

mind hk

Understanding postnatal depression

產后抑鬱症

Mind HK was founded and is jointly supported by Mind UK and the Patient Care Foundation
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Understanding postnatal depression 明白產後抑鬱症

This booklet explains the possible causes of postnatal depression (PND), what signs to look out for, what might help and what support is available. It also includes some information about other postnatal mental health problems

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What is postnatal depression?

什麼是產後抑鬱症？

Having a baby is usually thought of as a happy time. However, as a new mother, you may not necessarily feel this straight away.

You may go through a brief period of feeling emotional and tearful – known as the ‘baby blues’. It usually starts 3-10 days after giving birth and affects around 85 per cent of new mothers. It is so common that it is considered normal. New fathers may also feel it. And, although having the baby blues may be distressing, it’s important to be aware that it doesn’t last long – usually only a few days – and is generally quite manageable.

However, around 10-15 per cent of new mothers develop a much deeper and longer-term depression known as postnatal depression (PND). It usually develops within six weeks of giving birth and can come on gradually or all of a sudden. It can range from being relatively mild to very severe.

Common signs of postnatal depression

You may experience one or more of the following symptoms. However, it is unlikely that you will go through all of them.

How you may feel:

- sad and low
- tearful for no apparent reason
- worthless
- hopeless about the future
- tired
- unable to cope
- irritable and angry
- guilty

- hostile or indifferent to your husband or partner
- hostile or indifferent to your baby.

You may find that you

- lose concentration
- have disturbed sleep
- find it hard to sleep - even when you have the opportunity
- have a reduced appetite
- lack of interest in sex
- have thoughts about death

As babies need care and attention frequently, including during the night, it is common to feel tired in the months following the birth of a child. And lack of sleep can make you feel both low and irritable. This is normal, and it is important not to confuse this with PND. However, one indication that you are going through PND is if you find it hard to sleep even when you're tired and have the opportunity to do so.

"My postnatal depression snuck up on me as a dark shadow, every morning waking up and noticing a heaviness and blackness to my mood. The only 'comforts' were private fantasies about ending it all, running away, escaping my responsibilities, tearing myself to shreds to try and grasp why I felt so bleak."

If you experience thoughts about death or harming yourself or the baby, this can be very frightening, and may make you feel as if you are going mad or completely out of control. You may be afraid to tell anyone about these feelings. But it's important to realise that having these thoughts doesn't mean that you are actually going to harm yourself or your children. However difficult it is, the more you can bring these feelings out into the open and talk about them, whether to a family member, a friend or a health professional, the less likely you will be to act on them.

Diagnosing postnatal depression

診斷產後抑鬱症

Experience of depression or other mental health problems before your child is born can put you at greater risk of developing PND (see p.6). Health professionals should therefore ask about your wellbeing and mental health, during your pregnancy.

What causes postnatal depression?

導致產後抑鬱症的成因

There is no known cause for postnatal depression, and sometimes it can start for no obvious reason. However, some researchers have suggested a number of possibilities.

Some think it is likely to be biological; for example, changes in your body, including hormonal changes. However, although some studies show that changes in the level of hormones during pregnancy and after birth can trigger changes in mood, only some women go on to develop PND – so hormones are unlikely to be the single cause.

Others think the cause is linked to past experiences or social circumstances. Many suggest that a combination of different issues cause PND.

Some situations are considered to put you at particular risk of developing PND:

- previous mental health problems
- lack of support
- experience of abuse
- low self-esteem
- poverty and poor living conditions
- major life events.

Previous mental health problems

過往的心理健康問題

If you have experienced a mental health problem in the past – including during pregnancy – this may recur after you have given birth. It is also important to be aware that what caused your mental health problem in the past, can also put you at risk of PND.

If you experienced PND after the birth of one child, you are at increased risk of developing PND after the birth of your next child. However, you may have coped well with your first child, and felt depressed after the second, or the other way around.

Lack of support

缺乏支持

Several studies suggest that lack of support from a partner or other family members can put you at risk of PND. You are at particular risk if you are a single mother (especially if you're young), recent immigrant, refugee or asylum seeker.

“Depression during pregnancy needs to be publicised more – because I was never ever asked how I was, even when they knew I was about to be a single parent and aware that I had no support”

Experience of abuse

曾經受到虐待

If you experienced emotional, physical or sexual abuse while growing up, you may find it hard to relate to others, including your baby. If your own parents did not have good parenting skills, you may find it hard to adapt to your new role as a mother. For example, you may feel unsure how to respond when your baby is crying. You may even fear that you are going to harm your baby somehow,

because you are unsure how to take care of them.

Domestic violence, including verbal, emotional and financial abuse, can trigger anxiety, depression and lower your self-esteem. It also puts you at risk of developing PND. If you experienced abuse as a child or later in life you may also have post-traumatic stress disorder (PTSD), which can further add to your risk for postnatal depression.

Low self-esteem

自尊心低

If your self-esteem is low, you may doubt your ability to cope as a new mother. When your baby cries, for example, you may think it is because of something you have done wrong – or because of something you haven't done. The way you think about yourself can put you at risk of developing PND.

Poverty and poor living conditions

窮困或居住環境欠佳

It can be difficult for anyone to deal with poverty. If you face life with a new baby while living in poor housing and with little money to spend, this adds stress to your life and puts you at risk of developing PND. You may feel that you are unable to provide your baby with everything that he or she needs, and you may feel that you are failing your baby. Dealing with poverty can be particularly difficult if you are also living alone with little or no support from others.

Major life events

經歷一些生命中重要的事件

Major life events can include:

- an illness or death in the family
- the break-up of a relationship

- moving house
 - losing your job
 - having a baby.
-

What help is available?

有什麼幫助可以提供？

“I was too scared to tell anyone how I really felt in case they took my baby away”

You may fear that your baby will be taken away if you admit to feeling depressed, anxious or having distressing thoughts, for example, about harming yourself or the baby. But fear of asking for help may be part of the problem, and you may need encouragement and support in getting it.

PND is not only a distressing condition, it can also be a disabling one, so the earlier you get help the better. If PND is acknowledged and addressed, it is likely to pass sooner and be less severe than if you get no help. It is then also less likely to affect the relationship between you and your baby.

“I thought I was a bad mother, until I told my health visitor how I was feeling. When she named ‘it’ postnatal depression and got me the right support, it felt like someone had opened the door and let a glimmer of sunlight in.”

There are many health professionals who are familiar with these issues and who can provide you with support in several different ways. These may include your doctor, midwife, health visitor, community psychiatric nurse, psychiatrist, psychotherapist or counsellor, or complementary practitioner.

Research suggests that the treatment most new mothers prefer for PND is a combination of practical support and advice, and counselling or psychotherapy. If necessary, you may want antidepressants.

Counselling and psychotherapy

輔導和心理治療

Talking treatments, such as counselling and psychotherapy, can offer you the opportunity to look at the underlying reasons that have contributed to the way you feel, as well as helping you to change and manage your feelings.

Many doctors have a counsellor or psychotherapist attached to their practice. They can also refer you to a psychiatrist or psychologist at Hospital Authority. Various organisations offer talking treatments, and some of them operate a low fee scheme for those who can't afford to pay. Cognitive behaviour therapy (CBT) is increasingly popular as a short-term treatment, and provides practical ways of dealing with problems. Talking therapies should be more readily available to you if you are pregnant or breastfeeding because of the increased risk of using medicines at these times.

Prescription medicine

處方藥物

Your doctor can prescribe medication to help you. It's important to discuss potential benefits and side effects fully, before taking any, and to keep monitoring your progress with them.

Medication may enter breast milk, and if you are breastfeeding you will need to bear this in mind when deciding whether or not to take it. Some drugs have known effects on infants, while others appear to be quite safe, so it is important to discuss this with your doctor. If you do decide to try medication, it may be

necessary to try different drugs to achieve the best results.

Antidepressants

抗抑鬱藥物

All antidepressants take time to work. If you do take them, they can be very effective, but you should be prepared to take them for at least six months.

They also all have possible side effects, and when you stop taking them you should withdraw slowly, to avoid possible withdrawal effects which can be unpleasant.

Manufacturers advise that the following antidepressants should be avoided while breastfeeding: doxepin; phenelzine, isocarboxazid, moclobemide; citalopram, escitalopram, fluoxetine, fluvoxamine, sertraline; duloxetine, venlafaxine; flupentixol, mirtazapine, reboxetine, and agomelatine.

Mood stabilisers, such as lithium, should also be avoided while breastfeeding.

Sleeping pills and tranquillisers

安眠藥和鎮靜劑

If lack of sleep has become a habit you can't break, your doctor may consider prescribing sleeping pills to help you. Any sleeping pills should be taken for brief periods only, and preferably not for several nights in a row, in order to avoid becoming dependent on them.

They should not be taken if you are breastfeeding because they are excreted in breast milk, and are absorbed by the baby.

Other drugs

其他藥物

You may also be taking other medication for a mental health problem or physical condition. These can sometimes interact with drugs the doctor may wish to prescribe for postnatal depression. All drugs should be used with caution. Talk to your doctor if you need more advice about a particular drug or combination of drugs.

Electroconvulsive therapy (ECT)

電痙攣療法

ECT is a controversial treatment, but some psychiatrists favour it for PND because when it works it can relieve depression quickly. The treatment is done under anaesthetic and involves passing an electrical current through the brain. Many people are nervous of it, and it does not work for everyone. It can also have serious side effects.

Complementary therapies

另類治療法

Some women have found complementary therapies helpful when they experience PND. These are holistic therapies – treating you as a whole person to support your body and mind in healing. They include cranial osteopathy, herbal remedies, homeopathy, massage, traditional Chinese medicine, acupuncture, reflexology and aromatherapy. Some people find these therapies can help them relax and may reduce symptoms of, for example, depression and anxiety.

What can I do to help myself?

我能做什麼來幫助自己?

Postnatal depression usually gets better in time, although it may take up to a year. Where you feel you can, ask for and accept help from those around you. Love, practical and emotional support from family, friends and community can be vital in helping you to cope.

Meet other parents 與其他家長見面

Talking to other new mothers and fathers, and finding that other new parents share the anxieties and frustrations you are experiencing, can be very reassuring. It can also give you a chance to share skills and experiences, to realise you are not alone, and above all to get some emotional and practical support. It can help to affirm you in your new role.

You can develop your own network of support; for example, by keeping in touch with people you may have met at your antenatal classes, and going to parent-and-baby groups locally. There are many organisations that can put local mothers in touch with each other, having a baby can be a wonderful way to make new friends.

“I suffered badly from postnatal depression, I felt very lonely and frightened. My doctor suggested a baby massage class to help me bond with my baby and also meet other mums suffering. It really helped to meet and talk through our experiences. it made me realise I was not alone”

Get help to shop and cook 找人幫助購物和煮食

Difficulty in concentrating and lack of appetite are common symptoms of depression. The first can make it difficult for you to prepare food; the second can make it difficult to eat. Lack of food can make your condition worse. You may also be anaemic, which will make you feel tired and make it harder to relate to your baby. You may also be lacking vitamin B, calcium and magnesium.

Accept offers of help from relatives and friends to help you prepare or buy food. People often like to do something practical to help you and this is one great way.

Get help with feeding your baby

找人幫助您餵治嬰兒

If your baby takes a bottle, you could ask your partner or other family member or a domestic helper to take over the night feeds, if only for a night or two. If you are breastfeeding only, you can have the baby's cot next to your bed, so that you can feed with the minimum of disruption. In time, you and the baby are likely to fall into a more natural rhythm of sleeping and waking, and this will make the night feeds much less stressful and tiring.

Do less housework and rest when possible

做較少家務和盡量休息

It can help if you don't try to do too much round the house; you and the baby are much more important. If you are having many broken nights, you can try to sleep when the baby does, and, if at all possible, have people to help you out with daily responsibilities, or hire a domestic helper to help you out.

"The postnatal depression seemed to go on forever, but I did sleep more eventually, and my 'depression' magically lifted. I think a lot of new mums just need more help – and definitely more sleep – than they get!"

Exercise

運動

It might seem impossible to find the time, but if you can, physical activity can work as an antidepressant, especially if it's enjoyable. Do anything you find fun, e.g. walking fast with the pram, dancing to the radio at home. Or try to arrange for a time for yourself to go to a class or for a hike, while your partner or friend looks after the baby.

Learn to relax

學習放鬆

- Learning simple breathing or relaxation techniques, such as those you learn

- in antenatal classes can be helpful.
- Giving yourself a relaxing bath with candles and scented foam while the baby is asleep or is being entertained by someone else, can help recharge your batteries.
 - You can try to find something to do, just for the fun of it. It doesn't matter whether it's five minutes with your feet up and cup of tea, reading a book or listening to music, as long as it gives you pleasure.
-

What about fathers?

那麼父親們怎麼辦？

Only mothers can formally be diagnosed with postnatal depression. However, studies suggest that fathers can also experience depression after the birth of a child. Research suggests that between 1 and 4 per cent of men experience depression during the first year after the birth of a child.

Some new fathers appear to be more vulnerable to depression than others. Being young, unemployed and/or poor when the child is born increases the risk of depression after becoming a dad. It may be that young fathers are more at risk because being young might mean that it is less likely that the child was planned. A young dad might therefore not feel ready to take on the new responsibilities that come with fatherhood.

If the new mother is depressed, this might make the role as a father more stressful, which in turn can add to the risk of experiencing depression.

Other possible causes include increased responsibility; the expense of having children and the change in life-style that it brings; the changed relationship with their partner; as well as lack of sleep and the increased workload at home. Few services exist for men, although awareness and understanding of this problem is improving slowly.

Post-traumatic stress disorder (PTSD)

創傷後心理壓力緊張症候群

If you have a difficult labour with a long and painful delivery, an unplanned caesarean section or emergency treatment, you may experience a form of posttraumatic stress rather than postnatal depression. The impacts of these are often under-estimated, as people may feel that the baby is adequate compensation for the trauma, and that, as a new mother, you will soon forget the ordeal in the joy of motherhood.

However, a traumatic childbirth may impair your relationships with both your baby, and your partner. You may feel acute disappointment that childbirth was not the wonderful experience you were hoping for, and feel angry with the medical staff if you felt that the delivery wasn't handled well. Many mothers even avoid further pregnancy after a negative birth experience like this.

If you have experienced a traumatic delivery, you can ask for help via your doctor to deal with the trauma. This can make it easier to put the experience behind you and minimise the risk of developing long-term depression.

Puerperal psychosis

產後精神病

This is a serious, but rare, psychiatric illness, occurring in less than one in 1,000 births. It is similar in some ways to bipolar disorder. If you are diagnosed with this disorder, you may experience the following symptoms:

- mania
- severe depression with delusions
- confusion or stupor
- rapid changes in mood between mania and depression

- delusions
- hallucinations.

It usually starts quite suddenly a few weeks after the birth. You may feel very restless, excited or elated and unable to sleep. You may feel confused and disorientated, and find it difficult to relate to your environment, or fail to recognise friends or family members. This can make it difficult for you to bond with your baby.

You may have delusions or hallucinations. You may misinterpret what is happening around you – for example, you may think your baby is being taken away from you, when staff are simply taking it for a sleep or a feed. You may be manic (for example, cleaning the house at three o'clock in the morning) or have wild mood swings from high to low. Your behaviour may become increasingly disturbing to those around you, and you may lose touch with reality. It is likely that you will need help, and medical and social support.

Causes and risk factors 成因和風險因素

There is some evidence that puerperal psychosis runs in families, and if you have a previous or family history of mental health problems (for example, a diagnosis of bipolar disorder) you are at a higher risk of developing it. However, it often appears with no warning.

It is slightly more common in first rather than later pregnancies, and one experience of puerperal psychosis does not necessarily mean that you are likely to have it again after subsequent pregnancies.

Available treatments 可提供的治療

It is important to get appropriate help as quickly as possible, as there is an increased risk that you might not be able to care for your baby without support from others.

Treatment may involve you being in hospital, in a mother and baby unit within a psychiatric ward where this is available, and will usually include antipsychotic drugs such as olanzapine or quetiapine, or antidepressants. As many psychiatric wards or hospitals do not have mother and baby units, you may have to be away from your baby while you are being treated.

Clearly this is undesirable, and if you have to be away from your baby, this should be for as short as possible.

Sometimes it may be necessary for you to be treated with certain drugs. All published advice states that antipsychotics should be avoided while breastfeeding. However many experts believe that if women can be managed with a low dose of a single antipsychotic drug, the benefits of breastfeeding are likely to outweigh the risk of harmful effects.

Doctors may suggest using electroconvulsive therapy (ECT) which can be effective, and does mean that breastfeeding can continue. If you are offered this treatment, it will be given under general anaesthetic. Because there is risk of side effects – headaches and short- and long-term memory loss, your treatment should be carefully monitored. If you experience memory loss, the treatment should be stopped. ECT should only be offered if other treatments have not worked.

Most women recover within a few weeks, but it may take a long time to get over it completely.

How can friends and family help?

朋友和家人可以做什麼？

This section is for friends or family who wish to support someone they know who has postnatal depression.

Studies suggest that new mothers who experience postnatal depression find support from partners, family and friends helpful.

It may be difficult, upsetting and frustrating to live with someone who has PND, but it's important not to blame them for how they are feeling. Some mothers who experience PND may be reluctant to ask for help out of fear that she might be labelled as mad and that it will result in the baby being taken away from her. It can therefore be helpful if you reassure her that many women experience PND, and that she is not going mad and that she will get better.

If you are prepared to talk about what is going on, this can help make the problem visible – and less threatening – and can be a vital first step towards resolving it.

If you learn about PND you may feel better able to understand what she is going through – and how best to help.

You could also offer to go with her to the doctor. This can make her feel safe, and it will be easier afterwards when there are two of you to remember what was said and what advice was given

Offer practical support 提供實際援助

The best way to find out what she needs is to ask her. However, if she feels very low, she might find it difficult to make suggestions. You could then suggest various things you are willing to do.

Practical support can include:

- doing shopping, cleaning and other jobs that need doing
- cooking and providing healthy food
- looking after the baby (so she can sleep, have a bath, exercise etc)
- spending time with her so she doesn't have to be alone all the time

If necessary, you could offer to check out what options for help are available in your area.

Useful Contacts

有用資訊

The Mental Health Association
of Hong Kong

香港心理衛生會

Tel: 2528 0196

Web: www.mhahk.org.hk

United Centre of Emotional
Health & Positive Living

聯合情緒健康教育中心

Tel: 2349 3212

Web: www.ucep.org.hk

Amity Mutual Support Society

恆康互助社

Tel: 2332 2759

Web: www.amss1996.org.hk

The Samaritan Befrienders

Hong Kong

港撒瑪利亞防止自殺會

Tel: 2389 2222

Web: www.sbhk.org.hk

HK FamilyLink Mental Health

Advocacy Association

香港家連家精神健康倡導協會

Tel: 2144 7244

Web: www.familylink.org.hk

Institute of Mental Health

Castle Peak Hospital

青山醫院精神健康學院

Tel: 2466 7350

Web: www3.ha.org.hk

Further Information

Mind HK was founded and is jointly supported by Mind UK and the Patient Care Foundation. At the moment Mind HK is limited to website support but with donations we hope to expand the work that is done. Volunteers welcome to contact:

mentalhealth@patientcarefoundation.com.hk

Mind Hong Kong 是由 Mind UK 及 Patient Care Foundation Hong Kong 聯合協辦的機構。在現階段我們只能提供有限度的網上支援。假若有足夠的捐款，我們會進一步擴大服務範圍。如有興趣參與義工團隊，

請聯絡: mentalhealth@patientcarefoundation.com.hk