

Patient leaflets from the BMJ Group

Postnatal depression

Postnatal depression is an illness that women can get after having a baby. If you have it, you may feel sad and anxious, and find it hard to look after your baby. But there are treatments that can help you feel better.

We've brought together the best and most up-to-date research about postnatal depression to see what treatments work. You can use our information to talk to your doctor and decide which treatments are best for you.

What is it?

It's very common to feel low, irritable, or anxious for a few days after your baby is born. This is often called the 'baby blues'. But if these feelings don't go away or they get worse, you may have postnatal depression.

Postnatal depression is an illness. It is not a sign that you don't love your baby or can't look after him or her properly.

There's no single reason why some women get postnatal depression. It's probably caused by a combination of things. Having a baby means you have a lot to cope with, including changes to your body and your whole way of life.

These are some of the things that may make postnatal depression more likely:

- Having had depression before
- Not getting enough support from family and friends
- Having a difficult relationship with your partner
- Having other difficulties in your life (for example, money problems).

If you have strange thoughts and feelings about your baby, or hear or see things that aren't real, you may have a more serious illness called puerperal psychosis. You are likely to need to be looked after in hospital. Where possible, your baby will be able to stay with you. Doctors think puerperal psychosis is caused by a reaction to the changing levels of hormones in your body.

What are the symptoms?

Postnatal depression is like the depression people get at other times. But having a new baby to cope with makes depression more challenging.

You are most likely to get postnatal depression in the first three months after your baby is born. But you can get it at any time during that first year.

Symptoms of depression include:

- Feeling low and anxious

Postnatal depression

- Losing interest in life
- Having trouble sleeping
- Having less energy
- Feeling guilty
- Thinking about death.

When you are also trying to care for a baby, at a time when people expect you to be happy, you may also have other symptoms. These can include:

- Feeling overwhelmed by your baby's needs
- Feeling trapped, angry, fearful, and panicky
- Feeling alone and unable to talk about how you feel.

Also, some people feel like they might harm their baby.

Some of these symptoms are a normal part of being a new mother: for example, feeling exhausted because your baby is keeping you awake. So doctors don't always spot postnatal depression.

But it is important to see your doctor early on if you think you may be depressed. The sooner you get help, the sooner you are likely to feel better and start enjoying being a mother. You could discuss your feelings with your health visitor.

What treatments work?

Postnatal depression usually goes away on its own. But it can last for a while. That can be harmful for you, your baby, and your partner. The good news is that there are treatments that can help you feel better sooner.

Antidepressant drugs can help, but they may not be suitable if you are breastfeeding your baby. Talking treatments, like cognitive behaviour therapy, are likely to work. Talk to your doctor about which treatments are best for you.

Medicines

Antidepressants are medicines that can lift your mood. The main ones that have been studied for postnatal depression are fluoxetine (Prozac), paroxetine (Seroxat), and sertraline (Lustral). They are part of a group called selective serotonin reuptake inhibitors (SSRIs).

There's good evidence to show that SSRIs work for between 1 in 2 to 2 in 3 people with depression (that isn't postnatal depression). They can help people feel less sad, hopeless, worried, or guilty. But there's not much evidence to show how well they work specifically for postnatal depression.

If you are breastfeeding, your doctor will be cautious about prescribing antidepressants. The drugs may get into your breast milk, and there's not enough research to know for

Postnatal depression

certain whether this can harm your baby. Doctors think there is less chance of harm from paroxetine and sertraline than from fluoxetine.

Antidepressants can also cause you to get side effects. Common side effects of SSRIs include having a dry mouth, feeling sick, and getting headaches. In one study, about 1 in 5 people had these side effects.

If you stop taking SSRIs suddenly or if your dose is reduced, you can get withdrawal symptoms. You may feel dizzy, feel sick, feel numb, have tingly feelings, or get headaches. Or you may have sweating, anxiety, and problems sleeping. Talk to your doctor if you want to stop taking an antidepressant. Never stop suddenly. Your doctor can help you reduce your dose slowly over several weeks. This lowers the risk that you will get withdrawal symptoms.

Treatment with SSRIs (especially paroxetine) might make you think more about suicide when you first start taking them. If you are taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor straight away. Your doctor should check regularly to make sure your depression is not getting worse, especially when you first start taking antidepressants.

Some doctors think that postnatal depression is linked to changes in your hormone levels after you give birth. When you are pregnant, you have very high levels of the female hormone oestrogen. But your oestrogen levels drop suddenly when you have your baby. This might trigger postnatal depression in certain women.

One study looked at whether giving women with postnatal depression extra oestrogen (**hormone therapy**) is helpful. The study found some women did feel better after having hormone therapy for six months. But the study was too small to be certain whether it helped.

Hormone treatment can have side effects. These can include:

- Feeling sick or vomiting
- Getting stomach cramps
- Bloating.

If you're breastfeeding, hormone therapy cuts down how much milk you make. Hormone therapy can also increase your risk of serious health problems. However, the increased risk is small. These health problems include dangerous blood clots, stroke, and breast cancer.

Talking treatments

There are lots of types of talking treatment (psychotherapies) that may help you cope with postnatal depression. Unfortunately, there is not much evidence to show how well all of them work.

There is some good evidence to show that these types of talking treatments help:

Postnatal depression

- Cognitive behaviour therapy. You work with a therapist to challenge negative thoughts and beliefs you may have
- Interpersonal psychotherapy. You work with a therapist to learn ways to improve your relationships with other people
- Non-directive counselling. You talk to a counsellor about your feelings and problems
- Psychodynamic therapy. You work with a therapist to look at your feelings about your baby and your own childhood.

Other types of therapy might be helpful, but there hasn't been enough research to be certain. These include:

- Therapy with your partner to help them support you better (psychoeducation therapy)
- Regular telephone support from other mothers who have had postnatal depression
- Education to help you learn to respond to your baby (interaction coaching).

Other treatments

There are other treatments you can try for postnatal depression. But there is not much research to show whether they work.

Some people find **exercise** helpful in dealing with depression. One small study showed that women with postnatal depression were helped by an exercise programme that involved pram walking .

Baby massage helps some women bond with their babies. But there's no research to say whether this helps feelings of depression.

Some people take a herbal treatment called **St. John's wort** for mild depression. There hasn't been any research to show if it works for postnatal depression, or if it is safe to take when you're breastfeeding. You should always check with your doctor before taking herbal treatments.

What will happen to me?

If you have postnatal depression, it's hard to say exactly when you will start to feel better. It depends on how bad your depression is and whether you get help.

Most women get back to normal by the time their baby is six months old. But about 1 in 4 women are still depressed by the time their baby is one year old. And some women still have problems three years after that.

Postnatal depression usually goes away on its own. But treatments may help you feel better faster.

You may not want to take drugs for postnatal depression, especially if you are breastfeeding your baby. But talk to your doctor about the risks and benefits. If you have serious depression that goes on for a long time, it can harm your baby and your partner

Postnatal depression

as well as yourself. It can make it hard for you to bond with your baby, or cause problems with your baby's development. It can also be hard on your partner and on your relationship.

Where to get more help

The National Institute for Health and Clinical Excellence (NICE), which advises the government on health care, has produced a guide for the public about how women with mental health problems should be treated during and after pregnancy. It is called Antenatal and postnatal mental health: understanding NICE guidance. It is available online at <http://guidance.nice.org.uk/CG45>.

This information is aimed at a UK patient audience. This information however does not replace medical advice. If you have a medical problem please see your doctor. Please see our full Conditions of Use for this content <http://besttreatments.bmj.com/btuk/about/12.html>.

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