

Postnatal Depression and Anxiety - Information for Carers



Visit our website executive.nhs.wales/PNMHSupport or scan this QR code for more information and resources.



This information is for anyone who would like to know more about caring for someone who has depression or anxiety after having a baby and how they can support them.

We hope it will be helpful if:

- You have a partner, family member or friend who has depression and/or anxiety
- You are looking for further sources of help, information, and support for your partner, family member or friend, or for yourself as a carer
- You are looking for information about the treatments available.

Disclaimer

This leaflet provides information, not advice. For further advice and guidance, please speak to your GP, midwife, health visitor, psychiatrist, psychologist or mental health practitioner.

Acknowledgements

This leaflet content was first produced by the Royal College of Psychiatrists' Public

Engagement Editorial Board and further edited for use by HSE: The Specialist Perinatal Editorial Group a subset of the National Oversight Implementation Group, Specialist Perinatal Mental Health Programme, Clinical Design and Innovation, Health Service Executive (HSE).

It has been adapted and adopted with their kind permission for use across the Wales Perinatal Mental Health Network.

About Postnatal Depression (PND) and Anxiety

Up to 80% of women feel very emotional in the first week after having a baby and this usually passes in a few days¹.

If these feelings continue or get worse, the woman may have PND/anxiety. This illness affects at least one in 10 mothers².

PND often starts within one or two months of giving birth but can start several months after having a baby.

About a third of women with PND have symptoms which started in pregnancy and continue after birth³.

If untreated, it can last for months and sometimes longer⁴.

Some of the most common symptoms of PND are:

- Low mood and despondency
- Tearfulness
- Guilt about not coping
- Unusual irritability
- Withdrawal and avoiding contact with other mothers, family members or professionals
- Changes in appetite
- Problems sleeping
- Anxiety, panic and/or clinging behaviour
- Excessive fears about the baby's health
- Thoughts of death
- Indifference to the baby
- Inability to enjoy anything, including sex
- Sometimes thoughts of harming themselves or worries about harming the baby.

It is important to remember that PND and anxiety is an illness and not the mother's fault.

It is not a case of simply 'thinking more positively' or 'just getting on with it'. The treatments available are successful and women usually get better – but it is important to get help as early as possible.

If these feelings and behaviours continue, we would encourage you to support your partner, family member or friend to talk to her midwife, health visitor or GP.

She should also be asked 'How are you feeling today' at every contact with her midwife, health visitor and GP. Depending upon how she is feeling at that time, she will be asked further questions to help her decide what support she may need to feel better.

Other conditions

Women can experience a range of mental health difficulties after birth, just like at other times. There are however other less common conditions that you should be aware of.

Postpartum Psychosis

This is much less common than PND, affecting one in 1000 mothers after childbirth⁵. It is a serious mental illness that usually comes on within days or weeks after having a baby. Women may experience rapid and extreme changes in mood, withdrawal or over-activity, severe sleeplessness, false beliefs or unusual experiences.

Some women have an increased risk of Postpartum Psychosis, including women with a diagnosis of Bipolar Disorder, Schizophrenia, Schizoaffective Disorder or a previous Postpartum Psychosis. Women with Postpartum Psychosis need urgent treatment and usually need admission to a specialist perinatal inpatient unit for further treatment.

Treatment is effective and women will usually make a full recovery.

See our leaflet on Postpartum Psychosis for more information.

Perinatal Obsessive Compulsive Disorder

This affects between two and three women in every 100 after having a baby⁶.

Women have anxious thoughts or images which keep coming into their mind (obsessions). These thoughts often focus on the possibility of the baby being harmed and can cause anxiety. They may also keep repeating thoughts or actions in an attempt to reduce this anxiety (compulsions).

Treatment is with Cognitive Behaviour Therapy and/or medication.

For more information see our leaflet on Perinatal OCD.

Making a diagnosis of PND

For some women, PND is one of a number of episodes of depression; for others the depression may only occur after having a baby. This may be the same if they have anxiety. A diagnosis will normally be made by talking to your partner, friend or relative and to you, or other close relatives or friends to get an understanding of her history, as well as considering all other possible causes of the symptoms.

Her midwife, GP and health visitor will help her to get the support, care and treatment that she may need and we would encourage her to talk to someone she trusts.

It is OK to say that you are not OK

People are now more aware of depression and anxiety and more willing to talk about it. You may also need support. By getting support for yourself, you are doing what is best for you, your partner, friend or relative and the baby.

Health care professionals will also ask you as a partner or carer 'How are you feeling today'. This gives you the space to tell others how you are feeling or find out who you can go to when you feel ready to talk.

You will be asked the following questions:

Depression Identification Questions (Whooley)	Outcome:
During the past month, have you often been bothered by feeling down, depressed or hopeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past month, have you often been bothered by little interest or pleasure in doing things?	<input type="checkbox"/> Yes <input type="checkbox"/> No

And:

Generalised Anxiety Disorder Scale (GAD-2)				
Over the last two weeks, how often have you been bothered by the following problems:	Not at all	Several Days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge				
2. Not being able to stop or control worrying				

It is important to answer these questions honestly so that you can be offered the right help that you may need. If your answers suggest that you might also have depression or anxiety, your GP or the midwife or health visitor will offer further screening using the Edinburgh

You should expect that you are also:

- Asked about your mental health and wellbeing,
- Assessed using further screening, if needed and,
- Offered Action with further support or referred onwards so that you receive the right care for you when you need it.

Postnatal Depression Screening Tool and/or the Generalised Anxiety 7 tool.

The outcomes of these will support you and the midwife, health visitor or GP to explore what care and support you feel would be most helpful to you at this time.

Treatments

Many women with PND and anxiety will respond to increased support from their midwife, health visitor or GP. Some women will benefit from a referral to psychological services for talking therapy. Some women will need antidepressant medication⁷⁻⁸. These can be used by women who are breastfeeding⁷⁻⁸.

Women with more severe PND and anxiety may need to be referred to specialist perinatal mental health teams. Occasionally, they may need admission to a specialist perinatal inpatient unit (Mother and Baby Unit).

See our leaflet on Postnatal Depression and Anxiety for more information about services and other sources of support which you might find helpful.

As a partner and/or carer you may feel:

- Shocked at, disappointed or angry with your partner
- Frustrated and helpless
- Scared and/or ashamed about admitting there is a problem, and seeking help
- Worried that your baby may be taken away if you tell someone
- Worried about the effect of the illness on the baby
- Resentful of the baby or that the baby is to blame
- Worried about the responsibility of caring for your partner and/or baby, and scared to leave them alone
- Exhausted by caring for them and other children
- Resentful that your needs have been pushed to one side
- Stressed with trying to balance your work and home life.

You may find it helpful to ask some or all of the following questions:

1. What does the diagnosis mean?
2. Can you explain it in a way that I will understand?
3. What are the treatment options?
4. Are there other things we can do to help ourselves?
5. What can we expect in the near future and over time?
6. How often should we come and see you?
7. What is my partner's care plan?
8. What is the carer's care plan?
9. Do you have any written material on Postnatal Depression/Anxiety? If not, who does?
10. Is there anything that we can change at home to make things easier or safer?
11. Are there any organisations or community services that can help?
12. Who is our main contact for guidance and advice?
13. Will this affect the baby?
14. Does this mean we should not have another baby?
15. What is the crisis plan?
16. Can you give me an 'out-of-hours' emergency telephone number?

If your partner, family member or friend needs another appointment, remember to arrange this before you leave. Regular, well prepared visits will help to get the best care for both of you and the baby.



The following advice may also be helpful in preparing for follow-up visits

Before your visit

- Keep track of changes in your partner, relative or friend's behaviour and reactions to medication in a notebook, along with any concerns or questions that have arisen since your last visit
- It may be helpful to sit together and decide what concerns you both want to discuss - writing down this information means that you do not have to worry about remembering it, and you can be sure to talk about the things that matter most, for example questions about:
 - changes in symptoms or behaviour if you tell someone
 - side-effects of medications
 - general health
 - your own health and that of your baby
 - help needed.

During your visit

- If you do not understand something, ask questions until you do understand – do not be afraid to speak up
- Take notes during the visit and at the end, look over your notes and share what you have understood. This gives the team a chance to correct any information or repeat something that has been missed.

Working with health care professionals

You may find that healthcare professionals will be cautious about discussing your partner, family member or friend's diagnosis with you. This is because they have a duty of confidentiality towards her.

However, if your partner is ill and unable to understand what is happening, the professionals will need to involve you to obtain information and discuss treatment plans.

Even if your partner does not consent to personal information being shared with you, professionals can still discuss the condition in general and give you information about the kind of treatments and support that are available. The duty of confidentiality means that more personal information and the details of specific treatment may not be shared without consent.

Although many professionals will be happy to see you together, it may be important for your partner, family member or friend to also be seen alone. However close you are, she may put on a brave face in front of you and feel more able to discuss her feelings about her illness, her relationship with you, her baby and other family members if alone with the health care professional.

It's also important that you get time alone to talk too. You may also be hesitant to discuss your worries in front of your partner, family member or friend for fear of making them feel worse.

Looking after yourself

It can be very stressful looking after someone with PND/anxiety and a baby. You may also be looking after older children. Partners of women with PND/anxiety have an increased risk of depression and anxiety. Don't forget to look after yourself as well.

- Don't be afraid to ask for help
- Everyone needs some respite - use family or friends for baby-sitting or consider a nursery placement
- Explain to your employer why you may need extra time off
- As the depression/anxiety lifts, if possible, try to have fun with your partner - get a baby-sitter or go out together
- Share your worries with trusted friends or family members
- Look after your own health and see your doctor if you feel that you need to.

Further Information and Support

We have extensive resources on our webpage - visit us at executive.nhs.wales/PNMHSsupport or scan this QR code.



References

1. Henshaw C. Mood disturbance in the early puerperium: a review. *Arch Womens Ment Health*. 2003; 6: 533-42.
2. Woody CA, Ferrari A, Siskind D, Whiteford H, Harris M. A systematic review and metaregression of the prevalence and incidence of perinatal depression. *J Affect Disord*. 2017;219: 86-92.
3. Wisner K, Sit D, McShea M, Rizzo D, Zoretich R, Hughes C et al. Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen- positive depression findings. *JAMA Psychiatry*. 2013; 70: 490-498.
4. Goodman JH. Postpartum depression beyond the early postpartum period. *J Obstet Gynecol Neonatal Nurs*. 2004;33:410-20.
5. VanderKruik R, Barreix M, Chou D, Allen T, Say L, Cohen LS. VanderKruik et al. The global prevalence of postpartum psychosis: a systematic review. *BMC Psychiatry*. 2017; 17:272.
6. Russell EJ, Fawcett JM, Mazmanian D. Risk of obsessive-compulsive disorder in pregnant and postpartum women: a meta-analysis. *J Clin Psychiatry*. 2013; 74:377-85.
7. National Institute for Health and Clinical Excellence Antenatal and postnatal mental health: clinical management and service guidance. NICE Clinical Guideline 192: London 2014. www.nice.org.uk/guidance/CG192
8. McAllister-Williams RH, Baldwin DS, Cantwell R, Easter A, Gilvarry E, Glover V et al. British Association for Psychopharmacology consensus guidance on the use of psychotropic medication preconception, in pregnancy and postpartum. *J Psychopharmacol*. 2017; 31: 519-552 Psychologist, SPMHS, HSE, University Maternity Hospital Limerick.

Contact Details

Include details for your midwife or health visitor here:

