DIAGNOSING PND
Based on symptoms: When symptoms of Baby Blues are more severe and last for more than 2 weeks!

PREVENTION
• Plan support during and after pregnancy
• Pre-natal birthing classes to prepare new mothers and fathers for childbirth and post-birth childcare
• Psychosocial counselling during and after pregnancy for emotional support, guidance and preparation
• Do not discontinue antidepressant medication before or during pregnancy without the guidance of your doctor. Ask about medication options that could be safe during pregnancy
• Although all these factors are protective some women may still develop PND due to genetic/biological vulnerabilities

TREATMENT OPTIONS FOR PND
• Psychological treatment, such as:
  - Cognitive behavioural therapy
  - Interpersonal therapy
  - Counselling
• Medication, such as:
  - Antidepressants

Please Note: This is an educational information leaflet only and should not be used for diagnosis. For more information on postnatal depression, consult your healthcare professional.

Your 10 Step Plan to Combat PND
1. Look out for the signs and symptoms
2. Acknowledge the problem
3. Don’t feel guilty, don’t run away, take the bull by its horns
4. Get help: consult with your doctor
5. Be compliant with medication
6. Get advice and guidance through counselling
7. Get support: set up a support structure of family and friends
8. Take me-time or time out
9. Eat a healthy diet
10. Exercise

NB: If you are breastfeeding, ask your doctor for a medication option that is safe during breastfeeding.

References:

Cipla
Cipla SADAG Helpline: 0800 456 789
WhatsApp counselling helpline: 076 88 22 77 5
www.sadag.org

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WHAT IS POSTNATAL DEPRESSION (PND)

It is classified as a mood disorder:
- Associated with childbirth
- Starting typically between 2 weeks and 1 month after childbirth, but can present any time during the first year of baby's life
- Affecting up to 1 in 3 new moms and even some new dads

NB: The danger is that it can also have negative effects on the newborn baby’s need for physical and emotional nurturing!

The table below shows the key differences between Baby Blues and PND:

<table>
<thead>
<tr>
<th>Baby Blues</th>
<th>PND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling sad, emotional and weepy</td>
<td>Severe feelings of sadness, anxiety and worthlessness</td>
</tr>
<tr>
<td>Usually only lasts 3-7 days after childbirth</td>
<td>Last for at least 2 weeks and may occur for months and up to a year after childbirth</td>
</tr>
<tr>
<td>Mood lability</td>
<td>Often associated anxiety</td>
</tr>
<tr>
<td>Affects 70 to 80 % of women</td>
<td>Affects between 10 -30% of women</td>
</tr>
<tr>
<td>Will resolve spontaneously</td>
<td>Requires treatment</td>
</tr>
</tbody>
</table>

In some cases, PND may be an extension of Baby Blues and can overlap when it comes to initial signs and symptoms, but there are distinct differences between Baby Blues and PND.

CAUSES AND RISK FACTORS FOR PND

Depression during pregnancy is the best predictor for PND. Other causes and risk factors include a combination of these physical and emotional factors:

- Hormonal changes
- Sleep deprivation
- Family history of mood related disorders such as depression, PND and bipolar disorder
- Having stopped antidepressants prior to pregnancy
- Lack of a support structure after childbirth
- PND after previous childbirths
- Stress around childcare
- Complications during childbirth

SYMPTOMS AND SIGNS OF PND

Some of the most frequent signs and symptoms include:
- Feelings of extreme sadness
- Low energy levels
- Anxiety
- Crying episodes
- Irritability
- Changes in sleep patterns
- Changes in eating habits
- Loss of interest
- Thoughts of wanting to hurt oneself and/or the baby
- Isolation