



HSE NATIONAL PROGRAMME

Specialist Perinatal

MENTAL HEALTH SERVICES



Postnatal
Depression -
information
for carers

Postnatal Depression - information for carers

This information is for

- partners, friends and relatives of women with Postnatal Depression (PND) who provide continuing help and support, without payment;
- psychiatrists and other members of the mental health team involved in the care and treatment of women with PND.

This page aims to explain the symptoms of Postpartum Depression and to describe the care and treatment available. The checklists at the end are tools to help families and health professionals communicate and work in partnership.

Disclaimer

This webpage provides information, not advice. You should read our full disclaimer before reading further.

© October 2019 Health Service Executive (Ireland) & November 2018 Royal College of Psychiatrists.

For the carer

About Postnatal Depression (PND)

Up to 80% of women feel very emotional in the first week after giving birth (Baby Blues) ¹ and this usually passes in a few days. If these feelings continue or get worse, the woman may have PND. This illness affects at least 1 in 10 mothers.² It 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 birth.³ If untreated, it can last for months and sometimes longer.⁴

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 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 herself or worries about harming the baby

It is important to remember that PND 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.

See our page on **Postnatal Depression** for more information.

Other mental health problems after birth

- Women can experience a range of mental health problems after birth, just like at other times.
- **Postpartum Psychosis** is much less common than PND. This affects 1 in 1000 mothers after childbirth.⁵ It is a serious mental illness that usually comes on within days or weeks of birth. 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. This includes women with a diagnosis of Bipolar Disorder or a previous Postpartum Psychosis. Women with Postpartum Psychosis need urgent treatment and usually need admission for their mental health. Treatment is effective and women usually fully recover. See our page on Postpartum Psychosis for more information.
- **Perinatal Obsessive Compulsive Disorder** affects 2-3 in every 100 women after having a baby.⁶ 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. The thoughts cause anxiety. Women 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 page 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 giving birth. A diagnosis will normally be made by talking to the woman, her partner, or other close relatives or friends to get an understanding of the person's history, as well as considering all other possible causes of the symptoms. Sometimes a public health nurse, GP, or mental health midwife will use a questionnaire such as the Edinburgh Postnatal Depression Scale.

Treatments

Many women with PND will respond to increased support from their mental health midwife, public health nurse and GP. Some women will benefit from a referral to psychological services for talking therapy. Some women will need antidepressant medication.⁷⁻⁸ These can be used by women who are breastfeeding.⁷⁻⁸

Women with more severe PND may need to be referred to a mental health service. This will be a specialist **perinatal mental health service**, if there is one in your area. Otherwise the referral will be to a community mental health team. Occasionally a woman will need hospital admission.

See our page on **Postnatal Depression** for more information about services and other sources of support which may be 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
- blame the baby
- worried about the responsibility of caring for the woman and/or baby, and scared to leave them alone
- exhausted by caring for the woman and other children
- resentful that your needs have been pushed to one side
- stressed with trying to balance your work and home life

Tips for carers

Communication and partnership with the doctor and the health care team

Many women with PND will see their GP and public health nurse. If a woman is referred to a mental health service the professionals you may see include: psychiatrists, mental health midwives, community psychiatric nurses, psychologists, occupational therapists and mental health social workers.

It's very important that there is good communication between a woman with PND, the professionals involved in her care and her partner (or other carer).

Forming a positive relationship with the doctors and other professionals involved is helpful whether this is the woman's first episode of illness or a long-term illness. The health care professionals will find it helpful to hear about any information and concerns you have as you know your partner (or relative or friend) well. The healthcare team can provide you with information and make sure you and other family members have the support you need.

Questions to ask the doctor

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 the woman's care plan?
8. What is the carer's care plan?

9. Do you have any written material on Postnatal Depression? 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. Which health service worker 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 (or relative or friend) needs another appointment, remember to arrange this before you leave. Regular, well prepared visits to the doctor will help to get the best care for both of you, and the baby.

The following advice may help you prepare for follow-up visits:

Before your visit

- Keep track of changes in the woman'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 with the doctor. 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, these may include questions about:
 - changes in symptoms or behaviour
 - side-effects of medications
 - general health
 - your own health and that of the baby
 - help needed.

During your visit

- If you do not understand something, ask questions until you do. Don't be afraid to speak up.
- Take notes during the visit. At the end, look over your notes and tell the doctor what you understood. This gives the doctor a chance to correct any information or repeat something that has been missed.

Dealing with doctors

Sometimes doctors can be reluctant to discuss a woman's diagnosis with her partner and/or carer as there is a duty of confidentiality between a doctor and patient. However, if the woman is ill and unable to understand what is happening, doctors appreciate the need to involve the carer to obtain information and discuss treatment plans.

Even if the woman does not consent to information being shared with you, the doctor can still discuss the condition with you and give you information about treatments and support available. The duty of confidentiality means that more personal information and the details of the woman's specific treatment may not be shared without her consent.

Although many professionals will be happy to see you together, it may be important for a woman to be seen alone also. She may put on a brave face in front of you and feel more able to discuss her feelings about the illness, the relationship and the baby if alone with her doctor.

It's also important that you get time alone to talk to the doctor. You may also be hesitant to discuss your worries in front of the woman for fear of making her feel worse.

If the doctor is unwilling to involve you as a partner/ carer, there are a number of things you can do:

- ask the woman if you can stay with her for part of the appointment with the doctor
- talk with other partners/carers of women with PND for helpful suggestions
- try to talk to other health professionals.

Looking after yourself

It can be very stressful looking after a woman with PND and the baby. You may also be looking after older children. Partners of women with PND 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 for baby-sitting, consider a nursery placement (either through social services or privately)
- Explain to your employer why you may need extra time off.
- As the depression 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 are exhausted or depressed.

For the professional

As a professional working with women with PND and their carers, we hope that the following is a helpful guide to good practice. Remember that partners and/or carer:

- may be physically and emotionally exhausted
- will know more about the woman when she is well than anyone else.

When making an assessment, do you?

- Try to see the woman and her partner/carer separately, as well as together
- Try to see them at home - their environment could be important

Do you allow yourself enough time to?

- Listen, ask, listen
- Obtain a life history
- Ask about any losses, or other traumatic life events, especially previous miscarriages or stillbirths
- Leave time for questions and discussion
- Explain how you arrived at the diagnosis
- Explain that PND is an illness and will get better with treatment and support
- Talk about the prognosis.

In the management of the illness, do you?

- Discuss possible treatments
- Discuss any potential risks associated with switching to a different medication
- Talk about the possible side-effects of drugs
- Discuss the safety of medication in breastfeeding
- Spend time asking about the partner's/carer's health – physical and emotional
- Discuss how to meet the health needs of both the woman, and her partner/carer

Points to remember

- Carers can easily become overwhelmed or have their mental health impacted too, should this occur they should attend their GP.
- Make it clear that you will be happy to talk to any other members of the family, with the woman's consent.
- Consider an Advance Directive or information sharing agreement between the professionals, woman and carer – this can help in case of crisis and if the woman lacks capacity to consent to information sharing when she is unwell. While this is not legally binding it will help instruct professionals about the treatments the service user wishes to receive.
- Tell everyone you see about voluntary organisations which can offer information and support.
- Give a telephone number where you can be reached.
- Make sure that there is a named service who the family can contact at any time.
- When you write to the GP or specialist, consider sending copies to the partner or carer (with the woman's consent)
- Consider talking to the GP as well as writing.

Further information/ online resources



Further information

MyChild (<https://www2.hse.ie/my-child/>). Your guide to pregnancy, baby and toddler health. Trusted information from experts and Health services and support.

Cuidiú (<https://www.cuidiu.ie/>). Caring Support for Parenthood. A parent to parent voluntary support charity.

Partners supporting breastfeeding: <https://www2.hse.ie/wellbeing/child-health/how-to-care-for-your-partner-during-breastfeeding.html>.

Dads Matter UK (www.dadsmatteruk.org/). Support for Dads and Mums suffering from Anxiety, Depression and Post-traumatic stress.

Dadvice (<https://healthyfamilies.beyondblue.org.au/pregnancy-and-new-parents/dadvice-for-new-dads>). Tips for supporting yourself and your family.

Dadpad (<https://thedadpad.co.uk/>). It's the essential guide for new dads, developed with the NHS.

HSE's Your Mental Health (<https://www2.hse.ie/mental-health/>). Find advice, information and support services for mental health and wellbeing.

Parenting 24Seven (<https://www.tusla.ie/parenting-24-seven/>). Parenting24seven, an online resource offering evidence based key messages on what works best for children and families at different stages of childhood and in different situations.

Psychological Society of Ireland (<https://www.psychologicalsociety.ie/>). This online voluntary directory is to help you find a psychologist who is recognised by the Psychological Society of Ireland (PSI) as being a Chartered Member of the Society.

Aware: (<https://www.aware.ie>). Aware provides support & information for people who experience depression or bipolar disorder and their concerned loved ones. Freephone 1800 80 48 48.

Relate (www.relate.org). Relationship support including couple and family counselling. Face-to-face, telephone or online counselling.

Accord: (<https://www.accord.ie/services/marriage-and-relationship-counselling>). ACCORD offers a professional counselling service throughout the island of Ireland, through its 55 centres, facilitating couples and individuals to explore, reflect upon and work to resolve difficulties that arise in their marriages and relationships.

MABS : <https://www.mabs.ie/en/> MABS Helpline 0761 07 2000 Mon - Fri, 9am - 8pm
MABS is the State's money advice service, guiding people through dealing with problem debt.

Tusla community supports – family resource centres. (www.tusla.ie/services/family-community-support/family-resource-centres/).

Alcohol and Pregnancy. HSE's Ask about Alcohol - <https://www.askaboutalcohol.ie/health/alcohol-and-pregnancy/> <https://www.askaboutalcohol.ie/helpful-resources/leaflets/pregnancy-and-alcohol.PDF>

Citizen's Information: <https://www.citizensinformation.ie/en/search/?q=pregnancy>. Your rights and entitlements from the citizen's information board.

The Samaritans (www.samaritans.org), <https://www.samaritans.org/ireland/branches/>

Confidential emotional support for those in distress who are experiencing feelings of distress or despair, including suicidal thoughts. 24-hour free helpline 116 123 ; Email: jo@samaritans.org.

References

1. Henshaw C. Mood disturbance in the early puerperium: a review. *Arch Womens Ment Health*. 2003; **6**: S33-42.
2. Woody CA, Ferrari A, Siskind D, Whiteford H, Harris M. A systematic review and meta-regression 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

Credits

Produced by the RCPsych Public Engagement Editorial Board

- Original authors: Dr Kristina Hofberg and Dr Roch Cantwell
- Expert Review: Dr Lucinda Green (2018)
- Service user involvement: Cocoon Family Support
- Series Editor: Dr Phil Timms
- Series Manager: Thomas Kennedy.

Ireland

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, HSE.

Co-ordinator:

Fiona O’Riordan, Programme Manager, Specialist Perinatal Mental Health Services (SPMHS), HSE.

Expert Reviewers:

Dr. Mas Mahady Mohamad, Perinatal Psychiatrist, SPMHS, HSE, University Maternity Hospital Limerick.

Dr. Richard Duffy, Perinatal Psychiatrist, SPMHS, Rotunda Hospital, Parnell Square, Dublin 1.

Maria Gibbons, Mental Health Midwife, SPMHS, HSE, University Maternity Hospital Limerick.

Ursula Nagle, Clinical Midwife Specialist, SPMHS, Rotunda Hospital, Parnell Square, Dublin 1.

Dr. Niamh O’Dwyer, Senior Psychologist, SPMHS, HSE, University Maternity Hospital Limerick.



Building a
Better Health
Service

Seirbhís Sláinte
Níos Fearr
á Forbairt



© October 2018 Royal College of Psychiatrists, all rights reserved. This leaflet may not be reproduced in whole or in part, without the permission of the Royal College of Psychiatrists and Clinical Design & Innovation, Health Service Executive (HSE).

Disclaimer

This leaflet provides information, not advice

The content in this leaflet is provided for general information only. It is not intended to, and does not, amount to advice which you should rely on. It is not in any way an alternative to specific advice.

You must therefore obtain the relevant professional or specialist advice before taking, or refraining from, any action based on the information in this leaflet.

If you have questions about any medical matter, you should consult your doctor or other professional healthcare provider without delay.

If you think you are experiencing any medical condition you should seek immediate medical attention from a doctor or other professional healthcare provider.

No representation, warranties or guarantees

Although we make reasonable efforts to compile accurate information in our leaflets and to update the information in our leaflets, we make no representations, warranties or guarantees, whether express or implied, that the content in this leaflet is accurate, complete or up to date.

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SCO38369).



HSE NATIONAL PROGRAMME

Specialist Perinatal

MENTAL HEALTH SERVICES

Contact Details

Include midwife, mental health midwife,
PHN or other clinician details here:

IN CONJUNCTION WITH



**Clinical Design
& Innovation**
Person-centred, co-ordinated care

