship
 - PND compromises mother's ability to attend to child's needs and provide warm and loving care
 - Less positive engagement, emotionally and physically detached
 - Effect on child extends beyond mother's period of depression —> Specific parenting style develops
 - Intrusive and disengaged parenting styles

2. LONG-TERM EFFECTS FOR MOTHER AND BABY

- Much research has gone into the impact of poor attachment on infant and child outcomes
- There seems to be an impact on all aspects of a **baby and child**, including their cognitive, emotional, social, physical and behavioral development.
- Adolescents: increased depressive and anxiety disorders, higher cortisol levels, and lower academic attainment
- Increased rates of marital discord and depression in partners —> further impact on children
- Multi-generational effect: Parent-child bond affected —> impact on child's capacity to invest in own children —> affects child's bonding with their children a generation later.

3. CAUSATION OF POST-NATAL DEPRESSION

- Multiple factors
- Hx of depression
- Traumatic or unexpected birth experience
- Adjustment to new lifestyle and losses
- Change in relationships
- Stressful life events
- Changing work circumstances
- Unrealistic images of motherhood
- Hormonal factors

4. PREVENTION

- Taking a thorough history will highlight risk factors
 - Psychiatry Hx
 - Current stressful life events
- Pre-natal Exploration
 - Social support
 - Work conflicts
 - Previous post-natal periods
 - Self-care plan
- Post-natal support: 2x post natal sessions + 6 week check up

5. TREATMENT & REFERRALS

- Referral to Psychiatrist
 - PN Psychosis, severe PND, suicidality
 - Psychiatrist & hospital admission
 - Accompanied by family member before admission. Baby taken care of.
- Referral to Psychologist/Counsellor/Social Worker for Psychotherapy
 - SADAG / Life line - support groups. Mental health line, suicide crisis line
- Psychosocial Support
 - Family and friends
 - Facebook, WhatsApp Mom, & Breastfeeding groups