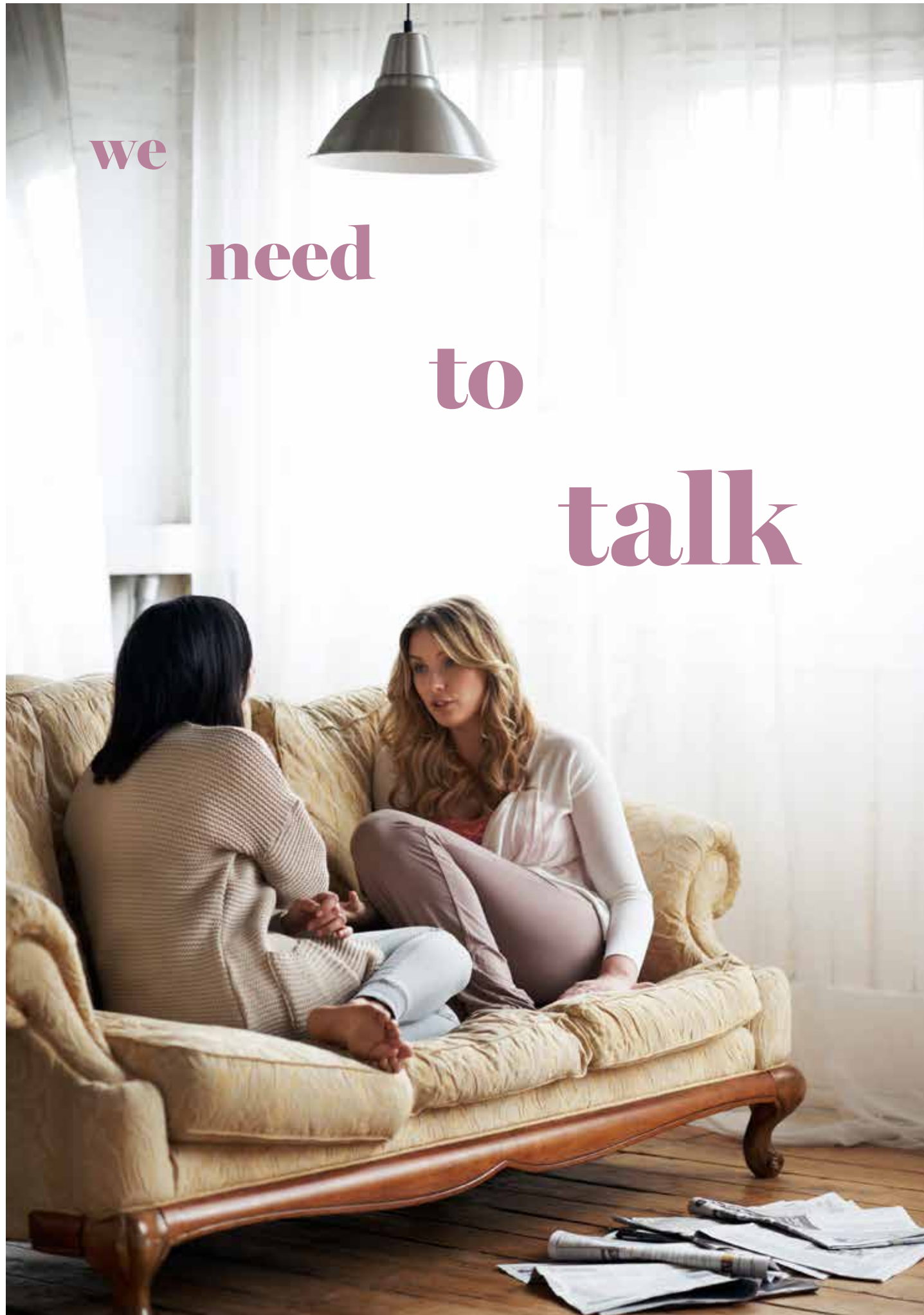


we need to talk



*There's something that affects nearly a third
of Kiwi mums, yet no one seems keen to talk
about it. VICTORIA WELLS finds there's a big*

black elephant in the room that needs confronting...

room and the mum at coffee group may seem poles apart, they are both examples of postnatal experiences that as many as a third of Kiwi mums are going through.

Officially, postnatal depression is believed to affect at least 15 per cent of mothers in New Zealand, but when you take into account the mums who experience what is termed 'postnatal distress', that figure is thought to sit closer to 30 per cent.

Look around your coffee group. If there are six of you then, statistically, one of you is going to experience postnatal depression, and there's another who is going to have postnatal distress. Who is it? Is it you? How do you know if you don't talk about it?

What do you think of when I say: Postnatal depression? Would it be a mum lying in a darkened room, having dreadful thoughts about harming herself or her baby?

What if I told you it's also the mum in your coffee group who seems completely together, but is secretly dreading going home to cope with the baby on her own and can't sleep at night? Or the woman with a six-month-old who feels like she's struggling to be a 'perfect' mum and cries nearly every day?

In the same way that John Kirwan came into our living rooms and helped people (many of them blokes) open up about their depression, mums also need to come clean about how they're feeling. Because it's becoming increasingly clear that many of us are not okay. And while the mum in the dark

What is postnatal depression?

There's a phase known as 'the baby blues', which refers to the time immediately after having a baby when your body adjusts to the enormity of what it's just been through, and your hormones and emotions fluctuate. It's completely normal and can make you feel weepy, moody, anxious and unable to sleep and can last anywhere from three or four days, to up to two weeks.

But then it should stop. Any sadness, anxiety or not feeling able to cope after that time can be signals that something is not right, and shouldn't be ignored.

And, crucially, it doesn't necessarily mean depression.

"There are a lot of us using the word 'distress' now, because depression is just one aspect of what it is that women experience, and it's everything," says psychotherapist Susan Goldstiver, of The Postnatal Distress Centre. "It's everything in the perinatal phase: antenatal, postnatal, birth trauma, anxiety, depression, psychosis, OCD, panic attacks; it's adjustments to parenting, and it's men and women."

Through her Auckland-based practice offering counselling and psychotherapeutic treatment, Susan works with women who are struggling in some way. "Often they know something is wrong but they don't want it to be wrong and other times they're relieved to hear that it sounds like they're really not well."

Postnatal distress or depression is recognised as occurring any time in the first 12 months following the birth and can come after each baby, or with just one and not the others – there's no pattern.

Susan says the important thing is recognising the symptoms and seeking help.

"A lot of women are left feeling like they don't have depression because they get up in the morning and they love their baby, but they also know that something's not right – but they think 'I'm not depressed, so that can't be me'."

She says it can be harder for women experiencing depression to seek help in the first place because the nature of the illness makes it harder for them to pick up the phone or get out of the house to get help. In more severe cases she will refer people to their GP for medication or to a psychiatrist.

At the more extreme end of the spectrum mothers may be referred to maternal mental health services. Dr Tanya Wright is a →

psychiatrist at the Mother and Baby Unit, a family-oriented space within Auckland's Starship Hospital.

"The postnatal period is a higher risk time because of all the biological and psychological issues," says Tanya. "Everything can be brought to bear around that: your relationship, your sense of who you are, your change out of a career and into something else, sleep deprivation and all the biological changes that pregnancy and birth bring."

She says while she and her colleagues are working with the mothers who have a significant episode of postnatal depression, it's important to acknowledge there are many more mums across the country who will experience it at lower levels and won't necessarily require medication. "Some early depression will respond to psychological intervention, and increasing support and helping mums get some sleep, but sometimes more is needed."

That's where the Mother and Baby Unit comes in. Tanya says most mothers who come into hospital do so because their illness is such that they need more than community options can provide. Sometimes this is because they pose a risk to themselves, or to their baby, but this is not always the case. Patients and their babies stay for an average of three weeks and are cared for by a team of psychiatrists, psychologists, occupational therapists, nurses, social workers, and cultural team support members.

"They don't all come here on medication, but at this point, medication is usually part of their treatment," explains Tanya. "But we also help people by talking about thoughts, feelings and relationships, helping them to make sense and work through the many issues that can arise for women as they become parents and roles in life change. We think of relationships as being of huge importance, particularly with partners, family and whanau. Helping fathers understand how they can support their partners is very important." She also notes that when mothers develop postnatal depression there are studies that show about 30 per cent of fathers go on to develop it too.

Who can get it?

The short answer is: anyone.

Those with a history of depression in themselves or their family can be more at risk, but the sheer biological and emotional adjustment to motherhood, coupled with the huge impact of sleep deprivation means any woman can experience some form of postnatal distress or depression.

"Sleep is a biggie," says Susan. "If you're

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not sleeping when you can sleep then you're much more vulnerable to being really unwell. It's a warning sign and a trigger."

This is where support for new mums in the early weeks with baby is so important.

Our own expectations can also create a perfect environment for postnatal distress/depression. Tanya says for some, the vision of motherhood versus the reality can be a shock to the system.

WHAT ARE THE PND WARNING SIGNS?

- * Sleep disturbance. Feeling exhausted but staying awake when you lie down. Waking through the night when the baby's not waking. Lying awake anxious about when the baby is going to wake, or how you're going to cope tomorrow.
- * Low mood, tearful or feeling sad
- * Feeling disconnected
- * Loss of interest in previously enjoyed activities, including sex
- * Appetite changes
- * Negative and/or obsessive thoughts
- * Irritability, grumpiness, rage and/or sensitivity to noise
- * Memory problems and loss of concentration

"It's common to have huge hopes about how delightful motherhood is going to be and then when difficulties arise, people often feel ashamed and alone, which can be quite devastating. The loss of confidence and isolation that can follow can lead to a downward spiral. It's also a common myth that you see your baby and instantly fall in love with them... probably more often love grows and the bond can take time."

She says those who found it difficult to get pregnant in the first place are just as prone. "Possibly even more so, because I think it feels worse for them. They feel like they tried so hard, how dare they say they're now depressed?"

Caesarean births have also been linked with it. "[It's] a loss of trust in her own body, that she can do what a woman should be able to do," says Susan. "Some women will experience an emergency C-section and be fine with it, and others will be really traumatised. We talk about trauma as being in the eyes of the beholder; what might traumatise one woman... some women wouldn't even notice. [But] if she is feeling traumatised then she is, and she needs help."

Sarah, a 35-year-old mother of two from Wellington, has a family history of postnatal depression and has suffered from depression since she was 16.

She went to see her GP before she got pregnant, to ensure her condition was under control before she had her first child. She was referred to maternal mental health services in Wellington and worked with a psychiatrist and social worker while on medication throughout her pregnancy and following the birth of her daughter. After getting pregnant with her second child she was suicidal

- * Exhaustion, extreme tiredness, no motivation and fatigue
- * Inability to make decisions and feeling overwhelmed
- * Body aches, pains and headaches – e.g feels like you have the flu
- * Excessive feelings of guilt and inadequacy and feelings of shame – wanting to isolate and withdraw
- * Loss of confidence and self-esteem; fear of being alone
- * Feeling you don't want to leave the house, or want to get out of the house – extremes of either
- * Scary thoughts of harming the baby, children and/or suicide and death

and self-harming, and was advised to consider terminating the pregnancy for her own health.

"When you're unwell, you can't imagine ever being well, it's like 'This is it'. Making a decision about having a baby when you feel like that is hideous."

Sarah and her husband chose to continue and she gave birth to her second daughter in January this year. "I feel pretty good," she says. "I've had a few little pockets of not feeling so good. I've been pretty pro-active about things I know will help – like getting sleep. It's a massive trigger, so I try not to get too overtired. I also have a really good group of friends who support me, and my parents each come one day a week to help out. I've set in place a lot of things that help take away some of that pressure."

Sarah says for anyone who has experienced depression, being proactive is the best course. "Talk to your GP, your midwife or your Plunket nurse. Just say 'I've had depression in the past and I'm worried I might get PND'. Because sometimes when you're unwell, it's really hard. For me, I felt really ashamed and really embarrassed to say to people that I was unwell because I felt like a failure. Have the conversation when you're well, tell them you're worried about it and ask them to keep an eye on you."

Why aren't we talking about it?

"I didn't want to tell anyone I had postnatal depression for ages, because I felt embarrassed," says Megan. "As if by having it meant you weren't strong enough. Or good enough."

Megan (33) lives in Christchurch with her husband and their three-year-old son, Sam. The couple moved to the city for work when Megan was pregnant, but had no friends or family in the area. When Sam was just four months old, Megan was diagnosed with postnatal depression. She says she didn't recognise the warning signs because she thought feeling exhausted and pressured was just part and parcel of being a mum.

"I was so efficient and so organized [at work] I thought that's what I would be like as a mother. I constantly felt like I wasn't

doing a good enough job. My expectations for myself were far too high for anyone, let alone a new mum."

Megan found herself constantly comparing Sam's progress with other babies in her coffee group; unable to sleep at night she would get up and watch tv, or pace the driveway. She became convinced her husband would have an affair: "I felt boring because all I do is look

HOW YOU CAN HELP SOMEONE

Ask how they are feeling and create a situation in which they can tell you. (i.e don't ask in a room full of friends and family)

Don't be nervous about asking. Be matter of fact, and prepared that they might admit they need help.

Listen and don't judge. It may be completely removed from your experience of parenting, but it is very real for the person going through it. They need to feel heard.

Know what to do next. Offer to go with them to their GP, Plunket centre, or help them find a counsellor or other support service.

after a small child all day – I'd completely lost my identity as a person, I was just a mum, and to me I was not being a good mum, I was nothing exciting."

The crunch came when two friends from out of town came to stay. "I was really looking forward to it, so I thought 'Put your happy face on, try and act like you used to' and they saw through it. That's what was amazing – they had a chat

that first night about who was going to ask me 'Are you okay?'

When I said, 'I'm walking up and down the driveway and I think Ed's going to have an affair' they said I needed to talk to my Plunket nurse or the doctor. It gave me an awareness that it wasn't how all mums feel."

Although Megan didn't think too much about it, she did see her GP. "I said 'Look, I have these times where I can sit and stare at a wall for ages, or I feel like I've got this weight on me, or that I'm surrounded by a grey cloud; I feel like something is on my shoulders, weighing me down. Everything feels negative and horrible and it's not that I want to harm my baby, I love him, but when he was crying one time I had a vision of putting a pillow over his head. I wouldn't do anything, but I just had that thought.'

"I told this to the doctor and I genuinely thought he would tell me to get out of the house more and exercise and eat healthily, so when he said 'Right, we'll put you on some antidepressants' I was really surprised and thought 'Oh, okay, maybe I'm not well.'"

Although 20 per cent of New Zealanders will experience a depressive episode in their lifetime, there is still a reluctance to make our mental health a normal topic of conversation. That stigma, coupled with a feeling of somehow having 'failed' as a mother, means it can be even harder for women to admit they're having problems.

"I wouldn't know if any of the women in my antenatal group suffer from postnatal depression because no one talks about it," says Sarah. "I talked about my mental health because I think it's important to talk about it and I don't think it's anything to be ashamed of."

Susan says some women will downplay what they're going through. "They're →

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ENJOY MOTHERING.

very quick to want to minimise what they're experiencing because of the shame that it's happening to them, as if it's something about her character, or it's a flaw, or she's failing.

"So many women experience distress and if we were able to hold it more as 'distress' or 'difficulties adjusting' versus 'mental illness', which it is, we might get more women seeking help."

The family effect

Postnatal distress/depression also has a huge impact on families. A mum might focus all her efforts on simply getting through the day (and night) and not have energy for anything else – be it her partner, her other children, or even the new baby.

"Postnatal depression chews up and spits out relationships," says Susan. "There are massive consequences for babies, attachment, anxiety for the children, how available or emotionally attuned their mum can be. It's not her fault – how can she be attentive? How much is she able to gaze at her baby and give that baby what it needs when all she can do is barely function?"

Tanya Wright says while some mothers struggle with the idea of taking antidepressants, she firmly believes it's a better option than the alternative of remaining unwell and struggling.

"In most families mothers are at the heart of it, so when they get ill it's such a struggle for everybody. Their illness has an impact on the whole family... and looking after themselves often comes last. I think people are very sensitive to taking anti-depressants – they see them as a marker of failure.

"I think mums need to realise that not taking treatment could be a bigger impact on their families than taking treatment."

Megan says she's grateful her husband hung in there with her while she was unwell. "It's horrible, but I hated my husband. There are some husbands out there who really deserve a pat on the back for what they put up with. It makes me sad still today that I said the most horrible things and he just took it. But he said 'It's because I knew that wasn't you talking, it was the depression.'"

She says her postnatal depression made her feel robbed of her experience of new motherhood. "We're going to go ahead and try for another one. I want to have this experience again and to have another child in our family because it is such a beautiful thing. And it is going to be hard at times, but I know what I need to keep myself well. I know what supports I need and I'll be tapping into all of those."

Supermum syndrome

The combination of working mums and information overload can also be an explosive one. Many mothers return to work after a year or less with their babies, which can put an enormous amount of pressure on the time they do have with their child. There is also more information than ever available to new parents, who can worry that they aren't doing the right things, or doing enough.

"You think: 'I'll know what to do, because this is what women do,'" says Megan. "But it was a really hard change from being super-organised and confident... to having absolutely no idea what to do with a small child. I think that triggered something to make me feel like 'I don't think I'm doing a very good job here'. I think that lack of self-confidence started it, along with sleepless nights, hormones..."

Despite her doctor prescribing

antidepressants, Megan avoided taking them as they made her feel ill. A few days later she reached crisis point.

"Sam just would not stop crying. It got to about 9.30am and I just lost it. For some reason I thought, 'I can't look after him anymore. I just can't.' I didn't know where I was going to go, but I could not be in this house anymore." Her husband came home and Megan saw a counsellor that afternoon. She told the counsellor she didn't feel Sam needed her, because all she did was stay home and look after him, which anyone could do.

"She said, 'That's the depression talking. Children need their mothers, and Sam needs you.' That really floored me," says Megan.

The counsellor gave her some practical tools for coping while her medication kicked in over the next month. First up was lowering her expectations. "We made some goals together...and one was to get out of my pyjamas every day. And then even on the days when it was a struggle, I would think 'All I have to do is get dressed.'" The others were simply to feed Sam (who was four months old) and put him to bed, without worrying about having to read or sing to him, or play with him.

Megan says it was a revelation. "Here I was thinking you're only a good mum if you make all the food and you stay home and do arts and crafts – I was really hard on myself."

Sarah agrees that pressure on mums can be overwhelming. "I've set my own standards: my girls are happy, they're growing, they're hitting milestones; I'm doing well. I've just had to put things into perspective.

"I try to do one thing a day that I perceive good mothers do. I think good mothers sit on the sofa and read stories to their children. So I do that and then it's 'tick', I've been an excellent mum for 20 minutes and the rest of the time it's alright to be an okay mum."

"One of the reasons that I think I see a lot of anxiety is there's just such a lot of pressure to be getting it right," says Susan. "To be doing it on your own, being perfect, needing to know everything. For some women, part of the symptoms of PND are that she doesn't have any instincts; for the majority of women there is an instinct but the feelings of anxiety are: 'I don't know what to do', because she is far away from her natural instincts, and I think that's all being driven by this pressure."

What can we do?

We need to talk about it more. We need to make how we are feeling a normal topic of conversation in our coffee groups, with our mums, our friends, our partners, our Plunket nurses, midwives and GPs.

WHERE TO GET HELP

Talk to your GP, midwife or Plunket nurse so they can help you to get help, show this article to a friend or family member to start the conversation, or contact one of the services listed here:

www.depression.org.nz
0800 111 757
(free Depression Helpline)

www.postnataldistress.co.nz
The Postnatal Distress Centre

www.postnataldistress.org.nz
Postnatal Distress Support
Network Trust (offers free support services for greater Auckland area)

www.mothersmatter.co.nz
Information about PND and anxiety with links to support services available around the country

www.pnd.org.nz
Post and Antenatal Distress
Support Group Wellington

Acknowledging postnatal distress/depression as an occasional fact of life will also help those going through it to feel okay about asking for help.

"I think a lot of the antenatal classes talk about it," says Susan, "but what women want to hear – and often all they can hear, because they're so focused on it – is the birth. Antenatally there's a lot of information that no one is ready to hear."

Tanya Wright says everyone has a responsibility when it comes to parenting. "It's a time when people need lots of extra support, in a hands-on way and emotionally. Ideally, people should be able to ask, 'Do you think you could be getting depressed?', which I think people find a real barrier. "I don't know if people are ready to start having those conversations with people they love, but that's what we're talking about."

Susan says even if someone seems slightly out of sorts, you can create a space for them to talk about it in a frank way. "Make it a fact. 'How are you coping? How are you feeling emotionally?' Not tip-toeing around it. When somebody just goes straight to it and holds it really well, in a frame, it's easy to answer then. It's safe – because it's just

there. Instead of the nervous 'How do I approach this?' attitude, which can give off a different kind of message."

"It's not talked about enough and it's not always about those worst case scenarios where people harm their children, it's on such different levels," says Megan. "How would someone know if they've got postnatal depression if it's not talked about enough? I hope they're aware that it can be common to get this and it doesn't mean you're a failure. It is treatable and doesn't have to be forever."

How to get help

"There will be a ton of women whom no one ever sees, because they wear the mask and manage their days half an hour at a time just to get through, and nobody knows," says Susan. "No help, no support. It's so sad."

The good news is, there is help available for everything from milder forms of postnatal distress, through to severe postnatal depression – it's just about taking the steps to find it. If you or anyone you know are experiencing any of the symptoms in the box on the previous page, then seek help, and don't give up.

"If the first person isn't getting what she's trying to say then keep on pursuing it," says Susan. "If she can, ask her partner to help her, ask her best friend, her mother – just get some support. And find some help, either through your GP or private services. For the women where there aren't any therapists, services or counsellors in their town, you can have Skype sessions or telephone support.

"It is treatable and the sooner you get onto it the sooner you are healed and the less impact it will have on the family and on the relationship; [and] the sooner you're able to better enjoy mothering."

Even joining a support group, where you can talk to others going through similar things can be helpful. Sarah is part of a closed Facebook group called PND Wellington, which has several hundred members and holds fortnightly get-togethers.

"Often things aren't perfect and you don't have to give this shiny [view]," says Sarah. "It was relieving to hear that other women had anxieties too."

"I was [usually] a bubbly, positive, friendly person, and I didn't feel like that," says Megan. "If you don't feel like your normal self – even though you're tired or hormonal or whatever – just speak to someone, a friend or relative or your GP, just so you can verbalise it. The worst thing you can do is keep it inside and not acknowledge it – saying it out loud to someone might get you taking those first steps." ■

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doing the
important
things



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