

## Coping with postnatal depression: a personal perspective

Lara M Bishop

I KNEW SOMETHING WAS VERY WRONG during the last trimester of my first pregnancy. I had overwhelming anxiety; I cried continuously; I couldn't sleep; I had panic attacks; I experienced obsessive fears that I could harm my unborn child; I thought I was "going mad". I was frightened to tell anyone, certain that I must be suffering from some untreatable mental illness. I was trapped in a dark tunnel and there was no light at the end. I wanted to die!

I was desperate to understand what was wrong with me, and soon after the birth of my son I was diagnosed with postnatal depression (PND) by a psychiatrist.

Because of the stigma associated with depressive disorders, women, like me, may be reluctant to admit that anything is wrong. General practitioners are often the first people women turn to with symptoms of PND, or the first people they talk to about managing a subsequent pregnancy after they have experienced the illness. As a result, GPs play a crucial role in the provision of appropriate information and advice.

Despite the diagnosis and treatment, I did not start to get better for another 18 months. I eventually found a medication that worked well and I was admitted to a mother-baby unit for four weeks. A combination of antidepressant medication, counselling and intensive cognitive behavioural therapy (CBT) helped me to get well again. Everything I had read and seen led me to believe that motherhood was supposed to be a time of sublime happiness and contentment. The reality for me had been very different.

Despite the illness, I wanted another baby. I had recovered from PND and had been well for two years. However, I was terrified that I would experience PND after the birth of my second child, as I had been warned that, having had PND previously, there was a high chance of getting it again. It was therefore important to determine whether PND

could be prevented, or if the risk of a relapse could be managed.

Thankfully, I had help from my doctor to identify and manage the factors that may have predisposed me to developing PND again. These included:

- a family history of depression;
- having suffered from PND previously;
- being a perfectionist who worried about things a great deal; and
- my high level of anxiety.

In addition, I knew that I sometimes had dysfunctional ways of thinking, with very negative internal head talk, and that I would need to use all my CBT skills. I was fortunate to have a supportive psychiatrist, a caring GP and obstetrician, and a strong support network. I felt confident we could minimise the risk of my developing PND again.

Strategies I used included individual counselling with a psychiatrist specialising in PND; couples counselling; use of antidepressant medication (for me, it became necessary to consider the use of antidepressant medication during the second pregnancy when I developed antenatal depression — this is a very hard decision for any woman and her partner to make); CBT, which helps to challenge dysfunctional ways of thinking and promote more realistic ways of thinking; minimising stressful situations (such as moving house or changing jobs); and ensuring that the previous episode of PND had gone and that I had been well for an extended period.

The thought of another pregnancy can be frightening if a woman has previously experienced PND. However, the desire to have another child may also be overwhelming. GPs, as trusted family physicians, play a vital role in identifying and advising a woman on how to manage the risk factors associated with PND after the birth of a subsequent child.

I am happy to report that I had a wonderful birth and a fulfilling second experience of motherhood. I am sad that my first experience of motherhood was so difficult and that I missed out on enjoying my son's babyhood. However, I am confident that women, given the appropriate advice, medical support and management techniques by their doctors or specialists, can minimise the risk of PND after a subsequent birth. □

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