

Postnatal Depression in New Zealand and Feedback on Maternal Mental Health Services

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First Survey of Mothers with Postnatal Depression

From September 2012 – October 2013 Mothers Helpers conducted an anonymous online survey using the survey tool “Survey Monkey.” Mothers Helpers approached Plunket New Zealand, midwives, General Practitioners and non-Government organizations to promote the survey and used social media such as Twitter and Facebook. Mothers across New Zealand who had Postnatal Depression at any stage between 2007 and 2013 were asked to participate. 100 mothers responded.

10 Questions were asked:

1. How old was your baby when you started having symptoms of postnatal depression?
2. When did you get help/were formally diagnosed?
3. Where did you hear about postnatal depression?
4. Once you discovered you had postnatal depression, were you given adequate information about what it was?
5. What treatment options were explained to you when diagnosed?
6. What risk-factors did you have for postnatal depression?
7. What help/resources have you accessed to help your postnatal depression?
8. What age were you when you were diagnosed with postnatal depression?
9. Which baby did you get postnatal depression with?
10. How did postnatal depression affect you and those around you?

How old was your baby when you started having symptoms of postnatal depression and when did you get help/were formally diagnosed?

The choices in both cases were during pregnancy, first week after birth, baby 3 months old or less, baby 3-6 months old, baby 6-9 months old, baby 9-12 months old.

34% said they started experiencing symptoms during pregnancy yet only 10% were diagnosed during pregnancy.

29% said they started experiencing symptoms in the first week after baby was born yet only 5% were diagnosed at that time.

The remaining 24% said they started experiencing symptoms when baby was 3 months old or less, 6% when baby was 3-6 months old, 4% when baby was 6-9 months old and 3 % when baby was 9-12 months old yet at 3-12 months. Despite 63% of women experiencing symptoms during pregnancy or their first week post partum, 85% of women were not diagnosed till much later with 30% at 3 months post partum or less, 17% at 3-6 months post partum, 10% at 6-9 months post partum and 27% at 9-12 months post partum. One respondent said she was not diagnosed until her baby was 18 months old.

Where did you hear about Postnatal Depression?

Respondents could choose any of the following answers that applied to them: a friend, a midwife, antenatal class, a family member, plunket and their GP.

31% said they heard about Postnatal Depression from a friend and 27% from a family member.

40% said they heard about Postnatal Depression from their midwife. 60% did not.

36% said they heard about Postnatal Depression from antenatal class. We are unsure of the 100 respondents how many mothers attended antenatal class.

30% said they heard about Postnatal Depression from Plunket. 70% did not.

35% said they heard about Postnatal Depression from their GP. 65% did not.

Once you discovered you had Postnatal Depression, were you given adequate information about what it was?

33% said yes it was very informative.

36% said it was "ok"

22% said they had only a little (not much information)

9% said no

What treatment options were explained to you when diagnosed?

Respondents were asked to choose all that applied and options given were prescription medication, herbal/natural medication, diet, exercise, counselling and support groups.

92% prescription medication

8% herbal/natural medication

24% diet

42% exercise

69% counselling

48% support groups

What risk-factors did you have for postnatal depression?

We asked respondents to choose any/all that applied of the following choices of risk factors: young mother (under 22 years of age), single mother, relationship/marriage problems, financial difficulties, previous depressive episode, genetic history of depression in their family, no family support, traumatic birth experience, breastfeeding problems, sick baby (including colic/reflux). Only 4% did not choose any of these.

10% were a young mother (under 22 years of age)

8% were a single mother

27% had relationship/marriage problems

43% had financial difficulties

59% had a previous depressive episode

50% had a genetic history of depression in their family

28% had no family support

46% had a traumatic birth experience

48% had breastfeeding problems

46% had a sick child (including colic/reflux)

What age were you when you were diagnosed with postnatal depression?

1% under the age of 20

21% aged 20-25

22% aged 25-30

39% aged 30-35

16% aged 35-40

1% aged 40-45

Which baby did you get postnatal depression with?

We asked respondents to choose all that applied. The options given were first baby, second baby, third baby and fourth baby and there was room to leave a comment for an alternative – one alternative given was one mother experienced Postnatal Depression with her 2nd and 3rd child who were twins.

76% experienced PND with their first baby

41% experienced PND with their second baby

13% experienced PND with their third baby

3% experienced PND with their fourth baby

How did postnatal depression affect you and those around you?

We asked respondents to choose all that applied with room to make a comment under “other” should there be other factors that occurred as a result of their postnatal depression. The options we gave were relationship/marriage problems (strain/fighting), relationship/marriage breakup (separation/divorce), difficulty bonding with baby, overwhelming anxiety and isolation, guilt and low self-esteem, irritability/moods affecting friendships and relationships, unable to carry out basic cares for yourself, unable to carry out basic cares for baby, thoughts of suicide, thoughts of harming baby, self-harm, suicide attempt, shouting at baby, physically hurting baby, CYFS had to take baby for a time, hospitalized (psychiatric unit).

65% had marriage/relationship problems

9% resulted in relationship/marriage breakup through separation or divorce

50% had difficulty bonding with baby

82% experienced overwhelming anxiety and isolation

90% experienced guilt and low self-esteem

83% said irritability/moods affected their friendships and relationships

40% were unable to carry out basic cares for themselves

19% were unable to carry out basic cares for their baby

41% had thoughts of suicide

22% had thoughts of harming baby

16% self-harmed

8% attempted suicide

33% shouted at baby

3% physically hurt baby

0% CYFS had to take baby for a time

8% were hospitalized in a psychiatric unit

Second Survey of Mothers with Postnatal Depression

From September 2012 – May 2014 Mothers Helpers conducted an anonymous online survey using the survey tool “Survey Monkey.” Mothers Helpers approached Plunket New Zealand, midwives, General Practitioners and non-Government organizations to promote the survey and used social media such as Twitter and Facebook. Mothers across New Zealand who had Postnatal Depression at any stage between 2007 and 2014 were asked to participate. 100 mothers responded. These were not necessarily the same mothers that responded in the previous survey [Appendix 2]

We asked the following 6 Questions:

1. When were you given information on postnatal depression?
2. When you were given information on postnatal depression prior to your having it, was it adequate?
3. Did anyone assess you for postnatal depression?
4. What gaps do you think are in the maternal health sector when it comes to postnatal depression?
5. Have you accessed community/charity groups providing maternal support?
6. Referring to previous question – of those community groups you have accessed – did you find them helpful or unhelpful? Why/why not?

When were you given information on postnatal depression?

We asked respondents to select all answers that applied.

58% said they were given information on Postnatal Depression during their pregnancy.

38% said they were given information on Postnatal Depression after birth.

50% said they were given information on Postnatal Depression at the time they went for help.

When you were given information on postnatal depression prior to your having it, was it adequate?

20% said yes

39% said it was “ok”

21% said no

20% said they did not receive information until they went for help

Did anyone assess you for postnatal depression?

We asked respondents to choose all options that applied and offered the following choices: the midwife, the plunket nurse, the GP, Mothers Helpers and ‘no one assessed my symptoms.’

28% said the midwife suggesting that 72% were not assessed by their midwife.

21% said the plunket nurse suggesting that 79% were not assessed by their plunket nurse (they may have been assessed by Tamariki Ora or other well child nurse however none of the comments indicated this was the case)

43% said the GP suggesting that 57% were not assessed by their GP

34% said that no one assessed their symptoms

Under “other” comments included assessments made by a range of other health professionals not in the primary care setting but in the hospital setting such as Maternal Mental Health, mental health worker, Psychiatrist etc.

One respondent indicated that her psychotherapist assessed her symptoms.

What gaps do you think are in the maternal health sector when it comes to postnatal depression?

We asked respondents to choose all answers that they believed to be gaps in the maternal health sector and gave them room to comment on other gaps not already suggested.

10% saw no gaps in the maternal health sector and “had really good information/care”

41% said insufficient information [about PND] prior to birth

37% said insufficient information [about PND] after birth

58% said insufficient information about help/resources available

59% said insufficient practical support

38% said no one assessing them for depression

41% said no information on where to go for help if they needed it

41% said not given a full range of treatment options

44% said insufficient monitoring of their depression

Have you accessed community/charity groups providing maternal support?

20% sought support from La Leche League

63% sought support from an online PND Support group via facebook

33% sought support from the Postnatal Distress Support Network

17% sought support from Bellyful

17% sought support from Mothers Helpers

Under “Other”:

1 Respondent sought support from Affinity, Auckland

1 Respondent sought support from PND Wellington

2 Respondents sought support from “Mothers Matter” support group in Christchurch

1 Respondent sought support from a Plunket Postnatal Adjustment Programme

5 Respondents sought support from an online forum

3 Respondents sought support from Plunket – one specifically from a Postnatal Adjustment Programme and one specifically from the Plunket Family Centre

1 Respondent sought support from Te Rawhiti

1 Respondent sought support from Family Start

1 Respondent sought support from Parent Aid

1 Respondent sought support from Mamaternity Charitable Trust

11 Respondents did not seek support services from any community/charity groups

Referring to the previous question – of those community groups you have accessed, did you find them helpful/unhelpful? Why/why not?

With the exception of six negative comments, out of the 89 respondents that sought support from community or charity [not-for-profit] groups, the remaining 83 had only positive feedback regarding their experiences and stated they were helpful. Specific feedback will be passed on to the specific organizations privately.

Summary & Conclusions

Assessment and Diagnosis

These survey results indicate a delay in diagnosis and getting help to a mother with Perinatal Depression symptoms particularly in the ante-natal stages and first week post-partum when a mother is under the care of a Lead Maternity Carer (usually a midwife). 63% of women started experiencing symptoms during pregnancy or one week post-partum and another 24% within the first three months post-partum (totalling 87% of women) yet only 19% of women were diagnosed in the pregnancy stage or first week post-partum and 30% of women diagnosed within the first three months post-partum. 55% of women were not diagnosed till later – sometimes much later with 27% at 9-12 months old.

Only 4% of mothers had no risk factors. Significantly, 59% had a previous depressive episode, 50% had a genetic history of depression in their family, 28% had no family support, 10% were a young mother (under 22 years of age). These were high predictors for depression and easily detected during pregnancy if sufficiently assessed. In addition, 27% had relationship/marriage problems, 8% were a single mother, 43% had financial difficulties which are also high predictors of postnatal depression but we cannot know whether these issues surfaced prior to or following the birth of their baby.

In the second (separate) survey, only 28% said they were assessed for depression by their midwife, 21% by their Plunket Nurse and 43% by their GP. 34% said they were never assessed at all. Therefore, judging from these figures, it is likely that delayed diagnosis and consequently delayed treatment is occurring due to a low rate of assessment occurring by all Perinatal Health Professionals in the Primary sector right across the board but particularly low are assessments by midwives and Plunket nurses. This may have improved since Plunket nurses started assessing mothers using the PHQ3 screening tool introduced in 2010.

Information

The results from the first survey show that the greatest source of information about Postnatal Depression was friends and family with 58% saying this is where they heard about Postnatal

Depression. Only 40% heard about Postnatal Depression from their midwife, 30% from their Plunket nurse and 35% from their GP. 36% said they heard about Postnatal Depression from their antenatal class but unfortunately we do not know how many attended antenatal classes to gauge whether sufficient information is being passed on about postnatal depression in these classes. This clearly shows that midwives, plunket nurses and general practitioners are not adequately passing on information about postnatal depression.

In the second survey we tried to establish how soon the women were given information about postnatal depression. 58% said they were given information on postnatal depression during their pregnancy, 38% said they were given information on postnatal depression after birth and 50% said they were given information on postnatal depression at the time they went for help. Again, unfortunately we do not know how many of these women attended ante natal classes, but certainly it would indicate that information about postnatal depression is not being passed on by their lead maternity carer with 42% not having received information about postnatal depression during pregnancy. It would also indicate gaps of information-giving by well child nurses and therefore, gaps in the promotion of awareness of postnatal depression which affects early detection of postnatal depression. Only 50% of mothers were given information at the time they went for help. This directly affects their ability to recover fully.

Regarding the information the women did receive once they were diagnosed with depression, only 33% of mothers in the first survey said that it was very informative, 36% said it was “ok” but 22% said they had only a little (not much information) and 9% said it was not adequate indicating that 1 in 3 women were not given adequate information at the time they went for help. In the second survey, we asked more specifically whether the information they were given prior to their having postnatal depression was adequate with just 20% saying yes, 39% saying it was “ok” and 21% saying it was inadequate and a further 20% saying they didn’t receive any information at all about postnatal depression until they went for help. Therefore, in terms of promoting awareness and early detection, 41% of mothers were not being adequately educated about postnatal depression prior to them experiencing it.

These results show gaps in the delivery of information promoting awareness and early detection, gaps in the delivery of information at the time a mother goes for help for postnatal depression symptoms which affects how fully she recovers from postnatal depression and shows that even if she is given information, 41% of information was inadequate.

Treatment

The vast majority (92%) of mothers diagnosed with postnatal depression were given the option of prescription medication for their depression. Comparatively, just 69% were given the option of counselling showing 1 in 3 were not despite clinical guidelines indicating this should be offered as a

first stage prior to considering the option of prescription medication, and despite studies indicating that a woman with postnatal depression recovers more quickly with the combination of prescription medication and counselling. Only 8% discussed alternative options in the form of herbal/natural medication. Despite studies showing the impact and benefits diet and exercise have on depression just 24% of mothers discussed diet and 42% of mothers discussed exercise as part of their treatment.

These results show that General Practitioners are focusing on prescription medication as the main form of treatment for postnatal depression and are not holistic or comprehensive in their delivery of treatment options to mothers with postnatal depression. Studies show very clearly that women with postnatal depression will not fully recover from it by just taking prescription medication without other lifestyle changes and interventions such as counselling, and this would indicate that General Practitioners are not following best practice guidelines in their treatment.

With only 48% of mothers indicating they were given information about existing support groups for mothers with postnatal depression, it seems that at least half of General Practitioners and other health professionals are not referring mothers to agencies that can provide mothers with further information, assistance and support.

Concluding Statements

The results of these two surveys indicate that assessment in the ante natal and post natal stages and passing on of information about postnatal depression during pregnancy, after birth and at the time a mother seeks help is inadequate. It also indicates that treatment of postnatal depression isn't as effective as it could be and that there are significant gaps in each of the three areas. It also indicates that primary health providers such as General Practitioners and Midwives are not following best practice guidelines. It is possible that there are also gaps in the educating about postnatal depression in ante natal classes, but the data does not give adequate information to determine this. It is also difficult to say whether well child (specifically, Plunket) services have improved since their service changes in 2010.

The results of inadequate assessment, information and treatment affect mother, family and child significantly and the impact of this could be prevented with improvements in these three areas. More research reviewing our current delivery of perinatal mental health services in the primary (community) sector is warranted.

