



Postnatal depression



“It was supposed to be one of the happiest times of my life, but all I could do was cry.”

What is postnatal depression?

Postnatal depression is very common, affecting at least one in 10 women after they have had a baby. The main symptoms of postnatal depression are similar to clinical depression, including low mood, loss of enjoyment and problems with sleep and appetite. Many women with postnatal depression also experience feelings of severe anxiety about their baby or their ability as a mum and, in addition, they may feel very disconnected from their baby. These symptoms can be particularly hard for new mums as they feel that they ought to be incredibly happy at this time in their life.

Some women experience depression and anxiety symptoms during pregnancy: this is called antenatal depression.

What causes postnatal depression?

Antenatal and postnatal depression can be caused by the dramatic hormonal changes during pregnancy and childbirth. Difficult life circumstances, such as bereavement or the breakdown of a relationship during pregnancy or the postnatal period, can also trigger depression. For most women, it's likely that hormonal factors, genetic factors (if her own mother suffered from depression or mental illness) and the transition of having a new baby in the family all combine to trigger depression. Mums who have experienced trauma in their own childhoods are at particularly high risk of depression during or after pregnancy. It's really important not to assume that they are simply 'not coping' with the transition to motherhood, as for most mums the triggers for depression are much more complex.

Can postnatal depression be treated?

It can be difficult for women with postnatal depression to seek help, as they may feel very guilty or ashamed that they are 'not coping' with being a new mum. However, antenatal and postnatal depression rarely go away without specialist treatment from health professionals.

Many mums benefit from medication, including antidepressants. GPs can advise them which medications are safe to take during pregnancy and breastfeeding. It's important to support mums who need to take medication, as for many women it can feel like a difficult decision.

Talking therapies are also very helpful, especially if they have experienced trauma or are going through difficult life events.



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What is postpartum psychosis?

Postpartum psychosis is a severe mental illness triggered by childbirth. It affects around 1-2 in 1000 mums, but those who have bipolar disorder are at much higher risk. Symptoms of postpartum psychosis usually begin in the first week after a baby is born, and can get worse very rapidly. Mums with postpartum psychosis may become very energetic, confused or paranoid. They often experience symptoms of psychosis, including hallucinations (seeing or hearing things that are not there) or delusions (believing things that are not real).

Postpartum psychosis is a psychiatric emergency and women affected will need to be treated (almost always with medication) in hospital – ideally in a specialist Mother & Baby Unit.

What about faith?

Many mums feel that being a Christian should automatically make them a brilliant, happy mother. Suffering from postnatal mental illness can make women feel incredibly guilty, and it can be difficult for them to know that they are unconditionally loved. It can also be harder as a Christian to own up to suffering from postnatal or antenatal depression, or to deal with negative thoughts or feelings, including feeling guilty, helpless or hopeless. Many mums feel that they are a failure as a mother. The Bible and faith can offer encouragement, God's love and the hope of a better future.

Women with postpartum psychosis often find that they have intensely 'spiritual' beliefs during their delusions which turn out not to be true – and during recovery this can really shake their faith, as they try to sort out what is real again in their beliefs. Some mums who didn't have a faith before find that these 'spiritual' experiences lead them to explore faith.

Being part of a community like a local church is very helpful. Because of tiredness, the demands of a new baby and feelings of shame, postnatal illness can make it harder to attend services or meet up with friends. Churches can help by making sure everyone feels valued, no matter what they can give in return. Regular phone calls and sensitive spiritual support could really assist someone's recovery. Don't be afraid to offer to visit mums while they are in psychiatric hospital. Churches can also support them in getting to talking therapy appointments by offering childcare, and lifts if they don't have a car. Practical support such as a home-cooked meal, or the offer of an hour to help with housework is also often invaluable.



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Many women with antenatal or postnatal depression feel very lonely, and find it difficult to talk to other mums. Churches can help to minimise isolation and loneliness by making an extra effort to ensure that mums with depression are included in toddler groups and family-friendly social activities. Remember also to offer emotional and practical support to dads whose partners are affected by postnatal depression.

⇒ Helpful links:

The Royal College of Psychiatrists has an excellent printable article about postnatal mental illness:

⇒ <https://tinyurl.com/postnatal-depression-site>

Action on Postpartum Psychosis offer information and support for families and friends affected by Postpartum Psychosis:

⇒ www.app-network.org

Read this testimony from one mum, describing her experience of postpartum psychosis and recovery:

⇒ <https://tinyurl.com/postnatal-depression-testimony>