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Perinatal Psychiatry**



**Information Leaflet On Mental Health Problems In Mothers During The
Postpartum Period**

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Most often the process of pregnancy and childbirth is uneventful. However, in some there may be few problems related to mental health. These are easy to recognize, treatable and generally have good outcome.

Postpartum Mental health problems in the mother are common a few days to months after childbirth and this period is considered a vulnerable period.

Mental health issues that may arise during this period are as follows:

1. Postpartum Blues
2. Severe Anxiety Related to the Infant
3. Postpartum Depression
4. Bonding Disorders
5. Postpartum Psychosis

Given below is a brief description of each of these disorders and what help is needed. If at the end of this information booklet, you have any more doubts, please email desaigeetha@nimhans.kar.nic.in or ht@nimhans.kar.nic.in

1) Postpartum or Baby Blues

After having a baby, many women experience mood swings and restlessness. They may feel happy for a brief while and the next moment they start to cry. They may lose their appetite; fail to sleep well even when the baby is asleep.

These symptoms are called the baby blues. They usually start about 3 to 4 days after delivery and go away within few days.

The baby blues are considered a normal part of early motherhood and usually go away within 10 days after delivery.

However, some women have more severe symptoms or symptoms that last longer than a few days. This condition is called as postpartum depression.

2) Anxiety Related to Infant Care

Although all mothers experience anxiety regarding care of the baby some women have severe anxiety. This may happen as part of postpartum depression or if the mother has had a difficult childbirth. It may also be related to the infant's health. For e.g. If the infant has a medical problem or is premature, the mother may get overly anxious. Anxiety can manifest as inability to rest, feeling tense, checking on the baby too frequently, worrying excessively over small issues and being irritable.

If the problems start interfering with the mother's health or infant care, you may need to seek help.

3) Mother – Infant Bonding Disorders

Normal bonding between mother and infant takes some time to establish. The mother has to get to know her baby's rhythms and the baby has to feel comfortable with the mother. In most situations the mother and baby get acquainted with each other gradually and feelings towards the baby become stronger within a few weeks. Occasional feelings of irritability or anger especially if the baby is cranky are quite normal and should not be taken seriously.

Advice to women who feel they have bonding problems:

- Get some help with infant care and try to be with your baby when she is least demanding so that infant care does not become a chore.
- Try massaging your baby with oil or lotion. This is found to be soothing for the mother and the baby.
- Sing to your baby or gently rock the baby when baby is calm. These activities will help you get more positive thoughts about your baby.
- Try not to do all the household chores entirely by yourself, at the same time take some breaks from infant care.

In some mothers however this problem may be more and mother reports feelings such as-

- I don't have any feelings for my baby
- I get very angry with him
- I try to leave all the baby care to my mother/mother in law
- I don't get any pleasure in taking care of my baby
- Breastfeeding is a chore

As mentioned earlier, occasional thoughts are normal and resolve with reassurance and time. They may also be related to tiredness or lack of sleep. However, if they persist, it may indicate an underlying depression or a bonding disorder.

Bonding disorders are treatable and need attention. Treatment is usually psychological unless depression or psychosis is detected which will then need treatment.

3) Postpartum/Postnatal Depression:

The symptoms usually start soon after birth of the baby. However, in some women the symptom may start after few weeks to months and last for several weeks to months. Depression that occurs within 6 months of childbirth may be postpartum depression.

What are the symptoms?

- The mother may experience sadness, dullness, and excessive tiredness. She may have significant loss of interest in pleasurable activities. She may also have irritability and anxiety over trivial matters. She may also find herself weeping often.
- Some women may feel guilty and blame themselves for the misery, and feel worthless. The depressed mother may also express her inability to care for the baby and may not feel the normal joy when interacting with the baby.
- She may not feel close to the baby and may experience anxiety about caring for the baby.
- Activities which would otherwise provide enjoyment like playing with the baby seem to be boring and tedious.
- Her food intake may reduce and there may be difficulty in falling asleep with frequent awakenings during sleep.
- A small number of depressed women may feel that life is not worth living and if depression becomes severe, they may even think of ending their life.
- More often than not, the depression may manifest as withdrawal, decreased interest in caring for the baby and an inability to laugh and enjoy things.

Feeling depressed doesn't mean that you are a bad person, that you did something wrong or that you brought this on yourself.

Who gets postpartum depression?

Postpartum depression is more likely if some of the following are present:

- Previous history of similar problems during postpartum period.
- Pre-existing depression that may be present even before pregnancy. Pre-existing depression can worsen during postpartum period.
- A history of severe premenstrual syndrome (PMS) in which women have mood changes before every period.
- Stressful family environment.
- Relationship problems with the spouse.
- Poor support from family members or friends.
- Stressful life events during pregnancy or after childbirth (such as severe illness during pregnancy, premature birth or a difficult delivery).

Why do women get postpartum depression?

The exact cause is not known. Some possible reasons are related to the hormonal changes during pregnancy and right after childbirth. It may also be related to stressful situations at home which increase the chances of a woman having depression during this period.

How long does postpartum depression last?

It varies for each woman. Some women feel better within a few weeks, but others may continue to have symptoms for several months.

Please remember that help is available and that you can get better.

What kinds of treatments help with postpartum depression?

Postpartum depression is treated much like any other depression. Support, counseling and medicines can all help. Milder forms are treated with psychosocial methods (such as counseling, psychotherapy), while in some case medications are necessary.

What can I do to help myself?

- Find someone to talk to and tell that person about your feelings.
- Get in touch with people who can help you with child care and household chores.
- Find time to do something for yourself like reading, going for walk, talking to friends.
- Childbirth brings many changes and looking after a small baby can be quite challenging. It is important that you don't keep your frustration and sadness to yourself- but share it with you friends, husband or doctor.
- Ask other people to help you when you need it.
- Talk with your doctor- maybe a gynecologist, family doctor or pediatrician about how you feel.

5) Postpartum psychosis

Psychosis is a severe mental illness that is often described as a "loss of touch with reality". If the first episode of psychosis occurs shortly after a birth, then it is termed as postpartum psychosis. Postpartum psychosis is far less common than depression and occurs in 1-2 per 1000 mothers. Psychosis may be mild, or if severe, may incapacitate a mother leaving her unable to care for herself or her baby.

The symptoms of postpartum psychosis include:

Odd beliefs and thoughts which are known as delusions. These are false beliefs that are unshakeable and not amenable to reason. They may be paranoid beliefs that someone may cause harm, or of a grandiose nature (i.e. the mother may have an unusually high opinion of herself or about her capabilities). A mother with postpartum psychosis may also have strange ideas about the baby and may not look after the infant, be irritable with the baby or sometimes may even be a little aggressive.

She may have hallucinations. Hallucinations are hearing voices which in reality do not exist. A mother may be seen muttering or gesturing to herself which may indicate that she is hearing voices.

Women with postpartum psychosis may not be able to organise their thoughts. Conversations may become odd and difficult to follow.

Frequently people with psychosis are unaware they have become unwell. This can present a problem for family to convince the patient to get help.

There will be changes in sleep and appetite. Patient may refuse to maintain hygiene.

The woman may become aggressive and refuse to nurse the baby and occasionally there may be a risk of harm to the baby

Some women may experience suicidal thoughts.

What causes postpartum psychosis?

There is no single cause. The changing hormone levels are probably the main cause. Women who have a pre-existing serious mental illness, such as bipolar disorder or schizophrenia, are at higher risk. Other possible reasons or contributing factors include a lack of social and emotional support. Stress also plays a role.

Treating Postpartum Psychosis

Postpartum psychosis is considered to be a mental health emergency and therefore requires immediate attention. Women who suffer from the postpartum psychosis are not always able or willing to speak with someone about their problems. Family members need to be understanding and should care for the mother.

The condition is treated with medications. If a woman is thought to pose a threat to herself or others, she will likely be hospitalized for a short time. Many women can also benefit from psychological counseling in addition to medication. With proper care, most women are able to recover from their disorder.

OTHER QUESTIONS

Is it alright to breastfeed when I am taking psychiatric medicines?

Many medicines are safe during breastfeeding. However, each medicine is different and it also depends on the dose, combinations and the health of your baby. Your doctor will advise you about how to breast feed most effectively with the least problem to your baby.

How can the family help?

- Encourage the mother to talk about her feelings
- Do not be judgmental
- Specifically ensure that she gets adequate sleep and support with infant care
- Make sure that someone is always with the mother and try not to leave her alone, especially when she is very ill.
- Make sure the infant is taking proper feeds.
- Help her reach out to others. Help her find support and healthcare.
- Help her cope (practically and emotionally).
- Offer help before she asks.
- Offer reassurance, praise her, and show patience.
- Have confidence in her strength and recovery.
- Looking after a mother who is ill and a small baby may be exhausting even for you – try to get some rest, support and talk to your friends, family and doctor if you are feeling overwhelmed.
- When in doubt always ask your doctor or nurse about how to proceed.

What can I do for my wife to get better?

As a husband you can do a lot to help your wife to recover.

- Express confidence that she would get better with time
- She needs verbal reassurance, affection, listening, and a partner in housework.
- Try to take care of the baby. Spend time alone with your baby, to develop your own confidence.
- Talk to others who have been through this. Talk to your doctor if you feel things are getting difficult for you.
- Find ways to take breaks and develop support for yourself.
- If you can, be flexible with your schedule.
- If she is angry then you can say “Can we take a break and talk about it later, when it is easier for us both to talk?” Don’t stop communicating. Verbalize your feelings instead of distancing from her.
- Encourage her to take breaks. Breaks are a necessity; fatigue is a major contributing factor to worsening symptoms. If it is hard for her to be away from the baby, start with short breaks and build up.
- You will get through this. She will get better but gradually. The graph of recovery is not a straight line; it has ups and downs that get easier with time.

Do all women with postpartum mental health problems need to see a psychiatrist?

If a woman had only postpartum blues or mild depression, she need not see a psychiatrist and can consult her GP or family doctor or a counselor. However, if the problem continues for more than two weeks, the mother is not sleeping or eating properly, is irritable and weeps often, it is better to consult a psychiatrist.

What Special Services does NIMHANS offer for postpartum psychiatric problems?

- At NIMHANS, we have a special interest in taking care of mothers with postpartum mental health problems and also supporting husbands and families of such mothers.
- We do specific assessments and give advice in an individualized manner, related to the clinical condition, mother infant care, safety, breastfeeding and medications.
- We also assess the infant for any health problems and provide referral.
- There are facilities for psychotherapy and counseling in addition to medical treatment. We also give contraceptive advice and help in planning future pregnancies.
- We have both specialised outpatient and inpatient services for mothers with psychiatric problems and their infants.

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