

## HEALTH MANAGEMENT INSIGHTS

# Postnatal depression

**Postnatal depression (PND) is a form of depression which affects more than one-in-10 women within a year of giving birth. It can also sometimes affect fathers and partners.**

The cause is not completely clear, however there are certain factors which make it more likely that someone will suffer from PND. These include previous mental health issues, lack of support from family or friends and recent significant and stressful life experiences, such as bereavement.

The condition can have a significant impact on personal and work life, but most people make a full recovery with the correct support.

### Key takeaways

- The onset of postnatal depression is usually within six weeks of giving birth, however it can begin up to a year after the baby is born
- Most cases dissipate after a few months, but around 30% of patients still experience symptoms after a year
- The condition can develop gradually, making it difficult to notice in some cases
- Symptoms are very similar to other forms of depression
- Treatments include self-help therapy, psychological therapy and antidepressants
- Support from partners, families and friends can be invaluable
- Equality legislation may be considered to apply, depending on the severity/longevity of symptoms and the treatment required
- Workplace adjustments can support your employee to return to work, with simple changes sometimes making a big difference to the individual
- Consider an occupational health referral if you wish for more guidance, or if there is no indication of a timescale for return to work

## Condition overview

It's very common for women to feel tearful, anxious or a bit low in the week after giving birth. This is known as the "baby blues" and typically lasts up to two weeks.

When symptoms last longer or start later (up to a year after birth), then postnatal depression is a possibility.

### Common symptoms include:

- > Persistently feeling sad or low in mood
- > Lacking enjoyment in everyday life
- > Low energy and feeling tired all the time
- > Difficulty sleeping at night and feeling sleepy in the day
- > Withdrawing from social contact
- > Feeling irritable or agitated
- > Feelings of inadequacy as a mother
- > Difficulty concentrating and making decisions
- > Frightening thoughts, such as hurting the baby or worrying it may come to harm
- > Loss of appetite or overeating
- > Difficulty bonding with the baby

Postnatal depression can continue for months or even years - and can worsen if left untreated.



Fathers and partners can also become depressed following the birth of a baby - and should also seek help.

### Signs of PND to watch for in new parents include:

- > Frequent crying with no apparent cause
- > Not playing with their baby, regarding parenting as a duty
- > Withdrawing from contact with others
- > Consistent negativity
- > Losing sense of time
- > Worrying that something is wrong with the baby, despite reassurances
- > Losing their sense of humour

It is not uncommon for those with PND to hide the condition, not wanting to appear that they are not coping or feeling a pressure to appear happy with parenthood. It has been estimated that only one-in-four cases of PND are formally diagnosed and treated

Other mental health conditions which can also arise after birth (or during pregnancy) include anxiety disorders, obsessive compulsive disorder and postpartum psychosis.



## Treatment

Those who feel they may have postnatal depression are urged to speak to a GP, midwife or health visitor as soon as possible.

Most sufferers make a full recovery, although the time it takes to do so can vary significantly.

**The three main courses of treatment are self-help, psychological therapy and antidepressant medication.**

### Self-help

Those with postnatal depression are encouraged to speak to their partner, family and friends – to let them know how they can be of help.

They are also encouraged to make time for themselves, to continue their hobbies and interests and not to try to do everything themselves.

Regular exercise, healthy eating, good sleeping habits and avoiding alcohol and drugs are also advised.

### Psychological therapy

The first port of call for women with PND is usually some form of psychological therapy.

Guided self-help is typically cognitive behavioural therapy (CBT) focussed and sees women using a book or online course, sometimes under the supervision of a therapist. CBT may also be offered face-to-face or via video-link.

CBT helps patients combat negative and unrealistic patterns of thought, helping them see their situation in a more positive light. In the context of postnatal depression, this might mean reframing expectations about motherhood.

Interpersonal therapy (IPT) involves the patient talking to a therapist about the issues they are experiencing, and how problems in their personal lives may be contributing to their depression.

Courses of CBT and IPT both typically last three or four months.

### Antidepressants

Typically suggested for moderate or severe PND, antidepressants can also be offered to those with a milder form of the illness if they have been diagnosed with depression in the past.

The medication can ease symptoms such as low mood, irritability, lack of concentration and sleeplessness – allowing patients to function normally and to cope better.

It can take six weeks for them to be fully effective and a course of antidepressants will typically last for around six months after the patient begins to feel better.

Those with severe PND may be referred to a community mental health team, where more specialist treatment is available. Some patients may be admitted to hospital or to a mental health unit.



## Prognosis

Most patients recover within a matter of months. However, the worst cases of postnatal depression can persist for more than a year.

While PND can be more difficult to recognise than other forms of the illness – because of the changes which accompany a new baby – it is common for cases to resolve in around three-to-five months.



## Postnatal depression and work

During maternity leave it is generally recommended that employers stay in touch with employees, including to provide updates on the business which may affect them.

**If an employee reveals they are suffering from PND, the following measures are advised:**

- > If they don't feel ready to return to work at the planned date, make them aware of all options available
- > Options may include extending maternity leave, if the employee wishes
- > Another option is for an employee to be certified absent by their GP, if appropriate – managing absences in line with relevant organisational policies
- > Equality legislation may be considered to apply depending on the severity and longevity of symptoms, and on the treatment required
- > Your employee may wish to apply for a flexible working pattern, so ensure they can access relevant resources
- > In discussion with your employee, consider support and adjustments to help them return to work - this may include consideration of support required for breast feeding (see HSE guidance)
- > This might include a phased return to reduced hours and/or duties, or a later start to help with morning preparations
- > A stress risk assessment can be useful to help identify specific areas in which employees may require support
- > Ensure your employee is supported with regard to any workplace changes which may have taken place in their absence, and to catch up with administrative tasks such as emails which may have built up or changes to IT systems

It is important to assure confidentiality and to be approachable. Ongoing supportive line management contact is recommended to monitor the employee's wellbeing on their return to work - and to identify any new issues which may arise.

Recognise that your employee may not be fully recovered when they return to work, but that work can be helpful for their recovery.

They may be sleeping poorly and feeling tired due to ongoing ill health, night feeds or the baby crying - and thus may take longer to undertake tasks. Bear this in mind when allocating work.

Ensure that your employee is aware of all resources available, including EAP and any access to psychological services. Support them to attend any related medical appointments.



Contact your occupational health team for further bespoke advice.

## Contact us to find out more



[info@healthmanltd.com](mailto:info@healthmanltd.com)



[healthmanagement.co.uk](http://healthmanagement.co.uk)



## Useful resources

[Association for Post-Natal Illness](#)  
[PANDAS \(PND Awareness and Support\)](#)

[NHS](#)

[National Childbirth Trust](#)

[HSE Stress risk assessment](#)

[HSE Breastfeeding at work](#)