



Talking Therapies

Workbook...

Workbook 12

Perinatal and postnatal CBT

A self-help guide



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What is perinatal depression and anxiety?

Perinatal depression and anxiety

People often expect to feel overjoyed after having a baby. However, you may not feel like this to begin with, which can be particularly distressing when you have been looking forward to having your baby.

A new baby is a huge change, involving physical exhaustion and extra worries. It can be difficult to balance the demands of work and parenthood. These feelings can last for some weeks or some months.

The term 'perinatal' means around the time of birth – both before and after.

Although depression and anxiety is thought to be most commonly experienced by new mothers after the birth, some women experience depression or anxiety during pregnancy.

The 'baby blues'

At least half of all women get the 'baby blues' two to four days after having their baby which is often regarded as normal.

During this time, you may feel emotional, have sleep difficulties or your appetite may change. It's believed the 'baby blues' are triggered by changes in hormone levels. Although this may be distressing, it's important to know that it doesn't always last long – usually up to a week – but if you feel like this for longer, it is important you ask for help.



What is postnatal depression and anxiety (PNDA)?

Introduction

At least one in ten women experience postnatal depression and anxiety (PNDA), usually when the baby is between four and six months old although this can happen at any time throughout the first year. Partners and fathers can also be affected.

It can come on gradually or very rapidly. Parents who experience PNDA sometimes feel afraid to tell health visitors about the way they feel because they are worried it will lead to their children being taken away or that they will be perceived to be a bad parent – this is not the case! PNDA is more common among those who have experienced depression before or whose partners are also suffering from PNDA.

What causes PNDA?

There is no known single cause of PNDA. We do know that risk factors can include:

- **Physical, emotional and social adjustments needed after having a baby.** The demands of having a new baby can be completely overwhelming for anyone.
- **Social factors** such as lack of support, unemployment, housing problems and stressful life events.
- **Difficult pregnancy experience, traumatic birth and/or. health problems** for the mother afterwards.
- **Previous mental health difficulties** such as depression.
- **Family history** of mental health problems.
- Having a baby who was **born prematurely** or is not well.
- **Difficulties breastfeeding.**
- **Expectations** of being a parent not being met.



Treatment for PNDA

The most effective treatments for PNDA are therapies such as Cognitive Behavioural Therapy and antidepressant medication.

When we feel low or anxious particularly after such a major change, we can sometimes think it might go away on its own. This might not always be the case and reaching out for help can be beneficial to normalise that feeling this way after having a child is normal.

If you think you have PNDA it is important to reach out to those close to you and share with them how you are feeling so that they can offer help and support. It is also important to talk to your GP, health visitor or midwife as they have specialist knowledge within this area.

Being a parent is a tough job. Although it can be rewarding, it can drain you physically and emotionally and take its toll on relationships.

What is CBT (Cognitive Behavioural Therapy)?

Cognitive Behavioural Therapy (CBT) is one form of psychological treatment that focuses on the 'here and now'.

It helps us to identify the ways we think (**cognitions**) and the things we do or don't do (**behaviours**) when we are feeling low or anxious. Once your thoughts and behaviours have been identified you can then implement CBT tools to make positive changes and therefore improve your mood.

CBT, as a self-help approach, has been proven to be one of the most effective ways of improving our wellbeing, and has been endorsed by the National Institute of Clinical Excellence (NICE; www.nice.org.uk) as a recommended treatment option for PNDA.



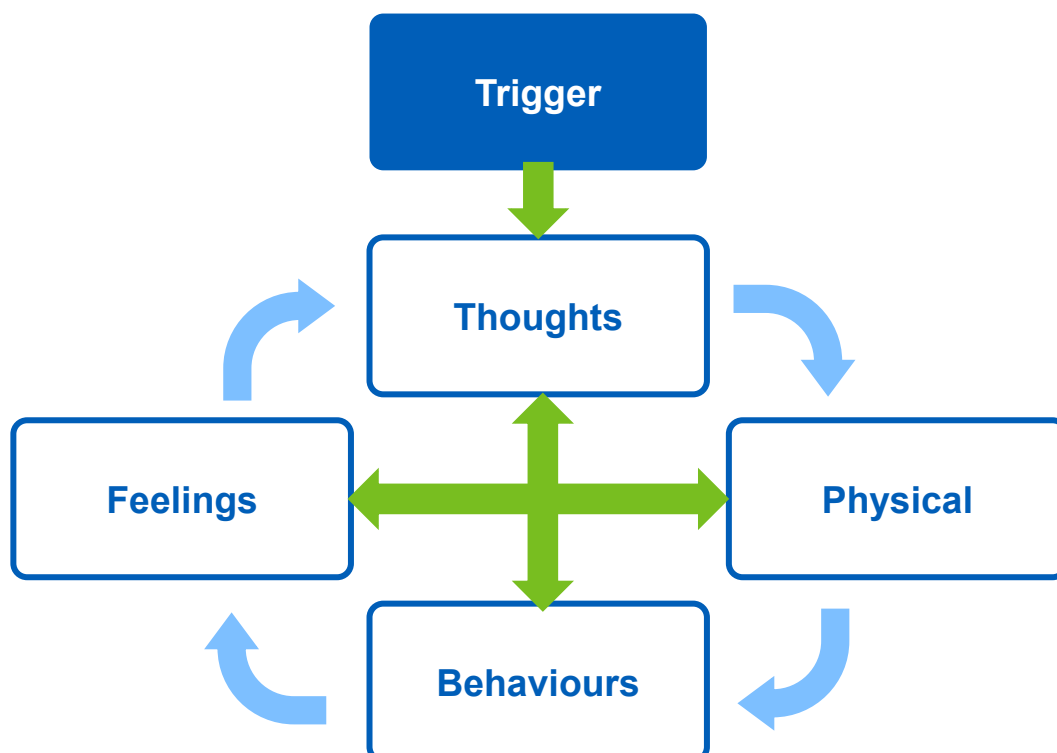
Introducing CBT

How does CBT work?

CBT can help you to make sense of overwhelming problems you may be facing in everyday life by breaking them down into smaller and manageable segments. This makes it easier to see how they are connected and how they might affect you. These segments are:

- **Situation** – an event or difficult aspect of your life.
- **Thoughts** – things going through your mind.
- **Feelings** – the emotions you might be experiencing.
- **Physical reactions** – the physiological sensations in your body.
- **Behaviour** – the actions you might/might not follow through.

Each of these different areas often affects the others. The way in which you think (**thoughts**) about a problem can affect how your body reacts physiologically (**physically**) and emotionally (**feelings**). It can also alter what you do about it (**behaviour**). A simple way of showing this process is in the form of a hot-cross bun.



Introducing CBT

What does treatment look like?

CBT is different from other therapies in that it relies on the person engaging with it to complete tasks outside of the sessions, in order to learn the skills and techniques required to make changes to how they think, feel and behave.

These skills and techniques are what help us to build our toolkit for use now, and in the future, especially if left unchanged.

With your Psychological Wellbeing Practitioner (PWP) you will break down each problem into the separate parts within the hot cross bun (page 6). The PWP will then guide and support you to consider how to change unhelpful thoughts and behaviours. After you have identified what you can/need to change, your PWP will recommend 'homework' so that you can practice these changes in your everyday life. At each session, you will discuss how you've been getting on and your PWP will help with suggestions if any tasks don't seem to be helpful.

How effective is CBT?

It is one of the most widely used talking treatments in the NHS due to its large evidence base.

It has been proven to be an extremely effective treatment for common conditions such as anxiety, depression, panic, agoraphobia and specific phobias and is as effective as antidepressants for symptoms of depression.



Introducing CBT

10 Key facts about CBT – ‘change view’

- **C**hange your thoughts and actions.
- **H**omework to help you practice the skills.
- **A**ction to make realistic change.
- **N**eed to identify your main difficulties.
- **G**oals to work towards and achieve.
- **E**vidence that CBT works successfully.

- **V**iew events from another realistic angle.
- **I** can do it: a self-help approach.
- **E**xperience testing out your beliefs and anxieties.
- **W**rite it down and track your progress.



Depression

What is depression?

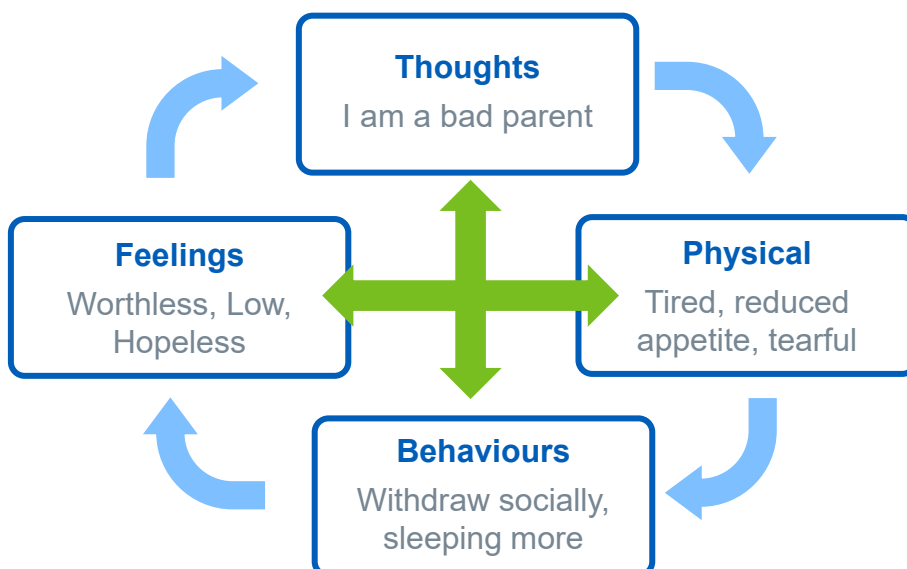
Feeling fed up and low in mood is a normal part of life. This is especially true when it is in response to an upsetting or difficult event or situation.

Usually, the reasons for us feeling low in mood are clear (e.g. a stressful situation, a relationship difficulty such as feeling let down by someone, or a practical problem) and the drop in our mood only lasts for a short period of time.

Occasionally a person's mood may seem to drop for little or no obvious reason, and it may be difficult to know why initially. In some cases, depression can worsen and completely dominate the person's life.

When someone feels very low for more than two weeks, day after day, week after week, this is called a depressive illness. When depression occurs like this, it affects the person's mood and thinking. It can also lead to altered behaviour and cause a range of physical symptoms in their body.

Example – Depression 'hot cross bun'



Depression

Signs and symptoms

When struggling with perinatal or postnatal depression you may experience one or more of the following symptoms:

How you might feel:

- Sad or low
- Tearful for no apparent reason
- Worthless
- Hopeless about the future
- Indifferent to your baby
- Irritable or angry
- Guilty

How you might behave:

- Loss of concentration
- Disturbed sleep
- Reduced appetite
- Lack of interest in sex
- Loss of motivation
- Difficulties with memory

How you might physically feel:

- Drained
- Tense
- Tired
- Headaches
- Muscle aches

How you might think:

- I'm a bad parent
- I can't cope
- Things aren't going to get better
- I don't feel comfortable with my baby
- I miss my old life

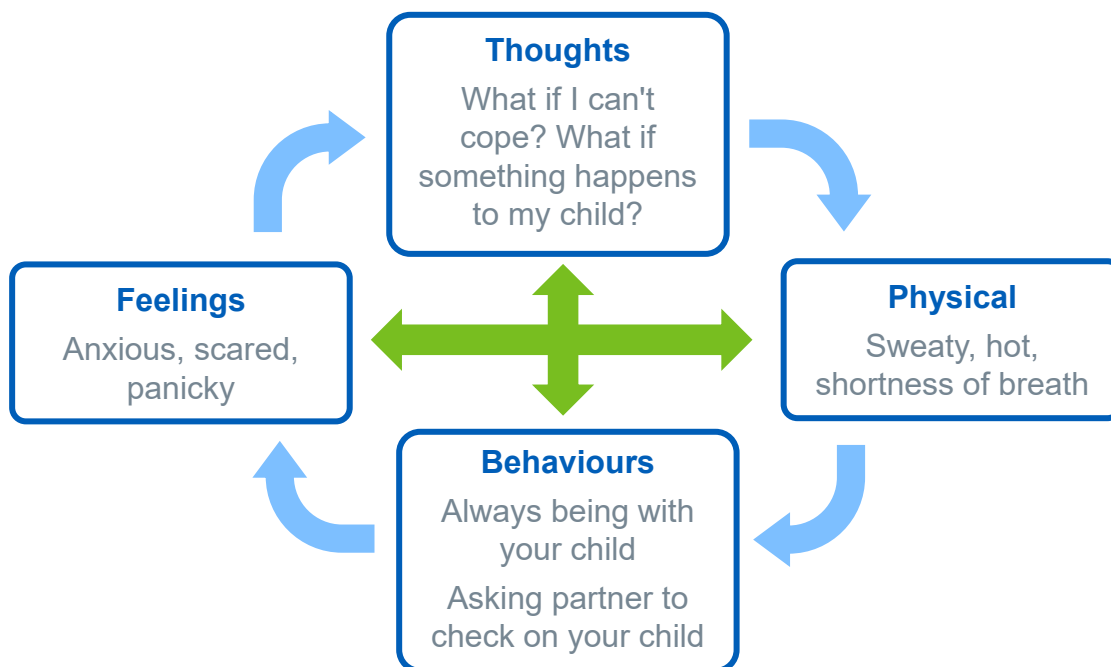
Anxiety

What is anxiety?

Anxiety is a normal and natural response to situations that we perceive as threatening. Everyone experiences anxiety, although the level of anxiety and the situations in which it presents itself can differ from person to person.

Anxiety can also be in the form of worry. Worry can be defined as a type of self-talk in which we predict that negative events will happen in the future and over-estimate the possibility of the 'worst case scenario'. Worrying thoughts tend to be characterised by 'what if?' statements, e.g. 'What if my baby cries?' 'What if people think I'm a bad parent?'

Example – Anxiety hot cross bun



While many people are aware that you become depressed after having a baby, it's less well known that many women experience anxiety during and after pregnancy. It's common to experience depression and anxiety together.

Anxiety

Signs and symptoms

When struggling with perinatal or postnatal anxiety you may experience one or more of the following symptoms:

How you might feel:

- Scared
- Worried
- On edge
- Nervous
- Panicky

How you might behave:

- Always staying with your child
- Always checking on your child
- Not able to relax

How you might physically feel:

- Fidgety
- Shaky
- Sweaty
- Heart racing
- Breathing faster
- Nauseous

How you might think:

- What if something happens to my baby?
- What if my baby cries?
- What if others think I'm a bad parent?

It is rare but some women are so afraid of giving birth that they don't want to go through with it, even if they really want to have the baby. A severe fear of childbirth may also affect their decision on how to give birth to their baby. This is called **Tokophobia** and it can happen in any pregnancy.

If this is something you relate to, please speak to your PWP about further support with this.

Why do we feel anxious?

Fight or flight

Anxiety serves a very important function: to protect us from danger. When we are faced with a threat our bodies produce a surge of adrenaline that equips us to deal with that threat. This is commonly referred to as ‘fight or flight’.

Imagine this scene: A caveman is out hunting for his dinner when he is faced by a hungry tiger. What does he need to do in order to survive? He needs to either fight the tiger off or run away.

In order to fight or flee, the body must prepare itself in a number of ways:

- **The brain** sends messages to the body to pump adrenaline into the bloodstream and large skeletal muscles of the arms and legs.
- **The heart** then pumps faster and needs more oxygen so our breathing rate increases.
- **The body** needs to cool down so it may sweat, causing clamminess or capillaries come to the surface of the skin, resulting in blushing. To be as light as possible, there may be a need for the bowels to empty or frequent urination to occur.

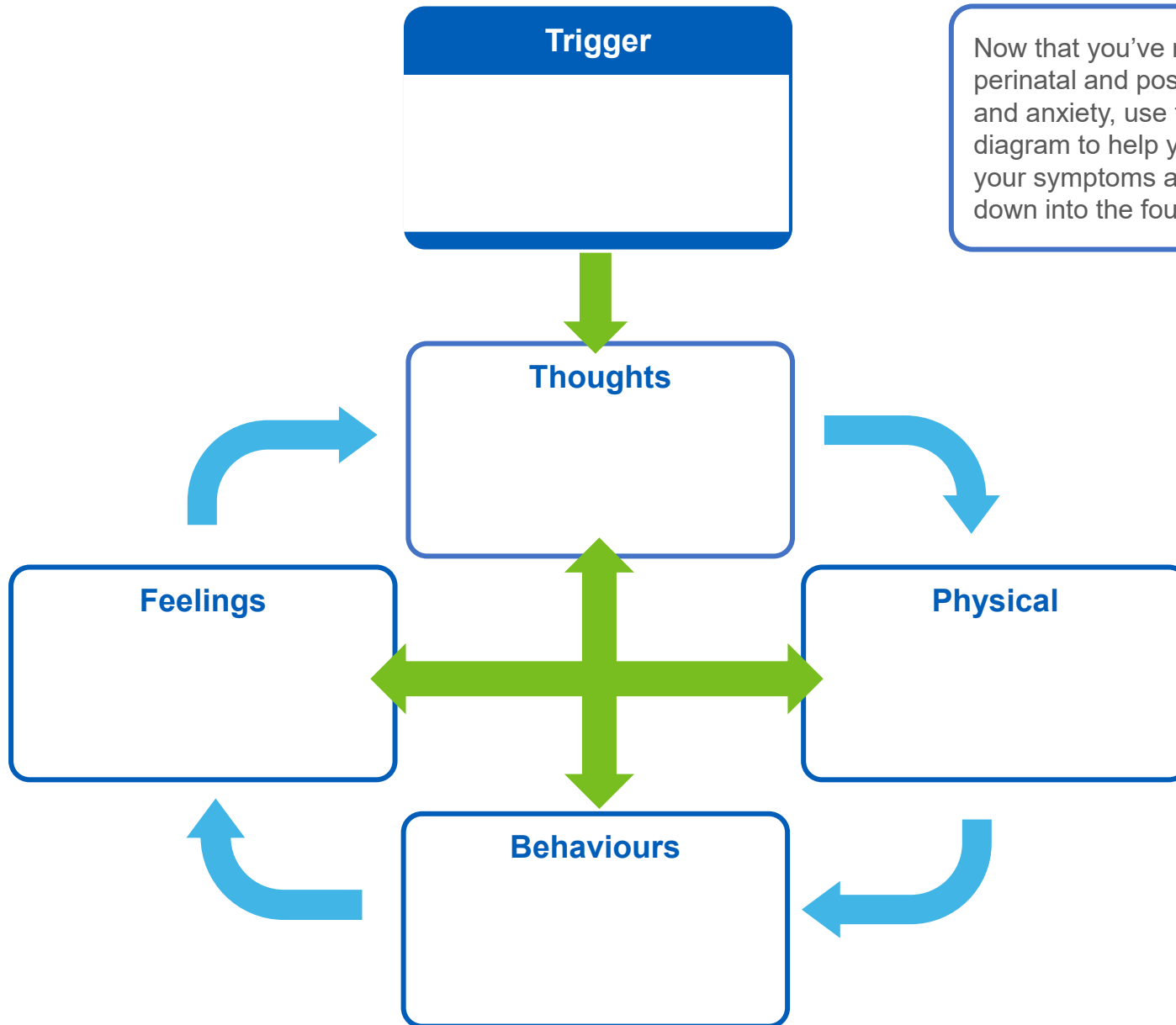
In our modern, daily lives, it is very unlikely that we will be faced with hungry tigers – but we are still exposed to real or imagined threats or stressors, and our bodies respond to these in the same way as if we had come across a hungry tiger. If the situation is not physically threatening (e.g. giving a presentation) this response is not helpful for coping with the situation and can actually be quite frightening.

When does fight or flight become a problem?

Anxiety becomes a problem when it starts to interfere with our ability to function in daily life. This can happen when we begin to perceive neutral, safe situations as threatening. People who suffer from anxiety tend to overestimate the threat in certain situations, and at the same time underestimate their ability to cope with that threat. This leads to the person feeling overwhelmed or out of their depth.



My symptoms



Now that you've read about perinatal and postnatal depression and anxiety, use the below empty diagram to help you understand your symptoms and break them down into the four sections.

Goal setting

What are your goals?

Now that you've started to understand how you are feeling, you can start to think about what needs to change in order for you to feel happy and healthy with your baby.

Setting goals is an important part of your treatment as it will help you to focus on what you need or would like to work towards. Goals also help to give you a sense of achievement when you accomplish what you have been aiming for.

When we are experiencing symptoms of depression or anxiety around having a baby, the baby becomes our whole focus in life which can make us neglect other areas. Most people find it helpful to have different types of goals to work towards to make your life more balanced.

When planning your goals, it is important to make sure they are **SMART**.

- Specific
- Measurable
- Achievable
- Realistic
- Time-focused

Example: "I will aim to go for a brisk walk for 30 minutes on Tuesday and Thursday evenings this week."

This goal is **specific** as it states what needs to be done; it is **measurable** as you will clearly know whether you have done it or not; it is **achievable** and **realistic** as it doesn't include a huge feat such as running a marathon; and it is **time-focused** as it specifies for how long on each occasion and by when the goal will be met.



My SMART goals

Use the spaces below to list the SMART goals you would like to work towards during your treatment.

My SMART goals	
SMART Goal 1:	
SMART Goal 2:	
SMART Goal 3:	
SMART Goal 4:	

Self-care

The importance of self-care

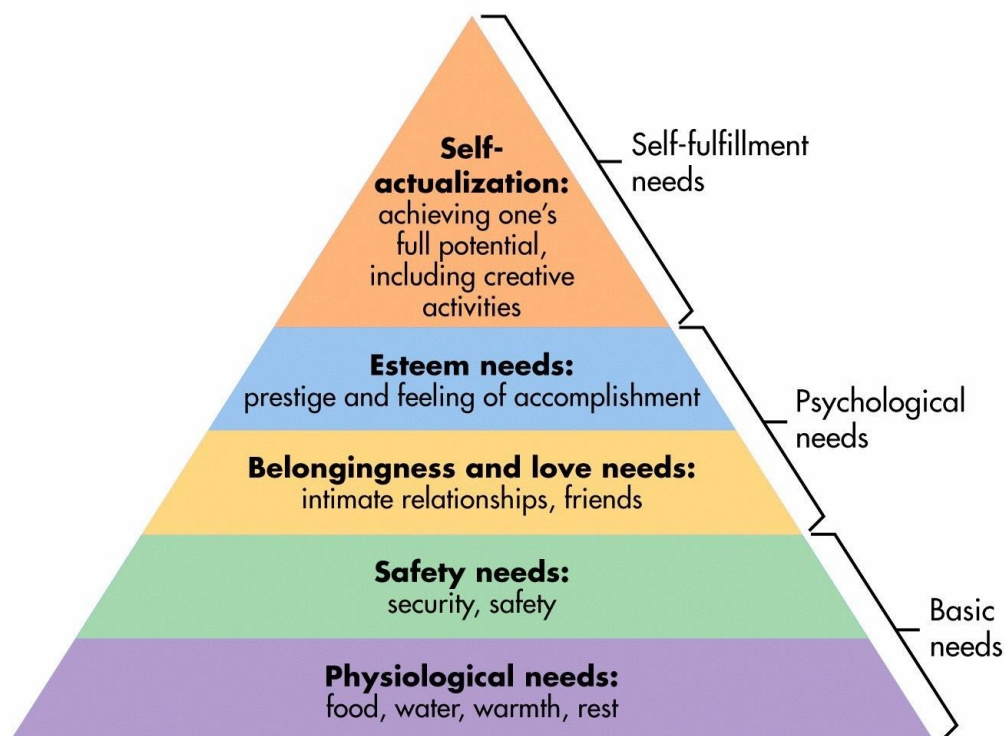
On a plane you're advised to fit your own oxygen mask first before helping your child. Similarly, it is important to take care of your own needs first to manage baby's needs.

Sleep can be uncomfortable when you're pregnant and difficult when you have baby. It's important that you identify whether you're not sleeping for practical reasons, such as needing to wake up to feed baby, or if it's because you're so worried that you can't sleep.

A CBT technique called Behavioural Activation can help you better manage your routine by making small behavioural changes for a positive impact on your mood. For pregnant people or parents, it can be as simple as having a wash, improving eating habits and asking your support network for practical help.

Maslow's hierarchy of needs

Psychologist Maslow designed the below "hierarchy of needs" and we can only satisfy the higher needs once the foundation needs have been met.



Further resources

Workbooks

- **[An introduction to overcoming](#)** – A range of short workbooks on depression/anxiety problems written by a variety of authors for different workbooks.
- **[Centre for Clinical Interventions \(CCI\)](#)** – A range of detailed resources and PDF workbooks available to download for free focusing on a range of depression and anxiety related difficulties.
- **[Northumberland, Tyne and Wear NHS](#)** – Self-help guides free to download by PDF and print on a range of difficulties including anxiety and depression.

Websites

- **[NHS](#)** – A wide range of mental health information and advice
- **[MIND](#)** – Mental health advice and support.
- **[Association for Postnatal Illness](#)** – Provides support to mothers suffering from postnatal illness.
- **[CRY-SIS](#)** – Provides self-help and support for families with excessively crying and sleepless babies.
- **[National Childbirth Trust](#)** – Advice, support and counselling on all aspects of childbirth and early parenthood.
- **[PANDAS](#)** – Support groups, online community and blog information for PNDA.
- **[Dads Matter](#)** – Support for both mums and dads with mental health difficulties after becoming parents.



Useful contacts...



Talking Therapies:

0300 365 2000

(Open 8am to 8pm Monday to Thursday
8am to 5pm Friday)

Email:

talkingtherapies@berkshire.nhs.uk

Other contacts:

Berkshire Mental Health Services: **0300 365 0300**

Berkshire Crisis Team: **0300 365 9999**

(24 hours, specialist service for
immediate mental health crisis)

Samaritans:

116 123

(24 hours, confidential listening service)

NHS Direct / out of hours:

111

(24 hours, physical and mental
health concerns)

In an emergency always call 999

