

## Patient information from the BMJ Group

# Postnatal depression

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## Postnatal depression

Postnatal depression is an illness that you can get after having a baby. You may feel sad and anxious, and find it difficult to look after your baby. Feeling this way at a time when you are supposed to be happy can make you feel guilty too. The good news is that there are treatments that can help you feel better.

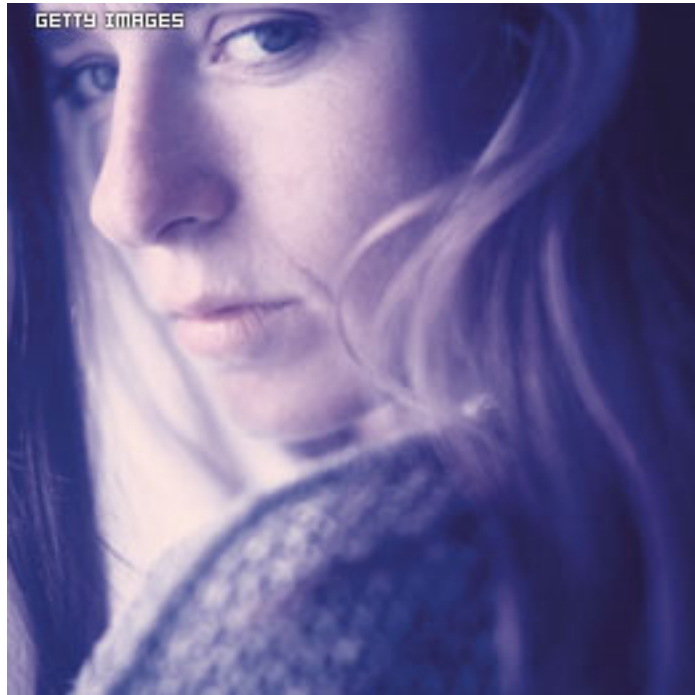
We've brought together the best research about postnatal depression and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

## What is postnatal depression?

Postnatal depression is an illness that you can get after having a baby. It is also sometimes called postpartum depression. It's just like depression, which you can get at other times. But it comes at a time when you are expected to feel happy. If you get postnatal depression, you may find it hard to enjoy your baby and care for him or her.

Postnatal depression nearly always gets better on its own. But if the depression goes on for a long time, you may find you have trouble bonding with your baby. And your baby may not develop as well as he or she should. There are treatments that may help you feel better faster. So, it's important to see your doctor and get treatment early.

# Postnatal depression



Postnatal depression is a common condition.

## Key points for women with postnatal depression

- It's normal to feel low, irritable, or anxious for a few days after your baby is born. But if these feelings don't go away or they get worse, you may have postnatal depression.
- Postnatal depression is common. About 10 to 15 in every 100 new mothers get it.
- Postnatal depression is an illness. It is not a sign that you don't love your baby or can't look after him or her properly. Remember: getting depressed is not your fault.
- There are lots of treatments that may help.
- It's important to see your doctor early on. The sooner you get help, the sooner you are likely to feel better and start enjoying being a mother.
- If you have strange thoughts and feelings about your baby, or hear or see things that aren't real, you may have a more serious illness called **puerperal psychosis**. You will need to be looked after in hospital.

## What's normal after having a baby?

To understand what goes wrong in postnatal depression, it helps to know a little about what feelings are normal after you have a baby.

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Having a baby involves huge changes in your life and your body. And they happen very quickly.

- You suddenly have to care 24 hours a day for a human being who completely depends on you.
- Your **hormones** rise to very high levels during pregnancy. But they fall suddenly in the few days after your baby is born.<sup>[1]</sup> To read more, see [Hormone changes after childbirth](#).
- Being a mother will affect almost every aspect of your life, including your work and your relationships.
- You have to cope with having less sleep.
- If you are in a relationship, you and your partner have to switch instantly from being a couple to being parents. This can be stressful and very tiring.
- If you are a single parent, you might feel even greater pressure to cope and do things well with less support.
- Being a mother may seem very different to what you expected. No one can really prepare you for what it will be like, and for what hard work it can be.

These are a lot of changes to deal with. So, it's hardly surprising that many new mothers get a condition called the baby blues for one week or so after giving birth.<sup>[2]</sup> This is when you have mild problems with your mood. To learn more, see [The baby blues](#).

But the baby blues usually go away within 10 days after you have given birth. If your sadness goes on for more than two weeks, you may have postnatal depression instead. This is when how you feel becomes a more serious problem.

### What goes wrong in postnatal depression?

One of two things may happen if you have postnatal depression:<sup>[3]</sup>

- You may keep feeling depressed after the baby blues should have stopped
- You may start feeling depressed later in your baby's first year, usually in the first three months.

About 1 in 10 women even start feeling depressed during pregnancy. We don't know as much about depression before the birth of a baby as we do about the postnatal kind.<sup>[4]</sup>  
<sup>[5]</sup>

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And for some women, postnatal depression is probably **depression** continuing from before they got pregnant.<sup>[6]</sup>

The symptoms of postnatal depression are just like the symptoms of the depression you can get at other times, such as feeling low and anxious, and not enjoying life. To learn more, see [What are the symptoms of postnatal depression?](#)

Some symptoms, such as sleep problems, weight changes, and loss of energy, are also a normal part of being a new mother. This explains why doctors and other health professionals often don't spot postnatal depression.

We don't know what causes postnatal depression. But some researchers think it may be related to:<sup>[7]</sup> <sup>[8]</sup>

- Changes in your hormone levels
- Problems with your **thyroid gland**
- Changes in your **immune system** from stress.

There is not much evidence to prove these ideas though. For most women, postnatal depression is more likely to be caused by things in their personal and family life. Looking after a new baby is hard at any time. Problems going on around you can make it much harder.

But changes in your body might well play a part in causing a much rarer and severe illness called **puerperal psychosis**. This is most likely to come on suddenly in the first two weeks after your baby is born. It's so serious that most women have to be looked after in hospital.

Women with puerperal psychosis often have big mood swings and think and behave abnormally. They may also have **hallucinations** and fantasies that show they can't tell what is real and what isn't.<sup>[3]</sup> For more information, see [Puerperal psychosis](#) .

### Postnatal depression: why me?

We don't know why some women get postnatal depression and others don't. But there are things that increase your chance of getting it. These are called risk factors. Having a risk factor doesn't mean that you will definitely get postnatal depression. It just means you are more likely to get it than a woman who doesn't have that risk factor.<sup>[13]</sup>

Most of the things that put you at higher risk of postnatal depression are the same as those that put you at higher risk of **depression** at other times. These are the most important risk factors.<sup>[13]</sup> <sup>[21]</sup> <sup>[22]</sup> <sup>[23]</sup> <sup>[24]</sup>

- You've had a mental illness before, particularly depression. This includes postnatal depression after a previous pregnancy.

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- You don't get enough support from people like your friends and neighbours, relatives, and health professionals.
- You have a bad relationship with your husband or partner.
- You have difficult things happening in your life. For example, you may have lost your job or your partner has lost his or her job. Or you've had to move house when you didn't want to. Or a close family member or friend of yours has been in an accident, had an illness, or has died.

You may also be at higher risk of postnatal depression if these things have happened to you: [\[13\]](#) [\[21\]](#) [\[22\]](#) [\[25\]](#) [\[26\]](#)

- You had problems during your pregnancy
- You have been abused
- Your family doesn't have much income
- You don't get much job satisfaction.

Your risk of postnatal depression may also be higher than average if you have, or had, any of these problems: [\[27\]](#) [\[28\]](#)

- You didn't plan to get pregnant
- You're a teenage mother
- You're not breastfeeding
- It took a long time for you to get pregnant
- Your partner has depression
- You had a condition called the baby blues in the first days after your baby was born (to read more, see [The baby blues](#) )
- You already have two or more children
- Your baby has, or had, health or sleep problems
- Your baby died.

### What are the symptoms of postnatal depression?

Postnatal depression feels a lot like the depression you can get at other times of your life. The only difference is how it affects your feelings about being a mother and your ability to care for your baby.

You are most likely to get postnatal depression in the first three months after your baby is born. But you can get it at any time during the first year. <sup>[29]</sup>

If you have postnatal depression, you may: <sup>[29]</sup>

- Feel low and anxious
- Lose interest in your life and stop enjoying it
- Have changes in your appetite (for example, not feeling hungry and losing weight)
- Feel agitated
- Have a hard time sleeping, even when your baby sleeps
- Feel 'slowed down'
- Feel tired and not have any energy
- Feel worthless or guilty
- Find it hard to concentrate or make decisions
- Think about death or killing yourself.

These are the symptoms of bad depression you can get at any time.

Postnatal depression may also make you feel: <sup>[30]</sup> <sup>[31]</sup>

- Overwhelmed by your baby's needs
- Unable to cope or care for your baby properly
- Trapped and wanting to get out
- Angry at yourself and others, including your baby
- Alone and unable to tell anybody how you feel
- Afraid or panicky

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- Despairing and hopeless
- Like you are losing your mind
- Like you might harm your baby.

The feelings you get with postnatal depression are different from those of a condition called **the baby blues**. The baby blues are changes in mood that many women get about four or five days after their baby is born. Baby blues usually go away by the 10th day after giving birth. For more information, see [The baby blues](#) .

Another, more serious, illness that a very few women get after they have a baby is called **puerperal psychosis**. This illness usually starts in the first two weeks after birth. These women get bad anxiety and feel upset and agitated. They may also think about harming themselves or their baby. For more information, see [Puerperal psychosis](#) .

### How do doctors diagnose postnatal depression?

It is not always easy to diagnose postnatal depression.

There are several reasons for this. <sup>[48]</sup>

- It can be confused with a common condition called the baby blues. For more information, see [The baby blues](#) .
- Some of the warning signs, such as weight loss, sleep problems, and exhaustion, are a normal part of being a new mother.
- Women are often reluctant to talk about their feelings, because they worry that other people will think they are bad mothers.

But it is important to see your doctor early on if you think you may be depressed. There are treatments that may help you get better faster.

Here are some things your doctor might do to help work out if you have postnatal depression.

### Questions your doctor might ask

Your doctor may ask you some questions about how you feel. <sup>[49]</sup>

- Do you feel depressed for most of the day?
- Have you lost interest or pleasure in things that usually make you happy, like playing with your baby?
- Do you feel tired and as if you don't have any energy?

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Your doctor will probably say you have postnatal depression if you answer 'yes' to the questions above and to any four of the following ones.

- Have you lost your confidence and self-esteem?
- Do you feel guilty for no reason?
- Have you been thinking a lot about killing yourself (suicide) or about death, either your death or your baby's?
- Is it hard for you to concentrate?
- Do you feel agitated or slowed down?
- Are you sleeping too little or too much?
- Are you eating too little or too much?

Your doctor will probably say you have **mild depression** if you have four of these last seven symptoms. If you have five or six symptoms, you have medium depression (your doctor might call this **moderate depression**). And if you have all seven, your depression is very bad (your doctor might say you have **severe depression**).<sup>[50]</sup>

If you answer 'yes' to either of the questions below, you may have a more serious illness called **puerperal psychosis**.<sup>[51]</sup>

- Have you had four days in a row when you felt so good, high, excited, or 'hyper' that other people thought you were not your normal self or you got into trouble?
- Have you had four days in a row when you were so irritable that you shouted at people or started fights or arguments?

If you have puerperal psychosis, you will need to see a specialist called a **psychiatrist**. Also, you will probably need to be cared for in hospital. For more on that illness, see [Puerperal psychosis](#).

### Physical examination

There aren't any physical signs of postnatal depression. But your doctor may still do some or all of the following:

- Feel your tummy to see if your womb (uterus) is getting back to normal
- Check your **blood pressure**, if it has been high
- Examine your birth canal (vagina) if you have had any tearing, bleeding, or pain



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- Check your pulse and temperature if you are feeling unwell.

### Tests your doctor might do

There aren't any physical tests for postnatal depression. But there are questionnaires that doctors, health visitors, and other health professionals can use to help spot postnatal depression.

The most popular questionnaire is called the **Edinburgh Postnatal Depression Scale (EPDS for short)**. It has 10 questions that ask about your feelings and behaviour.<sup>[52]</sup> The higher your score, the more likely you are to have postnatal depression. So if you have a high score, you will be sent to your doctor to see if you have the illness.<sup>[27]</sup>

This questionnaire is a kind of screening. With a screening, a doctor, nurse, or other health professional tests everybody to see if they might have a condition. That means testing you whether you have clear symptoms or not. For more information, see [Screening for postnatal depression](#).

Your doctor may also offer you a blood test to check for problems with your **thyroid gland**. You are more likely to get thyroid problems in the weeks and months after having a baby than at other times.<sup>[51]</sup> Problems with your thyroid gland can affect your mood.

### How common is postnatal depression?

We don't know exactly how many women get postnatal depression. That's because women don't always tell their doctors about their problems.

There hasn't been very good research on postnatal depression.<sup>[32]</sup> Also, doctors don't always recognise postnatal depression. Some researchers think that about half of all cases are not diagnosed.<sup>[33]</sup>

Here is what the research that has been done tells us.<sup>[32]</sup> <sup>[13]</sup>

- About 13 new mothers in every 100 get postnatal depression.
- About 1 or 2 mothers in every 1,000 get a more serious condition called puerperal psychosis. (For more information, see [Puerperal psychosis](#).)

Overall, women are not more likely to get depression in the first year after their babies are born than women of a similar age who have not recently given birth. But the risk of getting depression is much higher than average in the first few weeks after having a baby. In the first five weeks after childbirth, you are three times more likely to get depression than a woman who has not had a baby in the last year.<sup>[34]</sup>

We don't know much about how postnatal depression affects women from different ethnic backgrounds. That's because most studies have been done among white women. But

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research done in South Africa and India suggests that this illness is more common in developing countries than in developed ones. <sup>[35]</sup> <sup>[36]</sup>

### What treatments work for postnatal depression?

If you have just had a baby and have felt low and sad for more than a couple of weeks, you may have postnatal depression. This illness is quite common, especially in the first few weeks after giving birth.

You may think it is up to you to 'pull yourself together'. You may even worry that you're a bad mother. But having postnatal depression is not your fault.

Postnatal depression usually goes away on its own. But it can last for a while. That can be harmful for you, your baby, and your partner. The good news is that there are treatments that can help you feel better sooner.

### Key messages about treating postnatal depression

- There are several treatments to choose from. Talk to your doctor about which ones are right for you.
- Some antidepressant drugs are likely to help get rid of your depression. But they get into your breast milk. You may wish to discuss with your doctor whether they are safe to take if you are breastfeeding.
- Talking treatments, such as [cognitive behaviour therapy](#), are likely to work. But there hasn't been much research on these.
- St. John's wort, a herbal treatment, may be used to treat depression at other times in your life. But herbal treatments are not recommended if you're breastfeeding. That's because we don't know if they are safe for babies.

The National Institute for Health and Care Excellence (NICE) is the government body that advises doctors about treatments. NICE has issued some guidance about how doctors should treat women with mental health problems, including depression, during pregnancy or in the year after giving birth. <sup>[54]</sup> To learn more, see [NICE guidance on postnatal depression](#).

### NICE guidance on postnatal depression

If you get depression after having a baby, you will probably be cared for by a variety of people. These might include your midwife, health visitor, GP, mental health nurse, psychologist, or hospital doctor (such as a psychiatrist). We can't tell you exactly how you will be treated. But we can give you some idea about how postnatal depression is treated in general. This information comes from the National Institute for Health and Care Excellence (NICE), the government body that advises doctors about treatments. <sup>[54]</sup>

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- Your doctor might advise you to try some things yourself first. For example, you might be given some books to read or advised to take some regular [exercise](#) . Or you might be asked to follow a course of [cognitive behaviour therapy \(CBT\)](#) on a computer
- You might be offered some form of talking therapy (psychological treatment). This might be [non-directive counselling](#) , [CBT](#) , or [interpersonal psychotherapy](#)
- If your doctor has recommended a talking treatment, this should start within one month
- If talking treatments don't help, or you would rather have drug treatment, your doctor might prescribe an [antidepressant](#)
- If one antidepressant doesn't help, your doctor may try a different one
- If neither antidepressants nor talking treatments work very well, your doctor might try using both of these approaches together
- If you need to be cared for in hospital, you should be able to be treated in a mother and baby unit, unless there are reasons for not doing this
- If you have very bad depression that doesn't get better with talking treatments and antidepressants, your doctor might consider [electroconvulsive therapy \(ECT\)](#) .

### Treatments for postnatal depression

We have divided the treatments for postnatal depression according to whether they involve taking drugs.

- [Drug treatments for postnatal depression](#)
- [Non-drug treatments for postnatal depression](#)

### Treatment Group 1

#### Drug treatments for postnatal depression

There are several drug treatments for postnatal depression. But which ones work best?

We've looked at the best research and given a rating for each treatment according to how well it works.

For help in deciding what treatment is best for you, see [How to make the best decisions about treatment](#).

## Drug treatments for postnatal depression

### Treatments that are likely to work

- [Antidepressants](#) : These drugs might help to lift your mood. The ones that have been studied for postnatal depression are fluoxetine (brand name Prozac), paroxetine (Seroxat), and sertraline (Lustral). [More...](#)

### Treatments that need further study

- [Hormone treatment](#) : Hormone treatments for postnatal depression contain the hormone oestrogen. Oestrogen rises to very high levels in your body during pregnancy. Then it falls back to normal after delivery. [More...](#)
- [St. John's wort](#) : Extracts of this plant are sometimes used by people who have mild or medium depression. [More...](#)

## Treatment Group 2

### Non-drug treatments for postnatal depression

There are several treatments for postnatal depression that don't involve taking drugs. But which ones work best?

We've looked at the best research and given a rating for each treatment according to how well it works.

For help in deciding what treatment is best for you, see [How to make the best decisions about treatment](#).

### Non-drug treatments for postnatal depression

#### Treatments that are likely to work

- [Cognitive behaviour therapy](#) (CBT): This talking treatment aims to change negative thoughts, assumptions, and behaviours. [More...](#)
- [Interpersonal psychotherapy](#) : This talking treatment looks at how your current relationships and past relationships may be playing a part in your depression. [More...](#)
- [Non-directive counselling](#) : With this talking treatment, you talk with a trained listener about your feelings and problems. That person doesn't tell you what to do. He or she helps you find your own answers. [More...](#)

#### Treatments that need further study

- [Exercise](#) : Regular exercise such as walking, swimming, or jogging may help with depression. [More...](#)

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- [Baby massage](#) : This is where you go to a class to learn how to massage your baby. [More...](#)
- [Light therapy](#) : You sit in front of a very bright artificial light for a short time every day. [More...](#)
- [Psychodynamic therapy](#) : With this talking treatment, you look at the links between your relationship with your baby and your own experience as a child. [More...](#)
- [Psychoeducation with your partner](#) : This is about helping both you and your partner to understand your illness better. [More...](#)
- [Mother-to-mother telephone support](#) : You get phone calls from women who have had postnatal depression in the past and have been trained to give support. [More...](#)

### Treatments that are unlikely to work

- [Mother-and-baby interaction coaching](#) : This therapy focuses on learning to recognise and respond to your baby's needs. [More...](#)

### Other non-drug treatments

We haven't looked at the research on this treatment in as much detail as we've looked at the research on most of the treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of it or be interested in it.

- [Electroconvulsive therapy \(ECT\)](#) : This treatment delivers electric shocks to your brain. It is used only for people with bad depression who need to be treated in hospital. [More...](#)

## What will happen to me?

If you have postnatal depression, we can't say exactly when you will start to feel better. It depends on how bad your depression is and whether you get help.

Most women get back to normal by the time their baby is 6 months old.<sup>[37]</sup> But about 1 in 4 women are still depressed by the time their baby is 1 year old. And some women still have problems three years after that.<sup>[38]</sup>

If this is the first time you have been depressed, you are more likely to get better quickly than if you have had depression before.<sup>[39]</sup>

Postnatal depression usually goes away on its own. But if your doctor thinks you have it, he or she may suggest treatments. The main ones are antidepressant drugs and talking treatments ( psychotherapy ). They may help you feel better faster.

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You may not want to take drugs for postnatal depression, especially if you are breastfeeding your baby. But talk to your doctor about the risks and benefits. Bad depression that goes on for a long time can harm your baby and your partner as well as yourself.

If you have postnatal depression, it may lead to:<sup>[38] [40] [41]</sup>

- Difficulties in bonding with your baby
- Problems with your baby's development
- Problems with your marriage or partnership
- Depression in your partner
- Suicide, but this is rare.

For more about how the illness can affect your relationship with your baby and your baby's development, see [Postnatal depression and your baby](#) .

Treatment for your postnatal depression can improve your relationship with your baby. It may also help your child's development.<sup>[42]</sup>

If you have postnatal depression, you have a higher chance of getting it again with a future pregnancy. If you get postnatal depression diagnosed, your doctor will know to watch for it next time.

### Questions to ask your doctor

Maybe you have just found out that you have postnatal depression. Or maybe you have had it before and worry about getting it again. In either case, you will probably want to talk to your doctor to find out more.

Here are some questions you might want to ask.

#### **If you have just found out that you have postnatal depression:**

- What's the best treatment for me?
- How does it work?
- Is it safe for my baby?
- How long will I need to be treated for?
- What will happen if I don't have treatment?
- Will my depression affect my baby?

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- Will I need to be looked after in hospital?
- Is there anything I can do to help myself?

### If you have had postnatal depression before, and you are pregnant again or thinking about getting pregnant:

- What are my chances of getting postnatal depression again?
- Is there anything I can do to prevent it?
- Will I need any special care or monitoring?
- Is it safe to take antidepressants while I am pregnant?

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## Treatments:

### Antidepressants

In this section

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[What are they?](#)

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[How do they work?](#)

[Can they be harmful?](#)

[How good is the research on antidepressants?](#)

This information is for women who have postnatal depression. It tells you about antidepressants, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

### Do they work?

Probably. There hasn't been much research on taking antidepressant drugs for postnatal depression. But we know they can work for **depression** at other times. The drugs that have been studied most for postnatal depression are fluoxetine, paroxetine, and sertraline.

Many people don't like the idea of taking antidepressants. In one study of fluoxetine, more than half the women who were asked to take part refused because they didn't want to take the drug. <sup>[56]</sup> Another third left the study later on.

### What are they?

The main antidepressants that have been tried for postnatal depression belong to a group called **selective serotonin reuptake inhibitors (SSRIs)** for short). Your doctor will probably prescribe an SSRI if you need drugs to treat your depression. <sup>[57]</sup> <sup>[50]</sup> But if you're breastfeeding, your doctor will be cautious about prescribing these drugs. <sup>[57]</sup>

The three SSRIs that have been studied for postnatal depression are:

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- Fluoxetine (brand name Prozac)
- Paroxetine (Seroxat)
- Sertraline (Lustral).

Other SSRIs include:

- Fluvoxamine (Faverin)
- Citalopram (Cipramil).

To learn more about antidepressants, read our information on [other antidepressants](#) that are sometimes used to treat depression in general and postnatal depression.

You need a prescription from your doctor to get antidepressants. You can take antidepressants in different ways:

- Fluoxetine comes as capsules or a liquid. You take it once or twice a day
- Paroxetine comes as tablets or a liquid. You take it once a day
- Sertraline comes as tablets. You take it once a day.

Your doctor may start you on a low dose and slowly increase it.

It may take four weeks to five weeks or even longer before you start to feel better on antidepressants. So it's important not to stop taking them early.

### How can they help?

We don't know much about how well antidepressants work for postnatal depression, although the research so far suggests that they can help. <sup>[58]</sup> But we do know that up to 2 in 3 people who get depression at other times feel much better after treatment with SSRIs. <sup>[59]</sup> <sup>[60]</sup>

If you take an antidepressant:

- You may feel less sad, hopeless, worried, or guilty
- Your appetite may get better
- Your sex drive may come back
- You may be able to concentrate better
- You may no longer think about killing yourself (suicide).



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SSRIs seem to work just as well for depression as older antidepressants called tricyclic antidepressants (TCAs for short). A newer antidepressant called reboxetine and an antidepressant called mirtazapine also seemed to work as well as SSRIs. <sup>[60]</sup> <sup>[61]</sup> <sup>[62]</sup> <sup>[63]</sup> <sup>[64]</sup> <sup>[65]</sup>

But antidepressants may not work as well as a treatment called [cognitive behaviour therapy](#) at stopping depression from coming back. <sup>[66]</sup> <sup>[67]</sup>

### How do they work?

Antidepressants affect chemicals in your brain called **neurotransmitters**. These chemicals carry signals between brain cells. SSRIs raise the level of the neurotransmitter **serotonin** in your brain. This slowly changes how your brain cells behave. It can take several weeks before you can tell whether the drugs are affecting your mood.

However, antidepressants also affect other brain cells besides the ones that control your mood. That means they can cause side effects.

### Can they be harmful?

All antidepressants can cause side effects. This is particularly important to bear in mind if you are breastfeeding. Antidepressants get into breast milk and could affect your baby.

#### Side effects that can affect your baby

Three SSRIs have been studied for use for postnatal depression: fluoxetine, paroxetine, and sertraline. There haven't been any reports of problems in breastfed babies whose mothers took one of these drugs. <sup>[68]</sup> <sup>[69]</sup> <sup>[27]</sup>

But in the UK, fluoxetine is not recommended for breastfeeding mothers because it can get into the mother's breast milk. Paroxetine and sertraline get into breast milk too, but in amounts too small to be harmful to babies. <sup>[27]</sup>

Doctors are advised to prescribe all drugs to breastfeeding mothers in the lowest dose that works and for the shortest time needed. <sup>[27]</sup>

#### Side effects that can affect you

The studies we looked at on SSRIs for postnatal depression did not report any serious side effects. <sup>[56]</sup> <sup>[70]</sup> The study we looked at on paroxetine found that mild side effects like sleepiness and feeling sick were common. <sup>[70]</sup> But both of the studies were quite small.

There's been lots of research on the side effects of SSRIs in people who had depression that wasn't postnatal depression. Here's what the research shows. <sup>[71]</sup>

- Common side effects of SSRIs include having a dry mouth, feeling sick, and getting headaches. In one study, about 1 in 5 people had these side effects.

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- Other side effects included constipation, dizziness, trouble sleeping, and feeling anxious or agitated.

But the side effects of SSRIs don't bother people quite as much as the side effects of another group of antidepressants called **tricyclic antidepressants** (TCAs for short).

### Withdrawal symptoms

If you stop taking SSRIs suddenly or if your dose is reduced, you can get withdrawal symptoms. You may feel dizzy, feel sick, feel numb, have tingly feelings, or get headaches.<sup>[72]</sup> Or you may have sweating, anxiety, and problems with sleeping.<sup>[73]</sup>

Paroxetine seems more likely than some other SSRIs to cause withdrawal symptoms.<sup>[72]</sup> In one study, nearly 2 in 3 people taking paroxetine had withdrawal symptoms when they stopped taking it.<sup>[74]</sup>

Talk to your doctor if you want to stop taking an antidepressant. And never stop suddenly. Your doctor can help you reduce your dose slowly over several weeks. This lowers the risk that you will get withdrawal symptoms.<sup>[73]</sup>

### Self-harm and suicide

Research has found that children, teenagers, and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves.<sup>[75]</sup>

The risk of suicidal thoughts is highest if you're under 18.<sup>[75]</sup> Among people under 18 taking an antidepressant, an extra 14 in 1,000 thought about suicide.

The researchers also found that there's a risk for young adults up to the age of 24.<sup>[75]</sup> But their risk wasn't as big as the risk for people under 18. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

The research doesn't seem to show an increased risk of suicidal thoughts or self-harm for people over the age of 24.<sup>[75]</sup> But doctors and carers are advised to keep a careful check on anyone taking antidepressants for signs of suicidal thoughts. You are more likely to get these thoughts in the early stages of your treatment, or if the dose of the antidepressant you're taking is changed. You may also be at risk if you have had thoughts about harming or killing yourself before.<sup>[76]</sup>

If you're taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor or go to a hospital straight away. You might also find it helpful to tell a relative or close friend about your condition. You could ask them to tell you if they think your depression is getting worse or if they are worried about changes in your behaviour.<sup>[76]</sup>

# Postnatal depression

## How good is the research on antidepressants?

### Postnatal depression

Most studies on postnatal depression have focused on three antidepressants: fluoxetine, paroxetine, and sertraline. These are all selective serotonin reuptake inhibitors (SSRIs). There isn't much evidence on how well they work. We found just three small good-quality studies. <sup>[77]</sup> <sup>[78]</sup> <sup>[79]</sup>

The first study showed that women taking fluoxetine felt much better than those taking a dummy treatment (a **placebo**) after four weeks of treatment, and also after 12 weeks of treatment. <sup>[77]</sup>

The second study compared women who took paroxetine on its own and women who took paroxetine and also had 12 sessions of a treatment called [cognitive behaviour therapy](#). Both groups of women felt better after 12 weeks. <sup>[78]</sup>

The third study found that sertraline helped to improve postnatal depression just as well as another antidepressant called nortriptyline. About 6 in 10 women felt at least a bit better whichever drug they took. <sup>[79]</sup>

But there were problems with how these studies were done. So we can't rely on their results.

### Other depression

There's lots of good research that shows that SSRIs can work for other types of depression in adults, whether mild or bad. <sup>[59]</sup> <sup>[60]</sup> <sup>[62]</sup> <sup>[63]</sup> <sup>[80]</sup> <sup>[81]</sup> <sup>[82]</sup> <sup>[83]</sup> <sup>[84]</sup> <sup>[85]</sup> <sup>[86]</sup> <sup>[87]</sup>

Studies have shown that SSRIs improve people's depression as much as most other kinds of antidepressants

Some experts worry that many of the studies have been paid for by companies that make antidepressants. This could affect the way that the results are given. <sup>[88]</sup> Also, the studies didn't really look at whether the improvements in symptoms lasted. And there isn't enough research to show how much these drugs might affect your daily life and your health.

Nearly 50 studies involving more than 3,000 people in total have shown that cognitive behaviour therapy may work better than antidepressants for treating depression and for preventing it from coming back. <sup>[67]</sup> <sup>[89]</sup>

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## Hormone treatment

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[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on hormone treatment?](#)

## Postnatal depression

This information is for women who have postnatal depression. It tells you about hormone treatment, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

### Does it work?

We don't know. There hasn't been enough good research to tell us whether taking hormones can help if you have postnatal depression.

Doctors don't normally recommend hormones, especially if you're breastfeeding.

### What is it?

Hormones are chemicals that help to control the way your body works. Your body makes them naturally. But the levels can go up and down a lot, depending on what is going on in your body.

There are lots of different hormones, and they have lots of different jobs. The main hormone that may relate to postnatal depression is oestrogen. During pregnancy, the level of this hormone in your body goes very high.<sup>[90]</sup> But in the week after your baby is born, it goes back to normal.

We don't know for certain if these changes in hormone levels help to cause postnatal depression. But women who get postnatal depression may be more sensitive than others to changes in hormone levels.<sup>[91]</sup>

Hormone treatment involves raising the level of hormones in your body (by taking them as tablets, for example). It is usually used for women who have symptoms of the menopause. Hormone treatment is also known as hormone replacement therapy (HRT for short).

Hormone treatment with oestrogen can be taken in lots of ways. For example, it can be taken as:

- Tablets
- Patches you stick on your skin
- Implants that are put under your skin
- Sprays you squirt up your nose
- Gels and rings that you put into your vagina.

Taking oestrogen on its own can increase your chances of getting cancer of the womb (uterus). But taking hormones called progestogens can help stop this happening.

## Postnatal depression

### How can it help?

One study showed that women with postnatal depression felt much better after six months of hormone treatment than women given a dummy treatment (a placebo).<sup>[92]</sup> But it was a small study. And there hasn't been any other good research on hormone treatment for postnatal depression.

### How does it work?

If a drop in hormone levels can set off depression, then taking extra hormones might help to make the depression milder or make it go away.

Women's hormone levels also fall around the time of the menopause. Other research has shown that oestrogen helps to improve symptoms of depression in women going through the menopause.<sup>[93]</sup> <sup>[94]</sup>

No one knows exactly how oestrogen works to lift your mood. But some researchers think it affects chemicals in your brain called neurotransmitters. These chemicals carry messages between your brain cells. In particular, oestrogen may boost the level of serotonin. Serotonin helps to control your mood. People with depression often don't have enough serotonin.<sup>[95]</sup>

### Can it be harmful?

Side effects of hormone treatment include feeling sick or vomiting, stomach cramps, bloating, and a change in your weight. If you have hormone treatment as skin patches, your skin may become red and sore, and you may get headaches when you exercise.<sup>[96]</sup>

Hormone treatment isn't recommended if you're breastfeeding. This is because it can decrease how much milk your body makes.<sup>[97]</sup> <sup>[98]</sup>

We looked at one study on hormone treatment for postnatal depression.<sup>[92]</sup> The study didn't include women who were breastfeeding their babies. The study also didn't look at whether a mother having hormone treatment could have side effects that affect her baby.

In the study, when doctors examined the women at the end of treatment, about 1 in 10 women given the hormones had unusual changes in their womb. (The study did not say what these changes were or what they meant.) But the changes were gone three months later.

Hormone treatment can increase your risk of serious health problems. But the increased risk is small. These health problems include dangerous blood clots, stroke, and breast cancer. To learn more, talk to your doctor and see our information on the [Menopause](#).

### How good is the research on hormone treatment?

There's a small amount of evidence that hormone treatment might work for postnatal depression. We found one good-quality study (called a [randomised controlled trial](#)) that looked at 61 women who had postnatal depression.<sup>[99]</sup> None of the women were breastfeeding, as hormone treatment can decrease how much milk the body makes.<sup>[97]</sup>  
<sup>[98]</sup>

Half of the women took two [hormones](#) together. One was a kind of [oestrogen](#) called oestradiol, which they took as skin patches for six months. The other was a [progestogen](#), which they took as tablets for 12 days a month during the last three months.

The other half of the women took a dummy treatment (a [placebo](#)).

Compared with the women who took the dummy treatment, the women who took the hormone treatment:

- Started to feel much better in the first month of treatment
- Were much less depressed after three months and after six months of treatment.

But the study was small. There hasn't been any other good research on hormone treatment for postnatal depression.

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## St. John's wort

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[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on St. John's wort?](#)

This information is for women who have postnatal depression. It tells you about St. John's wort, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

### Does it work?

We're not sure. There hasn't been any good research looking at St. John's wort for postnatal depression. But we know that if you have mild or medium depression at other times, then St. John's wort is likely to help you.

### What is it?

St. John's wort is a herbal treatment for depression. You can buy it in pharmacies and health food shops. It comes as tablets with concentrated extracts from the plant in them. But exactly how much is in the tablets varies from brand to brand.<sup>[100]</sup> Although St. John's

## Postnatal depression

wort tablets are often described as 'standardised', this usually means that the amount of one of the ingredients is fixed, not that they all are.

St. John's wort is sold as a food supplement, not as medicine. This means it hasn't been tested for safety in the same way as medicines.

Your doctor probably won't advise you to take St. John's wort. It isn't recommended as a treatment for depression in national guidelines. To learn more see [NICE guidance on postnatal depression](#) .

Other guidance says that St. John's wort and other alternative medicines should not be used during pregnancy and while breastfeeding until we know more about their safety for babies. <sup>[27]</sup>

### How can it help?

We don't know. There hasn't been any good research on St. John's wort in women with postnatal depression, so we can't say whether it works or not.

But we do know that taking St. John's wort for depression at other times can make you feel better. <sup>[100]</sup> This means you might feel less sad or anxious, and more able to concentrate. You might sleep better and have a better appetite.

However, doctors don't recommend taking St. John's wort if you are breastfeeding, because they don't know if it's safe for your baby.

### How does it work?

No one knows for certain. Extracts of St. John's wort contain at least 10 kinds of chemicals that may affect your health. It's not clear which of these chemicals helps treat depression, or which combination works best.

Although St. John's wort tablets are often described as 'standardised', this usually means that the amount of one of the ingredients is fixed, not that they all are. Here are two theories about how St. John's wort might work. <sup>[101]</sup>

- It may boost the level of chemicals called **neurotransmitters** , such as serotonin, which help carry signals between brain cells. These neurotransmitters don't work properly if you're depressed.
- Depressed people have more of certain hormones. St. John's wort may reduce the supply of a protein called **interleukin 6**, which in turn reduces levels of these hormones.

### Can it be harmful?

Most studies of St. John's wort in people who have depression at times other than after having a baby don't look properly at side effects. The most common side effects seem to be stomach problems (such as sickness or diarrhoea), dizziness or confusion, tiredness,

## Postnatal depression

and a dry mouth. People in some studies also said St. John's wort gave them headaches or reduced their enjoyment of sex.<sup>[102]</sup>

The biggest problem with St. John's wort is that it interferes with lots of other medications.

<sup>[103]</sup> <sup>[104]</sup> <sup>[105]</sup> For example, you shouldn't take St. John's wort if you are taking:

- The contraceptive pill. St. John's wort makes the pill less effective, so there is a higher chance you'll get pregnant
- A drug called simvastatin (brand name Zocor). This is a medicine used to treat or prevent high cholesterol and heart disease
- Drugs for migraine called triptans, such as sumatriptan (brand name Imigran) and eletriptan (brand name Relpax)
- Drugs for epilepsy
- Warfarin, and similar drugs used to prevent blood clots
- A drug for eczema called tacrolimus (brand name Protopic)
- Drugs for HIV called indinavir, efavirenz, and nevirapine
- Antidepressants.

St. John's wort interferes with lots of other drugs too. You should always tell your doctor if you are taking St. John's wort.

### How good is the research on St. John's wort?

We found no good evidence on whether St. John's wort helps women who have postnatal depression. Although there is some evidence that St. John's wort helps people who have depression at other times, some doctors are against using it while breastfeeding, because the effects on the baby are not known.

There is some evidence that St. John's wort helps depression at other times. We found one summary of the research (called a systematic review). The summary found that St. John's wort improved symptoms more than a dummy treatment (a placebo) for people with depression (the treatment lasted one to three months).<sup>[100]</sup>

St. John's wort worked just as well as some antidepressant drugs (tricyclic antidepressants and selective serotonin reuptake inhibitors).

But some of the studies weren't run very well, so their results might not be reliable.

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## Cognitive behaviour therapy



# Postnatal depression

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[How good is the research on cognitive behaviour therapy?](#)

This information is for women who have postnatal depression. It tells you about cognitive behaviour therapy, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

## Does it work?

Probably. But there hasn't been much research on cognitive behaviour therapy (CBT for short) for postnatal depression.

But we know that if you have mild or moderate depression at other times, CBT can help you.

CBT may even work better than [antidepressants](#) . But the research isn't good enough to be certain.

If you have bad depression, having CBT on its own might not help you.

The studies we found looked mostly at having one-to-one CBT with a health professional. So we don't know if this therapy works if you have it at the same time as other people in a group.

## What is it?

CBT is a kind of talking treatment ( [psychotherapy](#) ). Sometimes it's known just as cognitive therapy. If it's given by health professionals who aren't specialists in mental health, it is called **cognitive behaviour counselling**. CBT for postnatal depression is sometimes known as **CREST** because it brings together:

- **C**hild care advice
- **R**eassurance
- **E**njoyment
- **S**upport from others
- **T**argets.

CBT is based on the idea that if you automatically think negatively about yourself, other people, and the world, you will get [depressed](#) . You may have these negative thoughts without even realising it. The aim of CBT is to help you think and behave more positively.

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Most people having CBT for mild or medium depression see a therapist six times to eight times over about 10 weeks. But you can see a therapist more often, or for longer, if you need to. <sup>[106]</sup> <sup>[50]</sup>

Each visit with the therapist lasts about an hour. Your therapist could be a **psychologist**, a **psychiatrist**, a **psychiatric nurse**, a **psychotherapist**, or even a GP.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, recommends CBT as a treatment for depression. <sup>[50]</sup> To learn more, see [NICE guidance on postnatal depression](#). But CBT isn't always easy to get on the NHS. In some areas, there aren't enough trained therapists to go around. <sup>[106]</sup>

### How can it help?

We don't know much about how CBT can help postnatal depression. We know more about how CBT can help depression that adults get at other times. If you have mild or medium depression, CBT can:

- Improve your symptoms. This could mean that you start to feel happier, more relaxed, or less tired. You may have more energy and a better appetite <sup>[107]</sup>
- Increase your chances of getting completely better. About half the people who try CBT recover completely during treatment. Doctors call this a remission. <sup>[106]</sup> <sup>[108]</sup>

But depression can come back again sooner or later after you stop having treatment. This can happen whether you have drugs or a talking treatment. It's called a relapse.

CBT may be better than [antidepressants](#) at preventing relapses. But we need more research to be certain. <sup>[106]</sup>

### How does it work?

CBT changes the way you think. So, if the way you think is making you depressed, this therapy should help. If, say, you assume that you're not a good mother or that your life has changed for the worse, this therapy will help you stop thinking that way. You learn to look more positively at yourself and your life. So your mood gets better.

### Can it be harmful?

None of the research we found reported any harmful effects from CBT.

We know that people are more likely to stick with talking treatments than with drugs such as antidepressants. In studies, only 2 in 10 people dropped out of CBT. <sup>[106]</sup> This compares with 5 in 10 who dropped out of other treatments.

### How good is the research on cognitive behaviour therapy?

#### Postnatal depression

There hasn't been enough research for us to say for certain that cognitive behaviour therapy (CBT for short) works for postnatal depression. We found a few small studies.

[\[109\]](#) [\[110\]](#) [\[111\]](#) [\[112\]](#)

One study looked at how well treatments for postnatal depression helped women feel less depressed. It showed that CBT worked as well as two other treatments: getting advice about being a mother and getting general emotional support. CBT was shown to be working straight after it had been given. It was also shown to be working six months later. [\[109\]](#)

Another study showed that CBT may help women feel less depressed straight after treatment. [\[110\]](#) [\[111\]](#) But it couldn't tell if CBT had long-term benefits to women with postnatal depression.

#### Other depression

There's lots of research showing that CBT works for adults with mild or medium depression that happens at other times in life. [\[106\]](#) [\[113\]](#) [\[114\]](#) [\[115\]](#) But there isn't enough research to say if it works for people with bad depression.

The research comparing CBT with [antidepressants](#) isn't good enough to tell us for certain which treatment is better.

Other research has looked at what happened to people after they got better and stopped treatment. About 6 in 10 people who got better with antidepressants got depressed again within one year. [\[113\]](#) But only about 3 in 10 who had CBT got depressed again within one year.

Some studies have looked at how having CBT for a longer time compared with taking antidepressants. People who carried on with CBT were less likely to get depressed again than people who carried on with antidepressants. [\[67\]](#) [\[116\]](#) [\[117\]](#)

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## Interpersonal psychotherapy

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[How good is the research on interpersonal psychotherapy?](#)

This information is for women who have postnatal depression. It tells you about interpersonal psychotherapy, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

# Postnatal depression

## Does it work?

Probably. There hasn't been much research on this talking treatment for postnatal depression. But one study found that interpersonal [psychotherapy](#) helped depressed new mothers get better faster.

Research on adults with depression at other times shows this therapy works for mild or medium depression. But there isn't enough research to show whether it helps people with bad depression.

We don't know how this treatment compares with other good treatments such as [antidepressants](#) or the talking treatment [cognitive behaviour therapy](#) .

## What is it?

Interpersonal psychotherapy is a kind of talking treatment (psychotherapy) designed for people with [depression](#) . It aims to improve your relationships with other people, including your baby, and improve the social side of your life.

It's based on the idea that depression is often linked to problems with relationships, either now or in the past. These problems can include conflicts with your partner or other members of your family. You could also have problems if you feel you've lost contact with friends or colleagues you were close to before you had your baby.

These types of problems can make you become depressed. But the depression may also come first, and your mood might make conflicts or problems more likely. Either way, during interpersonal therapy, your therapist helps you to learn new and better ways of relating to people.

Most people see their therapist once a week for three or four months. <sup>[106]</sup> <sup>[118]</sup>

Interpersonal therapy is recommended for people with depression in national guidelines for doctors. To learn more, see [NICE guidance on postnatal depression](#) . But it can be hard to get this therapy on the NHS. In many places, there aren't enough trained therapists to go around.

## How can it help?

If you have postnatal depression, you are likely to get better faster if you have interpersonal psychotherapy than if you don't have any treatment. <sup>[119]</sup> Your relationship with your partner and other members of your family may also improve. <sup>[120]</sup>

## How does it work?

This therapy teaches you how to relate better to the important people in your life, including family and friends, as well as your baby. So, it should help if your depression was set off by relationships with other people or is causing problems with other people.

## Postnatal depression

The therapy can help you make up after arguments and say what you need to say to people. It can also help you build stronger relationships with your family and friends, so you have more support.

The idea is that you are less likely to get depressed and more likely to recover from depression if you have stronger, more supportive relationships. <sup>[118]</sup>

### Can it be harmful?

None of the research we found reported any harmful effects from interpersonal psychotherapy.

The main problem is that you can't always get this therapy on the NHS.

### How good is the research on interpersonal psychotherapy?

#### Postnatal depression

There's some evidence that interpersonal psychotherapy can help if you have postnatal depression. We found one good study of 120 women with postnatal depression. <sup>[119]</sup>

Compared with the women who didn't have interpersonal psychotherapy, the women who did were more likely to:

- Feel much better
- Make a full recovery
- Get on better with their partner and other family members.

#### Other depression

There's also some good research showing that interpersonal psychotherapy can help if you are a younger adult with mild or medium depression at other times.

We found three big summaries of the research (called systematic reviews) testing types of psychotherapy, including interpersonal psychotherapy. <sup>[106]</sup> <sup>[108]</sup> <sup>[114]</sup> These showed that nearly half the people who had psychotherapy got better. But only 1 in 4 people who didn't have psychotherapy got better. <sup>[108]</sup>

We don't know if interpersonal psychotherapy works better or worse than [cognitive behaviour therapy](#). <sup>[106]</sup>

Very few of the people in these research summaries had serious depression. So we still don't know if interpersonal psychotherapy will work if your depression is bad.

And there hasn't been much good research comparing this therapy with [antidepressants](#).

## Non-directive counselling

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[How good is the research on non-directive counselling?](#)

This information is for women who have postnatal depression. It tells you about non-directive counselling, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

### Does it work?

Probably. If you have postnatal depression, counselling is likely to help you feel better. It may also help you bond better with your baby. But these benefits may not last very long. That's because most women with postnatal depression get better with time anyway.

We can't say for certain if counselling works as well as talking treatments called [cognitive behaviour therapy](#) and [psychodynamic therapy](#). And there hasn't been any good research comparing counselling with [antidepressants](#).

### What is it?

Counselling involves talking to a trained counsellor about your problems. Some health visitors have also been trained to give non-directive counselling. These are called active listening visits. Talking helps you think more clearly. It also helps you express what you are feeling.

There are different kinds of counselling. Non-directive counselling means that the counsellor will encourage you to discuss your feelings and worries but won't offer opinions or advice about what you should do. You may get to talk to a trained counsellor at your doctor's surgery. If you have counselling, you will probably have one session a week for a few weeks.<sup>[121]</sup>

But it isn't always easy to get counselling on the NHS. You may decide to go private and pay for your counselling. In that case, you can agree with the counsellor how many sessions you will need.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, recommends this treatment for people with mild depression. For more, see [NICE guidance on postnatal depression](#).

### How can it help?

In one study, nearly 7 in 10 women with postnatal depression got completely better after a few weeks of non-directive counselling.<sup>[122]</sup> This compared with less than 4 in 10

## Postnatal depression

women who didn't have counselling. Women who have counselling may also have fewer problems bonding with their babies and may respond more sensitively towards them. <sup>[123]</sup>

### How does it work?

Counselling is based on the idea that sharing your problems with someone else helps you work out a way around your problems. So if your problems are making you depressed, talking to someone could help.

Counsellors are trained listeners. They don't tell you what to do. Instead, they help you to find your own answers.

### Can it be harmful?

Counselling isn't likely to harm you. We didn't find any reports of unwanted effects from counselling.

### How good is the research on non-directive counselling?

There's some evidence that counselling can help women with postnatal depression. We found one summary of the research (a [systematic review](#)) that looked at non-directive counselling. <sup>[124]</sup> (This involves a counsellor encouraging you to discuss your feelings and worries but not offering opinions or advice about what you should do.)

The summary included three good studies (called [randomised controlled trials](#)) that involved a total of 279 new mothers with depression. <sup>[125] [126] [127] [128]</sup>

One study, with 55 women, compared non-directive counselling with usual care from a GP. <sup>[125]</sup> Here is what this study showed.

- After three months, nearly 7 in 10 women who had counselling had fully recovered.
- This compared with only about 4 in 10 of those who just had usual care.

In another study, 31 women with postnatal depression had either non-directive counselling or usual care. <sup>[128]</sup> After eight weeks, 80 in 100 women having counselling had fully recovered, compared with 25 in 100 women having usual care. But this study was very small, so its results may not be reliable.

The third study involved 193 women with postnatal depression. <sup>[126] [127]</sup> It compared non-directive counselling with usual care and with two other talking treatments called [psychodynamic therapy](#) and [cognitive behaviour therapy](#). Here is what this study showed.

- Women were less depressed after 10 weeks of counselling than if they just had usual care. They also bonded better with their babies.
- Counselling worked as well as cognitive behaviour therapy.

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- But counselling didn't work as well as psychodynamic therapy.

Unfortunately, there were lots of problems with the way this study was done. That means its results are not very reliable.

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## Exercise

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[How good is the research on exercise?](#)

This information is for women who have postnatal depression. It tells you about exercise, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

### Does it work?

We don't know. There's no good research to show whether exercise can help women with postnatal depression. But we do know that exercise helps people who are depressed at other times.

### What is it?

Some people find that regular exercise, such as walking, swimming, weight training, or jogging, helps to lift their mood.

Exercise is recommended for people with mild depression in national guidelines for doctors. For more, see [NICE guidance on postnatal depression](#) .

### How can it help?

One small study found that exercise can reduce the symptoms of depression in women who had recently had a baby. <sup>[129]</sup> But the study was small and there were problems with it, so we can't say how reliable the results are.

### How does it work?

There are several reasons why exercise might help. <sup>[130]</sup>

- Being good at something, feeling successful, and achieving new goals can all boost your mood.
- You might be distracted from your day-to-day worries.
- Exercise may boost the levels of chemicals in your brain that help improve your mood (such as **endorphins** ).



### Can it be harmful?

The study that we found did not report any harmful effects of exercise.

### How good is the research on exercise?

There's very little evidence that exercise can help women who have postnatal depression. But there is more evidence that exercise helps people who are depressed at other times.

We found one small study which looked at 20 women with postnatal depression. <sup>[129]</sup> Some of the women took part in an exercise programme three times a week, plus one weekly session where they got some support. This lasted for 12 weeks. The other women had two exercise sessions and a telephone call at six weeks. The study found that women who took more exercise and had more support had fewer symptoms of depression after 12 weeks. These women were also fitter.

But there were lots of problems with the study. It was very small and did not look at exercise alone. It also included support, so it's not clear if the exercise or support or both were needed to reduce feelings of depression.

More research is needed to say for certain whether exercise is a useful option for women with postnatal depression.

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## Baby massage

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[How good is the research on baby massage?](#)

This information is for women who have postnatal depression. It tells you about baby massage, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

### Does it work?

We're not sure. There are no good studies looking at the effects of baby massage on women with postnatal depression, so we can't say whether or not it helps.

### What is it?

Massaging your baby involves stroking your baby's body. Some people use oils to do this. You can massage your baby on your own, or you could join a class run by a trained instructor.

Baby massage is thought by some people to help you and your baby relax and to help you communicate with your baby. You should stop if your baby seems upset or unwell.

### How can it help?

We don't know. There's no good research to say how baby massage can help women who have postnatal depression.

### How does it work?

Postnatal depression can make it hard for new mothers to recognise and respond to their babies' needs. Learning to massage your baby can be a way to improve your bond with your baby. This might make you feel less depressed.

### Can it be harmful?

There's no evidence that baby massage can be harmful.

### How good is the research on baby massage?

There's no good evidence that baby massage can help women who have postnatal depression feel less depressed. We didn't find any studies on the effects of baby massage on women with postnatal depression.

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## Light therapy

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[How good is the research on light therapy?](#)

This information is for women who have postnatal depression. It tells you about light therapy, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

### Does it work?

We don't know. There hasn't been any good research on this kind of therapy in women with postnatal depression.

### What is it?

Light therapy means being exposed to a special light (called a **high-intensity fluorescent lamp**). This light is brighter than indoor light. But it is not as bright as direct sunlight. Usually, you sit in front of this bright light for at least 30 minutes each morning. This therapy is most often used to treat a kind of depression known as **seasonal affective disorder** (SAD for short). Some people get this condition during autumn and winter, when the days get shorter.

### How can it help?

We don't know if this therapy can help postnatal depression. There hasn't been any good research that looks at how well this treatment works for postnatal depression.

### How does it work?

Light therapy has been shown to work well for SAD and even for regular depression (depression that you can get at any time).<sup>[131]</sup> <sup>[132]</sup>

No one knows exactly how light therapy works. But it may affect chemicals in your brain called **neurotransmitters** (these chemicals carry messages between your brain cells). In particular, light therapy could raise the level of the neurotransmitter **serotonin**. That could improve your mood.

### Can it be harmful?

When you first start light therapy, certain mild side effects are possible.<sup>[133]</sup> These include headaches and eye and vision problems. But they probably won't last long or make you stop the therapy.

### How good is the research on light therapy?

There hasn't been any good research to show that light therapy works for postnatal depression. There have been studies in just two individual women with postnatal depression.<sup>[134]</sup> (This kind of study is called a case study.) These studies showed that the women were less depressed after four weeks of light therapy for 30 minutes a day. But we need larger, better studies before we can say if light therapy works for postnatal depression.

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## Psychodynamic therapy

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[How good is the research on psychodynamic therapy?](#)

This information is for women who have postnatal depression. It tells you about psychodynamic therapy, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

### Does it work?

We don't know. There's some research to show that if you have postnatal depression, psychodynamic therapy may help you feel better. It may also help you bond better with your baby. But we need more research to be certain.

## Postnatal depression

We can't say for sure how psychodynamic therapy compares with other therapies, such as [cognitive behaviour therapy](#) or [non-directive counselling](#) . And there hasn't been any good research comparing it with [antidepressant drugs](#) .

### What is it?

Psychodynamic therapy is a talking treatment. It helps you understand and cope with your depression by linking it with things that happened in your past and by exploring painful feelings that you might not be aware of.

For postnatal depression, you would probably work with a therapist to look at your relationship with your baby in relation to your early relationship with your own mother.

You would probably see your therapist at least once a week for as long as your treatment lasts. It could last months or even longer.

### How can it help?

Women with postnatal depression who have psychodynamic therapy are more likely to feel better after a few weeks than those who don't have it. <sup>[135]</sup>

And more than 7 in 10 women with postnatal depression may get better after having psychodynamic therapy every week for 10 weeks. <sup>[135]</sup> This compares with just 4 in 10 women who don't have this therapy.

Also, women who have this therapy may have fewer problems bonding with their babies. <sup>[136]</sup>

But these are the results of just one study and there were some problems with the study. We need more research to know for certain that psychodynamic therapy helps in these ways.

### How does it work?

The therapists who developed this therapy believe that painful feelings locked away in our unconscious (the part of our mind we're not aware of) can be one of the things that cause depression. A therapist can help you unlock those feelings and look at them. Then the feelings may become less painful and your depression may get milder or stop.

### Can it be harmful?

The studies we looked at didn't mention if there were any side effects from psychodynamic therapy. But there isn't any reason to think that psychodynamic therapy could be harmful.

### How good is the research on psychodynamic therapy?

There is some evidence that psychodynamic therapy can help women with postnatal depression.

## Postnatal depression

We found one study (called a [randomised controlled trial](#) ) of 193 women with postnatal depression. <sup>[135]</sup> <sup>[136]</sup> The study compared psychodynamic therapy with usual care from a GP and with two other talking treatments called [cognitive behaviour therapy](#) and [non-directive counselling](#) .

Here is what this study showed.

- Women were less depressed after 10 weeks of psychodynamic therapy than if they had usual care. They also bonded better with their babies.
- More than 7 in 10 of women got completely better. This compared with just 4 in 10 of those given usual care.
- Women were slightly more likely to get better after psychodynamic therapy than after cognitive behaviour therapy or counselling.

But by nine months after childbirth, women who had usual care were just as likely to be better as those who had psychodynamic therapy or another talking treatment. This is because most women with postnatal depression get better in time anyway.

Unfortunately, there were lots of problems with the way this study was done. That means its results are not so reliable.

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## Psychoeducation with your partner

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[How does it work?](#)

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[How good is the research on psychoeducation with your partner?](#)

This information is for women who have postnatal depression. It tells you about psychoeducation with your partner, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

### Does it work?

We don't know. Involving your partner in your treatment may help your postnatal depression. But there hasn't been enough good research to say for sure.

### What is it?

Psychoeducation aims to help you to understand and cope better with your depression. You can have this treatment with or without your partner.

In the study we looked at, depressed new mothers saw a specialist called a [psychiatrist](#) several times, and brought their partner along on some of these visits. <sup>[137]</sup> The psychiatrist checked their moods and any medicines they were taking. He or she also encouraged

## Postnatal depression

the women to talk to their partner about things like helping with the baby and with housework.

### How can it help?

If your partner gets involved in your treatment, you may feel less depressed than if you go through treatment on your own. Your partner may also feel better. <sup>[137]</sup> But we need more research to know this for certain.

### How does it work?

We know that having a poor relationship with your husband or partner can increase your risk of getting postnatal depression. <sup>[13]</sup> We also know that having postnatal depression can cause problems in your marriage or partnership, and even make your partner depressed. <sup>[138]</sup> <sup>[139]</sup>

The idea of psychoeducation with your partner is to encourage him or her to give you more support and to make the bond between the two of you stronger. This might help everyone involved.

### Can it be harmful?

The study we found didn't look at whether psychoeducation can harm you. But there isn't any reason to think that psychoeducation with your partner can cause anyone harm.

### How good is the research on psychoeducation with your partner?

There is some evidence that psychoeducation with your partner can make both of you less depressed. We found one small good study (a randomised controlled trial) of 29 women with postnatal depression. <sup>[140]</sup>

All the women had seven visits with a specialist called a psychiatrist. Half of the women brought their partners to four of the visits. The other half always came alone.

After 10 weeks, the women who brought their partners to the visits were much less depressed than the women who came alone. Also, the partners who came to the visits felt better than the partners who did not come.

But this study was very small. That means its results may not be so reliable. Also, there has not been any other good research on this treatment.

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## Mother-to-mother telephone support

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[How good is the research on mother-to-mother telephone support?](#)

## Postnatal depression

This information is for women who have postnatal depression. It tells you about mother-to-mother telephone support, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

### Does it work?

We don't know. Having telephone support from another mother who has had postnatal depression may make you less depressed. But there hasn't been enough good research to say for certain.

### What is it?

Mother-to-mother telephone support is a kind of friendship over the phone. If you have it, you will be given information, feedback, and emotional support from someone who has been through postnatal depression.

In the study we looked at, new mothers with some symptoms of postnatal depression were paired up with women who'd had postnatal depression before.<sup>[141]</sup> These other mothers had been trained in how to give telephone support and how to send the new mothers on to professionals when necessary. They were told to call the new mothers as often as the new mothers wanted over eight weeks.

### How can it help?

In this study, the new mothers given telephone support were much less depressed after eight weeks than those who didn't have the support.<sup>[141]</sup>

Another study found that this type of support might also help prevent postnatal depression among women at high risk (they had a raised score on a screening test called the [Edinburgh Postnatal Depression Scale](#) ).<sup>[142]</sup>

### How does it work?

We know that certain things in your social life put you at risk of postnatal depression. These include not having social support and not being able to talk openly to someone who has shared and understands what you are going through.<sup>[143]</sup>

Researchers thought that depressed new mothers might feel better if they got telephone support from women who had been through something similar.<sup>[141]</sup>

### Can it be harmful?

The study we looked at didn't mention any bad effects from having mother-to-mother telephone support. There isn't any reason to think that telephone support would be harmful.

### How good is the research on mother-to-mother telephone support?

There's some evidence that new mothers with some symptoms of depression feel better if they get mother-to-mother telephone support. We found one good-quality study (called a [randomised controlled trial](#)) of 42 new mothers. <sup>[144]</sup> They all had some symptoms of postnatal depression.

Half the mothers had usual care from their doctors ([antidepressants](#), for example) plus telephone support for eight weeks. The other half just had usual care. The study looked at the mothers after four weeks and eight weeks. The mothers who'd had phone calls from the supporting mothers were much less depressed than those who didn't get this support.

But this study was very small. And there were problems in the way it was done. These things mean the study's results may not be so reliable. There hasn't been any other good research on this treatment.

Another study looked at whether this type of support might help prevent postnatal depression among women at high risk (they had a raised score on a screening test called the [Edinburgh Postnatal Depression Scale](#)). <sup>[142]</sup> The study (a randomised controlled trial) included 701 women who'd recently given birth, and half of them were given mother-to-mother telephone support. After 12 weeks, 14 in 100 women given this support had depression, compared with 25 in 100 women not given this support.

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## Mother-and-baby interaction coaching

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[How good is the research on mother-and-baby interaction coaching?](#)

This information is for women who have postnatal depression. It tells you about mother-and-baby interaction coaching, a treatment used for postnatal depression. It is based on the best and most up-to-date research.

### Does it work?

Probably not. This treatment does not seem to help mothers with postnatal depression feel better. But it can help them respond better to their babies.

### What is it?

Mother-and-baby interaction coaching is a treatment that is supposed to strengthen the bond between mothers and babies. It involves helping you to recognise signals of your baby's needs and to respond in the right way when playing with and caring for your baby.



## Postnatal depression

### How can it help?

New mothers with postnatal depression are likely to bond better with their babies and respond more sensitively to their signals after this coaching.<sup>[145]</sup> But there isn't any research to show it helps the mothers feel less depressed.

### How does it work?

We know that mothers who have postnatal depression are less likely to respond well to their babies' needs than mothers who don't have depression. This is partly because the mothers tend to think they are bad mothers.<sup>[146]</sup> <sup>[147]</sup>

Researchers thought that mother-and-baby interaction coaching could help mothers have a better relationship with their babies.<sup>[145]</sup> This would do some good, even if the mothers were still depressed.

### Can it be harmful?

There weren't any harmful effects of mother-and-baby interaction coaching reported in the study we looked at.<sup>[145]</sup> And there isn't any reason to think that mother-and-baby interaction coaching can be harmful for mothers or babies.

### How good is the research on mother-and-baby interaction coaching?

There isn't any evidence that mother-and-baby interaction coaching helps women with postnatal depression feel better. But it can help them to respond better to their babies' needs.

We found one good-quality study (called a **randomised controlled trial**).<sup>[148]</sup> It included 122 women with postnatal depression.

- Half the women got usual care from their GPs. This included treatment for their depression, if necessary.
- The other half of the women had several sessions of mother-and-baby interaction coaching to help them interact with their babies. Each session lasted 15 minutes. The sessions were given by specially trained nurses over several weeks.

After six weeks to 10 weeks, the women in the two groups had about the same level of depression. But the women who had the coaching responded much more to their babies during play than the women who did not have the coaching.

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## Electroconvulsive therapy (ECT)

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# Postnatal depression

[How does it work?](#)

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This information is for women who have postnatal depression. It tells you about electroconvulsive therapy (ECT), a treatment used for postnatal depression.

## Does it work?

We haven't looked at the research on electroconvulsive therapy in as much detail as we've looked at the research on most of the treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of this treatment or be interested in it.

## What is it?

In electroconvulsive therapy (ECT for short), electrodes are put on to your head. Then an electric current is passed through your brain. It causes you to have a **seizure** (a fit).

ECT is given in hospital under **general anaesthetic**. That means you will be asleep during the treatment. You are also given a drug to relax your muscles so that you don't get spasms during the seizure.

Usually, this treatment is given twice a week for three weeks to six weeks. That means you get six to 12 sessions in all.

The National Institute for Health and Care Excellence (NICE) is the government body that advises doctors about treatments. NICE offers guidance on the use of ECT for mental illness, although not specifically for postnatal depression. These are the main points. <sup>[149]</sup>

- ECT should only be used to treat bad depression, **mania** (a very high mood) that is bad or that goes on for a long time and **catatonia** (a mental illness that also affects your movements).
- It should only be used when all other treatments have not worked or your doctor thinks your life may be in danger.
- Pregnant women, younger people, and older people may be more likely to get complications from ECT.
- Your doctor should fully inform you about ECT before you are asked to agree to have it.
- Usually, doctors should consider more than one course of ECT only if the first course worked.

### How can it help?

We haven't looked at the evidence on whether ECT works for postnatal depression. If it is used at all, it is probably used only for bad postnatal depression and for a condition called **puerperal psychosis**. (For more on that, see [Puerperal psychosis](#) .)

### How does it work?

ECT has been used for many years as a treatment for bad depression and other mental illnesses. But doctors still don't fully understand how it works.

### Can it be harmful?

Your heart and **blood pressure** can be affected by ECT. But the most common side effect is memory loss. This can be upsetting.

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### Further informations:

#### Hormone changes after childbirth

Hormones are chemicals that help to control how your body works. Pregnancy causes big changes in your hormones. These changes may have a role in postnatal depression.

The main changes are: <sup>[9]</sup>

- Your level of a hormone called **oestrogen** rises to 50 times the usual level by the last three months of pregnancy. This is the main hormone made by your **ovaries** . Your oestrogen level falls back to non-pregnant levels in the three days after your baby is born
- Your level of the hormone **progesterone** rises to 10 times the usual level when you're pregnant. Then it falls back to non-pregnant levels in the week after your baby is born
- Your level of the hormone **cortisol** rises to two times to three times the usual level. Then it slowly decreases after birth
- Your level of the hormone **prolactin** goes up to seven times its usual level when you are pregnant. This hormone helps your breasts make milk. The level drops back to non-pregnant levels in the three months after birth.

We don't know for certain if these hormone changes play a part in causing postnatal depression. But some women who get the illness may be more sensitive to these hormone changes than others. <sup>[10]</sup>

### The baby blues

The baby blues is the name for mood changes that affect many new mothers in the first few days after their baby is born.

If you have the baby blues, you may: <sup>[11]</sup>

- Feel low
- Feel anxious
- Feel irritable
- Be more sensitive than usual
- Have mood swings
- Feel weepy for no reason.

These feelings are usually the worst on the fourth or fifth day after your baby is born. They may last for a few hours or a few days. But they usually go away by the 10th day after the birth.

Unlike the worse mood changes of postnatal depression, baby blues don't affect your ability to look after yourself or your baby. <sup>[11]</sup>

We know that between 15 in 100 and 85 in 100 women get the baby blues. But we can't say exactly how many women get it because different studies say different things. We also don't know for certain what causes the baby blues. It may be a mixture of different things that happen when you have a baby. These things include:

- Changes in your body
- Changes to how you feel about your role in life
- How you feel about being a mother and the responsibility of being a parent
- How much support you get from people around you

But we do know that women who have had depression at other times in their lives, including the kind that comes on before their period (called premenstrual depression), are more likely than others to get baby blues. <sup>[12]</sup>

## Postnatal depression

Women who get the baby blues are more likely to get postnatal depression than those who don't get the baby blues. Roughly 1 in 4 women with the baby blues go on to get postnatal depression. <sup>[13]</sup>

### Puerperal psychosis

About 1 or 2 new mothers in every 1,000 get a rare but serious mental illness called **puerperal psychosis**. <sup>[14]</sup>

Most cases of puerperal psychosis start in the first two weeks after the baby is born. This is different from postnatal depression, which usually comes on weeks or even months after the birth. <sup>[15]</sup>

You might have puerperal psychosis if you have some or all of the following: <sup>[15] [16]</sup>

- You can't sleep, even when your baby does
- You feel agitated or irritated
- You feel depressed or unusually happy, or swing rapidly between these moods
- You have strange beliefs that couldn't be true (called **delusions**), often about your baby
- You see, hear, touch, or smell things that aren't real (called **hallucinations**)
- You feel very confused
- You avoid your baby.

Women with puerperal psychosis may harm themselves or their babies, or both. Because of this risk, they are usually cared for in hospital with their babies. They are usually given antipsychotic drugs. <sup>[15]</sup>

No one knows exactly what causes puerperal psychosis. But because it tends to come on so quickly after childbirth, many researchers think it's set off by the changes in a woman's body, such as the rapid changes in **hormones** after giving birth. <sup>[17]</sup>

The symptoms of puerperal psychosis are a lot like those of a mental illness called **bipolar disorder**. Another name for that illness is **manic depression**. And women with bipolar disorder have a high risk, with between 30 and 50 in 100 getting puerperal psychosis after having a baby. <sup>[14] [18] [19]</sup>

## Postnatal depression

Puerperal psychosis is most likely after a woman's first pregnancy. Women with this illness get better, but they're at high risk of getting it again after another pregnancy or at other times in their life. <sup>[17]</sup>

Women who've had a mental illness before that was bad enough to need hospital treatment have a higher chance of having puerperal psychosis. <sup>[20]</sup>

### Postnatal depression and your baby

Having postnatal depression is not your fault. But if you have it, it's important to get help, both for your own sake and your baby's. That's because this illness can stop you bonding properly with your baby and affect your baby's development. But the faster you get better, the less likely your baby is to have problems.

Research has shown that babies of mothers with postnatal depression may: <sup>[43]</sup> <sup>[44]</sup>

- Not bond as closely with their mothers as the babies of mothers who don't have postnatal depression
- Have behaviour problems, including crying a lot, being withdrawn, or being demanding.

We can't say that postnatal depression causes these problems. It is just that researchers see these problems more in babies whose mothers have postnatal depression.

But if depression makes it hard for a woman to interact with her baby, doctors think it could affect how the child develops. <sup>[44]</sup>

Researchers have also found that if you are depressed, you are less likely to: <sup>[45]</sup>

- Carry on breastfeeding your baby
- Show books to your baby
- Play with or talk to your baby
- Follow routines.

How long your depression lasts seems to matter. Women who recover from their depression by the time their baby is 6 months old relate better to their baby than women whose depression lasts longer. <sup>[46]</sup>

## Postnatal depression

And there is some evidence that later problems in children are most likely when their mother has depression that lasts a long time or depression that comes back, rather than postnatal depression alone. <sup>[47]</sup>

Treatment can help improve your relationship with your baby. And it may help your baby's development. <sup>[42]</sup>

### Screening for postnatal depression

There are a few tests for spotting postnatal depression. The most widely used one is called the **Edinburgh Postnatal Depression Scale, or EPDS for short.**

This test has 10 questions that ask about your feelings and behaviour. You answer based on how you have felt in the past seven days. <sup>[53]</sup>

The highest score you can get is 30. The higher your score, the more likely it is that you have postnatal depression. You may be sent to your doctor if your score is higher than 9.

This test is designed for screening. That means it can help to pick out women who are likely to have postnatal depression. The test is not designed for diagnosis. That means it can't tell for certain if you have postnatal depression. Only a doctor can do that.

### Other antidepressants

Most studies on antidepressants for postnatal depression have focused on the drugs fluoxetine (brand name Prozac), paroxetine (Seroxat), and sertraline (Lustral). These are all selective serotonin reuptake inhibitors (SSRIs). SSRIs are a newer kind of antidepressant that doctors often prescribe for regular depression. (Regular depression is the kind you can get at any time, not just after you've had a baby.)

Although the SSRIs fluoxetine, paroxetine, and sertraline are the main antidepressants studied in postnatal depression, many other SSRIs (and other types of antidepressants) have been studied in people with regular depression.

The antidepressants below are usually not recommended if you are breastfeeding.

#### Other SSRI antidepressants

Some other SSRIs, listed below (with brand names), have been shown to work for regular depression in adults:

- Fluvoxamine (Faverin)

# Postnatal depression

- Citalopram (Cipramil).

## Other types of antidepressants

Sometimes doctors use other types of antidepressants, listed below (with brand names), to treat regular depression. They haven't been studied in postnatal depression. But because they are expected to work, doctors may sometimes prescribe them for postnatal depression.

- **Tricyclic antidepressants (TCAs).** These are older antidepressants. Doctors usually prescribe them only if other drugs haven't worked. Examples include imipramine, nortriptyline (Allegron), amitriptyline (Elavil), and doxepin (Sinequan). <sup>[55]</sup>
- **Monoamine oxidase inhibitors (MAOIs).** Doctors rarely prescribe these drugs for depression, and usually only if other drugs haven't worked. Examples include phenelzine (Nardil) and tranylcypromine. <sup>[55]</sup>
- **Venlafaxine (Efexor).** This is a newer kind of antidepressant drug. <sup>[55]</sup>

## Glossary:

### hormones

Hormones are chemicals that are made in certain parts of the body. They travel through the bloodstream and have an effect on other parts of the body. For example, the female sex hormone oestrogen is made in a woman's ovaries. Oestrogen has many different effects on a woman's body. It makes the breasts grow at puberty and helps control periods. It is also needed to get pregnant.

### depression

Depression is a mental illness in which your mood is low and you feel sad most of the time. It can range from a mild illness through to a severe one in which you lose interest in life and may be suicidal.

### thyroid gland

Your thyroid gland is a small organ that sits in your neck, just in front of your windpipe. It sends out a hormone called thyroxine. This acts on receptors within cells. By acting on the receptors it gives the cells a message to speed up their metabolism and work harder.

### immune system

Your immune system is made up of the parts of your body that fight infection. When bacteria or viruses get into your body, it's your immune system that kills them. Antibodies and white blood cells are part of your immune system. They travel in your blood and attack bacteria, viruses and other things that could damage your body.

### hallucinations

If you have hallucinations, you perceive things that aren't really there. You may see things that don't exist or hear voices when nobody's talking. Or you may get a crawling feeling on your skin when there isn't anything on it. Hallucinations can make you feel frightened and agitated.

### ovaries

Women have two ovaries, one on each side of their womb. They are small glands that store eggs. Inside the ovaries are hundreds of thousands of pre-eggs, called follicles. Some of these grow into eggs.

### delusion

A delusion is a belief you have that couldn't possibly be true. For example, you may feel that somebody is out to harm you even after it's been shown not to be true. Or you may believe that a famous person is in love with you even though you've never met him or her.

### psychotherapy

Psychotherapy is a talking treatment. It is given by trained therapists (such as a psychiatrists, psychologists or social workers). Psychotherapy usually consists of regular sessions (often weekly) between the therapist and the patient. There are many types of psychotherapy, including cognitive behavioural therapy and interpersonal therapy.



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## psychiatrist

A psychiatrist is a doctor who specialises in psychiatry. Psychiatry is the branch of medicine that covers mental, emotional or behavioural problems.

## blood pressure

Blood pressure is the amount of force that's exerted by your blood on to your blood vessels. You can think of it like the water pressure in your home: the more pressure you have, the faster and more forcefully the water flows out of the shower. Blood pressure is measured in millimetres of mercury (written as mm Hg). When your blood pressure is taken, the measurement is given as two numbers, for example 120/80 mm Hg. The first, higher, number is called the systolic pressure, and the second, lower, number is the diastolic pressure. The systolic number is the highest pressure that occurs while your heart is pushing blood into your arteries. The diastolic number is the lowest pressure that happens when your heart is relaxing and is not pushing your blood.

## Cognitive behavioural therapy

Brief (6–20 sessions over 12–16 weeks) structured treatment, incorporating elements of cognitive therapy and behavioural therapy. Behavioural therapy is based on learning theory and concentrates on changing behaviour. It requires a highly trained therapist.

## selective serotonin reuptake inhibitors

Selective serotonin reuptake inhibitors (SSRIs) are drugs that are used to treat depression. Serotonin is a chemical in your brain (called a neurotransmitter) that affects your mood. SSRIs increase levels of serotonin in your brain. This helps to improve your mood.

## neurotransmitters

Neurotransmitters are chemicals that help to carry messages between nerve cells. Serotonin, dopamine, and norepinephrine (noradrenaline) are all neurotransmitters.

## serotonin

Serotonin is a neurotransmitter, which is a chemical that helps to send information from a nerve cell to other cells. It is thought to play a role in learning, sleep and control of mood.

## constipated

When you're constipated, you have difficulty passing stools (faeces). Your bowel movements may be dry and hard. You may have fewer bowel movements than usual, and it may be a strain when you try to go.

## placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

## oestrogen

Oestrogen is the name given to three female sex hormones: oestradiol, oestrone and oestriol. Oestrogen causes women's sexual development during puberty: it is needed to develop breasts, have periods and get pregnant. Oestrogen is also thought to affect women's health in other ways. It may influence their mood, cholesterol levels and how their bones grow. Men have very low levels of oestrogen in their bodies, but doctors aren't completely sure what it does. Oestrogen is an important ingredient in most types of contraceptive pill and hormone replacement therapy.

## menopause

When a woman stops having periods, it is called the menopause. This usually happens around the age of 50.

## blood clot

A blood clot forms when the cells in blood clump together. Sometimes this happens to stop you from bleeding if you've had an injury. But it can also happen on the inside of your blood vessels, even when you haven't had an injury. A blood clot inside a blood vessel is called a thrombus.

## stroke

You have a stroke when the blood supply to a part of your brain is cut off. This damages your brain and can cause symptoms like weakness or numbness on one side of your body. You may also find it hard to speak if you've had a stroke.

## randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

## progesterone

Progesterone is a hormone that plays a part in a woman's menstrual cycle and in pregnancy. A form of this hormone made in the laboratory, called progestogen, is often added to contraceptive pills and hormone replacement therapy (HRT).

# Postnatal depression

## high cholesterol

If you've been told that you have high cholesterol it usually means that your total cholesterol level is 5mmol/l or higher. But doctors also look at the amount of good (HDL) and bad (LDL) cholesterol you have in your blood. Having high levels of bad cholesterol can make it more likely that you'll get certain diseases in your heart and arteries.

## heart disease

You get heart disease when your heart isn't able to pump blood as well as it should. This can happen for a variety of reasons.

## migraine headaches

These are severe headaches that last four to 72 hours. They often cause other symptoms such as queasiness (nausea) or being extra-sensitive to sound or light.

## Epilepsy

Epilepsy is a condition that affects your brain. If you have epilepsy, the normal electrical activity in your brain gets disturbed from time to time. This leads to seizures (also called fits).

## eczema

Eczema is a very itchy rash. It may be dark and bumpy and release fluid. Scratching makes it worse. You can get eczema anywhere on your body, but it is most common on the wrists, the insides of the elbows and the backs of the knees. If you have asthma or allergies you are more likely to get eczema than someone who doesn't have these conditions.

## HIV

HIV stands for human immunodeficiency virus. It's the virus that causes AIDS. It makes you ill by damaging cells called CD4 cells. Your body needs these cells to fight infections. You can get HIV by sharing needles for injecting drugs, or by having sex without a condom with someone who has the virus.

## antidepressant

Antidepressants are medicines used to treat depression and sometimes other conditions. They work by changing the levels of chemicals in your brain called neurotransmitters. There are three main types of antidepressants, which work in different ways: selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants (TCAs).

## systematic reviews

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

## psychologist

A psychologist is trained to study the human mind and human behaviour. A clinical psychologist provides mental health care in hospitals, clinics, schools or to private patients.

## psychiatric nurse

A psychiatric nurse is a nurse who specialises in helping people who have mental health problems.

## psychotherapist

A psychotherapist is a health professional who treats mental disorders by talking with their patients, rather than by prescribing medicines. There are many types of psychotherapy, including cognitive behavioural therapy and interpersonal therapy.

## endorphins

Endorphins are chemicals that the brain makes. They are the body's own painkillers.

## seizure

A seizure (or fit) is when there is too much electrical activity in your brain, which results in muscle twitching and other symptoms.

## general anaesthetic

You may have a type of medicine called a general anaesthetic when you have surgery. It is given to make you unconscious so you don't feel pain when you have surgery.

## mania

If you have mania, you feel extremely happy, excited or irritable for no reason. It can be a symptom of some mental illnesses. You may get insomnia, your energy levels may be unusually high and you may behave in inappropriate ways.

## catatonia

Catatonia affects your movements. Your legs and arms become very rigid and sometimes stay in the same position for a long time. Sometimes, the opposite happens and your limbs keep moving without any reason. Catatonia also stops you being able to respond to people or to things that happen. Some people with catatonia don't speak.

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