

# *lifting the veil of silence*

You have survived the delivery of your keenly awaited child, have received countless messages of congratulation, you feel delighted and exhilarated (albeit somewhat daunted) by the prospect of going home with your baby. Yet you keep bursting into tears, find the silliest things irritating and upsetting and completely mystify your partner with sudden mood swings.

by Dr. Julia Copley

**T**his is an absolutely classic and normal manifestation of the so-called 'baby blues' that affects 80% of women in the first week or so after childbirth. The tendency to cry is due to emotional volatility of mood rather than deep seated sadness. The 'blues' are completely distinct from postnatal depression. They resolve spontaneously, well within two weeks after delivery and require no more than patience and understanding from those around you.

Postnatal depression (PND: depression after childbirth) may follow on directly from the blues but is an entirely separate and more significant problem. The majority of cases occur within the first six weeks, but the formal diagnosis includes cases presenting up to six months after delivery. Depressed mood is a cardinal feature in most cases, but it can first appear disguised as exhaustion and lethargy. Very rarely the depression appears in an extreme form - a psychosis (abnormal thinking, beliefs and hallucinations).

## **One in ten**

Few people realise that postnatal depression affects at least one in ten women. Some researchers put it as high as 20%. Prediction of who is most at risk is difficult, striking seemingly at random, independent of such factors as quality of antenatal care or how eagerly the child is wanted. In fact one study showed that the women who were particularly elated in late pregnancy and the most well prepared for motherhood were at high-risk! Other research suggests that people with a complicated obstetric history (e.g., IVF, recurrent miscarriages), a past history of mental illness, high anxiety in pregnancy, social isolation and other difficult social or marital factors are most at risk. However it is important to realise that it is possible to get postnatal depression *without* having any of the above risk factors. If you have had PND in a previous pregnancy, the chances are high that you will suffer it again. But armed with pre-knowledge, you are in the best position to minimise its impact on you and your family.

## **Courage to speak up**

Most of us know or have met someone suffering with postnatal depression. Many of us will not have detected it and the mother herself is often the last person to recognise or accept that she is ill. Part and parcel of the illness is the sense that one is a failure, a shameful non-coping person rightly punished for personal inadequacies. We feel as if we have no right to expect sympathy. We present a fixed smile, avoid previous friends and contacts, and artfully dodge any talk about problems. Even in the relative safety of a baby-group meeting it can be hard to be honest. Everyone else seems to be doing a marvellous job! I clearly remember hearing myself deny problems to another woman even though I was close to tears. It takes courage to speak up. Thus, many 'closet' depressed mothers slip through the net and remain unnecessarily alone and untreated.

One of the reasons that I have chosen to write about postnatal depression is that it is so common, so poorly recognised, so readily treated and so unnecessary a source of



misery and isolation. It does not just affect the mother. It is inevitable that the rest of the family fall under its shadow. Many husbands and partners will be completely baffled by the changes in their home life. Existing children may feel confused by the changes in their mother and the new baby may fail to receive the sensitive, reassuring attention s/he needs for optimal psychological development.

### Key features

Depression is a disease of loss. Loss of pleasure, happiness, interest and enthusiasm. Loss of clear thinking, memory and concentration. Loss of libido, self-confidence and self-care. In contrast with depression not associated with childbirth, weight gain is more common than weight loss due to food cravings and the temporary consolation that eating may bring. Other key features of PND include anxiety, irritability and a feeling of overwhelming exhaustion. A diagnostic problem arises here. Find me a mother who doesn't feel stretched physically and mentally to the limit sometimes! Irritable? YES! Anxious? YES! Incredibly tired? YES! Completely disinterested in sex? YES! What distinguishes PND from such normal stressed states of motherhood is that these symptoms do not go away after a good night's sleep or a few hours away from one's children. Life is endured. Time passes. Many hours may be spent crying or feeling numb and empty.

There is of course a wide spectrum of severity of the illness. Studies suggest that approximately *half of the cases* of PND are mild and resolve with general support and treatment. A further 27% are

moderately severe, requiring specialist help and 20% present as psychosis. In the absence of treatment most people will recover with time, but even mild cases can run on for months and may seriously impair the enjoyment of the early days of a new family's life.

### How to lift the veil of silence

Our culture is full of wise sayings about the importance of noticing and acting on problems early. Presumably we have so many because we are so bad at carrying this out! Perhaps the only positive point about PND is its predictability. Most illnesses come unannounced. The dramatic arrival of a new child into the world is a hard event to fail to notice! It warns us clearly that although 90% of us will remain free of persistent emotional distress, 10% may be about to develop postnatal depression. There is no need for the illness to go unnoticed. Early detection is possible and simple actions and treatments can curtail and reduce suffering. I am firmly convinced that it is worthwhile learning about PND during the antenatal period, and that armed with information husbands and partners can play a key role in spotting problems early on.

By being aware of risk factors and by recognising early symptoms we can prevent some cases and prevent mild cases from becoming worse. Simple self-help measures can prevent an unnecessary escalation of the depression. More advanced cases still benefit from these but may need additional help such as counselling or drugs.

### Are you at risk?

Since PND can strike even the most emotionally balanced of women living stress-free, comfortable lives and who dearly wish for a child, there are certain risk factors worth looking out for. High antenatal anxiety, major stressful life events, a previous episode of postnatal depression and marital tension are useful markers. Another important marker is how well new mothers *feel* that they are coping with feeding. The more worried you are, the more likely you are to have emotional problems later on. I remember how easy it is for one's entire world to narrow to a single mouth and the struggling nipple. You are a good mother if you can stem the baby's appetite, a failure if not. Get professional help with breastfeeding anxieties as soon as you can.

Most women expecting a child make contact with several health workers during their pregnancy and attend childbirth preparation classes. These are all opportunities for early detection and prevention of PND. Living in Switzerland makes things more complex. There is less midwife contact antenatally and many of these will not speak much English. If you are currently expecting a child,

&gt;

think carefully whether any of the risk factors discussed here are relevant to you. Everyone should aim to plan for the first few weeks of your family's life with great care, but this is doubly important if you are at increased risk.

### Early detection

If you become depressed, it is highly likely that you will not only fail to recognise it but also deny its existence. You "just aren't a good at coping", "everything will be all right when you get the feeding sorted out". This is where your partner will be able to remain more objective. Being allowed and encouraged to discuss fears, symptoms, problems and experiences can be very helpful. It helps to know that you are not going mad, that you are not alone that your feelings are legitimate and real. It helps you to regain perspective, to be more objective and to feel that solutions are possible and that you do still have control over your life.

### Coping with mild depression

Not everyone who has postnatal depression needs professional counselling or formal medical treatment. Having a sensitive friend who is willing to listen, or talking with other women who have been through and survived the experience themselves is often enough to help you turn the corner. It should not be forgotten that new fathers are also vulnerable and often feel completely at sea in the early days of family life. It can help to restore their own confidence and optimism to know that by listening and by helping in practical ways they can cut short the time of their partner's illness.

### Treating more serious cases

More extreme cases of PND may require treatment with antidepressants as well as psychological treatments designed to break the spiral of negative thinking very common in depressed people. There is a school of thought that believes the sudden fall in the levels of a hormone called progesterone causes the depression. Levels of this hormone are normally very high during pregnancy and just before menstruation. If you have had a previous bout of PND it may be useful to find out about being treated with natural progesterone after your next baby is born to prevent a recurrence.

### Seeking help in Switzerland

There is little help specifically for women with postnatal depression in Switzerland, be they Swiss or foreigners. However, all midwives and doctors should be aware of this illness and organise appropriate treatment if necessary. You may also find it useful to contact the organisations / associations listed at the end of this article, to talk about your problems, help you realise you are not alone and to find a place where you can be supported in coming out of the dark tunnel and start to enjoy motherhood. ■

## Helping Yourself

### Before the baby arrives:

- Make sure that you will be able to get out and about once the baby is born. Learn to drive!
- Find a babysitter.
- Start to get to know other couples with young children.
- Cut housekeeping to a minimum. Hire a cleaner.

### The first week:

- Try to feed your baby within the first hour after delivery. This close contact with your baby after birth seems to protect against later emotional problems.
- Get as much rest and sleep as you can. Nap when the baby naps!
- Eat regularly. There is some evidence that starchy foods (bread, pasta...) every three hours helps to keep your mood stable.

### Once you are home:

- If you can stand it, gracefully allow your parents/in-laws to come and stay and keep house for you in the early weeks.
- Carry on resting as much as you can. Take the phone off the hook when you have a nap.
- Don't forget to eat regularly.
- If you have worries about breastfeeding, seek advice early.
- Accept every offer of help. If friends or family claim to want to cook, clean, baby-sit or do your shopping...SAY YES!
- Always choose the easiest option. It is surprising how difficult this can be. Don't make your own pasta when shop-bought will do!
- Go out every day. This is vital for your sanity.
- Be self-aware. If you find yourself thinking very negatively, start to cry a lot, are constantly exhausted or unable to concentrate on anything, you could be in the early stages of PND. Act now to prevent things getting worse.
- Ask your partner to look out for these warning signals as well.
- Talk to other mothers. Many of them will remember how difficult things can be.

*Association for Postnatal Illness* [www.apni.org](http://www.apni.org)

*La Leche League* [www.lalecheleague.org](http://www.lalecheleague.org)  
Breastfeeding support

*Foundation for Breastfeeding* [www.allaiter.ch/en/index.html](http://www.allaiter.ch/en/index.html)  
Provides useful links for finding support in your area

*Midwives' Association:* [www.hebamme.ch](http://www.hebamme.ch)  
Find a midwife in your vicinity