

DIAGNOSING PND

Based on symptoms: When symptoms of Baby Blues are more severe and last for more than 2 weeks!

PREVENTION

- Plan support during and after pregnancy
- Pre-natal birthing classes to prepare new mothers and fathers for childbirth and post-birth childcare
- Psychosocial counselling during and after pregnancy for emotional support, guidance and preparation
- **Do not discontinue antidepressant medication before or during pregnancy without the guidance of your doctor. Ask about medication options that could be safe during pregnancy**
- Although all these factors are protective some women may still develop PND due to genetic/biological vulnerabilities

TREATMENT OPTIONS FOR PND

- Psychological treatment, such as:
 - Cognitive behavioural therapy
 - Interpersonal therapy
 - Counselling
- Medication, such as:
 - Antidepressants

NB: If you are breastfeeding, ask your doctor for a medication option that is safe during breastfeeding.

YOUR 10 STEP PLAN TO COMBAT PND

1. Look out for the signs and symptoms
2. Acknowledge the problem
3. Don't feel guilty, don't run away, take the bull by its horns

4. Get help: consult with your doctor
5. Be compliant with medication
6. Get advice and guidance through counselling
7. Get support: set up a support structure of family and friends
8. Take me-time or time out
9. Eat a healthy diet
10. Exercise

Please Note: This is an educational information leaflet only and should not be used for diagnosis. For more information on postnatal depression, consult your healthcare professional.

References: 1. Journal for Mental Health in Family Medicine, December 2010, Kym Spring Thompson, PsyD and Judith E Fox, PhD, Post-partum depression: a comprehensive approach to evaluation and treatment 2. The Journal of Perinatal Education, 2015; 24(1): 48–60, Catherine P. Corrigan, Andrea N. Kwasky, Carla J. Groh, Social Support, Postpartum Depression, and Professional Assistance: A Survey of Mothers in the Midwestern United States 3. Clin Obstet Gynecol. 2009 Sep; 52(3): 456–468, Dorothy K. Sit, M.D. and Katherine L. Wisner, M.D., M.S., The Identification of Postpartum Depression 4. Depression Research and Treatment Volume 2012 (2012), Article ID 363964, Barbara P. Yawn, Ardis L. Olson, Susan Bertram, Wilson Pace, Peter Wollan, and Allen J. Dietrich, Postpartum Depression: Screening, Diagnosis, and Management Programs 2000 through 2010 5. American Journal of Clinical Medicine, 2009, Sara Thurgood, BS Daniel M. Avery, MD Lloyd Williamson, MD, Postpartum Depression (PPD) 6. BMC Psychiatry 2014, Charline El-Hachem, Jihane Rohayem, Rami Bou Khalil Email author, Sami Richa, Assaad Kesrouani, Rima Gemayel, Norma Aouad, Najat Hatab, Eliane Zaccak, Nancy Yaghi, Salimé Salameh and Elie Attieh, Early identification of women at risk of postpartum depression using the Edinburgh Postnatal Depression Scale (EPDS) in a sample of Lebanese women 7. World Health Organisation, Prepared for: Toronto Public Health October 2003, Donna E. Stewart, MD, FRCPC E. Robertson, M.Phil, PhD Cindy-Lee Dennis, RN, PhD Sherry L. Grace, MA, PhD Tamara Wallington, MA, MD, FRCPC, Postpartum depression: Literature review of risk factors and interventions



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WhatsApp counselling helpline: 076 88 22 77 5

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POSTNATAL DEPRESSION

WHAT IS POSTNATAL DEPRESSION (PND)

It is classified as a mood disorder:

- Associated with childbirth
- Starting typically between 2 weeks and 1 month after childbirth, but can present any time during the first year of baby's life
- Affecting up to 1 in 3 new moms and even some new dads

NB: The danger is that it can also have negative effects on the newborn baby's need for physical and emotional nurturing!

Effects on the baby			
Emotional	Social	Developmental	Behavioural
Quiet, poorly responsive or distressed, poorly regulated	Withdrawn, poor eye contact, poor engagement	Delayed speech, motor milestones, sensory deficiencies	Fussy, poor sleep, difficult to soothe

In some cases, PND may be an extension of Baby Blues and can overlap when it comes to initial signs and symptoms, but there are distinct differences between Baby Blues and PND.

The table below shows the key differences between Baby Blues and PND:

Baby Blues	PND
Feeling sad, emotional and weepy	Severe feelings of sadness, anxiety and worthlessness
Usually only lasts 3-7 days after childbirth Never lasts more than 2 weeks	Last for at least 2 weeks and may occur for months and up to a year after childbirth
Mood lability	Often associated anxiety
Affects 70 to 80 % of women	Affects between 10 -30% of women
Will resolve spontaneously	Requires treatment



PND will not go away by itself. Unlike Baby Blues, PND can only be resolved with treatment

CAUSES AND RISK FACTORS FOR PND

Depression during pregnancy is the best predictor for PND. Other causes and risk factors include a combination of these physical and emotional factors:



- Hormonal changes
- Sleep deprivation
- Family history of mood related disorders such as depression, PND and bipolar disorder
- Having stopped antidepressants prior to pregnancy
- Lack of a support structure after childbirth
- PND after previous childbirths
- Stress around childcare
- Complications during childbirth

SYMPTOMS AND SIGNS OF PND

Some of the most frequent signs and symptoms include:

- Feelings of extreme sadness
- Low energy levels
- Anxiety
- Crying episodes
- Irritability
- Changes in sleep patterns
- Changes in eating habits
- Loss of interest
- Thoughts of wanting to hurt oneself and/or the baby
- Isolation