

# Mental disorders are common for new parents, but new parents don't know that

4 February 2021, by Karyn Ayre and Abigail Easter



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Having a baby is often a source of great happiness, but not always. Many new mothers experience mental disorders, and this can be an extremely distressing and stigmatizing experience.

Sometimes when new mothers experience [mental disorders](#), it leads to [feelings of guilt](#) about being "a failure" and the development of (usually unfounded) worries that it might lead to removal of the child. This may relate to the idealization of motherhood in society; that there [has arguably become](#) an expectation that women experience "uninterrupted joy and rewarding sacrifice."

And while there is not yet enough research on the impact of COVID-19 on maternal mental health, many aspects of the pandemic—such as [social isolation](#), reduced face-to-face healthcare, worry over infection—may have made the last year [particularly hard](#) for new mothers.

## Perinatal depression

Mental disorders during pregnancy or the year following childbirth—which together are known as "perinatal" mental disorders—affect around [one in five](#) women. In fact, those mental disorders that don't involve symptoms of psychosis are one of the

[most common](#) of all possible complications of childbearing.

The most common mental disorder childbearing women experience is depression, often with anxiety. Despite the common societal notions about motherhood, the evidence suggests that childbearing is [not protective against depression](#). At any point during pregnancy and the first three months after birth, around [one in ten women](#) will experience it.

Although the term "postnatal depression" has become increasingly familiar over recent years, around a third of cases start in pregnancy. Of women depressed in pregnancy, [around a third](#) will have been depressed before they got pregnant.

No matter what lockdown measures are in place, it is vital that new and expectant mums across the UK receive the [#PerinatalMentalHealth](#) care they need.

This means protecting existing services and urgently addressing gaps: <https://t.co/cbUNZ5kMPt#PleaToPLAN> [#EveryonesBusiness](#) <pic.twitter.com/mxBbPnH415>

— Maternal Mental Health Alliance (@MMHAlliance) [January 5, 2021](#)

There is no single cause for [perinatal depression](#). [Many factors](#) are thought to contribute but the pathways are not fully understood.

The major psychological contributor is a prior history of depression. The biggest social contributors are experiencing [domestic violence](#), [low socioeconomic status](#) and major negative life events. Biologically, women with genetic

predisposition, chronic physical illness and more children appear to be at higher risk as well.

Aside from the distress of depression itself, untreated persistent depression can be associated with [long-term implications](#) for the physical, emotional and cognitive development of the child, although these effects are not inevitable.

Although rare, suicide among new mothers is [a leading cause](#) of death in the year following childbirth, particularly among women who are experiencing mental illness.

Despite this, it is important to note that most current evidence is based on data that wasn't collected by following women and children longitudinally over time, so inferring cause and effect is difficult. The mechanisms of any link between perinatal depression and child development are [poorly understood](#). The idea that a woman's behavior may negatively impact her child [has been highlighted](#) as a facet of "mother blaming culture"—the pathways involved are of course far more complex.

### **What can be done?**

Depression is a treatable condition. The first step is recognizing the problem. This can be hard, especially given the stigma still attached to pregnancy-related mental disorders. NHS England is currently rolling out [£365 million](#) of funding to expand perinatal mental health services across the UK, which will help many more [women](#) access support.

Depending on the severity of the depression, the impact on the woman and her [treatment preferences](#), there are a range of treatment options that can be tailored to suit each person. These include guided self-help resources and talking therapies. Decisions around medication must be individualized and the risks and benefits carefully balanced. Care can be managed by a woman's GP or, in more severe or complex cases, she can be referred to a specialist mental health service.

There is also increasing understanding of the role of partners in relation to maternal mental health and [the mental health of partners themselves](#). The

overall prevalence of depression in fathers is estimated to be around [8%-10%](#).

Despite this, fathers [often experience](#) stigma and lack of access to mental health support. Similar to depression among new mothers, [research shows](#) depression in the months following childbirth can also impact on father-infant interactions and child development.

Conversely, increased social support and paternal involvement has been associated with reduced maternal depression and a positive impact on child development. This points to an increasing understanding of the importance of a whole family approach to supporting those with perinatal mental disorders, as well improving support and interventions for partners experiencing depression related to childbirth. The needs of [same-sex parents](#) must also be recognized.

Depression around the time of childbirth can be a common experience for new mothers, and although often overlooked, partners can also experience [depression](#) during this time too. Evidence-based treatments exist and improving early access to support for new families is paramount if the longer-term mental health and wellbeing of new parents and families is to improve.

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