

**ITEC****VTCT**

Unit Specification

UMH5 – Understanding post-natal depression

Unit reference number: R/618/6284

Level: 2

Guided Learning (GL) hours: 9

Overview

Learners will develop an understanding of post-natal depression. Learners will explore what is meant by the terms post-natal depression, the possible causes and the impact that post-natal depression has on the individual and others. Learners will also explore the management and support options that are available for people suffering from post-natal depression.

Learning outcomes

On completion of this unit, learners will:

LO1 Understand post-natal depression

LO2 Understand the causes of post-natal depression

LO3 Understand how post-natal depression can affect individuals and others

LO4 Understand how to manage and support people experiencing post-natal depression

Unit content

LO1 Understand post-natal depression

Know what is meant by the term post-natal depression

Taught content

- Postnatal depression is a type of depression that many parents experience after having a baby
- Post-natal depression is often defined as depression occurring within the first year following childbirth. (Dennis & Dowswell 2013)
- Other relevant terminology:
 - Perinatal depression – a mood disorder that can affect women during pregnancy and after childbirth
 - Prenatal depression – depression that begins during pregnancy
 - Postpartum depression – depression that begins after the baby is born, sometimes used instead of postnatal depression
- Postnatal depression facts and figures
 - Depression is a relatively under-recognised condition during pregnancy and postnatally. In pregnancy depression and anxiety are the most common mental health problems affecting around 12-13% of women (NICE Clinical Guideline 2014)
 - It is a common problem, affecting more than 1 in every 10 women within a year of giving birth
 - <https://www.nhs.uk/conditions/post-natal-depression/>
 - Being a single parent and socioeconomic deprivation increases the rate of prevalence of postnatal depression (NICE Clinical Guideline 2018)
 - Low mood after childbirth (sometimes called 'baby blues') is very common, occurring in 30% to 80% of women in the first weeks (NICE Clinical Guideline 2014)
 - Around 30% of women remain unwell beyond the first year after childbirth and there is high risk (around 40%) of subsequent postnatal and non-postnatal relapse (NICE Clinical Guideline 2014)
 - Common false beliefs about depression, in the postnatal period, include the idea that its symptoms and effects are always less severe and that it usually goes away by itself (NICE Clinical Guideline 2018)

Know the difference between 'baby blues' and post-natal depression

Taught content

- Baby blues refers to low mood after childbirth usually presenting after the second or third day after childbirth and typically resolves by the 5th day
- It is relatively common and are considered to be normal emotional changes and responses post childbirth
- It is usually mild and transient and needs to be differentiated from clinical depression in the post-natal period

- Symptoms can include:
 - Insomnia
 - Fatigue
 - Overwhelmed
 - Tearfulness
 - Anxiety
 - Irritability
 - Impairment of concentration
 - Mood lability (Open to change)
- Generally no specific treatment is required
- <https://cks.nice.org.uk/topics/depression-antenatal-postnatal/diagnosis/differential-diagnosis/>
- If mood changes and feelings of anxiety or unhappiness are severe last longer than 2 weeks, a woman may have post-natal depression
- Post-natal depression symptoms are the similar as those for depression. To differentiate, post-natal depression symptoms are usually there for most of the time and for a period of at least 2 weeks or more
- Women with post-natal depression generally will not feel better unless treatment is provided <https://www.nimh.nih.gov/health/publications/perinatal-depression/index.shtml>

Know the signs and symptoms of post-natal depression

Taught content

- The symptoms of post-natal depression can vary from person to person. Some of the more common symptoms include:
 - Low mood. Tends to be worse first thing in the morning, but not always
 - Lack of interest or enjoyment generally
 - Lack of interest in yourself and your baby
 - Lack of motivation to do anything
 - Often feeling tearful
 - Feeling irritable a lot of the time
 - Feelings of guilt, rejection, or not being good enough
 - Poor concentration (like forgetting or losing things) or being unable to make a decision about things
 - Feeling unable to cope with anything
 - <https://patient.info/mental-health/postnatal-depression-leaflet>
 - Sleepless. Some women may feel tired but may not be able to fall asleep
 - Appetite changes. Either not eating or comfort eating
 - Anxious
 - This may be overwhelming and may include:
 - your baby is very ill
 - your baby is not putting on enough weight
 - nowhere is clean or safe enough for your baby
 - your baby is crying too much and you can't settle him/her

- your baby is too quiet and might have stopped breathing
 - you might harm your baby
 - you have a physical illness
 - your PND will never get better
- Avoiding other people
- Hopeless: You may feel that things will never get better
- Thoughts of suicide and self-harm
- Psychotic symptoms: A small number of women with very severe depression develop psychotic symptoms. This is sometimes referred to as postpartum psychosis
- <https://www.rcpsych.ac.uk/mental-health/problems-disorders/post-natal-depression>

LO2 Understand the causes of post-natal depression

Know the risk factors and possible causes of post-natal depression

Taught content

- Many possible risk factors may be present for developing post-natal depression. There appears to be no one single factor
- Risk factors are grouped into social, psychological and biological risk factors (Howard et.al. 2014)
 - Social risk factors
 - Socioeconomic status
 - Exposure to trauma, negative life events and stress, e.g. relationship issues, loss of job, bereavement
 - Domestic violence
 - Migration status
 - Relationship and social support. Low partner support, marital difficulties
 - Reproductive intention
 - Psychological risk factors
 - Personality traits: high neuroticism
 - Prior psychopathology:
 - depression or anxiety in pregnancy
 - Post-traumatic stress disorder (PTSD), traumatic experiences before, during pregnancy or childbirth
 - Family history of any psychiatric illness
 - Eating disorders. These may be present prior to pregnancy or may appear post pregnancy. Possibly due to factors such as disordered eating due to baby's routine
 - Substance misuse
 - Biological risk factors
 - Multiple births
 - Chronic illness or medical illness
 - Pre-term birth, low birth weight

LO3 Understand how post-natal depression can affect individuals and others

Know the effects of post-natal depression on the mother and baby

Taught content

- The symptoms outlined above maybe experienced fully or partly
- It can be difficult for the mother to address these due to the following factors
 - The pressure to be happy and excited
 - Feeling like you have to be on top of everything
 - Worried you're a bad parent if you're struggling with your mental health
 - Worried that someone will take your baby away from you if you are open about how you're feeling
- Post-natal depression may influence the way you feel about your baby
 - Feeling guilty that you don't feel the way you expected to
 - Feeling that you may or may not love your baby
 - Not feeling close to your baby
 - Finding it hard to work out what your baby is feeling, or what your baby needs
 - Resenting the baby or blaming the baby for the way you feel
- <https://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/about-maternal-mental-health-problems/>

Know how post-natal depression can effect friends and family

Taught content

- It can be very frustrating and upsetting for friends and family of somebody experiencing post-natal depression
- This can be exacerbated by lack of understanding of the condition or if the individual experiencing post-natal depression doesn't wish to seek help
- This may be due to them feeling judged or viewed as a bad parent
- The signs and symptoms outlined above may be experienced by the friend or family member and impact them in different ways
- The partner may feel left out and therefore resentful
- Fathers can experience depression after the birth of the baby. This may be more likely if the mother has post-natal depression
- <https://www.rcpsych.ac.uk/mental-health/problems-disorders/post-natal-depression>

LO4 Understand how to manage and support people experiencing post-natal depression

Know how to reduce the risks of post-natal depression

Taught content

- Psychosocial and psychological interventions have been shown to significantly reduce the number of women who develop postpartum depression
- Promising interventions include the provision of intensive, professionally-based postpartum home visits, telephone-based peer support, and interpersonal psychotherapy
- Types of Psychosocial interventions
 - Antenatal and post-natal classes. The mother is also encouraged to include partner
 - Home based visits by both either professionals or lay people or telephone support
 - Telephone support provided by women who have had post-natal depression
 - Early post-partum follow up care
- Types of psychological interventions
 - Cognitive behavioural therapy
 - Interpersonal psychotherapy
- General advice can include:
 - Try not to do too much, try not to get over tired
 - Make friends with other women who are pregnant or who have just had a baby
 - Find somebody to talk to
 - Be prepared to accept help from friends and family
 - Tell others how you are feeling
 - Make a Wellbeing Plan
 - Don't stop taking anti-depressant medication
 - If you have had depression before keep in touch with your GP and health visitor as early recognition of symptoms is valuable
 - <https://www.rcpsych.ac.uk/mental-health/problems-disorders/post-natal-depression>

Know the treatments available for post-natal depression

Taught content

- The Nice guidelines provides a detailed road map of treatments available dependent on the mothers symptoms
 - <https://cks.nice.org.uk/topics/depression-antenatal-postnatal/management/postnatal-new-episode/>
- Treatments include:
 - Talking treatments
 - Medication
- Talking treatments
 - Some mothers find it easier to talk to a trained professional rather than a friend or family member. Talking therapies access can vary across the NHS trusts

- Cognitive behavioural therapy can be very useful in helping a mother understand her thoughts and feelings and explore ways to alter these
- Interpersonal therapy. Helps the individual identify problems with relationships with family and friends and how they may relate to the condition
- Guided self-help. Using a range of self-help media based along the same lines as cognitive behavioural therapy
- Medication
 - If the depression is severe or talking therapies have not proved successful, then a range of medications is available e.g. antidepressants
 - A combination of medication and therapy is sometimes used. An overview of medications is available at the NICE guidelines as above

Know the organisations available to help with the management and support of post-natal depression

Taught content

- NHS. A GP can provide access to specialist antenatal care. The NHS also provides access to perinatal mental health services. These include specialist nurses and doctors based in a dedicated hospital ward known as a mother and baby unit
- Community mental health teams (CMHTs) and crisis teams
- Voluntary organisations and charities. For example:
 - The Association for Post-Natal Illness (APNI) is the leading organisation in its field. It is a Registered Charity (No. 280510) and it was established in 1979 to: Provide support to mothers suffering from post-natal illness Increase public awareness of the illness
<https://apni.org/>
- National Institute of Mental Health – brochures and factsheets on perinatal depression
<https://www.nimh.nih.gov/health/publications/perinatal-depression/index.shtml#pub3>
- Mind – explains post-natal depression and other perinatal mental health problems
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/causes/>

Guide to taught content

The content contained within the unit specification is not prescriptive or exhaustive but is intended to provide helpful guidance to teachers and learners with the key areas that will be covered within the unit and relating to the kinds of evidence that should be provided for each assessment objective specific to the unit learning outcomes.

Assessment requirements

1. Knowledge outcomes

Learners must complete an external theory examination for this unit. This will consist of a multiple-choice question paper which is mapped to the relevant assessment criteria stated below. The theory examination will test the knowledge and understanding from across learning outcomes 1, 2, 3 and 4.

Learners should use the unit content sections of this unit to aid revision since exam questions will test the full breadth of content over time.

Learning Outcome	Assessment Criteria	Assessment requirement
LO1 Understand post-natal depression	1.1. Describe what is meant by the term post-natal depression	External theory examination
	1.2. Differentiate between 'baby blues' and post-natal depression	
	1.3. Describe the signs and symptoms of post-natal depression	

Learning Outcome	Assessment Criteria	Assessment requirement
LO2 Understand the causes of post-natal depression	2.1. Outline the risk factors and possible causes of post-natal depression	External theory examination

Learning Outcome	Assessment Criteria	Assessment requirement
LO3 Understand how post-natal depression can affect individuals and others	3.1. Explain the effects of post-natal depression on the mother and baby	External theory examination
	3.2. Describe how post-natal depression can affect friends and family	

Learning Outcome	Assessment Criteria	Assessment requirement
LO4 Understand how to manage and support people experiencing post-natal depression	4.1. Describe how to reduce the risks of post-natal depression	External theory examination
	4.2. Describe the treatments available for post-natal depression	
	4.3. Outline two organisations available to help with the management and support of post-natal depression	

Document History

Version	Issue Date	Changes	Role
v1.0	01/04/2021	First published	Product and Regulation Manager