

# Guide 4: Managing Your Postnatal Emotions

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*Feelings of anxiety are perfectly normal for new mothers. The key is to take control of the symptoms and manage your emotions early.*



Welcoming a newborn to the family is usually a happy occasion. There is something magical about holding the baby in your arms for the first time. Precious moments like these make childbearing all the more worthwhile for most mothers.

Unfortunately, not all mothers share the same excitement after giving birth. For the most part, it's perfectly normal to feel a little stressed out when taking care of a newborn, especially if you're doing this for the very first time. After all, you're finally putting everything you've learnt into practice, and the anxiety is only natural.

However, for some mothers, the birth of her child is also when postnatal syndromes start to set in. These symptoms may include anything from a mild sense of moodiness to serious, long-term depression. More than just the health of the mother, the health of the baby may be at risk as well if left untreated.

In this guide, we walk you through the most common postnatal syndromes, such as postnatal blues, postnatal depression and postnatal psychosis, and how you can deal with each of them in turn with the help of professionals and, just as importantly, loved ones.

## Postnatal Blues

Feeling down is not exactly uncommon for new mothers. That is because the special attention and care put on you during the pregnancy is now transferred to the newborn. As such, new mothers may feel neglected or relegated to the role of "milking machine" or "diaper changer", even if they're not conscious of their emotions. These immense pressures may sometimes affect mothers in negative ways.

Postnatal blues occur in about two-thirds of women and usually happen within the first week after delivery. First off, the not-so-good news: you may feel irritable, weepy and moody. There may also be excessive anxiety about being able to cope with the baby or feelings of frustration when the baby cries. First-time mothers without prior experience are susceptible to postnatal blues, especially if they don't have the right support system at home.

Now, for the good news: for most women, postnatal blues is usually not long-lasting. In fact, anxiety should go away within a few days to a couple of weeks, depending on the individual. Since postnatal blues is usually not permanent or life threatening, it will not affect the mother's ability to care for her infant. Therefore, a specialist's attention is mostly not required.

### What can you do?

Without the right support system in place, postnatal blues may develop into something more serious. That's why, if you feel the blues coming on, it's important for your family and loved ones back home to provide encouragement and support along the way. In fact, just knowing and accepting that you're going through a rough period may be enough. Just remember — these emotions are perfectly understandable, given what you've just been through in the last nine months.

If the feelings of moodiness and irritability do not go away after two weeks, seek further advice from your doctor.

## Depression

Postnatal depression is a little more serious than a case of the blues. Statistically, postnatal depression happens in about one in 10 women who have recently delivered. Typical symptoms include low mood, irritability, poor sleep, tiredness and a loss of interest in activities. Women also sometimes report that they feel a low sense of self worth, as if nothing they do is good enough for the baby. Some mothers may also experience symptoms beyond just the psychological, such as aches in the body and other physiological reactions related to anxiety, such as heavy breathing and quicker heartbeats.

Perhaps the most serious aspect of postnatal depression is the fact that it's potentially dangerous. Untreated postnatal depression can affect the ability of the mother to bond with the child and can possibly result in problems in the emotional and intellectual development of the child in the long run.

So who is more susceptible to postnatal depression? Experts believe that women with past psychiatric illnesses such as major depression, as well as those who were depressed during pregnancy, are more likely than others to experience postnatal depression. And, just as before, without a proper support system, the situation may worsen if left unchecked.

### What can you do?

Postnatal depression requires further medical attention from specialists. Psychological treatment, or "talk therapy", has been proven to be especially useful for mothers who are reluctant to try medications or have milder forms of depression. More formal psychological

therapies are also available, including interpersonal therapy, which focuses on interpersonal relationships between the mother and her child, as well as cognitive-behavioural therapy, which addresses faulty thinking and patterns of behaviour in the mother.

If the specialist believes that the mother is suffering from something more serious, he may prescribe some medication. Only the most extreme cases will require hospitalisation.

## Postnatal Psychosis

This is the most severe form of post-partum psychiatric illness. It is rare, happening in one to two per 1,000 women after childbirth.

Postnatal psychosis usually presents itself within the first two to four weeks after delivery, and affected women may feel restlessness, irritability, confusion and insomnia. It's also not uncommon for women to go through big mood swings, from depression to overt elation and back. In some cases, there may also be delusional beliefs as well as auditory or visual hallucinations, where mothers hear voices in their heads or see things that are not real.

### What can you do?

Hospitalisation is necessary, since this is considered a psychiatric emergency and there's a risk of harm, both to the mum and the baby. In terms of treatment, doctors will typically prescribe antipsychotic medication, antidepressants or mood stabilisers.

In the meantime, the infant must be put in a safe environment with another caregiver. After the mother recovers from the episode, a period of follow-up is advisable as there's a likelihood that there will be recurrent episodes even when she's not pregnant.

## Conclusion

More than just the physical change, the period before, during and after pregnancy can sometimes be met with various psychological changes as well. However, as long as you or your loved ones can spot the symptoms early, treatment and recovery are usually effective.

The most important point is to have a family that cares for the mother. Throughout this stressful period, give her all the support you can give, and take note of symptoms if you notice anything amiss. That way, everyone in the family can experience the joys of bonding with the baby.

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