

ANOTHER TWINKLE IN THE EYE

CONTEMPLATING ANOTHER PREGNANCY
AFTER PERINATAL MENTAL ILLNESS

ELAINE A HANZAK


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Contemplating another
pregnancy after perinatal
mental illness

ELAINE A HANZAK



CRC Press

Taylor & Francis Group

Boca Raton London New York

CRC Press is an imprint of the
Taylor & Francis Group, an **informa** business

CRC Press
Taylor & Francis Group
6000 Broken Sound Parkway NW, Suite 300
Boca Raton, FL 33487-2742

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CRC Press is an imprint of Taylor & Francis Group, an Informa business

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Printed on acid-free paper
Version Date: 20150715

International Standard Book Number-13: 978-1-84619-888-5

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About the author

Since the publication of her autobiographical book *Eyes without Sparkle: a journey through postnatal illness* (Radcliffe Publishing, 2005), Elaine has become a leading expert by experience on the subject. She regularly appears in the media to increase awareness that mental illness can and does affect anyone. Her messages of hope through her interviews and writing have inspired others; her book has been described as a 'life saver', offering people hope for recovery. Elaine is in demand as a professional speaker to health professionals, students and other audiences looking for ways to cope with changes and resilience.

www.hanzak.com

Contributors

Dr Dawn Edge

Senior Lecturer/Associate Professor/Winston Churchill Fellow
Centre for New Treatments & Understanding in Mental Health
(CeNTrUM)
School of Psychological Sciences, The University of Manchester

Dr Carol Henshaw MB ChB MD FRCPsych

Consultant in Perinatal Mental Health
Liverpool Women's NHS Foundation Trust

Dr Fatimah Jackson-Best PhD

Global Health Research Post-Doctoral Fellow
University of Ottawa

Dr Jo Spoors

Senior Registrar, Perinatal Psychiatry
Tees, Esk and Wear Valleys NHS Foundation Trust

Dr Angelika Wieck FRCPsych

Consultant in Perinatal Psychiatry
Manchester Mental Health and Social Care Trust

Dr Elizabeth Boath PhD Adv UniDipCH BA(Hons) Adv EFT

Associate Professor in Health
Staffordshire University

Evelyn Burdon RN HV BSc

Cheshire Baby Whisperer

Michael Coote B Th BA (Psych) BA (Psych) Hons BA (Psych) Masters

Director and co-founder of S+ The Real Leadership Company

Debby Gould MSc Nursing BSc Midwifery (Hons)

Registered midwife and registered nurse
Director, Inside First Ltd

Dr Jane Hanley PhD RGN RMN Dip HV Dip Couns FRSPH

Hon Senior Lecturer
Swansea University

Pauline McPartland

Qualified Person-centred counsellor, Specialist practitioner and trainer
PMH
Manager PND Service
PSS, Liverpool

Katy Moss RMHN (7) Higher National Diploma in Nursing (Mental Health)

BA (Hons) in Mental Health

Team Leader and Specialist Perinatal Mental Health Nurse
Hull and East Yorkshire Perinatal Mental Health Liaison Team

Sue Peckham IAEBP (Acc) DHyp (Adv)

Clinical Hypnotherapist and co-creator of the Easyloss Weight Loss
Programme
Hampshire Hypnotherapy Centre

Julie Smith NNEB PGCE

Operational Development Manager/National Perinatal Lead
Family Action

Sharon Trotter BSc (Adv Studies in Midwifery)

Parenting Consultant and Founder of TIPS Ltd
Scotland, UK

Mark Williams

Founder of Dads Matter UK and Fathers Reaching Out
Social Enterprise Owner, Reaching Out Perinatal Mental Health

Acknowledgements

I am very grateful for the way that healthcare professionals have embraced me over the years since my first book, *Eyes without Sparkle: a journey through postnatal illness*, was published in 2005. My story was put into the public eye almost as soon as it was published. Within the first few months of it being printed, I was invited to speak on national television programmes and featured in national press. As a result I was in demand to speak at conferences. This was a lifestyle that did not fit with being a full-time teacher. I took a term off as sabbatical leave in the autumn of 2005 and have never returned to the classroom! Since then I have continued to learn, speak and write about this topic in order to spread awareness and improve the resources available for it. Initially I doubted my value especially when I would look at a list of delegates made up of doctors and professors! Who was I to address such an audience? Over time I began to appreciate that they did value my contribution. The more I learned, the more I had to share. This book enables me to include and pass on that knowledge. I appreciate being accepted by the health professionals as an 'Expert by Lived Experience'.

I also am indebted to the many people who have openly shared their experiences of perinatal (antenatal and postnatal) illness with me. This has given me the facts and motivation to represent them too when I speak and write. One lady called me 'every woman's advocate for postnatal depression (PND)'. I feel privileged to have been given such intimate details and insights into the lives of others. Several people have also commented that they are glad that I suffered as I did! They have explained that this is because I have been blessed with good communication skills to share the messages of suffering and the need for it to be alleviated. I admit that every now and then I have my 'supermarket moment' – when I question if I should still be talking about my experience of postnatal illness when my son is now 19. I go through some soul-searching questions around whether it is time for me to stop and do something else – for example, go and work in a supermarket. It is incredible how that same day I receive a message from someone sharing their story with me and how I either have or could positively influence their life or someone close to them. Thank you if you have ever sent me such a message – you have probably saved me from the supermarket application!

To the people who contributed to the survey for this book, I applaud and thank you for the time you took to answer the questions and for the candid and selfless way you did so. You have inspired me to write this book and I hope that I do you justice.

Without the love and support of my parents, Maureen and Lawrence Walsh, I may not have wanted a family of my own. They taught me what unconditional love is, along with the joys and pleasure that having a child can bring. They also have faced their own challenges over the years and yet have always been there for my siblings, Kevin and Claire, and me in our choices. Even if they have not agreed with our decisions in life they have always been our best supporters. They brought me up in a loving family and this is why I wanted children of my own. They continue to be a huge support to me in many ways and have encouraged me with this book. My appreciation is beyond words for all they continue to do.

My son Marius (formerly known as Dominic – he has chosen to use his middle name) also inspires and motivates me. I love having my siblings and I wanted him also to have that opportunity. The human heart has an unspecified amount of love to give. I would have liked him to have the joy of siblings too. During his teenage years, when his father and I divorced, he faced an unsettling time. Marius has emerged as a fine young man who fills me with pride. I appreciate his support over the years too for my passion around perinatal mental health. I admire the way in which he has allowed me to continue to be so public about my illness. I remember last year being invited to appear on *BBC Breakfast*, where the topic concerned mothers who are ill harming their babies. I told several million viewers about how I had almost thrown my son down the stairs when I was so distressed. I was extremely concerned that as a teenager he would not like this – I called Marius and his comment was ‘Oh, was it the stairs thing? I’m fine about that!’ Thank you for letting me help others.

I appreciate the support of the rest of my family and close friends who have continued to inspire me. It is such a joy and comfort to know that I have some people around me who, regardless of my choices in life, continue to give me their unconditional love and encouragement. My experiences over the last 10 years make me appreciate the saying that people come into your life for a reason, a season or a lifetime.

I am grateful to the media who have invited me to speak on television plus local and national radio along with the press. I acknowledge that I love the whole ‘lights, camera, action’ aspect and I do get a buzz from any article I have done. Having a photo shoot around Milan in Italy for a magazine was incredible – a coach load of tourists stopped and began taking pictures of me! One remarked, ‘I don’t know who she is, but she must be famous!’ The main aspect that fills me with awe, hope and pride is because I want to reach out to those who have, or will have, a perinatal mental health issue. I want to be able

to give them hope that they have an identifiable illness that can be treated and they will get better. Due to the marketing of my book *Eyes without Sparkle: a journey through postnatal illness*, I am aware that there are at least five ladies who are still alive because my book gave them the hope that they needed at such a crucial time in their own lives. I know because they have told me. When I see their postings on social media of happy family times and events, I have to fight the lump in my throat.

Since 2005 the impact of social media has grown beyond belief. Through Facebook, Twitter and LinkedIn I know that I, and many others, have been able to reach out to families in distress. Over the years I have been able to keep a blog going with references to any new information I have come across (www.hanzak.com/blog). Social media has led to a much bigger 'sisterhood' of sufferers who are all keen to help others. As I write this, a national campaign for a month of awareness around perinatal mental health is being planned by former sufferers and organisations in the UK. Most other illnesses do not have such a big majority of people who then wish to highlight the need for more services and offer help to others. Thank you to all those who continue to share their own experiences for the benefit of others.

Sadly there are some people who are no longer alive that have impacted on my life and purpose. Having been so ill that I lost almost all logical thought, I can empathise with the ladies who have taken their own life due to postnatal illness. I remember howling that I didn't want to die – I just wanted my brain to stop. I understand how your mind is whirring in such a state that all your usual rational thoughts are drowned and smothered by a tsunami of negative ones. For those left behind the pain will always remain about what they have missed and what has been lost. The families of Angela Harrison, Joanne Bingley and Emma Cady would be amongst those who campaign for greater awareness and better facilities for new mothers. These three ladies had everything to live for yet their illness blinded them to it. Their loss motivates me incredibly because 'it could have been me'.

In recent years I am grateful for the flexible working arrangements I have with S+ The Real Leadership Company (formerly S+ Group). The work I do for them as Executive PA to Mike Coote (Co-founder and Director) and as a coach has given me the financial stability and time to complete this book.

I also wish to thank Radcliffe Publishing, as without their role in my first book, this second one may not have happened either. We can but wonder what the impact of this one will be.

Glossary

ADHD	Attention deficit hyperactivity disorder – a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.
ASD	Autism spectrum disorder – a condition that affects social interaction, communication, interests and behaviour.
CPN	Community psychiatric nurse – a psychiatric nurse based in the community rather than a psychiatric hospital.
GP	General practitioner – medical doctor who treats acute and chronic illnesses and provides preventive care and health education to patients.
HCP	Healthcare professionals – persons who have special education in healthcare and who are directly related to provision of healthcare services.
HELLP syndrome	The medical term for one of the most serious complications of pre-eclampsia, in which there is a combined liver and blood clotting disorder. H stands for Haemolysis (rupture of the red blood cells); EL stands for Elevated Liver enzymes in the blood (reflecting liver damage); LP stands for Low blood levels of Platelets (specialised cells which are vital for normal clotting). HELLP is as dangerous as eclampsia (convulsions) and probably more common, although it is less easy to diagnose.
HV	Health visitors – professional individuals engaged in public health work within the domestic setting, predominantly found in countries with state-funded health systems.
Hypomania	(literally ‘under mania’ or ‘less than mania’) – a mood state characterised by persistent disinhibition and pervasive elevated (euphoric) or irritable mood but generally less severe than full mania. Characteristic behaviours are extremely energetic, talkative, and confident; commonly exhibited with a flight of creative ideas.
MBU	Mother and Baby Unit – an inpatient environment where mothers experiencing severe mental health difficulties can receive treatment and support while continuing to care for their baby.

NICU	Neonatal intensive care unit – also known as an intensive care nursery (ICN), is an intensive care unit specialising in the care of ill or premature newborn infants.
ObGyn	Obstetrician/gynaecologist – a physician specialist who provides medical and surgical care to women and has particular expertise in pregnancy, childbirth, and disorders of the reproductive system.
PE	Pre-eclampsia or preeclampsia – a disorder of pregnancy characterised by high blood pressure and a large amount of protein in the urine.
Perinatal	Pertaining to the period immediately before and after birth. The time period can vary. It is used in perinatal psychiatry terms as covering antenatal (pregnancy) and postnatal (up to 12 months post-delivery).
PICU	Paediatric intensive care unit (also paediatric) – an area within a hospital specialising in the care of critically ill infants, children and teenagers.
PND	Postnatal depression or postpartum depression (PPD) – a type of depression that affects some women after having a baby.
PP	Puerperal psychosis (Postpartum Psychosis, ‘Postpartum onset Bipolar Disorder’) – a severe mental illness, which has a sudden onset in the first few weeks following childbirth.
PTSD	Post-traumatic stress disorder – an anxiety disorder caused by very stressful, frightening or distressing events.
Somatic	Relating to the body, especially as distinct from the mind.
SPD	Symphysis pubis dysfunction or pregnancy-related pelvic girdle pain (PPGP) – pelvic pain that some women develop in pregnancy.
VE	Ventouse, also known as vacuum-assisted vaginal delivery or vacuum extraction (VE) – a method to assist delivery of a baby using a vacuum device.

Dedication

To my son Marius (formerly known as Dominic) who continues to be a huge sparkle in my life.

To my family and friends who have supported me in my passion for making early parenthood for others as happy and healthy as possible for all concerned.

To those who are no longer with us, yet their passing has motivated those left behind to build a better world.

To the current parents and those facing the decision to add to their families – I hope this book helps you to reach a decision that you are content with.

To the many dedicated healthcare professionals who strive to provide the best care and support to the people in their care.

I have been through hell – absolute hell – twice, but it has given me so much in return. I am not the person I was, but for the better. Despite suffering bereavement, divorce, moving house and other things in the last 3 years I have coped very, very well and never felt anything like I did after having my babies. I am now training to be a midwife and will qualify next year – it was my own experiences that led me down this path and for obvious reasons I have a particular interest in mental health around pregnancy. I wanted to take part in this survey as my fear over having another child was an immense issue for me for several years after having my first son. I was obsessed about it – I would dream about it, have nightmares, question it all the time. There were next to no resources out there for people in my position so I was very excited to hear about this project. It also makes me realise how far I have come! Best of luck to all those brave women and their families facing this reality.

Vicky, a mum

Reviews of *Another Twinkle in the Eye*

‘This book is the best I have read about the topic of perinatal mental health. Elaine uses her own experiences and those of others to bring the theory to life. The very comprehensive list of symptoms of perinatal mental health problems will be hugely useful to sufferers, friends and family and healthcare professionals alike, and the chapter on things that people can do to support the mother who is unwell is both practical and realistic advice.

The advice given is balanced and facilitates the reader to make up their own mind rather than guide them in a particular direction, like so many self-help books ... I would highly recommend this book as a GP, a perinatal mental health sufferer and a mother. It is the book I have been wishing had been written to enable others to understand what is going on during a period of illness and how best to ask for help and support others who are suffering. Brilliant Elaine.’

DR STEPHANIE DEGIORGIO
GP with a special interest in perinatal mental health
Co-founder, Perinatal Mental Health Partnership

‘This book is the perfect combination of personal experience, collected accounts from others, self-help advice, invaluable resource pack, and the latest research and evidence in the field, produced in an easy-to-read and accessible format. I will not only be recommending it to my team, but also to women who are making the difficult decision about future pregnancies in my clinic.

All healthcare professionals working with women of childbearing age will learn from this book and it will help to make their interactions more productive and more patient centred.’

DR GILES BERRISFORD FRCPsych
Consultant Perinatal Psychiatrist
Clinical Lead, Birmingham Perinatal Mental Health Service
Chair, Action on Postpartum Psychosis

‘Covering just about every thought, emotion and practical suggestion necessary, this is a real must both for families and healthcare professionals. The book has been thoughtfully compiled into relevant and easy-to-access chapters making it possible to dip in and out whenever you feel the need for information and support on a specific aspect of the subject. Everything is addressed thoroughly without leaving the reader feeling overwhelmed. Medical conditions are explained well with the addition of a Glossary containing abbreviations of terminology used. Also included is an invaluable wealth of further reading, information and resources ... A very important and much-needed resource which I am certain will be appreciated by so many people.’

LUCE

adventureswithmonster.wordpress.com

‘In my opinion, every health professional and not just clinicians should read not only the first book [*Eyes without Sparkle*] but anything Elaine has to say on the subject.

[This is] another very informative book that, for me, brings an understanding of what being human is really like when faced with a very personal decision in a world of clinicians. It should be a standard reference book for GPs, hospital consultants and midwives.’

WILLIAM GREENWOOD

Chief Executive and Company Secretary
Cheshire Local Medical Committee Ltd

Introduction

It's not what happens to you, but how you react to it that matters.

Epictetus

The decision to bring a child into the world is rarely one that is taken lightly. So many factors are brought into consideration. When a previous pregnancy and early parenthood has resulted in poor maternal and/or paternal perinatal mental health, then making a conscious decision to have another baby is even more challenging.

I always wanted to have more than one child because as the middle child of three, I love the whole experience of having siblings and being part of a family unit. I wanted my son to have the same opportunity. My postnatal illness following his traumatic birth has been written in my previous book *Eyes without Sparkle: a journey through postnatal illness* (Radcliffe, 2005). Due to our experiences and his age, his father was not willing for us to have another baby even though I dearly wanted to. I can understand his reluctance as our experience first time was far from easy. I wanted to do it again, to hopefully enjoy it next time. He would not discuss it and eventually it became one of the main wedges that drove us apart and we divorced.

When our son was 13 years old I had to have a hysterectomy. I found that to be a very difficult reality as the operation took away my hope of being a mother again. The only aspect that made it easier was the gynaecologist explaining that I had too many fibroids and it was nature's way of letting me know that being pregnant again was something that would never happen to me.

On reflection I wish we had been given more information or guidance about what could have been possible had we both wanted another child. At my discharge appointment the psychiatrist simply said that if I ever was to become pregnant again the chances of me getting postnatal depression were higher. He also added that next time around 'everyone would be on my case'. My ex-husband focused on the first comment, and I on the second. The outcome was that it remained a taboo subject in his head and although I attempted to tell him on many occasions how important it was for me, it was

something he refused to discuss and did not appreciate how much it meant to me.

I do not blame him, as he had witnessed the traumatic birth of our son, from which I was told I was lucky to be alive, and then I was so ill that I needed to be hospitalised for a psychotic illness. It is not surprising that he did not have the same 'rose-tinted specs' view I held of having a baby. It became an area in which there was no compromise. Along with my new career, as a result of my book being published, and other aspects, we drifted apart. I wonder if there had been a follow-up two years after discharge from the psychiatric team whether this matter could have been discussed. I wonder how many other relationships are affected years down the line, long after the crisis of the perinatal era has happened?

By sharing my story, many people have shared theirs with me. One question that has often landed in my email inbox has been the same dilemma faced by others. In some cases it is the father who wants another baby and the mother does not. Sometimes both do and are very scared about what may happen again. Others are in a panic when they unexpectedly fall pregnant. I discovered that, to date, there is only one book that covers this subject. It is by an American author, Karen Kleiman, *What Am I Thinking?*¹ I wanted to write a version for the UK that correlates to our healthcare system, although the emerged topics of conversations needed and aspects around this dilemma are applicable around the world.

My primary aim is to provide the facts, resources, discussion points and information to help people make an informed decision that they can comfortably live with. Each situation is as unique as the couple themselves and I want to provide them with the tools to make the best choice for them. I would never presume to tell anyone if they should or should not add to their family. I accept and acknowledge that what is right for one person, couple and family may not be right for others.

Through my speaking career that developed after the publication of my book, I have been privileged to address many healthcare professionals. They have often told me too that they would not know what to advise families faced with the decision to have another child. This book will also be a guide for them.

After my story was published in 2005, I was in demand as a speaker on the subject of postnatal depression. Readers of my book told me that they could relate to it at different levels. I was delighted to be interviewed and challenge the stereotypical view that someone who suffers from mental illness is usually weak, scruffy and maybe dribbles! One television producer even commented that she could not believe I was there to speak about postnatal depression because I looked glamorous. Another programme turned me down as they said I 'was too professional and not pathetic enough' to talk about mental illness! I admit that I love the media aspects and do get very excited to be asked.

The most important aspect is that awesome feeling of not knowing the impact of the interview or article. If just one person is helped by an interview where I show that mental illness does and can affect anyone and that you can make a full recovery, then it has been worth it.

Through my speaking career, I joined an association for fellow speakers and began a friendship with another man. He was an adventurer who then used his experiences to help others with their personal development. Clive Gott also had suffered a period of depression and when diagnosed, he declared to his GP: 'I can't be – I'm a motivational speaker!' We did some joint presentations to challenge the stigma of mental illness and to show that recovery is possible. My marriage failed and Clive and I became romantically involved, making plans for our future together. One Saturday evening he went up to bed early, saying he felt unwell. Twenty minutes later I heard a shout from him – I discovered he had suffered a fatal heart attack.

The shock and grief I felt in the months that followed taught me many lessons. The main one was that I now appreciated the physical pain and suffering that bereavement causes. Prior to Clive's death I had lost my grandparents, yet that is expected as part of the circle of life. I did not expect to lose a partner in my late forties. It made me appreciate how devastating the death of a new mother (or father) must be after the birth of a new baby. This motivated me even more to continue to do the work I do around raising awareness of poor parental mental health and hopefully to save lives.

It also made me appreciate that if bereavement occurs in pregnancy or around early delivery, how much more likely it is for the parent to suffer from depression. In grief I had many of the same symptoms I did with postnatal depression – an inability to sleep; a roller-coaster ride of emotions; loss of appetite; irrational thoughts and decisions. I also learned that many of the ways I had been advising people with maternal mental health issues to help themselves also applied to me in grief.

I learned too that one of my coping mechanisms is to write. As Clive had thousands of fans, they missed his regular blogging and I began to write about how I was getting through my days and nights. My blog has now had many tens of thousands of hits worldwide. At the time people told me that the ways I described to 'get through' were helping them through difficult places in their lives. It became cathartic for me and others. In retrospect I was too open and honest at times!

One very happy event that has inspired me too has been the arrival of my niece Sophie, on 14 February 2010. My younger sister Claire and her husband Martin had a wonderful wedding in a Cheshire castle. The fairy tale continued with their daughter. Sophie arrived three weeks early by an emergency section and Claire was poorly with HELLP syndrome, needing intensive nursing post-delivery. Our mum commented, 'Why can't my daughters do pregnancy and birth easily, like other people?' Sophie has brought joy to us all.

We were all very much on alert in the early days for Claire having postnatal depression. She was very healthy. As a mother she is so much more relaxed than I was. One aspect that she got right was the willingness to let the rest of the family share in the new arrival – unlike me. Sophie was bottle-fed due to Claire's illness, so that did make it easy for us to have her. The pleasure I have in spending time with my niece made me appreciate that I had unknowingly been selfish with my baby. I had wrongly believed that letting others look after him implied I was not managing. In fact, I deprived them of pleasure whilst I could have rested.

Through my work I became aware of the impact of suicide upon families. Joanne Bingley delivered her daughter Emily a few weeks after my niece Sophie was born. Tragically she took her own life as a result of postnatal illness. Her husband Chris set up a charity in her name as he wants the information and services around maternal mental health to be better. As a family they did not know how serious a condition it can be. At each milestone that we have celebrated with Sophie, it makes me aware of how sad it is that Joanne is not here to do the same with her delightful daughter. This inspires me more.

What I do want to do is explore the scenarios surrounding the (literally) life-changing and possible life creation that may or not happen in the decision to have a baby after a previously mentally unhealthy perinatal period.

Between 40% and 70% of women who experience postpartum psychosis decide not to have further children, often because of a belief that avoiding pregnancy can prevent them from experiencing further episodes of the illness.²

Having shared my experiences in *Eyes without Sparkle*, I can say that allowing other people to read and know about the personal experiences of others helps them to plan their own life and choices. I knew that this book then needed to be about more than just me!

My first approach was to ask for help and create a survey³ for people who have faced or are facing the decision to add to their families. Using the replies consequently clarified exactly what parents felt they needed to know in making the decision, what help they wanted and their own outcomes. I was overwhelmed by the willingness of others to be so open. It clearly is a dilemma that many struggle with.

We often reflect in life on past decisions and allow our brains to wander down the 'if only' or 'what if' route. I turned 50 in August 2013. I often feel that 'if I knew at 25 what I know now' my life could have been very different. What are these pearls of wisdom and how can I help others?

- Life is constantly changing. Wherever we find ourselves 'now' is exactly that – now. If we are extremely happy, there will be something that pops up to change that. If where we are right now is challenging, at some point that too will change.
- Life is very precious. We cannot guarantee our time on this planet, so make

the most of every day. *Be* where you are at any given time, with the people you are with. The curse of technology – put that mobile phone down and be in the room with present company!

- Asking for help is a sign of strength. Other people genuinely like to help as it makes them feel good. Let them.
- Sharing your woes usually helps. Be careful who with and for how long though.
- If bad or sad things happen to you, accept that it is part of life. Have your ‘wallow’, find out what will help you through, and deal with it!
- As a little girl I used to sulk if I didn’t get my own way or was unhappy about something. My dad used to say ‘the only person you hurt when you sulk is yourself’. It took me many years to realise that! It is much better to communicate your feelings and thoughts, and look at the perspectives of others.
- The power of using positive thoughts and words can be incredible.

As I write this I am in a happy place in my life. My son has just completed the first year of his degree in photography. He continues to be a huge source of pleasure and love in my life. His teenage years were not easy for him and I am proud and thrilled at the closeness of our relationship now. I have my family close by and am able to be a regular part of my niece’s life. My parents are very well and fill their retirement with their continued love and support for their children and grandchildren. Mum’s retirement hobby is entering and winning competitions that keep us all entertained and them often on their travels!

I have a varied and interesting career. I have never returned to teaching. I am delighted that I am still asked to speak at conferences and training around maternal mental health, especially to students. Due to my attendance and involvement in many organisations over the last 10 years, my knowledge of the area and of the experts within it has grown.

Due to this I am honoured that when I asked for experts to add to this book, everyone I asked agreed willingly to do so if their schedule permitted. That way I hope it will give it the credibility that my role as ‘expert by experience’ may not. I have learned about many resources and examples of good practice over the years and I am delighted that this book gives me the opportunity to share them.

My part-time role as an Executive PA for a leadership company during the last three years is ideal for my high-detail and organisational skills!

My personal life is also very happy in that I am blessed with an amazing relationship with a wonderful man! We have much to plan and look forward to.

My life may not have followed my childhood storybook ideal of family life. I have reached a content place that my purpose in life is to help others to have a mentally healthy and happy early parenthood. If that means that as a result

of this book you either do or do not add to your family, I wish you peace and contentment with your decision.

REFERENCES

1. Kleiman K. *What Am I Thinking?* Philadelphia, PA: Xlibris; 2005.
2. Bauer A, Parsonage M, Knapp M, *et al.* *The Costs of Perinatal Mental Health Problems.* London: Centre for Mental Health and London School of Economics; 2014. Robertson E, and Lyons A. Living with puerperal psychosis: a qualitative analysis. *Psychol and Psychother.* 2003; **76**: 411–31.
3. See Appendix 5 for survey questions.

PART 1

Reflection on the
previous pregnancy,
miscarriage or stillbirth



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Antenatal and postnatal mental health conditions

I felt completely detached from reality. Like I was in a bubble – behind a Perspex screen and the rest of the world was on the other side and I was totally trapped. I could see them but not reach them.

A mum

In this chapter I aim to outline some of the conditions that can happen in the perinatal period that affect mental health. As parents I hope you can identify with what happened to you and to others. For health professionals, I hope that this will help you to have a greater awareness and insight into the impact of these conditions and consequently why facing the decision to become pregnant again is likely to be difficult.

Before I became pregnant I had hardly heard of postnatal depression (PND). I may have read a small paragraph in the volumes of books and magazines I devoured whilst I was expecting, yet dismissed it as something that would not affect me. I had the misapprehension that I would be immune because my baby was desperately wanted; I was in a stable relationship; had a very comfortable home and lifestyle plus a supportive family. I had always been mentally well, was also incredibly organised and lived my life by lists! So it was a massive shock to be diagnosed with postnatal depression when my baby was four months old and to then develop puerperal psychosis three months later. I had never had any previous mental health challenges, so the whole process was a steep learning curve for me and those close to me. It is only since I suffered that I have increased my knowledge of mental illness and recognise how ignorant and wrong I had been in thinking ‘I wasn’t the type’. There seems to be a common belief that ‘it won’t happen to me’.

Of the people who responded to my survey, only around 50% of them knew anything about perinatal mental illness before or during their first pregnancy. Some were aware that ‘baby blues’ were common and that postnatal

depression existed; they knew brief details of the symptoms and that it may affect your ability to bond with your baby. Like me, none had heard of puerperal or postpartum psychosis.

Sources of information came from:

- reading books, leaflets and magazines – this usually was very sparse in mainstream pregnancy resources
- media
- internet
- friends and family experience
- antenatal classes and appointments
- GP, midwives and maternity support workers
- professional experience – as a nurse, for example.

Only a small number felt that they knew enough before they became unwell, e.g. 'Had I heard of puerperal psychosis, it would have been less of a shock to receive a diagnosis of something totally unknown to me and my husband.'

I do wonder whether, if I had been given more details about possible mental health problems, I would have absorbed it when I was pregnant. I had a slight awareness yet dismissed it happening to me for the reasons I have outlined. Maybe it would be like considering divorce options when you are getting married! You do not want to know or think it will happen to you! We must also take into consideration the fine line between keeping parents informed and giving them too much information or details which could be distressing. The balance must be to give enough knowledge and resources to help parents realise that their mental health may be affected by pregnancy and birth then give them a pathway to follow if they do need help.

Here are some other comments from parents regarding knowledge of perinatal mental health when they were pregnant and what could have been better:

- I think that PND is glossed over. In lots of baby books it is given barely a small paragraph of information. I didn't know what it was at all. To my knowledge it was prolonged baby blues. Postnatal depression isn't glamorous or idealistic when planning for the arrival of your child really is it? That's not the reality and it should be addressed to each pregnant individual.
- Better prenatal classes with realistic information; less crowded and a more in-depth talk rather than very rushed.
- More information on signs and symptoms of PND and what to do if you experience them. Also to be told I may have been more likely to suffer with it because of my previous history of anxiety.
- To know that PND isn't as clear cut as I thought. I thought if you had it everyone felt the same.
- I needed the expertise of other women and mothers but I only knew that

retrospectively. I read too many 'expert opinions' but never knew I should have made time and space to consider the situation for myself.

- Nothing as I would have skimmed over the info thinking it wouldn't relate to me. I had no reason to think I would ever have mental health problems.
- More information about the signs of PND to look out for. On the other hand, if I had read up/known too much about PND beforehand it might have made me more anxious because I would have been worried I'd get it before I even did!
- Some knowledge of puerperal psychosis. I do not find the description that PP is severe postnatal depression to be that helpful – I felt many things, but never depressed! I would like to have had a debrief on what happened during my delivery and why labour was so protracted.
- I didn't know postpartum psychosis existed. I had clear insight into the fact that I was becoming increasingly manic – I have no doubt if this condition was more widely discussed I would have sought help. It is almost completely not mentioned in any of the popular baby bibles. I know it is rare, but it happens and can be severe. I think it deserves more of a mention.
- Some way of being able to mentally prepare for the stress of looking after a newborn and lack of sleep.

Here are some of the main mental health conditions that may be identified around pregnancy:

- previous or existing conditions before and during pregnancy
 - depression
 - anxiety
 - panic attacks
 - self-harm
 - eating disorders
 - personality disorders
 - mental illness, e.g. schizophrenia
 - body dysmorphic disorder
 - bipolar disorder
 - family history, e.g. 'My mother committed suicide when I was 14 years old and her father (my maternal grandfather) shot himself in the heart a year and a half later. I was never counselled.'
 - trauma, e.g. bereavement, witnessing or being abused
 - undiagnosed conditions that emerged after the birth, e.g. onset of bipolar disorder
 - loss of a baby, miscarriage or stillbirth
 - substance abuse related
 - mental challenges due to pain, e.g. pregnancy-related pelvic girdle pain (PPGP) or symphysis pubis dysfunction (SPD)
 - hormonal conditions, e.g. premenstrual syndrome
 - thyroid imbalance

- postnatal conditions:
 - baby pinks
 - baby blues
 - mild to moderate depression
 - severe depression
 - obsessive-compulsive disorder (OCD)
 - anxiety
 - puerperal psychosis
 - post-traumatic stress disorder
 - physical difficulties as a result of birth, e.g. bladder control, mastitis, that can lead to mental health issues, such as fear of leaving home.

There are many sources of information that describe these conditions in detail. I have listed some of them in the resource section at the back of the book. Two most recent collections of journal articles concerning these disorders, screening and treatments can be found in the *Best Practice and Research Clinical Obstetrics and Gynaecology* (January 2014)¹ and *The Lancet* (November 2014).²

I think that because the range of conditions are so different and the symptoms can vary so widely, this often makes it difficult for parents and healthcare professionals to approach this area. It is not as ‘straightforward’ as some physical conditions, e.g. getting appendicitis, when there are small number of indicative symptoms and only one or two alternatives for treatment. Sometimes people do not speak out because they consider what they are feeling is possibly normal. These are some of the emotions and thoughts that parents have described to me during or after pregnancy that have impacted their mental health. Not everyone is affected by all of these! As I compiled this list there were many that I could relate to and others that did not affect me. I hope that this table (*see* p. 13) does illustrate how wide the symptoms can be and also that they vary so much in level.

Here are some more detailed examples of how early motherhood can feel.

- During the first few weeks everything seemed okay but I started to dislike my son. Everything felt wrong and the only change was having him, so it must be his fault. During the summer – I can’t remember (he was born in June) anything. My daughter started school in the September part time. I would take her then come home and hide under a blanket waiting for my son to wake and scream. I could never relax while he was asleep – I would be anxious knowing that he would wake soon. Every pregnant woman I saw, I wanted to scream at them, that they didn’t know what they had done. I felt that everyone was looking at me and talking about me wherever I went.
- My feelings? Right now I am still fighting PND, I still feel like I’m failing my daughter, like I could be a better mum. I grieve for the first 10 months that I

A range of symptoms experienced and described by sufferers of perinatal mental illness

Failure – self, baby, loved ones	Exhausted Too tired to have feelings!	Overwhelmed Stressed Anxious	Incompetent Worthless and unworthy of being a mother
Disappointment	Inability to sleep	Tearful	Helpless
Mix of disappointment and joy	Unable to relax	Panic attacks	Ignorant
Mood swings	Inability to focus Loss of memory Struggle	Nervous	Stupid Lack of confidence Unable to cope with everyday life Withdrawn Detached
Anger	Isolated	Numb	Deep level of sadness
Aggressive	Lost	Don't remember	Low
Resentment	Lonely – wanting someone to talk to	Spaced out	Depressed
Guilt	Abandoned	Dead inside	Miserable
Ashamed	Vulnerability	Emptiness	Hopeless
Bad mother			Blackness
Impatient			
Suicidal – hating life	Self-loathing at altered body image	Terror	'Going mad'
Everything felt wrong	Ugly	Scared	'Losing the plot'
Moving strangely	Loss of libido	Trapped	'Going crazy'
	Self-hatred	Unable to socialise	Never be 'normal' again
	Over or under eating		Complete mess
	Weight loss or gain		'I did not feel like me'
			'Zombie'
			'Robot'
Shock	Grief and loss – my freedom, my body, 'me', the experience	In pain – episiotomy, mastitis	Manic
Panic	I expected to have when the baby arrived	Self-harm	Excessive energy
Confused			Erratic
Desperate			Bizarre behaviour
Out of control – spiralling			Compulsive talking Catatonic Irrational Paranoid Delusional Had hallucinations

(continued)

A range of symptoms experienced and described by sufferers of perinatal mental illness

No instinct of how to soothe and care for baby	'Hitting a brick wall' Being a fraud	Concerns over loved ones	Content Happy
Baby hates me	Hostile	Doubts and challenges with relationships	Excited Powerful
Lack of attachment/ bonding		Argumentative	Special Elation
Overprotective of baby			Ecstasy
No feelings for baby			
Harsh feelings for baby, e.g. ugly			

lived in a cloud and couldn't bond with her. I can't get that time back but I try to enjoy the days I have with her now.

- Crippling anxiety interspersed with feelings of absolute despair.
- I hated life and felt there was no point to it. I rationalised my death and worked out how everyone would be better off. The anxiety was the worst part as I felt it constantly and couldn't even be left in a room on my own. I was embarrassed of my daughter as I thought there was something seriously wrong with how she looked and I used to look through baby magazines and find babies that looked more like they could be mine (I was very ill at this point). I didn't understand what had gone wrong and why I had ended up with this freak baby and I constantly plotted on how I could get Social Services to take her away.
- I can remember seeing my husband carrying the baby around and feeling jealous and alone. Separated from them by an invisible glass wall.
- I could hardly leave the house because of anxiety and would just cry and cry. I wanted to die but knew that having no mum for my children would be worse than having the awful mum that I felt I was.
- I could not face the prospect of experiencing the anxiety and lack of control over my life that I had experienced with my baby. I don't think I could have coped with a second round, even with support and help. It would have pushed me too far and I would have taken drastic action if I had another child.
- I asked my partner to leave me and take the baby so they would be free of me. People were adamant that I was having a baby boy so two weeks after the birth I found myself crying that she wasn't my baby and someone must of gotten them mixed up. Everyone kept saying 'isn't it the best' but I couldn't say out loud 'no it's not'. I was unsure my partner wanted us there and felt unsure how the relationship would turn out.
- I was terrified of being on my own with three children and how I'd cope. I also realise looking back now that my horrible, racing, non-logical thoughts started back then as well. My husband and my dad were cutting the hedge and I was

paranoid that my baby would get hurt when he was nowhere near. Then it started – the horrible thoughts that I should cut my baby’s head off. I find it very hard to talk about this as I would never have done anything to harm him at all.

- I wished that he (my baby) would die so that I could return to normal life. I felt like I was probably the only one feeling like this.

This certainly is not the outcome or pathway that we all anticipated of motherhood! This is not the image portrayed in the glossy magazines – although for many this is the reality. I believe that every parent at some point probably has at least one moment of ‘what have we done?’ yet we are led to believe that it is all plain sailing. This makes it difficult to admit your feelings if they are less than positive and is why many then suffer the guilt. I commend these ladies for being so open and honest – hopefully this will help others.

Let me add as encouragement that you can recover, which I and many others are proof of. For example:

- I am happy now! I never thought I would get out of that dark place but I did! I have to admit writing about all of this makes me feel very emotional.
- Now I feel well, mostly happy and thankful for small things.

The onset of deteriorating mental health can come at any time in the perinatal period. Studies³ do indicate a peak immediately after delivery, especially for some of the more severe illnesses such as puerperal psychosis. The stories that were shared with me covered the whole period:

- From initial discovery of pregnancy as it was unplanned and family were very unsupportive.
- At 6 weeks pregnant, I felt very positive. After seeing the doctor who asked me where I was going to give birth, I went downhill from there.
- At the delivery – although looking back I think it started about 7 months into my pregnancy. I woke up one morning with a horrible feeling of absolute dread and the realisation that I didn’t want this pregnancy anymore. I didn’t tell anyone and just assumed it was hormones.
- After the birth I didn’t feel the ‘rush’ of love that people talk about but presumed I was tired. Realistically though I knew when baby was about 4 weeks old, that I wasn’t right and things should have altered.
- I knew almost immediately I felt strange, detached almost from the first night I found it impossible to rest or sleep. My mind was constantly racing and buzzing with unpleasant thoughts of the baby falling down stairs or being taken from me. I was constantly worrying and anxious the baby might die or be taken from me.
- Five or six days after birth I mentioned to my midwife that I felt really anxious and didn’t like my son very much.

- Definitely after the first week. I started having severe panic attacks and thought I was dying!
- I didn't realise anything was wrong. I had lost my grip on reality, my husband and health visitor picked up on this around day 14.
- I didn't realise it until after my son was 3 months old. The health visitor had started making weekly visits and kept asking me to see my GP from 6 weeks. But I was determined not to be depressed or look like I was not coping. For the first 3 months I told everyone else, and myself that I just had a poorly baby.
- I think it was gradual, I remember wanting him to just not be there – no idea how this was going to happen. And then it would be better if I wasn't there, but then I would be leaving my daughter and I couldn't do that, so it was his fault.
- I didn't realise until I was diagnosed when he was seven or eight months old. I thought it would just go away but it didn't – it just got significantly worse.
- I was reading an article on postnatal depression, and kept thinking how most of the symptoms listed applied to me but I thought I was making a mountain out of a molehill and was looking for excuses for not coping.
- When I returned to work. I didn't want to leave my baby. I was anxious, very possessive of baby.
- I managed to conceal it at my 6 week GP check and so didn't ask for help until my baby was 11 months old and I was past breaking point.
- I tried to ask for help but didn't get a proper diagnosis until I had a breakdown after 24 months.
- I realised at about 3 or 4 months I think, though this is very blurry. A bit later, I confided in my partner but I did not go to the doctor until my son was around 2.

The two key messages here are that we all need to be alert throughout the perinatal period for changes in mental health and also that the mother herself may be oblivious to changes.

I asked mothers who had recognised that they were not feeling or behaving as expected.

Who recognised PMHI	Example given by a mother
Self	<ul style="list-style-type: none"> • I had tried to hide it from everyone. I felt ashamed and unable to cope. • Me (I had talked to both my husband and my mum, who had both told me to 'stop being so soft, this is what it's like with a newborn – get used to it!') • I diagnosed myself on the internet. Googled PND and did a survey on the APNI site (Association for Postnatal Illness). After utter relief at feeling I wasn't mad, I went to the doctors (and lied – I was ashamed). I then called the midwife and told her everything and she immediately made an appointment with the GP who was great.
Husband/partner/ family and friends	<ul style="list-style-type: none"> • My husband, family and friends before any professional but they didn't know what it was.
Health visitor	<ul style="list-style-type: none"> • Had a check with the health visitor and filled in a questionnaire regarding postnatal depression. • I rang my health visitor unsure of how to react to my 2 year old crying and basically showing signs of what we see in depression. She instantly said could 'he could be reflecting you' and that's when I knew.
GP	<ul style="list-style-type: none"> • Although I did have to tell the GP what was wrong with me, and the GP asked me why I hadn't pointed this out before, but I stated that as I had never had a baby before, I thought everyone felt like I did.
Other healthcare professional	<ul style="list-style-type: none"> • Probably the crisis worker at the intensive care unit where I was initially taken before I was admitted to the psychiatric hospital.
Boss	<ul style="list-style-type: none"> • I came home and telephoned my boss to say that I could not get to work, and broke down sobbing. She asked me where my baby was and I told him he was safe with his grandma. Shortly after my husband and mum turned up and I was taken to the doctors.
Charity	<ul style="list-style-type: none"> • I called the APNI⁴ helpline and spoke to a very helpful lady on the phone, who told me that I was suffering with PND and to go and see my GP. They sent me loads of information about my condition, and it made me realise that I did actually have a medical condition for the way I was feeling.
Social media	<ul style="list-style-type: none"> • I told a parenting forum where other mums urged me to see a doctor.

Some mental health issues were diagnosed quickly. Others took a while due to reluctance or denial of the mother to admit her feelings, e.g. 'I knew I wasn't right but I just assumed it was me being useless at motherhood and didn't want to admit it.' Other delays were due to the lack of appropriate action or resources from the healthcare professionals. I shall touch on this in a later chapter. The range of treatments that were offered varied depending on the severity and kind of illness and local resources.

Type of treatment	Example
None	<ul style="list-style-type: none"> None as the doctor said that I had got through the worst bit and did not need medication. I suspect I did, for my anxiety, at that point.
Medication (e.g. antidepressant, antipsychotic, sedatives)	<ul style="list-style-type: none"> I was offered antidepressants, which I took for 1 month only – I was worried I would become addicted to the medication, even on a mental level. <p>Examples – Sertraline, Prozac, Lexapro, Seroxat</p>
Support group	<ul style="list-style-type: none"> I think at first I just felt like it was just me not being good enough especially as the one time I managed to get out of the house to a baby group and everyone had perfect babies, etc. What really helped me was going to a weekly group meeting run by the perinatal mental health service and feeling that I wasn't the only person with crazy thoughts who was going mad. I felt like I was normal and supported by others.
Community psychiatric nurse	<ul style="list-style-type: none"> I had an amazing named nurse and team looking after me.
Relaxation classes	<ul style="list-style-type: none"> I was an inpatient for a number of months having therapies like art, relaxation classes.

Other treatments that were mentioned included electroconvulsive therapy (ECT), counselling, cognitive behavioural therapy (CBT), health visitor listening visits, reading and attachment sessions.

See Appendix 3 for information on screening for perinatal mental health conditions.

Of the mothers who shared their stories with me, 69% received treatment at home and 31% in hospital.

Place of treatment	Type of treatment
Home	GP consultations, health visitor support Community Mental Health team – visits, groups Crisis team Family support
Hospital	Specialist Mother and Baby Unit General psychiatric unit/ward Private clinic

Most mothers preferred to be kept with their babies if they were hospitalised, in a specialist unit as close to home as possible. These are very limited around the country.⁵ Some have commented that without the care here, they may have taken their own lives.

- Although the Mother and Baby Unit (MBU) was approximately 40 miles from home, it was the best solution for me and my baby as we could stay together. In the previous psychiatric units I was alone, with people experiencing a number of different mental health problems. I could only see my baby on arranged times and in inappropriate places such as the hospital café or a small hospital meeting room.
- I feel very bitter that I was separated from my child especially as there was a MBU at my hospital but no places at the time I needed help. I think this separation greatly added to my distress as did the surroundings in a general psychiatric unit – a new mother who has experienced physical distress during labour, plus a major operation (C-section) needs specialist care and handling at such a sensitive and precious time.

One mum commented that ‘I needed time on my own – the private clinic helped me so much – being there saved my life.’

For others being at home with their baby and surrounded by supportive family and friends was the best solution, possibly with support in the community, e.g.:

- The support groups were held in a children’s centre and being with others made me realise that I wasn’t alone, and although my thoughts made no sense, they could understand. Also that PND appears in many forms – I had always believed it was if you had suicidal thoughts.

Some sufferers do go on to make a full recovery, as I did. Others may continue to have mental health issues. Either way, we are here to look at the aspects around considering having another baby after suffering from any of the above. After reading this chapter you may have thought it would be madness! Why would you even want to go back to that place again?

- I felt like someone had taken my old life away and replaced it with a life of anxiety, lack of sleep, unhappiness and an ongoing black mood.

Some people do decide that is enough of a reason for them, and they are content with that decision. As others have gone on to have another baby, we will now look at some of the risk factors involved and whether or not they can be minimised.

REFERENCES

1. O'Hara MW, Wisner KL and Joseph GF, editors. Perinatal mental health: guidance for the obstetrician-gynaecologist. *Best Pract Res Clin Obstet Gynaecol*. 2014; **28**(1): 1–188. Available at: [www.bestpracticeobgyn.com/issue/S1521-6934\(13\)X0007-0](http://www.bestpracticeobgyn.com/issue/S1521-6934(13)X0007-0)
2. *Lancet*. 2014; **384**. Available at: www.thelancet.com/series/perinatal-mental-health
3. Doyle M, Carballado A, O'Keane V. Perinatal depression and psychosis: an update. *Adv Psychiatr Treat*. 2015; **21**(1): 5–14. Available at: <http://apt.rcpsych.org/content/21/1/5.full>
4. APNI: <http://apni.org>
5. UK specialist community perinatal mental health teams (current provision) http://everyonesbusiness.org.uk/?page_id=349

FURTHER READING AND RESOURCES

Books

- Church C. *I Blame the Hormones: a journey through female depression*. 2014. Available at: www.iblamethehormones.com/index.htm
- Martini A. *Hillbilly Gothic: a memoir of madness and motherhood*. New York: Free Press; 2008.
- Moyer M. *A Mother's Climb Out Of Darkness: a story about overcoming postpartum psychosis*. Amarillo, TX: Praeclarus Press; 2014.
- Sharrock G. *Saving Grace: my journey and survival through postnatal depression*. Bloomington, IN: AuthorHouse; 2010.

Internet

- www.beatingbipolar.org/women_and_bipolar/
- www.postpartumprogress.org
- www.mypostpartumvoice.com/
- <http://hope4ocd.com/foursteps.php>

Film/DVDs

- Emily Atef. *The Stranger in Me/Das Fremde in mir* [film]. 2008.
- *Dark Side of the Full Moon: when new motherhood meets mental health complications in America, no one is listening* [DVD]. 2015. Available at: www.tugg.com
- PSS Parent and Baby Wellness Service, Liverpool. *Our Stories: Postnatal Depression* [DVD]. Available at: www.psspeople.com/whats-happening/news/stories-dvd-sale-now

Clinical research

- Robertson P. Experiences of postpartum mood disorders of women with more than one child. *The Family J*. 2013; **21**: 435–42.

In this consensual qualitative research study, the postpartum mood disorder (PMD) experiences of 127 women who have more than one child were explored through an online survey. Implications for practice include an expansion in predictive

factors and symptoms when screening for PMD and the identification of prevention and coping strategies useful in the education and treatment of women who experience PMD. We found evidence in the Maternal Health Study that depression in pregnancy and the first postnatal year significantly decreased the likelihood that women would have a second child at the 4.5 year postpartum follow-up.

- Woolhouse H, Gartland D, Mensah F, *et al.* Maternal depression from early pregnancy to 4 years postpartum in a prospective pregnancy. *BJOG*. 2015; **122**(3): 312–21.

Our findings indicate that maternal depression is more common 4 years after a first birth than at any time in the first 12 months postpartum. Women with one child at 4 years postpartum show higher levels of depressive symptoms than women with two or more children, a difference which is in part explained by greater levels of social adversity experienced by women with one child at this time. There is a need for the surveillance of maternal mental health to extend beyond the perinatal period, to encompass at least the first 4 years of parenting, and to incorporate a focus on social health. At a time when so much attention is given to the surveillance of child health, an increased focus on maternal health is warranted, particularly given the strong connections between maternal and child health outcomes.

Training

Visit <http://marcesociety.com/resources/education/> for a wide range of training materials and resources for healthcare professionals.

Risk factors and possible causes of perinatal mental illness

Accept that all of us can be hurt, that all of us can and surely will at times fail. Other vulnerabilities, like being embarrassed or risking love, can be terrifying, too. I think we should follow a simple rule: if we can take the worst, take the risk.

Joyce Brothers

It is common knowledge that by behaving in certain ways, e.g. smoking, we can adversely affect our health and increase our risk of vulnerability to certain diseases. My own grandfather suffered a horrible death by lung cancer, probably caused by his years of smoking. As a result I made the decision many years ago that I would never smoke and I do take every effort to look after myself (although I always know I should exercise more). So it followed that I would want to maximise every opportunity for my own health and my unborn child whilst I was pregnant. Yet when I approached this condition, my mental health was never even considered by me or anyone around me. I felt I prepared myself physically by taking folic acid, avoiding alcohol and eating a healthy, well-balanced diet. I do remember at my 'booking in' appointment with the midwife, at the start of pregnancy, being asked if either I or any member of my family had suffered from mental health problems. I said no; the box was ticked; end of topic. I was so ecstatic at finally being pregnant and skipped off to read, write lists and prepare for the baby.

Had I ever been pregnant again, my mental health would have been top of the agenda. How we learn by experience and knowledge! I now know too that because I suffered from a severe mental illness after pregnancy, I had around a 50% chance of it recurring in a subsequent one.¹ I originally did not think that anyone could have suspected that I might have become so ill after having my baby. I remain grateful to this day that I did receive treatment and