

# Emotional Changes during Pregnancy and following Childbirth



This information booklet should be given to you at the beginning of your pregnancy along with any other relevant information and contact numbers you may need.

The booklet is for women and birthing people, fathers and partners for whom maternity care is provided within Northamptonshire. Try and read this booklet early on and throughout your pregnancy. It has a lot of useful information for you to refer to.



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## HUSH LITTLE BABY

The following poem was written about the experience of suffering postnatal depression.

Hush little baby please don't cry, Mummy  
is tired and doesn't know why.  
Sleep through tonight, after you've been fed Let  
mummy rest in her warm, soft bed.  
Hush little baby, sweet are your dreams  
Mummy does care, hard though it seems  
No one told her just how it would be The  
hours that stretch out for eternity.  
Hush little baby, keep quiet for tonight Let  
mummy sleep in brief respite  
She's lost sight of herself, nothing is left Crying  
in sadness, lonely and bereft.  
Hush little baby, try to be good  
Mummy will get better, just as she should  
She loves you so much though hard to say  
Let time be the healer, and peace come to stay.

by Kathryn Gutteridge.

## INTRODUCTION

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**It is recommended that you read this booklet with your partner, a close friend or a family member.**

**Having a baby and becoming a parent is a major life event, usually accompanied by changes to your home life, social life and relationship. Parents of a new baby experience a variety of emotions after the birth. You may feel happy and proud of yourself, or just relieved that the birth is over.**

Whether this is your first, second or third baby, parenthood is very demanding both physically and emotionally, particularly in the early weeks.

It can be difficult to find time for yourself, your partner or your family when you have the 24 hour demands of a new baby to deal with. Meeting the needs of a baby can be rewarding, but during

pregnancy and in the weeks and months following the birth of a baby, it is normal to sometimes feel overwhelmed and exhausted. Try not to expect too much of yourself, or if you are in a relationship, your partner.

It is likely during the first few weeks and months of parenthood you will feel a mixture of emotions. It is very important you talk honestly to your partner, friends or family about how you feel.

Becoming and being a parent means constantly experiencing new events and carrying out tasks we are not sure we can manage. A new set of skills to cope with these situations have to be learnt.

This booklet is intended to give you information about the emotional changes that can happen during pregnancy and after having a baby. It will focus on low mood anxiety, depression, psychosis and trauma and will outline symptoms and possible treatments. In addition, advice is offered to the woman and pregnant person, their partner, family, and friends about self-help and recovery.

This information should help you decide if the emotions you (or your partner) are experiencing during pregnancy and after having your baby are commonplace or whether you may need extra support.

A list of useful organisations and support groups for parents is available from your midwife and health visitor

**Remember – if you experience mental health difficulties whilst pregnant or after your baby is born, do not despair. Most birthing people will recover completely. Please speak to your midwife, health visitor or GP if you need support or help.**

**If you feel that something isn't right, don't stay silent. Make sure you speak to a health care professional. It's important to share the whole picture of yourself and the multiple challenges that you face in your health and social situation:**  
<https://www.fivexmore.com/6steps>

“Women do not automatically know how to be a mother.  
Men do not automatically know how to be a father.”



## EMOTIONAL CHANGES IN PREGNANCY AND BEYOND

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**It is increasingly recognised that women and birthing people can be emotionally vulnerable when they are pregnant.**

Identifying and treating low mood, depression and anxiety as early as possible increases the positive outcomes for the woman, her infant and the rest of the family.

Two thirds of women and birthing people who experience depression after they have had their babies were experiencing low mood or depression when they were pregnant.

Your Midwife and Health Visitor will ask you how you are feeling and coping emotionally during your pregnancy and after you have had your baby.

Answering their questions honestly will enable you and your health professional to

work together to manage your emotional health in a proactive positive way to enhance your preparation for parenthood and beyond.

Possible triggers of low mood:

- A current or previous depression or other mental health issue
- Previous miscarriage or perinatal loss
- Anniversary dates of losses or trauma
- Lack of support
- Money worries, housing problems
- Being around someone who has treated you badly
- Physical illness
- Being judged or criticised
- When things do not go to plan

## RECOGNISING THE EARLY WARNING SIGNS FOR DEPRESSION AND ANXIETY

**Please be honest with yourself when reading through the following list. If you feel any of the following more often than usual, please talk to someone you can trust about these feelings.**

If this person is your midwife, health visitor or GP then please speak to them as soon as possible. They will be able to help you. The sooner you ask for help, the sooner you will receive help, feel better and be able to enjoy your life as a mother or father.

The symptoms of depression and anxiety are different for each individual. There are many symptoms of depression; feelings some people may experience are shown as follows:

**Anxiety:** you may feel very anxious, sometimes you can become obsessed with unhelpful, unrealistic and negative fears about your baby, yourself or your partner. You may feel safer if someone is with you all the time.

**Panic attacks:** your heart beats faster, your breathing becomes irregular, the palms of your hands become sweaty and you may feel sick. You may feel you are going to faint. These attacks can occur at any time, but they are most common in stressful situations.

**Tension:** you may feel physically tense, have muscle tiredness or clenched fists, your neck may feel tight, your jaw painful and you may be unable to unwind and relax.

**Irritability:** you may find yourself shouting at your baby or your children, partner and others who cannot understand what they have done to deserve your anger. you may then then feel guilty and sorry.



**Low mood:** can vary from feeling low or sad to as severe as your world is an empty place and you are unable to look forward to things anymore. Your thoughts may be negative and focus on your failures and have no interest in your everyday life.

Going out might be difficult for you and you may even find talking to people is too much for you to do. You may experience mixed emotions about your baby and this can cause you some distress. You might feel your baby or partner would be better off without you.

**Exhaustion:** you may feel constantly tired and drained of energy and unable to cope with daily tasks. You may be uninterested in your appearance and surroundings. You may have difficulty sleeping, either getting off to sleep, or waking up very early and being unable to get back to sleep.

Some women and pregnant people describe wanting to sleep all the time no matter how much they have – this is not just because of the expected sleepless nights that all new parents experience.

**Lack of concentration:** you may feel confused or find it difficult to read or watch TV.

**Inability to make decisions:** making simple decisions such as what to wear may seem impossible. You may spend a lot of time making lists to get organised – but never appear to succeed.

**Physical symptoms:** these can include appetite disturbance, lethargy, headaches, blurred vision and stomach pains.

These may be signs of tension and your body's way of saying something does not feel right.

**Unwelcome or intrusive thoughts, images or doubts:** For example, you may believe if you don't walk on cracks in the pavement your baby will sleep through the night, or you may be convinced if

you do walk on cracks in the pavement your baby will die.

These experiences could be the result of obsessional compulsive thoughts and are far more common than previously known. Without treatment it can begin to impact on your ability to look after yourself or the baby. These thoughts can be very frightening. This could make you scared to tell anyone how you feel, and you may worry your baby will be taken from you. This is very unlikely to happen.

**Lack of interest in sex:** For many women and birthing people it takes some time for them to be interested in sex after their baby is born. They may need time to heal after the birth and may be too tired in the early weeks and months following the birth. However, with mood changes it may take a lot longer to regain an interest in a sexual relationship and this can become another source of stress and frustration.

**Guilt, shame and blame:** one of the many emotions women and birthing people describe is an overwhelming sense of guilt. They may feel that they should be 'grateful for their beautiful baby' or all the help they are getting and should just 'pull themselves together'.

It is difficult because sometimes the people who are nearest to you may be saying these things and then you may feel ashamed and blame yourself. This is one of the most common feelings associated with depression and it is difficult to admit to feeling this way. It is not your fault; these are real emotions and have happened because you and your family are struggling to adapt to this major life event.

Use this page to consider your own triggers and early warning signs and how they might relate to each other.

<b>Warning signs</b>	<b>Triggers</b>
<b>E.g. Loss of concentration</b>	<b>E.g. Money worries</b>

**Your midwife, health visitor and GP are all trained to help you. They want to help you.**

Many people find it difficult to ask others for help, but it is very important that you do.

It is unlikely your depression will just get better on its own, no matter how much you wish it would.

Depression and anxiety are treatable; it is not your fault you feel the way you do.

You would not expect to cope alone with a broken arm without the help of your family and health services.

Don't expect your feelings to get better without their help either.

If you don't feel able to cope with explaining how you feel to them on your own ask someone you trust to be with you.

You can ask your midwife, health visitor or GP to see you at home if you prefer.

There are lots of different ways you can be helped and they are discussed later in this booklet.

**“Please do not feel ashamed of how you're feeling - you are not alone.”**



## POSTNATAL MOOD CHANGES

**There are several mood changes which can develop after the birth of a baby: some common, some rare and more serious.**

**Every time you have a baby your life will change.**

Remember, having a baby can turn your world upside down. In the first few weeks and months you are likely to be feeling emotionally and physically drained. Becoming a parent for the first time can feel like an overwhelming responsibility and it is very easy to feel inadequate when other parents around you seem to be coping well.

You may expect to love your baby immediately, but this can take a while and is not always instinctive. Not loving your baby straight away does not mean you are not a 'good mother/parent' or a 'natural mother/parent'. In fact, you may feel the same if this is your second, third or fourth baby.



So don't be too hard on yourself, you are only human. We all learn to be a parent when we have a baby, not before.

Give yourself plenty of time to adjust to your new life. Find time to rest and eat a healthy nutritious diet as this will help you become and stay physically and emotionally healthy.

Things may not have gone as planned or expected either related to pregnancy, birth, feeding or bringing your baby home. It is important to remember some of these changes are beyond your control. Sometimes you may feel a loss of things that haven't gone as planned - remaining positive about the here and now is important.

Talk to someone you can trust about how you are feeling, like your partner, your mum, a friend, or to your midwife or health visitor. It can help a lot just to confide in someone else. Once they know how you are feeling they will be able to give you the support you feel you want or need.



## THE BABY BLUES

As many as 8 out of 10 women and birthing people feel this way. In fact, the blues are experienced by so many that it is considered unusual not to feel this way after having a baby, even if only for a short while.

It normally begins within a few days of the baby's birth. Common reactions are to burst into tears for no obvious reason, or to feel on top of the world one minute and miserable the next. It is not unusual to feel anxious or tense, lacking in confidence or worried.

If you think you are becoming more unhappy or upset, or if the low mood continues for more than one week, then you may be experiencing something other than the baby blues.

**Talk to your midwife, health visitor or doctor – help from these health care professionals should be sought, especially if you have had depression before.**

## POSTNATAL DEPRESSION

Postnatal depression (PND) affects approximately 1 in 10 women and birthing people following the birth of their babies. This illness usually begins in the first six months after childbirth, although for many women, the depression begins in pregnancy

It is important to know postnatal depression can occur at any time within the first year of the birth of your baby. However, postnatal depression can last for longer than a year if help is not sought and treatment

received. Untreated postnatal depression can contribute

to tensions in family life and have a lasting effect on all concerned.

Early diagnosis and treatment of postnatal depression will result in a faster recovery.

Quite often a close family friend or perhaps the partner of the woman / birthing person recognises there is something wrong before they do.

## TRAUMA FOLLOWING CHILDBIRTH

**It is known that some women, birthing people and birth partners experience of childbirth can be very distressing. These feelings may only last a few weeks or in some cases may continue.**

Researchers suggest some women, birthing people and birth partners will go on to experience a more lasting trauma reaction as a result of their birth experience. This is sometimes called 'Post-Traumatic Stress Disorder after childbirth'.

If you feel you have been traumatised by your birth experience you are encouraged to speak about it when they feel ready to do so. Health professionals may be able to help by offering support and listening. You may find it useful to have an opportunity to talk through your birth experience. You can access a Birth Reflection service lead by Professional Midwifery Advocates via your Midwife and Health visitor

If the symptoms of increased anxiety, poor sleep, nightmares and flashbacks (vivid memories of the birth) last longer than 2-3 weeks the woman should be encouraged to seek help firstly from the GP who may refer them for more specialist help which is available locally.

Some women and pregnant people may also experience:

- intrusive thoughts about the birth which feel as if they are playing again and again in the mind.
- Difficulty in remembering parts of the birth
- numbed emotions or problems bonding with the baby
- depression or irritability
- angry mood swings
- difficulty concentrating
- problems with breastfeeding
- feelings of inadequacy
- fear previous events will reoccur with similar if not worse outcomes
- fear of becoming pregnant again

Some people avoid appointments for themselves or their babies, adding to the distress they already feel. This can include the investigation and treatment of abnormal cervical smears.



## POSTPARTUM PSYCHOSIS

Postpartum psychosis (PP) is also known as puerperal psychosis and postpartum onset bipolar disorder.

This is a rare and serious mood change, affecting about 1 to 2 in 1000 new mothers. This psychosis occurs in the first few weeks following the birth of the baby.

People who have a bipolar disorder diagnosis or have suffered from Postpartum psychosis in previous pregnancies are at higher risk of developing the illness.

Symptoms can include:

- hallucinations - hearing, seeing, feeling or smelling things that others cannot
- delusions - unusual beliefs such as thinking you must save the world or have special powers
- mania - feeling very energetic and like 'super- mum' or agitated and restless
- loss of contact with reality

The symptoms of Postpartum psychosis can get worse very quickly, therefore it should be treated as a medical emergency and usually

requires hospital treatment, preferably in a specialist unit known as 'a mother and baby unit'.

Women and birthing people can and do make a full recovery with the correct help and support. There is a small increase in risk for women and birthing people with a close relative who has experienced postpartum psychosis or bipolar disorder. Please let your health professional know

Symptoms may present as:

- having trouble sleeping, insomnia or not feeling the need to sleep
- talking faster or louder than usual
- having a very busy mind or racing thoughts
- behaving in a way that is out of character or control
- feeling paranoid or suspicious of people's motives
- feeling that everyday events, or stories on the TV or radio have special personal meaning
- feeling that the baby is connected to God or the Devil in some way
- appearing preoccupied or distracted and having difficulty concentrating

Your partner may be the first to notice that you are unwell. It is important your partner or if you do not have a partner, someone close to you knows the symptoms to look out for.

Seeking help quickly will improve your chances of making a speedy recovery.

## HOW PARTENRS AND FAMILY CAN HELP-

**Try and remember depression and anxiety are not a choice.**

There are several things you as a member of the parent's family can do to help. Such as:

- Help with practical childcare arrangements wherever possible.
- Helping with household chores may give the family some much needed time to relax and be together.
- Your patience and understanding over this difficult time will be important to the whole family.
- Encourage both parents to talk more openly and honestly about their feelings. At times this might be difficult to hear.
- Please take fears or

concerns they may express seriously. Your empathy and understanding will make it easier for them to confide in you.

- It might be useful to find out more about depression, anxiety and psychosis. This will help you to be more understanding of how she is feeling and help you carry on offering support. Please see <https://www.app-network.org/>

## FATHERS AND PARTNERS - AN IMPORTANT ROLE

**It can take time to adjust to being a parent. As a father or partner you are often the most pivotal person in terms of helping your partner to recover. While this may seem very flattering, it may also feel like a burden at times.**

After the birth a significant number of fathers and partners may feel low and anxious. This is a reaction to the major change in their lifestyle and the stress of adjusting to being a parent.

For men and partners, it is often not recognized they are depressed because some will hide their feelings, particularly when they are overwhelmed by them. More commonly men present with signs of anger and frustration rather than tearfulness and sadness.

It might be that men and partners may feel indifferent to the baby and struggle to bond with their child in the early days after he/she is born. They may

also feel left out and rejected by their partners preoccupation with the baby.

Avoiding the family by working late or going out more than usual may be signs of struggling to adapt to the new situation. Time and support from their partner, or family and realising that other new parents go through this as well can be helpful. Men and partners suffer depressive symptoms after the birth of their baby. If their partner has postnatal depression then the chance of fathers and partners experiencing some depression rises to 50%. Research shows that both same sex and adoptive parents can experience postnatal mood changes.

## SUPPORTING YOUR PARTNER

Try and remember depression and anxiety are not a choice.

Your partner does not want to feel this way. They don't want to be a burden to you. They don't want to be ill.

Your support will be vital in their recovery. Hopefully when they feel better you will feel that your relationship is stronger for the experience of managing this difficult time.

All the previous advice will help in addition to the following suggestions.

- Frequently reassure them these symptoms are temporary and in time they will recover
- Give lots of love, support and reassurance.
- Ensure they get enough food and rest.
- Encourage them to be active, even though they might resist. Going for a short walk together will help you feel better too.
- Remain positive about progress as a family however small. This will be encouraging that things will improve.
- Give them a massage. Don't worry, you don't need to be an expert, try some gentle stroking to start with. It will help her to relax and restore feelings of wellbeing.
- Make time for yourselves as a couple without your children when you can. This could be when the baby is sleeping.
- Look after yourself. It would be a good idea for you to follow 'helping yourself through low mood, depression and anxiety' below. If you are following those simple steps as well it will make it easier for you to do them together.

## **GET HELP IF YOU NEED IT – PLEASE DON'T KEEP IT TO YOURSELVES**

Mental challenge for family and friends, health difficulties after the birth of a baby can have a huge impact on parents' health, partnership, friendships and career, as well as potentially having a damaging effect on the baby's emotional and physical wellbeing. Coping with it on a day-to-day basis can be huge.

## HELPING YOURSELF THROUGH LOW MOOD, DEPRESSION AND ANXIETY

**Take control:** you are the one person who can decide on what is best for you. Learning to set manageable goals can give you a sense of achievement.

**Self-awareness and knowledge:** having a baby gives you the chance to learn more about yourself, your strengths, your capacity to change and what you want to achieve. Learning about yourself and what is happening and how to deal with difficult situations reduces the fear, builds confidence and accelerates wellbeing.

Ask your GP, health visitor or midwife about self-help books available aimed at enhancing wellbeing.

**Structure the day:** organising your day and setting small achievable targets like preparing a meal or paying a bill etc. It is important you get rest and relaxation each day.

**Exercise:** there is a great deal of well researched evidence that regular exercise can be a very effective way of lifting low mood and promotes feelings of wellbeing. For a new parent getting out of the house and going for a walk can feel like a real achievement and an important part of managing the day.

Doing some gentle exercise is good as it can help you start to feel better about yourself.

Local leisure centres may have classes for relaxation and exercise. There may also be crèche facilities available. Ask your GP, health visitor etc about your local exercise referral process.

In your local community there may also be opportunities to meet with other parents doing exercise in a group such as a buggy walk.

**Healthy eating:** parents are often so busy looking after the needs of their

babies they forget about themselves.

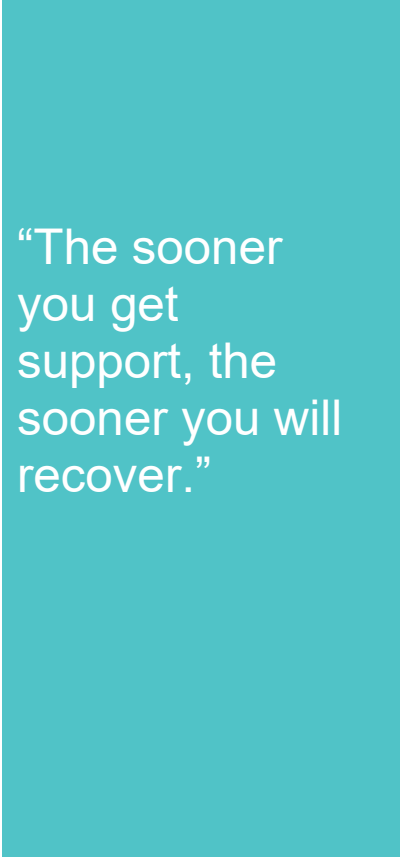
A low fat, high fibre diet with lots of fresh vegetables and fruit will increase body energy. Too much caffeine can increase anxiety levels.

Healthy eating is important, however not eating enough can reduce energy levels and milk production if you are breastfeeding. Don't feel pressured to lose weight or diet.

**Positive thinking:** have a positive outlook. Not everything in your life is always negative, even if it feels like it now. Making yourself find positive aspects of your day may be very difficult at first, but it will help you notice when you start to feel better.

**Hope:** Take life one day at a time.

The first and most important step on the road to recovery is for you, your partner and your family to accept this is temporary and given time you will recover.



“The sooner you get support, the sooner you will recover.”

## **YOUR PLAN FOR STAYING WELL OR RECOVERY**

Take a moment to look at some of the points mentioned above and how you could use them in your own life.

**Diet:**

**Exercise:**

**Positive thinking and hope:**

**Structure to your day:**

## HOW OTHER PEOPLE CAN HELP

**In most cases of mild to moderate mental ill health the GP, health visitor and midwife will advise that a ‘stepped care approach’ to offering treatments is taken. This means considering a number of non-medical options like looking at your lifestyle, e.g. exercise, diet, expectations and coping skills as well as trying new things.**

Ask your health visitor, local children’s centre or support groups about baby massage. This is a lovely way of benefiting you and your baby. Research shows baby massage helps decrease stress hormones, both in baby and the person doing the massage. It can be done by parents and promotes positive feelings of bonding and attachment as well as having physical benefits for the baby’s growth and development.

If your symptoms indicate a more moderate depression

then antidepressants may be considered. An enhanced rate of recovery has been found for some individuals when both antidepressants, talking therapies and self-help options are taken up.

These treatments can be combined for more moderate to severe, long-term depression.

“Baby massage helps decrease stress hormones, both in baby and the person doing the massage.”



## NHFT TALKING THERAPIES

Your doctor, health visitor and midwife will be able to refer you to the right level of service for your need. This may include the NHFT TALKING THERAPIES service for mild to moderate mental health conditions, the Specialist Perinatal Mental Health Service or other mental health services.

You can self-refer to NHFT TALKING THERAPIES <https://www.nhft.nhs.uk/talkingtherapies> Talking therapies can be a great help if you are depressed or anxious.

Your health visitor will offer you the practical lifestyle advice already mentioned in this booklet as well as short term therapeutic interventions to help your mental wellbeing

Being able to confide in someone who is not related to you, or a close friend of yours, may seem awkward at first but it does have some advantages. However, you may be more honest with a professional, they will listen

and offer objective advice and support.

The opportunity to talk about your troubles to a sympathetic, understanding, uncritical ear can provide a great sense of relief and release.

## MEDICATION

**If you are taking medication when planning a pregnancy or when discovering you are pregnant, do not stop suddenly it is important to seek medical advice first.**

**It is important to remember starting medication is not a sign of failure, it can be one of the tools to get you back on track.**

Antidepressants can be helpful for some types of depression and anxiety and they are not considered addictive. Many can be used during pregnancy and breastfeeding.

For further information about antidepressants  
<https://www.medicinesinpregnancy.org/>

## COMPLEMENTARY THERAPIES

Some people find complementary therapies, such as reflexology and aromatherapy can be helpful. As their name suggests, they are most effective when used to complement other treatments. If you are feeling very unwell they should be used alongside treatment recommended by your doctor.

Please make sure your doctor knows what complementary therapy you are using.

You need to be sure the person offering the therapy is properly trained in its use during pregnancy. You also need to be sure the use of certain aromatherapy oils are safe to use during pregnancy.

Examples of some of the therapies available include:

- Aromatherapy
- Herbal remedies
- Homeopathy
- Infant massage
- Reflexology
- Acupuncture

## HOSPITAL BASED CARE

**Some women and birthing people who experience perinatal illness develop more severe symptoms will need more specialised help.**

Although you may receive psychiatric treatment to help you recover, this must form part of an overall strategy of support and practical help involving partners, family and friends. Your GP will refer you to a psychiatrist if necessary.

Being admitted to hospital is rare unless you have severe depression or psychosis. In some hospitals there are special units known as 'Mother and baby units' for women and birthing people needing specialist treatment, so they do not have to be separated from their babies. You will need a lot of support around you both during your hospital stay and when you go home.

Professional and voluntary sector support, such as Home-start, can be arranged

for you. Be open about your feelings and worries as this will help others understand what you need.

Talk to your midwife, health visitor or GP. There may be postnatal support groups local to where you live. These are a good way of meeting up with other mothers, exchanging information, relaxing and building up confidence about skills such as breastfeeding and baby care. See the useful organisations list for further information.

Your local health visitor, midwife and children's centre are always able to help you contact groups in your area.

**If you have previously experienced psychosis, bipolar disorder or severe depression, anxiety or OCD please inform your midwife or health visitor**

## ONLINE RESOURCES AND SOCIAL MEDIA

There are many online resources and social media channels available to mothers, fathers, parents, co-parents and families and in recent years there have been huge developments in the way support can be accessed. Care should be taken when accessing information online. Be mindful while accessing online information there may be content that users may find distressing or upsetting by the nature of the subject matter. The NHS does not in any way endorse these sites.

Please speak to your health professional for more information on other organisations available to support you.







## NOTES

A series of 25 horizontal dotted lines for writing notes.

**This booklet is available in Polish, Bengali, Romanian and Lithuanian.  
If you require this booklet on one of these languages, please advise  
your midwife or health visitor.**

*Northamptonshire LMNS understands the importance of language in breaking down barriers  
for people accessing care and is committed to using inclusive language in its communications,  
publications and patient information to meet the needs of all individuals.  
We would value any feedback to help us develop our communications.*