Antenatal and Postnatal Depression Siobahn Curham

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ANTENATAL AND POSTNATAL DEPRESSION

Practical advice and support for all sufferers

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Foreword

Everyone has heard of postnatal depression. About one in ten women is depressed in the first few weeks following childbirth. This is not the same as the severe but rare illness of postnatal psychosis, or the mild, common and transient condition called 'the blues'. Much less well known is that antenatal depression is just as common as postnatal depression. At any one time during pregnancy, about one in ten women will be depressed. About one in 30 will be depressed all through pregnancy and the postnatal period.

Actually about one in ten women of a similar age, who have *not* just had a baby, will be depressed too. Does this mean that antenatal and postnatal depression do not exist as specific conditions? Probably not. There do seem to be particular groups of women in whom becoming pregnant or giving birth does act as a specific trigger for depression. In others, the joy of the prospect of having a baby, or of giving birth, seems to protect them from the depression they would otherwise suffer. But depression is a very widespread problem.

We still know very little about the causes of either antenatal or postnatal depression. Most of us believe that the huge changes in levels of hormones such as oestrogen, chemicals that are known to have an effect on mood, must be something to do with it, but there is still very little hard evidence for this. There is evidence that psychological and

social factors do play a role. Many studies have found that not having a supportive partner or other effective support network group, is definitely a risk factor, but it is not the whole story. Women with good relationships can be affected. A history of depression is also a risk factor. However, despite a lot of research our understanding is still quite limited. One reason for this is probably because there are many different causes, genetic, hormonal, psychological and social, and they operate to different degrees in different women.

Much recent research has focused on the effects on the child. And here there is increasing evidence that if the mother has postnatal depression the child, especially if it is a boy, can suffer from a lower IQ and behavioural problems. There is also some evidence to suggest that if the mother is anxious or depressed antenatally this can affect the development of the foetus, perhaps resulting in the child being less able to cope with stress later. These are not inevitable effects, and many children of mothers with depression will have no problems, but they highlight the importance of mothers with depression, either antenatal or postnatal, seeking help and treatment.

Here the picture is brighter. Depression is an eminently treatable disease. At the milder end it responds well to various types of 'talking' therapy. More severe depression can be effectively treated with antidepressants. We have recently carried out a small study which suggests that attending an infant massage class can help mothers with postnatal depression to relate better to their babies. What is very important is that mothers with either antenatal or postnatal depression should recognise the problem in themselves and then do something about it.

This is where this book has a real contribution to make. Siobhan Curham describes from the inside, by using many accounts taken from women who have experienced these conditions, what both antenatal and postnatal depression

actually feel like. These, often moving, descriptions should make it easier for other women, and their partners, relatives or friends, to recognise and understand these common conditions. There is nothing to be ashamed of in suffering from depression, but women with these conditions probably cannot deal with it by themselves. They should seek help. This book will show them that they are not alone.

Vivette Glover DSc Foetal and Neonatal Stress Research Centre, Queen Charlotte's and Chelsea Hospital, London. September 2000

Introduction

In this day and age of celebrity pregnancies, involving nude photo shoots and designer maternity wear, expecting a baby has never been so glamorous and exciting. At least that's what the world's media would have us believe. Yet beneath all of the see-through maternity smocks and Gucci baby slings the truth is that as many as 20 per cent of all mothers experience depression either before or immediately after the birth of their child.

When I discovered I was pregnant I was overjoyed, but by the time my baby was born I had turned into a nervous wreck. My relationship was at breaking point, I was unable to work and my confidence was at an all-time low. I was one of the 10 per cent of pregnant women who experience antenatal depression. I didn't realise this at the time – I didn't even know such a condition existed.

Although my pregnancy hadn't been planned my partner Colin and I were both really excited when we found out. We were very happy together, financially secure and ready to cope with the responsibilities of parenthood. At first the fact that I was pregnant brought us closer together. But then, just as my morning sickness began to subside and I started to look forward to the 'blooming' stage of pregnancy, I became the victim of uncontrollable crying fits. Any little thing would start me off – missing the bus, burning the toast – and I would be found in floods of tears. I

had expected some kind of hormonal upheaval when I became pregnant and if this had been the extent of my mood swings I would have put up with it gladly, but unfortunately much worse was to come.

At some point in her pregnancy every woman worries about the health of her unborn child. In my case, however, these worries became inescapable, irrational fears. I would lie awake at night torturing myself with the memories of the alcohol I had consumed and the cigarettes I had smoked during the weeks before I realised I was pregnant. I read everything I could get my hands on about the damage this can cause to the foetus. Before long I had convinced myself that my baby would be born mentally or physically handicapped and it would be all my fault. I became terrified of giving birth and discovering the damage I had caused.

As I became consumed by fear my anxieties spilled over into other areas of my life. My career was the first to suffer. I worked in a sales environment and had previously thrived on the pressure of meeting targets. But my sleepless nights soon affected my performance and as my performance started to suffer so did my confidence. Every morning when the alarm went off I would be filled with dread; often I just couldn't face going in.

My work wasn't the only area in which I lost confidence. Before long my friendships started to suffer too. I became convinced that my friends would no longer want to know me now that I had forgotten how to have fun. Some days I would lie on my bed, curled up in a ball, refusing to answer the phone or open the door when people called. All I wanted to do was to be alone and cry.

The worst casualty of my depression was my relationship with my partner Colin. I became convinced that he was about to leave me. If he went out with his friends I was sure that he was out meeting other women – slimmer, happier women. I turned from an easy-going, fun-

loving partner into a possessive, paranoid wreck. Despite all of his reassurances to the contrary I became convinced that our relationship was doomed before our baby had even arrived.

At this point I really felt I could no longer go on and started to doubt my ability as a mother. How could I take care of a new life when I was finding it so hard to cope with my own? I spent hours searching through pregnancy books and magazines in the hope of finding some kind of explanation or reassurance, but to no avail. I felt completely alone and was too scared to ask for help for fear that my doctor or midwife would think me unfit to be a mother.

Then my son was born. Despite all my fears to the contrary he was completely healthy and his arrival immediately brought Colin and me closer together again. However, it took about three months for my depression to disappear completely, as I struggled with exhaustion, the joys of breast-feeding, and worrying myself sick about whether I was doing everything right. A celebrity-style photo shoot of mother and baby 'relaxing at home' would have made for some pretty scary viewing in those first few weeks! Eventually however, I returned to my old self, but I was still very confused by what had happened to me. I had no previous history of depression and every time I heard somebody talking about the joys of pregnancy I felt that I had somehow been cheated.

It is now three years since I gave birth and in that time I have learnt a great deal about antenatal and postnatal depression. Recent research has proved that antenatal depression can affect the foetus, in some cases causing low birth weight and even premature delivery. One-third of all cases of postnatal depression actually begin during pregnancy and yet there is no literature or support group available to sufferers.

This is the book that I was searching for when I was pregnant. I have tried to answer all of the questions that I asked and have since been asked. Using other women's experiences I have examined the different causes of antenatal and postnatal depression and looked at the links between the two. As there are some important similarities and connections between the two types of depression I would recommend that sufferers of either read both sections. This book offers advice that is both practical and safe and also highlights the preventative steps that can be taken. Above all, in writing this book I want to reassure sufferers of antenatal and postnatal depression that they are certainly not alone and should never feel too ashamed or afraid to seek help.

Chapter 1 Antenatal Depression

What is Antenatal Depression?

until very recently the only form of depression associated with pregnancy was postnatal. But in the last ten years many studies have been carried out on antenatal depression and its effects upon the foetus. These studies have shown that 10 per cent of pregnant women are affected by antenatal depression. More worryingly, they have also proved that stress and anxiety in the mother may be transmitted to the unborn child. This in turn has been linked to low birth weight, premature birth and all the long term health implications these entail.

The causes of antenatal depression are many and often complex. Women who do seek help are often told not to worry – 'it's just your hormones' – but this is far too simplistic and of little help to the sufferer. The causes can be broken down into three main areas and may often be a combination of the following:

- Physical
- Emotional
- Social

The reality of antenatal depression

Doom, despondency and despair are not words normally associated with pregnancy, yet for the sufferer of antenatal depression they are all too familiar. Rather than being a time for hope, joy or blooming, pregnancy becomes a ninemonth tunnel of gloom, depression and often ill health. Rather than knitting booties, choosing names and decorating nurseries it becomes a time for fear, anxiety and even contemplating suicide, as the following examples demonstrate:

Hannah's story

'Despite planning our pregnancy, both my husband and myself have been shocked at how immediate the conception was, which resulted in instant feelings of despair and depression. The whole nine months were not totally negative but more often than not I found myself in floods of tears, feeling total despondency, fear and helplessness without knowing "WHY?" I had a normal, uncomplicated pregnancy, secure relationship, was financially comfortable, but did not enjoy at all the journey to motherhood.'

Jane's story

'When I was pregnant with my daughter Emily, now 3 years, 9 months, I worried about everything. I had only been going out with my partner for five months when I found out I was pregnant. After the initial excitement wore off I began to get anxious about everything. At seven weeks pregnant I started to bleed. I was sent to the hospital for an internal scan which revealed the blood was coming from outside the womb and not to worry, but all I could think about

was that I might lose my baby and if I did my partner would not want to marry me or know me any more. My fears were totally unfounded as I didn't miscarry – even though I bled up until 25 weeks pregnant. As I got bigger I was consumed with the fear of being alone, so I ended up spending most of my time with my mum. I had also been plagued with water infections which made me even more depressed. In the end I ended up having Emily five weeks early as a water infection caused premature labour. Luckily she was born a healthy 2.9kg (6lb 7oz) and with no breathing difficulties so we were allowed home after three days. But I went on to develop postnatal depression.'

Sara's story

'I didn't find out I was pregnant until I was 20 weeks. I was on the pill and still having periods so I had no idea. I'm 21 years old and this is my first baby. I am in a stable relationship and my partner is very supportive, but I'm having a very hard time being positive about this pregnancy. I love my partner, it's just everyone else I can't cope with. I'm being offered advice and opinions from people who have never had children. I've lost all of my self-confidence and I feel so lonely. It's as if my life and body have been taken over and I have no control any more. I'm glad to know that soon there may be some more support for other people who feel this way, which may take away some of the loneliness.'

Nicola's story

'I had this kind of depression for ages; I couldn't stop crying over anything sad that I'd see on the television or any little thing at all. I looked and felt a mess - bloom in pregnancy - that's a joke! I felt like all of my friends and family had moved on and left me behind. It was like I had a split personality - fine one minute and like a mad woman the next - and I was terrified my baby would be born a nervous wreck. I was not like this with either of my other pregnancies and my partner, Tom, thought I was an absolute nutter, as I felt if I let him do anything on his own away from me he was going to meet someone else, and that would have absolutely destroyed me. All the reassurance in the world didn't help me. I didn't look into my feelings as I was scared I was somehow abnormal.'

Common symptoms of antenatal depression

• Chronic anxiety

Such as fear of the birth itself or fear for the baby's health

• Guilt

Guilt at negative feelings towards the pregnancy Torturing oneself over any alcohol and cigarettes consumed during the pregnancy

Incessant crying

Often for no apparent reason

Lethargy

Lack of energy or enthusiasm for anything, including work, socialising and relationships

Loss of self-confidence

Often linked to changing body shape

Relationship problems

Acute fear that your partner is going to leave you,

extreme possessiveness

Conflict with parents

The prospect of becoming a parent can often highlight difficulties with your own parents, particularly your mother

Isolation

Believing that you are the only one experiencing such feelings

Afraid to seek help

Too embarrassed and ashamed, for fear that you will be judged unfit to be a mother

Antenatal Depression – the Physical Causes

Imagine if, one day before you ever became pregnant, you woke up and found that you had gained over 12.6kg (2 stone) in weight and your breasts had swollen to the size of two painful melons. You leap out of bed in horror only to collapse to the floor overcome by dizziness and nausea. Your bladder feels as if it is about to burst and you rush to the bathroom. No sooner have you relieved yourself than you need to go again. You look in your wardrobe for something to wear, but nothing fits any more apart from that old pair of leggings and that tatty old jumper you wore to do the decorating. You walk downstairs and are left gasping for breath because your lungs (and all your other internal organs) have been pushed right up inside your ribcage. Your heart is working 40 per cent harder than normal and your hormone levels - well they have rocketed.

This might sound like a nightmare but this is the biological reality of pregnancy. It is not really surprising

therefore that such a physical trauma can often lead to feelings of depression and despair.

Hormonal changes

During pregnancy the hormones oestrogen and progesterone rise in volume by 30–50 times. The immediate effects of this are an increased need to urinate, breast swelling and morning sickness. In a normal pregnancy these increases should also create a sense of well-being, or the traditional maternal 'bloom'. However, in some pregnancies the placenta does not produce enough of the hormone progesterone. Although this does not affect the baby it can lead to feelings of depression in the mother.

Angela, 35, did not discover she was expecting a baby until she was five months pregnant. Despite having had no morning sickness or any of the other physical symptoms associated with pregnancy she suddenly became depressed for no apparent reason.

'Before I found out I was pregnant I was terrible; I kept not turning up at work as I didn't want to face anyone. I didn't want to see people, answer the phone or door and kept crying over the silliest things.'

This was soon having a serious impact on Angela's marriage:

'I had also become completely obsessed with cleaning and everything had to be just so. I'd get really upset if anyone changed my routine. In fact on one occasion I even hit my husband for taking the Hoover away from me. It got so bad my husband said if I didn't sort myself out it would seriously affect our relationship.'

So Angela went along to the doctors thinking she was going through an early menopause. It was only when the doctor sent her for a scan, suspecting she might be suffering from an ovarian cyst, that they discovered she was pregnant. The fact that Angela had no idea she was expecting demonstrates the impact that hormonal changes can have on a woman's mental well-being.

Chronic nausea

One side effect of a hormone imbalance is chronic nausea. For a lot of women there is no such thing as 'morning' sickness. It lasts all day and often for the whole nine months. Permanently feeling sick can cause feelings of utter despair as Eleanor, 31, discovered when pregnant with her eldest daughter Kate.

'From practically the moment Kate was conceived right up until I gave birth I felt sick. People don't realise just how much this affects your day-to-day life. One morning I was sick on the train going to work – it was awful – everybody was staring at me. I became too scared to go in, and even when I did make it into the office I wasn't much use to anyone as I spent more time in the toilet than at my desk.'

Work was not the only area of Eleanor's life to be affected. Her sickness prevented her from going out with friends and she became increasingly frustrated and depressed.

'I felt as if I had been pregnant forever - I really couldn't imagine feeling normal again, enjoying food and being able to smell things like coffee without wanting to heave.'

Alison, a nursery nurse, loved her job and wanted to carry on working right up until the birth of her child. However, chronic sickness forced her to leave work very early on in her pregnancy.

'I loved working with children and having to give up was the trigger for me becoming seriously depressed. Without the social aspect of going out to work and mixing with other people I lost all my enthusiasm for life and indeed my pregnancy.'

As with premenstrual tension and period pains, morning sickness is one of those 'women's complaints' that receives little sympathy from society in general and men in particular. It is looked upon as part and parcel of being a woman and sufferers are expected just to carry on and endure it in silence. However, chronic nausea over a long period of time is extremely unpleasant and can make life quite unbearable. For further information on the treatment of chronic nausea please see the chapters on diet and alternative therapies later on in this book.

Iron and zinc deficiency

Deficiencies in the minerals iron and zinc have both been linked to depression. As pregnancy is a common cause of such deficiencies it is crucial that the diet is full of iron-and zinc-rich foods (see <u>Chapter 7</u> for examples of such foods). Vitamin C is also essential as this aids the absorption of iron into the body. Routine antenatal blood tests will detect iron deficiency and high dosage iron tablets will be prescribed. Sinead describes her feeling of relief when chronic anaemia was diagnosed during her first pregnancy:

'There was no way that my first child was unwanted or unplanned. Ever since I was a young girl I had longed to be a mother, so discovering I was pregnant was like a dream come true. However, after about three months I felt dreadful. I'm usually a real get-up-and-go sort of person, but I was constantly tired, ratty and miserable. I looked and felt terrible. I hated feeling so low at a time when I knew I should have been really excited. One day, when I was shopping in my local supermarket, I bent down to take something off the bottom shelf and I practically blacked out. I had never felt so dizzy before in my life and I was literally seeing stars before my eyes. It was a very frightening experience. I went to see my GP and he immediately suggested that I might be suffering from anaemia. So I had a blood test and he was right - my iron levels were very low and I was put on iron supplements. My midwife was also very helpful and gave me a list of foods that are rich in iron. Although it took a while before I noticed any improvement it was a huge relief to have an explanation for the way I had been feeling, and one that was relatively easy to put right.'

Weight gain

None of us like gaining weight and yet in pregnancy we are expected to put on at least 12.6kg (2 stone) and feel radiant about it! Excessive weight gain can have a profound effect upon a woman's confidence, leading to feelings of worthlessness and low self-esteem. Natalie, 28, had always been a size 8 until she became pregnant and grew to a size 16. Previously the life and soul of any party, as her confidence diminished she became increasingly moody and tearful.

'Before I became pregnant I lived for the weekends when I would hit the clubs with my friends. I loved dancing and showing off my figure - I was one of the girls. But then I got pregnant and it seemed as if my whole life came to an end. We had planned the pregnancy and I had been so excited at first. I thought I'd be able to carry on going out, obviously not drinking or smoking any more, but I still thought I'd be able to have a good old dance. However, within a couple of months I had just ballooned. I'd never had a problem with my weight before, but now I just couldn't seem to stop putting it on. It was all over as well - not just my stomach. I felt like a monster next to my slim mates. I stopped going out and this made me even more miserable. My husband became really distant and I was convinced this was because he no longer found me attractive, when the reality was that he was too scared to come near me in case he got his head bitten off'

Suzanne's depression got worse and worse the larger she became:

'My "bump" continued to grow, and nothing in my wardrobe fitted, which added to my feelings of helplessness. Sometimes I would stay in my nightie all day because I just didn't see the point in getting dressed or doing anything. All the books said what a happy and exciting time this should be, but I felt fat and frumpy; a great big useless Easter egg on legs!'

As well as affecting confidence, excessive weight gain is also extremely uncomfortable. By the last two months of any pregnancy the simplest things, like walking up a flight of stairs, become major challenges. For previously active women this can prove extremely frustrating and lead to feelings of utter hopelessness, as Lucy recalls:

'I enjoyed most of my pregnancy but by the last couple of months everything changed. I became desperate. I hated what I had turned into. I felt like a gigantic blob, huffing and puffing along. Even getting out of a chair had become a struggle and I dreaded having to leave the house. I remember making myself run up and down the stairs in the hope that I might go into labour early – all I could think about was getting this thing out of me. I know that's an awful way to talk about my own child, but I had become so resentful at having my body taken over.'

Physical complications during pregnancy

Pregnancy is a physical trauma in itself, but if there are added complications it is hardly surprising that the mother becomes consumed with anxiety, for her baby's health as well as her own. Sandra recounts how physical complications in her third pregnancy caused her to fear for her own sanity:

'I had been feeling quite down, for no apparent reason, throughout my pregnancy and then suddenly I went into labour at 25 weeks. I was admitted to hospital and given two doses of steroid injections over the space of 12 hours to mature the baby's lungs. Luckily it all stopped. The scans showed the baby was okay and weighed at the time about 1.2kg (2½lb). Then I was found to have a bad infection and was passing blood, so I was put on antibiotics. My symptoms led them to do a sugar level test for diabetes. The level should have been 6; mine was 12.5 so I had to go back into hospital for more tests.

All this stress did little for my sanity and I spent the remainder of my pregnancy seriously believing I would end up on the psychiatric ward.'

Annabel suffered from antenatal depression during her first pregnancy and like Sandra it was exacerbated by the physical problems she encountered:

'All through my pregnancy, right from before I knew, I had these really bad pains about once a month. They were just below my right bottom rib and it was not until I was 32 weeks that I was diagnosed as having gall stones. The pain was so bad that I was admitted into hospital. I was put on a women's surgical ward along with ladies who had had hysterectomies and a young girl who was having an early pregnancy bleed. This made me even more depressed, and if I had not been pregnant I would have killed myself as the pain was that bad. They gave me Pethidine but even this was not strong enough; they couldn't give me anything else because of the baby. All this worry was making life with my husband unbearable, he just didn't understand what I was going through. Everyone else I talked to just said I was being silly and to get on with it. This did not help me and just left me feeling even more alone.'

There are various complications that can be triggered off or made worse by pregnancy. If you start to feel any kind of pain or discomfort or notice any strange symptoms whilst you are pregnant it is imperative that you seek medical advice immediately. Although traditional treatments may not be available because of the unknown risk to the foetus, your doctor or midwife should be able to