

Mothers suffer from perinatal blues, too

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By Alicia Wong

They are a 'growing concern', but many women decline treatment

SHE was cranky and constantly craved her husband's attention — but she thought it was because she was pregnant, and those traits would go away in time. After all, this was her fifth pregnancy, and the previous four had gone smoothly.

But after having difficulty breastfeeding her one-week-old baby boy due to an earlier fever, Madam Chong's emotions took a turn for the worse.

"I was disappointed and very frustrated," the 39-year-old housewife shared. This soon escalated into insomnia.

The final straw came when she woke up in near-hysterics one night. "That's when I realised something was not quite right," she said.

Mdm Chong was later diagnosed at the National University Hospital with perinatal anxiety — severe anxiety from pregnancy till the end of the first postnatal year.

"I felt relieved that I wasn't going crazy," she said

Mothers with perinatal anxiety or perinatal depression are a "growing concern", since women today often juggle many responsibilities, said Dr Cornelia Chee, a consultant at NUH's department of psychological medicine.

Biological reasons aside, many women develop depression because of psycho-social factors. It includes juggling the demands of work and baby, marital conflicts, financial reasons, or a lack of support from family members.

Perinatal depression affects 10 to 15 per cent of women worldwide, while 13 per cent of pregnant women and 12 per cent of postnatal women have an anxiety disorder.

Less is known about perinatal anxiety, but a depressed expecting woman could end up having a premature baby or a baby that is born smaller than it should be. A depressed mother is also less likely to bond well with her child.

Common signs of perinatal anxiety would be if the mother was unable to control her worrying, panic attacks ranging from a few times a day to once a year and developing an obsessive-compulsive disorder; in particular, obsessing over the baby's health.

Mothers suffering from perinatal depression tend to experience a more severe form of normal sadness. They do not enjoy things like they used to, are unable to fall asleep even if tired, and encounter excessive guilt. In rare cases, they even entertain fleeting thoughts of suicide.

It is "certainly possible" that women suffering from perinatal depression or anxiety would be put-off from further pregnancies, though evidence is anecdotal so far, said Dr Chee.

Perhaps, due to the stigma associated with mental or emotional health or low awareness of the problem, many mothers are not proactively seeking help, said Dr Chee.

A 2005 study led by Dr Chee found that out of 599 mothers, 68 were diagnosed with a clinically-significant mood

disorder before giving birth. Even though the figures halved postnatally, ultimately only three sought help at a healthcare provider or family service centre.

The findings of this study led to the establishment of the NUH Women's Emotional Health Service (WEHS), a free screening programme offered to all pregnant patients. It tests for perinatal depression, with indicators for anxiety as well.

The expecting mothers are screened using a questionnaire four times throughout their pregnancy: Three times during the three trimesters and once after giving birth.

Since the service started last March, the NUH has screened 2,600 patients.

Even then, many declined to see a case manager or psychiatrist when tested positive for depression.

Of those screened, 600 had registered a high positive and 450 a low positive for perinatal depression. However, only 100 of the 1,050 women agreed to see a case manager for counselling or further advice. Of this 100, 30 sought psychiatric help.

Still, it is an improvement from two years ago, where Dr Chee would see just two to three cases a year.

Anxiety treatment includes counselling and sedatives, and depression treatment includes anti-depressant drugs.

While NUH is the first to proactively screen expecting mothers, other hospitals do treat such cases on a referral basis.

Under the NUH programme, nurses are also taught to recognise signs of depression and refer mothers to the doctor.

The idea is to catch depressed mothers early on in their pregnancy, so that the hospital can engage them earlier and plan for the delivery and postnatal care, Dr Chee said.

The WEHS hotline is 6772 2037 or email wehs@nuh.com.sg.