

Editorial

By Caroline Hollins Martin

This issue of Midwifery Matters offers unique insights into aspects of depression experienced by childbearing women and their partners during pregnancy, childbirth and the puerperium. Also included are two articles about choice provision for childbearing women.

Postnatal depression (PND) is a mental health problem that occurs post birth, when the childbearing woman experiences a period of affected mood. This can range in severity from a mild (baby blues), moderate (PND) to severe (puerperal psychosis). Baby blues is the commonest and mildest form of mood disturbance following childbirth. It is experienced by over half of all new mothers. The baby blues involves the mother experiencing irritability, feeling gloomy and episodes of crying. It is commoner in primigravidas and those who suffer from premenstrual tension. It is probably caused by the large and rapid changes in hormone levels post birth, with the condition sorting itself out without treatment other than reassurance. The experience of baby blues could be considered a relatively normal form of adapting post pregnancy.

In contrast PND is a recognisable and treatable mental health problem. A recent research report on prevalence of PND showed that 16% of new mothers developed a depressive episode within 8 weeks post delivery (Jardri & Maron, 2006). Common symptoms of PND include:

- Persistent sad, anxious or empty feelings
- Frequent crying for no apparent reason
- Feeling pessimistic
- Feelings of guilt, worthlessness, helplessness
- Feeling tense and irritable
- Tiredness and loss of energy feeling unable to complete household chores
- Insomnia, early-morning awakening, or oversleeping
- Change in appetite and/or weight loss or weight gain
- Feelings of rejection from partner, family, friends and even the baby
- Feelings of anxiety
- Feeling confused and panicky
- Loss of concentration
- Thoughts of death or suicide
- Persistent physical symptoms, such as headaches, digestive disorders, and chronic pain (McAllister-Williams, 2008)

Puerperal psychosis is a severe and relatively rare form of postnatal depression that affects 1 in every 500 women. It is more common in mothers who have previously had an episode of or have a strong family history of mental illness. Symptoms include mood disturbance, muddled thoughts and delusions that may involve hearing voices or seeing things that are not there. Puerperal psychosis requires to be treated by a psychiatrist. Whatever the type of depression, the disorder has an impact on the health of the mother (Cox & Holden, 2003) and the couple (Lovestone and Kumar, 1993).

Articles selected for inclusion in this journal take a unique approach to understanding aspects of depression. Topics include: The hidden male postnatal depression by Michel Odent; The cognitive approach to preventing and treating relationship problems that lead to postnatal depression by Caroline Hollins Martin; A tryptophan-kynurenine hypothesis of postnatal depression by Colin Martin and Adrian Bonner.

Two further articles relate to choice provision during pregnancy and childbirth. The first paper; Choices for childbirth: answer or problem is written by Julie Jomeen. The second paper presents a humorous court case contrasting approaches of two midwives towards providing care to childbearing women.

I hope you enjoy reading the articles in this edition of Midwifery Matters and that some of the papers presented will provide inspiration and improve your knowledge base.

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