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Fact Sheet 36

Postnatal distress after infertility

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What changes occur after birth?

Mood changes are one of the most prevalent postpartum complications in women following labour and delivery. Considering that depression is relatively common and has such serious complications, it's surprising that more attention has not been paid to this complex problem. In general the following categories of mood changes can occur:

- **Maternal blues with an onset within three days following delivery and disappearing several days to weeks later.**
- **Postpartum depression which has an insidious onset after birth and may carry a high risk of suicide.**
- **Postpartum psychosis which starts early (usually within the first three days) and may be confused with maternal blues at first.**

Maternal Blues

Between 30-70 per cent of new mothers will experience maternal blues (otherwise known as postpartum blues). This is a mild syndrome which is usually experienced by women in the first week to ten days after delivery. Symptoms include crying, anxiety, lack of sleep, poor appetite, irritability and mood disturbances. Because so many women are discharged early from hospital, this condition usually occurs at home once a mother has left medical care. Normally, anticipation of problems and support are all that are required for management of postpartum blues. When symptoms of depression or blues are intense, consultation with a medical practitioner should follow. There is no known cause for this condition although it does appear to repeat in consecutive pregnancies. There has also been a suggestion that high antenatal progesterone concentrations predict postpartum blues but definitive evidence is not available for this.

Postpartum depression

Postpartum depression may occur in up to 20 per cent of women where a mild depressive episode at six weeks post delivery may be detected. There are obvious difficulties in detecting depression in the postpartum period. For example weight loss, menstrual change, sex drive, changes in appetite and change in general interest may be quite normal. Sleep disturbance is a good indicator of depression but it's important to determine that the cause of the sleep disturbance is worry rather than frequent waking of the baby. There are some clear factors that contribute to postpartum depression. These include older and younger women, those whose partners are unsupportive, previous mental illness and thyroid gland abnormality. It is important that all women with postpartum depression are checked for an underactive thyroid and associated antibodies to the thyroid gland.

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Postpartum psychosis

This is a terrible experience for a new mother and leads to psychiatric hospitalisation. In the most severe cases it can lead to death of the infant or maternal suicide. Postpartum psychosis may present as hallucinations or delusions, overactivity, disorganised speech and thoughts and bizarre behaviour.

Treatment depends on the classification of the disorder. Those dealing with women with postpartum blues should be aware of the prevalence of this condition and the need for adequate support by family and health care providers. The condition will disappear within a few days to weeks and mother and baby should be fine thereafter. Postpartum depression may require the use of antidepressants following delivery. Patients with a first episode of major depression may need treatment with antidepressants until symptoms have completely disappeared. Those who had a previous episode of postpartum depression may need prophylactic treatment. The safety of breast feeding during maternal treatment with antidepressants has not been clearly established although some antidepressants appear in breast milk. Advice needs to be gained from a psychiatrist or a health care provider. Postpartum psychosis needs psychiatric management with admission to an appropriate institution until medication is effective.

In summary postpartum mood disorders of a mild type are common and women need to be aware that this is a physiological response to the experiences of pregnancy, labour and delivery. Prolonged depression or psychosis needs urgent attention by the family and medical professionals.

What about my fertility treatment?

- There is apparently no increased risk for the infertile woman.
- If mood changes are prolonged, the thyroid status needs to be checked.
- Hormone treatment around birth does not appear to improve rates of mood changes.
- If necessary, antidepressants can be used for a short period.

What about my emotions?

The anticipation of motherhood, when this is part of a woman's dream, is an exciting time. For one out of seven women of reproductive age, the dream does not become a reality as easily as expected. Some of these women will seek fertility treatment as they work towards making the dream a reality.

For some, this is an isolating, frustrating and emotionally draining experience. The process can have a debilitating impact on a woman's sense of herself, particularly her 'femaleness'.

Given this context, becoming pregnant using fertility treatment will usually be an exciting but scary time. This, of course, can also apply to women who conceive without fertility treatment. The transition to motherhood, regardless of the manner of conception, is a major one and it can be accompanied by intense changes in mood. These have already been described and, at times, postnatal distress is also used as a term to describe some of these emotional reactions to motherhood.

Anecdotal evidence suggests that if mothers whose babies have been conceived with fertility treatment express any disappointment with the experience or difficulty in coping with their baby, they are not well supported. Those around them appear to take the view that because this has been the dream for so long, the reality should be embraced unconditionally and the new parents should 'enjoy it and get on with it'. This can both reinforce their feelings of inadequacy and also prevent them from seeking professional advice.

While there has been some research on the prevalence of postnatal distress generally, very little has been done specifically taking into account the fact that the conception has occurred with the assistance of fertility treatment.

One Australian study which has taken this into account, however, has shown that the measure of postnatal depression was not different for mothers whose babies were conceived using IVF treatment compared with a control group who had not had fertility treatment. In a meta-analysis of rates and risk of postnatal depression generally, low social support and stressful life events were found to be amongst the strong predictors of risk.

In conclusion, then, given that fertility treatment is inevitably a stressful process and social support is often not forthcoming (or at times not sought), it seems even more significant that postnatal distress is no more common in women who have had fertility treatment than in those who have not had to take this path.

References

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