



Am I depressed, stressed or maybe both?

Melanie Taylor

Melanie is a psychologist and trauma therapist practising in Melbourne who has a special interest in the trauma associated with difficult and premature births. She has previously written two articles on birth trauma for Premie Press

Post Natal Depression and Post Traumatic Stress Disorder

Mothers of premature babies have been through a traumatic time that can range from "just" giving birth a little early with no complications to a nightmare delivery with your life and/or that of your baby(ies) in the balance. This can be followed with days, weeks and sometimes months in NICU and SCN on a roller coaster, with a continued sense of either knowing that there will be difficulties in the future or worrying that there might be.

At the very least, you have had a shock and an outcome that

wasn't the one that you had planned on hearing the news that you were pregnant. To react with aspects of PND or PTSD is sometimes part of the process of coming to terms with the experience of premature birth. For some mothers, depending on a complex interaction of factors, there may be full blown PND and/or PTSD. There is no shame in this and it is not a personal failing of

At the very least, you have had a shock and an outcome that wasn't the one that you had planned

character. Although the research for PTSD in relation to premature birth is in its infancy, my guess is that it is not uncommon and will be better recognised in the future. The most important thing is not to suffer in silence but to get help.

This article gives a very brief overview of Post Natal Depression and Post Traumatic Stress Disorder as they apply to birth trauma. It looks at what they are, how commonly they occur, and what can be done about them. The literature on PND is substantial; the recognition of birth trauma as a trigger for PTSD is more recent and the research literature is small but growing.

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From the President

Hello again everybody,

I hope all our Austprem dads had a great Fathers Day and were able to spend some time with their miracle babes (big or small). The DH (darling husband) of our house got breakfast in bed, but then had to share it with James (8), Hannah (5) and Connor (1). I'm not sure who had the most fun, but needless to say there was lots of crumbs in the bed!!

Austprem held its second AGM on 21st September 2003 in the Austprem Chat room. Many new faces were welcomed into Austprem's Development Group and we thank all the Development Group for giving so freely of their time and enthusiasm. Your Austprem Development Group members are: Leanne Uwland, Kirsten Burkitt, Nadine Jones, Cath Harding, Narelle Austin, Anne Casey, Catrin Pitt, Anita Stergiou, Cathryne McDonagh and Junelle Rhodes.

We have created some new positions in the Development Group and each

state now has its own Representative (with the exception of ACT, SA, NT and Tas - if anyone wants information or wants to fill these vacant positions, please let me know). The State Rep will be responsible for organising and co-ordinating Austprem's activities in their state. If you have any suggestions for activities or want to talk to your State Rep, please email us at austprem@austrprem.org.au. To check out who is the State Rep in your state please refer to the listing at the end of the Newsletter.

The date for the next Austprem Get-Together is set for Dec 7th 2003. Keep an eye on the Forum for the time and place of the get-together in your state. It is always exciting to put a face to the names of the folk you know so well. It is a busy time of year, but please join us, if only for a little while.

I wish everyone a Merry Christmas and safe New Year.

Leanne

From the Editor

Hi all,

This issue we have covered a topic that I am sure most of us have heard of and perhaps even suffered from Post Natal Depression. I know I did and I guess I still have "blue" moments now.

We felt that this was a topic that wasn't talked about enough which is why we decided to focus on it. Thanks to those who submitted their experiences of PND it helps to know there are others out there.

With Christmas fast approaching we have also included a link to a story by a member about her experiences having a baby in hospital over this time of year.

Also in this issue are our survey results; thanks to everyone who participated.

As well as all of that are our regular features, birthdays, book and journal reviews.

Enjoy the holidays and looking forward to a happy and healthy New Year for us all.

Catherine

Post Natal Depression and Post Traumatic Stress Disorder

What is Post Natal Depression?

Let's start with what PND is not. Its not the 'baby blues'. The 'baby blues' affects up to 80% of women within a few days of giving birth and lasts for only a few days. The symptoms include feeling emotionally upset and fragile, teary and anxious. While the cause isn't known it is thought to be linked to the changes in hormone levels as the body adapts back to its non-pregnant state.

It is estimated that between 10 – 20% of mothers will have PND in the first year after giving birth.

Postnatal depression is about feeling tired, having no energy or motivation, having difficulty getting things done (or started), not being bothered with things that were previously enjoyable, being forgetful, irritable, teary, and blaming yourself for everything that has gone or is going wrong, including how you are feeling. There might be worry about your child's health, over and above what might be expected in the circumstances. There may be anxiety and a lack of interest in your baby. Sleep might be affected (not because of the baby!) either sleeping too much or not being able to get off to sleep. Appetite can be affected, either eating more or less than usual. It is common that women experiencing PND feel guilty or ashamed about having these

feelings, thinking that they should be (and everyone else is saying that they should) be happy. This can stop women from seeking help.

When does it start?

Officially, PND begins within the first four weeks after birth. However some clinicians accept an onset of depression up to one to two years after the birth as being postnatal depression. It is estimated that between 10 – 20% of mothers will have PND in the first year after giving birth. If there is a previous history of depression, including depression associated with previous pregnancies, then the likelihood of PND with future births is increased.

Post Natal Depression and Post Traumatic Stress Disorder

What causes it?

There are two schools of thought about what causes postnatal depression. In practical terms, most clinicians will combine both models, with varying emphases depending on the person.

The first is a medical model that explains PND as being the result of the hormonal and biochemical changes surrounding pregnancy and birth. It also emphasises that some women will have a genetic predisposition to PND.

The second is a more psychosocial explanation. This viewpoint emphasises the role of past issues and a mother's present circumstances and way of coping. Such factors as an anxious predisposition, a need for perfection, a high need for control, previous depression, previous childhood sexual abuse, lack of social support, money worries, relationship difficulties, unresolved grief from previous life events, personal feeling of inadequacy, and very high ideals of how a mother should behave are contributing features in this model. I have found that added to this for mothers of premature babies is the grief that comes from the loss of the dream of a full-term pregnancy, normal birth, and immediate afterglow period with feelings of contentment and happiness. There can also be feelings of inadequacy as a mother for "failing" to carry a child until term.

Symptoms usually begin within the first 3 months of the trauma, though there may be a delay of months or even years before symptoms appear.

What can help?

Sometimes, just finding someone like a GP or M&CH nurse who listens sympathetically will be helpful. Other times it will help to talk to a qualified counsellor such as a psychologist who will help you work through the feelings and thoughts that are troubling you. In more severe instances, an in-patient service such as a mother-baby unit at a hospital will get the best results.

In my experience, what is useful depends on the severity of the depression and its main focus. For instance if the difficulty is a sense of isolation, then finding some community links will be most supportive. If it is a problem with a partner, then finding an environment (such as some sessions with a relationship therapist) where your concerns can be voiced and addressed will provide the most immediate relief. If it is about negative thoughts, concerns about the future and feelings about yourself, then working through these with a therapist experienced in PND is likely to get the best outcome. They will help you to break negative thought patterns, get a better understanding of how the PND began (which lessens the likelihood of it recurring), give you coping techniques, help to change unhelpful behaviour patterns that have crept in, and help get some joy back into your life.

Medication (i.e. antidepressants) is a path that can be used in conjunction with any of the above. Your GP will be able to advise on whether this is a useful option for you and to answer any concerns about taking antidepressants.

Writing in a journal or diary can also be a useful tool to work through some of your emotions during this time.

Resources:

PaNDa (Post and Ante Natal Depression Association) is an excellent resource. They are located in Victoria but have links on their web site to services in other states.

Ph. (03) 9428 4600

<http://home.vicnet.net.au/~panda>

Books: Your local public library will have several books about depression after childbirth. Not all are the same. Each comes from a particular belief about what PND is and how it should be treated. Some have been written by medics, some by women who have suffered PND. The more recent the publication, the more up to date the research and knowledge will be. Take a couple of minutes to thumb through and see which seems most useful for you.

The Australian Psychological Society has a referral database of private practice psychologists in each state, some of whom specialise in depression and post natal depression in particular.

Ph. 1800 333 497

www.aps.psychsociety.com.au

Maternal & Child Health Centres will often have posters in the waiting room about PND and resources available in your area.

Community Health Centres occasionally run programs for new mothers aimed at reducing social isolation and building coping skills.

What is Post Traumatic Stress Disorder?

Although Post traumatic stress disorder is often associated with soldiers who fought in the Vietnam War, it can be traced back much further than this, though the terminology was different and included terms like shell shock. The recognition of traumatic birth as a possible trigger for PTSD is relatively new.

Post Natal Depression and Post Traumatic Stress Disorder

In order to be diagnosed as suffering from PTSD, a person will first have been exposed to an event that involved actual or threatened death or injury, or a threat to the physical integrity of the self and their response to the event will have involved intense fear, helplessness or horror.

If a person is suffering from PTSD, there are three characteristic sets of symptoms that are defined by the Diagnostic & Statistical Manual (IV) of the American Psychiatric Association. They are outlined here as they might apply to birth trauma.

Firstly, there is a persistent re-experiencing of the event. This can include memories, panic attacks, bad dreams, intrusive thoughts, flash-backs, hallucinations and a sense of reliving the event. An intense reaction to things that resemble an aspect of the traumatic event is also part of the diagnostic criteria. An example of this is intense distress at revisiting the hospital after discharge.

The next is a persistent avoidance of things associated with the trauma; for instance avoiding people related to the trauma and conversations that remind you of that period. You may not want to talk about the birth at all and try and push it out of your mind. Of course your child is a reminder of the trauma. At the same time that you are loving them to bits, part of you might want to be avoiding them as a coping mechanism for yourself. Another instance of avoidance related to birth stress is that on the one hand you might want to have another child, or your partner might want to but you dread the thought of another pregnancy. This is a recognized condition called secondary tokophobia – a fear of death or dread of the birthing process due to a previously traumatic birth. Yet another feature of avoidance is that the brain numbs the emotions as a way of controlling the hyper-arousal, leading to a general numbing of responsiveness. You can feel a bit like you are on auto-pilot and not interested or taking part in the things you did before. Unfortunately this

spills over into numbing of the emotions that you dearly want to have access to such as loving your partner and baby. There can also be a sense of a foreshortened future which in this case might also apply to feelings about your child – a sense of gloom about their future that you can't quite put your finger on.

The last set of symptoms is of persistent general arousal. This involves two areas for mothers. The first is in relation to themselves. In this case there are the usual PTSD symptoms such as difficulty getting good quality sleep (I know, that's normal with infants around!), difficulty concentrating, fluctuating emotions, having no patience and being much more easily startled than usual. Then there are symptoms that can relate to your infant such as being hyper vigilant about them - worrying overly about their welfare, being on guard against imagined threats and worrying unduly about an imagined event in the distant future.

The sooner you can start talking about the experience and working it through, the better the chances of recovery

Symptoms usually begin within the first 3 months of the trauma, though there may be a delay of months or even years before symptoms appear. If you have PTSD, the symptoms will have continued for more than a month and will have caused significant impairment in social, occupational or other important areas of your life.

How often does PTSD occur?

The statistics vary when looking at PTSD in women who have had birth trauma such as emergency caesarians and difficult births. Between 2% and 6.5% can develop full PTSD, but more will have some symptoms such as intrusive disturbing thoughts or nightmares. You may notice that these statistics are for women who have had difficult births/emergency caesarians. There

are no numbers yet for women who have given birth prematurely. How long PTSD lasts for is again variable. Some people recover within months, other have symptoms occurring for over a year after the trauma.

Is it a case of all or nothing, or can I have some symptoms of PND and PTSD?

It is quite possible to have only some symptoms of either PND or PTSD without "qualifying" for a diagnosis of either. It is also possible to have symptoms of both disorders simultaneously.

Is there anything else that is similar?

Closely allied to PTSD is Acute Stress Disorder. The features of ASD are similar to PTSD. In addition there may be despair and hopelessness, guilt, over-responsibility and neglect of basic health. Much of the difference between the two is in the timing. ASD occurs within one month of the extreme traumatic stressor, is experienced either during or immediately after the event, lasts for at least 2 days and either resolves itself within 4 weeks or the diagnosis is changed to PTSD.

Adjustment Disorder occurs where there is marked distress that is in excess of what would be expected given the nature of the stressor. There can also be significant impairment in social or occupational functioning. Adjustment disorder resolves within 6 months unless it is in response to a stressor that has ongoing consequences.

What can help?

Counselling is an integral part of therapy for treating PTSD. The sooner you can start talking about the experience and working it through, the better the chances of recovery and long term mental health. Therapy from a qualified professional can help you psychologically recover from the trauma and give you tailored strategies to help you get your life back on track.

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The good things about PND

With PND you realise that:

...a visit to the dentist is no longer the worst thing you can think of.

...you discover things about yourself that you didn't know before.

...the good days are even better.

...the bad days are forgivable.

...you can make the intimate acquaintance of your couch.

...you can cry at the cinema and everyone thinks you're a sensitive new age gal.

...your children still love you.

...you're strong and courageous.

...other people know you are strong and courageous.

...you can fool most people most of the time.

...you can even fool yourself sometimes.

...when you lose your car in the supermarket carpark, you KNOW it's still there!

...your doona is your best friend.

...small steps are achievements.

...the drugs are legal.

...sometimes you really don't care.

...comfort food is acceptable.

...you matter.

...remembering what you were about to do comes as a pleasant surprise!

...support means more than a sports bra.

...hugs count.

...you find all sorts of interesting surprises in your shopping bag when you get home.

...it doesn't matter if you can't find your house keys because you don't want to leave the house anyway.

...there are worse things than labour.

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The PND Journey

http://beyond_angels.tripod.com/pnd/

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Hugs count

Post Natal Depression and Post Traumatic Stress Disorder

Support groups are excellent for swapping information, getting tips, and feeling that you are not the only one. They are also a great place to let off steam knowing that you will be understood and supported.

Medication can be useful strategy in the short term to help with sleep and anxiety. Start with a caring GP.

Some mothers also find that writing about the experience or keeping a journal is very helpful, but this is something to come to in your own time and not to force. Writing helps in stopping the endless thought and memory chasing. Sometimes mothers find it helpful to write down the experience in the form of a letter to their child, which may or may not be given to them at a later stage. It will often be useful to write the experience down in chronological order and in great detail, beginning as far back as is important for you. Writing in detail gets the memories in sequence and often parts of the experience, emotions and conversations that had been forgotten will come to mind. It is not uncommon to find that after writing it all down the memories will feel more settled. However, it is also possible that writing can sometimes bring up memories and emotions that are not only upsetting but are difficult to cope with on your own. If this occurs it is important to talk to someone, such as an experienced counsellor.

Resources:

TABS Trauma and Birth Stresses, is a New Zealand charitable trust that is a support group of mothers who also have an excellent list of resources, and articles on the dilemma of having another baby.

www.tabs.org.nz

Birth Trauma Support Group (Brisbane) is a recently established group of mothers who have experienced birth trauma.

They have produced a brochure called "Bad Birth Experience" and offer email and phone support to women. They have set up a support group for Brisbane mothers and can be accessed via the TABS web site

Books: Norma Tracey (Ed). (2000). *Parents of Premature Infants : Their Emotional World* 'This book is about the inner emotional world of the mother and father in the first 12 weeks of the life of the premature baby' (Norma Tracey). This is a beautifully written compassionate account of issues relevant to the parents of premature infants who took part in this Sydney research project.

Angel

*I sit rocking in the dark
with a wakeful baby,
breathing the scent of our Christmas tree.
Handel's Messiah is playing,
the pure soprano soaring ...
Suddenly, the baby against my body
begins to sing.*

*I think of him
lying helpless in the humidicrib
white gown to his tender ankles,
the chaste features of choirboy.
Every day I sang
the same absurd nursery rhymes
through the porthole of his crib,
calling him back to my body.*

*A year ago he came home
to angels on the tree
and our sad exhausted family.
I think of angels now,
listening to his unearthly voice,
afraid that he is still
between life and death, vulnerable
to a more alluring voice than mine.*

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The Australian Psychological Society has a referral database of private practice psychologists in each state, some of whom specialise in the treatment of trauma.

Ph. 1800 333 497

www.aps.psychsociety.com.au

Like to chat with Melanie about PND or PTSD?

Melanie will be in the Austprem Chat Room on Sunday 30th November at 9pm and on Thursday 4th December at 9pm.

Melanie will be able to answer general questions you might have.

Randomised controlled trial of behavioural infant sleep intervention to improve infant sleep and maternal mood

H Hiscock and M Wake

BMJ, May 2002; 324; 1062

This study looked at how intervening to improve the sleeping patterns of babies aged 6 - 12 months can help to reduce depression in their mothers. The parents all considered their children to have severe sleep problems, and sessions were held to introduce behavioural intervention to help the children to sleep through the night, and to have regular day and night sleeps. Two months after the intervention, the sleeping problems were significantly reduced and maternal reports of symptoms of depression had also significantly decreased.

Parental post-traumatic reactions after premature birth: implications for sleeping and eating problems in the infant.

B Pierrehumbert, A Nicole, C Muller-Nix, M Forcada-Guex, F Ansermet.

Archives of Disease in Childhood. Fetal and Neonatal Edition.

Sept 2003 v88 i5 pF400(5).

Studies in the past have looked at the eating and sleeping issues of premature children and how they may be related to the child's early arrival and hospital stay. This study looks at how the parental response to premature birth can have an impact on sleeping and eating problems. The authors suggest that intervention programmes for parents to help them reduce their PTSD response to a traumatic birth may be helpful in reducing sleeping and eating problems in their infants.

The Austprem – Pregnancy Support Group has been set up for those who are contemplating or experiencing a pregnancy following a preterm birth, and for those at risk of giving birth prematurely.

Everyone is welcome to join Austprem – Pregnancy Support Group. You might be pregnant again, you might just be thinking about another pregnancy or you might have already completed a subsequent pregnancy and want to support someone else who is just starting on the journey. Sharing your thoughts and experiences might just help another mother, and support is what Austprem is about.

You can find information about joining Austprem – Pregnancy Support Group at <http://www.austprem.org.au/psg.html>

Recently we have had an influx of new members which is fantastic and a huge welcome goes out to you all.. Congratulations to all those who are members of the Pregnancy Support Group who have recently had their babies. Please don't forget us when the baby is born we would love to know how you are going!

Austprem– Superheroes

Hi, I'm Catrin, Mum to Lewis and Kyle. And I'm one of the moderators of a new forum called Austprem Superheroes. We started it for our kids so that they can 'talk' to other prems or siblings of prems. They don't have to talk about being a prem, they can talk about anything they like. But if they do want to express some feelings about being a prem they can do so with kids in the same situation.

MC2 have web mail setup so that each child can have their own 'safe' email address and they can get onto the forum and type what ever they want to. As a parent you can encourage you children to take part and even help them type. For the younger ones you could read to them and then get them to dictate to you. For the older ones like my boys I will get them started and let them go. My role of moderator involves checking on the group and what is put in the forum. I will also 'translate' any typing done by the kids if necessary.

I hope that you will encourage your children to join the forum and once there I'm sure that they will have fun and benefit as we have done.

Catrin

Only children of Austprem members will be permitted to join the Austprem Superheroes group. The mc2 features available in the Superheroes group are the Forum, Links and Photos (others, such as chat, have been disabled). The group is owned and moderated by parents from Austprem, and is a safe environment.

Please contact Leanne leanne@austprem.org.au if you would like your child to join. Leanne will help you to register your child for mc2 webmail.

Our Stories

Lisa's Story

When my daughter Breanna was about 4 weeks old (ex 27 weeker) I was diagnosed with Post Natal Depression. Post Natal Depression nearly cost me my marriage to the most wonderful man in the world.

I thought that all the things I was feeling were just part of having a baby in the NICU, and most of them probably are, but the difference is, I thought it was normal. I thought I was meant to be sad, meant to be angry, and most of all, meant to be feeling guilty and blaming myself.

I went to see my Dr. about my milk supply, it was dwindling, and we got to talking about other things. It was a real shock to me to be told what I had actually had a name. I had heard of PND, but thought that it only happened to women who didn't want their babies. And I so much wanted mine. I wanted her home with me in her crib instead of hooked up to a dozen IV's and machines. I wanted to be her Mum, and not just a part time carer when I was visiting the hospital.

PND nearly cost me my marriage...

Those months must have been hell for my husband. He quite often told me he didn't understand, and I know that he meant no harm in saying that, but it just made me feel even more inadequate as a wife and mother. He couldn't understand why I had this beautiful (albeit tiny and sick) baby and was not beaming with joy. He didn't know why I cried at nothing and never smiled anymore. The best thing I ever did was take him to one of my appointments with my GP. He had a long talk with the GP and she

helped him understand why I was feeling the way I was feeling. She told him how to be supportive of me in the frame of mind I was in at the time.

Over the months we worked on things. Sometimes I wonder how we got through it all, as to me, a lot of that time has gone. I will never get it back. I will never get the chance to experience the moments again and actually have positive emotions instead of the darkness that overtook my mind at that time. I was put onto Anti-depressants and have been on and off them for the best part of 2 years until recently when we sat down and had a huge talk and decided that we would like another baby. I went and saw my Dr and I am off the medication, but still being monitored.

I have never told my family about my PND as I don't think they would have understood. That was the hardest part of getting over it, and without my wonderful husband, I don't think I would have.

Today, I am so much better than I was. I still have my days, but the blame and guilt is slowly subsiding, and I know that even though I still have the odd bad day, that there is so much to smile about and be thankful for.

Anne's Story

As a teenager, I'd had blue periods, times of heartache that now seem trivial but they weren't at the time. I know now that depression isn't relative to the scale of the event that precipitates it (if such an event can be identified), and when it does become explicit, that is, obvious to the world, PND is still only the tip of a psychological iceberg that begins to shape itself from the day we are born, and possibly earlier.

I have two children, my firstborn a daughter born on the day she was due and a son born at 26 weeks. I experienced significant depression after both births but it was much worse the first time round, even though the circumstances of my son's birth and long hospitalisation would seem to be far more traumatic.

I had waited a long time to become a mother. The birth was difficult with a long labour culminating in an emergency caesarean. None of that mattered once I was able to hold her. In that first private moment we had, when I was finally alone with my little girl, I wanted to fall on my knees and worship her. I felt like all my past life until that moment has been blown away and that nothing mattered but my new life as Jessica's mother.

I discovered, like all new parents, that having a newborn means major sleep disruption. After a few weeks though, I seemed to lose the knack of sleeping at all. Jessica was a bright alert baby who gave up daytime naps at age 6 weeks. I did sleep for short periods but the responsibility I felt to be vigilant at all times was a far stronger urge.

When Jessica was around three months of age I started to feel worn out. I found myself crying, feeling panicky, spending a great deal of time handwashing all the lovely knitted things Jessica had been

Our Stories

given. I ironed her sheets. I fretted over small things. How many blankets? Add another layer or not? There was so much at stake. It seemed vital to me that Jessica was as comfortable as possible every minute of her life and there were times when I could not allow any other matter to occupy my mind.

My family and friends, not unnaturally, expected me to be happy and fulfilled with my new little daughter, and I was indeed extremely happy and thrilled with her. It was my role as a mother that felt like an overwhelming burden, becoming heavier as time went on. After I sent out a few tentative distress signals, I came to the conclusion that masking my feelings was about the only acceptable solution.

I've learned that having a baby, especially your first, can trigger a lot of buried feelings about your relationship with your own mother. Throughout my pregnancy and without realizing it, I'd built up major expectations that having a baby would bring me closer to my own mother. Not only did this not happen but my emotional neediness seemed to make things worse. I believe now that my mother had also suffered PND when I was a baby, at a time when her own mother was absent.

The complexities of these feelings weighed heavily on me. I felt rejected by my mother and along with this came anticipation of future heartache that I would let Jessica down when she in turn became a mother. The other mothers whom I met through the Maternal and Child Health Centre seemed happy, relaxed and confident (three words that didn't exist in the vocabulary of my own existence). It seemed to me that no one else was finding the journey so gruelling.

Then Jessica was around 4 months old, I began to feel a bit better, like I was finally getting the hang of things. The shades of grey that had characterised the first few months found some greater contrasts.

However there were some setbacks. After Jessica's 6 month vaccination, she cried continually for two days and nothing I did could comfort her.

More grey than blue...

In desperation, I rang Lifeline. I can hardly remember the conversation but the outcome was an appointment with the PND Clinic at the Royal Women's Hospital. I took Jessica to my first appointment and, given the significance of the occasion – seeing a psychiatrist when I had a beautiful healthy daughter! - I have a clear picture of how we looked for that occasion.

I was wearing my standard outfit of black track pants (left over from the pregnancy) with a pale pink jumper (size XL) that somehow signified maternity to me, and Doc Martin shoes which I believed helped me keep my feet on the ground. Jessica was dressed like a Spanish Infanta in a smocked dress with red fine wool coat, white tights and matching red shoes. We made a strange pair. I breastfed Jessica through the whole appointment.

The doctor gently explained that I was to come to the appointments on my own and that the hospital crèche would care for Jessica. She told me I needed to start anti-depressants as soon as possible. The most controversial advice of all was that I should stop at Forges budget department store on the way home and buy Jessica three wash and wear tracksuits. There was to be no more clothing needing handwashing or ironing.

Because I was breastfeeding, I didn't want to take any medication, whether or not it was considered safe. The weekly counselling made a big difference to my quality of life and little by little I managed to make some positive changes – some recommended reading, a more helpful MCH nurse, a new mothers group, some attention to my own appearance, and the diagnosis and correction of iron deficiency and thyroid supplements.

However, the depression continued and there were many days when I felt numb in every part of me. Looking back on that time, I see myself trudging endless miles pushing the pram through a dreary unchanging landscape. It was a very lonely time.

When Jessica was eight months old, and two weeks before I needed to return to work, I started a course of Prozac. Within a week, the feelings of failure and sadness began to ease. I felt more like my old self, as if I'd been a long strange journey and had come home.

There were side-effects, loss of libido for example and a curious sameness about my feelings, regardless of what I was responding to. It wasn't perfect but overall, I felt greatly relieved to feel more or less like a normal person who could function reasonably well in the world. I was able to care for Jessica without the extremes of emotion that had characterised the first part of our life together. I felt like I was a better more reliable mother.

After I'd been a year on anti-depressants, Gary and I decided that it was time to think about trying for another baby. I was able to stop taking Prozac without the depression returning. The depression felt like a dark chapter in my life which I could now, thankfully, put behind me. I continued to attend the PND Clinic regularly and this safety net was very comforting to me.

Six months later I became pregnant with our son. We had hardly begun to celebrate when he was born at 26 weeks. The birth was a shock, of course, and the months Vincent spent in hospital were profoundly stressful. To be separated from him was grief beyond words. I longed to bring my baby home and care for him myself.

The depression felt like a dark chapter in my life...

Although the experience of this time was painful and sad, it was not depressing. I felt empowered by the challenges of caring for such a fragile baby. Once Vincent was home, and I was able to keep him close to me, I felt strong enough for the job. Jessica was almost three and I greatly enjoyed being home with her and the new baby. Not only did I feel incredibly fortunate to have them both but Vincent slept well and gained weight. Small and sick though he had been, he grew stronger every day and my self-esteem as a mother thrived.

I did end up needing antidepressants again, when Vincent was around 6 months corrected. It wasn't a terrible depression the way I'd experienced it earlier but the Prozac helped me be a bit stronger and steadier, and I needed that. 18 months later I felt ready to stop taking Prozac, and I was able to go on with my life feeling generally positive, and absolutely blessed with my two beautiful children.

I hope my story is helpful to others who might read it, especially family members whose support is vital to someone suffering PND. There are a number of identified life events which

can be expected to trigger depression, especially in combination. A premature birth and the accompanying stress of both immediate and long-term outcomes, can be devastating for parents. Postnatal depression after a prem birth affecting either or both parents is something for family and medical caregivers to watch out for, and even to expect.

And equally, though less understandably, a healthy mother can bring home a perfect child and all the love in the world won't be enough to prevent depression. I didn't know I was depressed, only that the simplest tasks required all my energy. I knew the endless walks in a grey landscape weren't how it was supposed to be but I didn't know who to turn to or how to find my way out of it. From the safe distance of a decade later, I know I can't go back in time and change what happened but it's OK. Being a mother is an every day challenge that lasts a lifetime and what Jessica and I lost in the first few months we've since regained many times over.

I look at my children now and hear their voices and know a world rich in every emotional colour.

Catherine's Story

My journey with PND probably started even before our son was born. Long ago I had been told that if I ever fell pregnant it would be a miracle. This shattered a dream that I had of one day becoming a mother and if I was totally honest I felt this was my right as a woman and one of my roles in life to be a wife and mother.

I was just settling into the first of these two roles as a wife, finishing a university degree and working in between times when we found out we were having a baby. We were still living with my parents saving for our deposit while I was at university, so we madly flew into first home mortgage mode and purchasing our first home (as if I didn't already have enough going on).

I had always had in mind the kind of pregnancy I wanted to have you know that "Yummy Mummy" look, trim with only the baby bump proudly out there for all the world to see, looking glamorous, happy, glowing, and most of all happy. Boy, was that the first shock I soon discovered that my pregnancy was going to be none of those things and nothing like the ones you see in magazines (even the mother and baby mags), or on telly.

My pregnancy was going to be consumed with vomiting, feeling fat and frumpy, having all my long hair cut off so I didn't have to wash it 6-7 times a day after I had managed to get vomit in it yet again, and I certainly at no time felt like dressing up especially as I figured that I would most likely only end up changing after vomiting so much that I would wet my pants (great look). I kept thinking when will this be over and I found that I was too sick to be happy.

All of this was going on and I was still working, studying fulltime, and trying

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to sort out finances and pack to leave home (for the first time at 31). I didn't realise at the time how much pressure I put myself under. But my life and my life with Andrew has always been like that of a roller coaster going full speed ahead.

We had our first real hint of an early birth at 25 weeks when I was rushed to hospital in labour and dilating, thankfully they were able to slow things down to get them to settle and Zac didn't come then. I was discharged from hospital the day before I was to move house under

I take some time out to enjoy my beautiful son and wonderful husband and they give me the strength to get up and go on.

strict instructions that I was not to lift or touch a thing in the move. This was going to prove to be a very difficult day for me not only was I moving out of home but into my own home yet I couldn't be involved except to say where I would like things. One of the most frustrating times I can tell you, especially for me I like to be in control and the organiser of situations and this was one that was way out of my hands.

So we started to settle into our lives in our own home, when six weeks later Zac decided that enough was enough and he was coming out into the world. He came out screaming and was only in hospital for a short time and was home with us for Christmas. He was and still is a beautiful baby very peaceful (most of the time) and slept lots. All in all I would say he was a good baby not much trouble at all and I often found myself feeling guilty that I wasn't enjoying him but I was really struggling.

Again as seems to be the pattern for us we never seem to be able to get comfortable or enjoy anything for too long. Andrew my wonderful and long suffering husband, unfortunately faced the awful prospect of industrial action at work. He was between a rock and a hard place. His wife screaming we have no money to pay our mortgage (not a good look 2 months into a 25 yr loan) and the prospect of being a scab at work. Thankfully he was able to take annual leave as he had already applied for it before the pay negotiations broke down. However this action was to continue intermittently for months after Zac came home from hospital. This only added yet another burden that I felt I had to carry.

Zac was a beautiful boy and I had so much to be thankful for, but I just couldn't get happy. I didn't seem to be able to cope with the simplest of tasks and managed to burn dinner at least once a week in those early months. This was something I had never done before so I didn't cope well with that change.

Zac developed reflux at about 10 weeks right when I was due to go back to university to complete my studies. I remember one day before he was diagnosed where he had just cried and cried for what seemed like an eternity and I went into his room picked him up tried to comfort him but nothing I did seemed to comfort him and I just instinctively knew I had to put him down and walk away. I went and crawled into my bed turned the tele up to drown out his crying and cried myself. I remember thinking what sort of mother am I; I can't even comfort my baby.

I struggled constantly with feeling inadequate both as a wife and mother. I took on much more than I should I see that now but it was my way of regaining control over my life. I went back to fulltime study when Zac was only 3mths old (1mth corrected) and part time work when he was 5mths old.

I guess for me the reality of my depression hit home one night after dinner with my parents and yet another discussion about money with Andrew I thought if I just drive across there I would crash and die and that would end all the problems. Thankfully, Zac was in the car with me and at that moment I couldn't have hurt him ever. I often wonder what I would have done if he had not been in the car, I put that moment down to when I knew there was a problem and I needed help. Soon after this event I started seeing a counsellor who helped me talk about my expectations of mothering, and being a wife, she talked through many of the other worries both real and created I had in my life at that time. I found that most of the feelings of failure were of my creation. Andrew and Zac did not expect the things of me that I felt they did.

I never told my family what was happening during that period, as I knew I wouldn't get the support I desperately needed and wanted. I had Andrew however who was my rock throughout it all. There were times when he didn't understand why I felt the way I did but he supported me nonetheless.

These days I have learnt to lower my expectations sometimes I can and sometimes well I still aim high, but I definitely still take on too much but I am coming to terms with that and try desperately not too and have some great friends who don't let me. I look back over the last two years of my life and wonder how I managed to survive it. I often still have my sad days and even have days that seem worse than that. Some days for me are still a struggle but I take comfort in the knowledge that I am surrounded by people who love me and I take some time out to enjoy my beautiful son and wonderful husband and they give me the strength to get up and go on.

Our Stories

Catrin's Story

Cassie was born at 26 weeks, Lewis and Kyle at 26 weeks and 1 day. During the routine brain scan we found out that Cassie had a brain haemorrhage, but that she was doing okay. She actually was given a better chance of survival than Lewis and Kyle. But days later she had another haemorrhage and her tiny body started to shut down. She died at 5 days old.

That hit us hard but the boys were still fighting for their lives and there wasn't much time to grieve. During the 15 weeks the boys were in hospital we did go thru a grieving process for Cassie. We had to organize her cremation and her funeral service. Christmas came and went, we spent that special day with the boys, by ourselves and also with family. During those weeks we took Cassie's ashes to scatter with family attending and had our own little ceremony.

Lewis and Kyle got bigger and stronger, came from death's door and started knocking on the hospital's exit door. Then at full term, Kyle came home, 8 days later Lewis joined us, and our family was as complete as it could be. And life got busy. The boys grew and developed into babies then into boys. We enjoyed them and their funny ways. There were times that I missed not having Cassie (missed is not strong enough – I hated not having Cassie with us) but I coped. Both Gary and I would have times when we would cry, by ourselves or together, but gradually they became less often and less intense. Lewis and Kyle filled our lives with laughter, with toddlerhood, with love.

I had gone back to work, and Gary stayed home to be househusband. He did a wonderful job, and my work enabled me to spend some days at home during quiet times. Coming up to their 3rd birthday Gary's parents decided to drive to Newcastle (from the Gold Coast) to spend a week or 2

with one of Gary's sisters. For various reasons Gary and some of his sisters decided that the drive was too much for their Dad (he was nearing 80 yrs) and their Mum doesn't drive. So Gary and the boys went with them. It was their first big trip. They would drive over 2 days down and back and spent a week at Newcastle and drive back over 2 days. There was no room in the car for me as well, but that was fine because my work was building up to its busy time during the year and I couldn't take the time off. So off they went.

“Don't let your past life dictate who you are and what you do, but do let your past be a part of who you become.”

I was fine during the first day – actually glad to see them off, after the stress of packing and organizing. I missed them but they phoned me up that night from the hotel. I didn't sleep well that night (I never do without Gary in the bed with me) so turned on the TV. That was a bad move, because the show that was on triggered something and I spent the night crying. I remember waking late and having to rush to get to work. Once there I was so busy that thinking about anything other than work was impossible. It was easy to work late – no one to go home to and plenty to do. I got home in time to call Gary, to talk to him and the boys, to have something to eat (Gary had made sure that there was meals and food for me that was easy to prepare). Because I had an unsettled night before I went to bed early. No good – I still spent the night crying. In the quiet of the night my mind raced and went places I hadn't let it go in the 3 years before. That was the pattern for the time they were away; up and rush to work, let work

overtake me and control the day. I worked as late as I could, usually the last to leave by hours. Get home, talk to Gary and the boys, have food. Then cry and eventually sleep.

Gary and the boys were away for just on a fortnight. By the time Gary and the boys were on their way home I was exhausted and all cried out. My mind and heart had settled at a place that I could cope with. And that's where I have stayed and improved upon. I don't ever say that I am 'over' Cassie's death. I still hate the fact that it happened. I wish that my daughter was still with us in person, rather than in spirit. Some things remind me that I should have a daughter – like the little girl in the boys first soccer team. Like my friend saying to a group of us that Michelle is the only one that can manage to produce a daughter. Like their tenth birthday looming. Like Jessica at school who has cerebral palsy and is in a wheel chair (and she is a full term). I do say that I am 'comfortable' with what I have been thru and I have changed and grown, hopefully for the better.

There were two quotes that helped me then and still do.

One is from a show called "Babylon 5" :

*"You know, I used to think it was awful that life was so unfair. Then I thought, wouldn't it be much worse if life **were** fair, and all the terrible things that happen to us come because we actually deserve them? So, now I take great comfort in the general hostility and unfairness of the universe."*

I can't remember where I heard the other :

"Don't let your past life dictate who you are and what you do, but do let your past be a part of who you become."

Survey Results

Thank you to everyone who participated in our recent survey. Your responses are so important to us to ensure that we provide you with everything you want from Austprem Inc. Overall we had a great response to the survey. We had 55 responses in total, which represents 28% of our current MC2 forum members.

I would like to take this opportunity to thank the Development Group for their support and to especially thank Kirsten Burkitt our secretary. Without all of Kirsten's efforts the survey would never have taken place. Kirsten was responsible for getting the survey into a web-based format for us and ensuring that I received all of the responses from you.

The winner of the survey prize is Kirsten Cox of WA. Congratulations Kirsten enjoy your voucher and thanks again to everyone who participated. I am currently in the process of drafting the full report and that will be available for those who would like to read it soon.

There were some areas that we were able to identify as needs and these could be addressed immediately. One of these issues was chats. Some of our WA members would love to chat with us however, due to time differences between the east and west this is proving to be very difficult.

We have a solution for you! We are going to introduce a new chat night for WA members hosted by a WA member to occur on WA time. This new chat night will be **Tuesday nights** time to be announced (watch the Forum for details). As with all of our chats it is not exclusively for WA members anyone can attend however if you live on the East coast of Australia then you will need to stay up late to join in.

Some other suggestions that came from the survey for chats were the re-introduction of daytime chats, for those who can make it during the day but not at night, and topic based chats.

Two of our regular chats in November and December are special topic chats based around the issues in this edition of Austprem Ink, PND and PTSD. See details elsewhere in this issue. If there are specific topics you would like to see us address in a chat please email leanne@austprem.org.au and we will see what we can arrange.

There was overwhelming support for many of the services suggested in the survey and this is very encouraging for us in the Development Group to know that we are on the right track. Now we have a much clearer picture of what you would like to see in the way of support in the community this gives a starting point to work from.

Thank you all again for your responses. Without you our members there is no Austprem.

Catherine Harding
Vice President -
Research Projects



Your new Committee

President	Leanne Uwland
Vice President - Research Projects	Catherine Harding
Vice President - Special Projects	Nadine Jones
Secretary	Kirsten Burkitt
Treasurer	Leanne Uwland
Newsletter Co-Editors	Catherine Harding Anne Casey
Chat Host Co-Ordinator	Narelle Austin
NSW State Rep	Catherine Harding
Qld State Rep	Catrin Pitt
WA State Rep	Anita Stergiou
General Committee Members	Cathryne McDonagh Junelle Rhodes

Chats

Chats are a great way to get to know other members better. They are usually held on Thursdays and Sunday nights from about 9pm (EST).

A reminder is posted to the Austprem Forum the day before a chat, so check there for the exact time. The chats are held in the Austprem Chat Room on the mc2 site, so only Austprem members are able to attend.

“You can turn up in your pj’s and you don’t need a babysitter”

Austprem Membership

Austprem is an internet based support group, providing support to anyone that needs it.

We ask that you consider becoming a Registered Member. Registered Members are eligible to join the Austprem Development Group to help to improve and promote Austprem.

Congratulations to all of these people, and thank-you for volunteering your time.

Contacting the Committee

If you need to contact any of the Committee, please email them by clicking on their name in the Members list of the mc2 group, or send an email to

austprem@austprem.org.au

and it will be forwarded to the appropriate person.



We are hoping to hold some special topic chats, so if you have a topic you would like to discuss, or know of anybody who could lead such a discussion, please let us know, either via the Forum or direct to leanne@austprem.org.au

Chats are very informal—you can turn up in your pj’s (who’s going to know?) and you don’t need a babysitter. But you can still receive great support and understanding from other parents, or just have a social chat—a bonus if you have been isolated at home all day.

Thanks

Special thanks to those out-going committee members, Jodie Ward-Davies and Tresna McNally, your contributions over the past year were much appreciated.

PND and PTSD Chats

This month we are doing follow up chats along the theme of our newsletter. These chats will be hosted by Melanie Taylor, the author of our feature article.

Whilst Melanie will not be there to diagnose she is happy to generally discuss both PND and PTSD and any questions you might have. Melanie may need to get back to some people at a later time with further information and resources.

**Dates for these chats are:
Sunday November 30th 9pm
Thursday December 4th 9pm
Everyone Welcome!**

Registered members are also able to vote at the Annual General Meeting, so having a say in how Austprem Inc is run.

Your support helps Austprem Inc. to grow and improve.

Registration is FREE and open to all and everyone is welcome to join. Donations you choose to make are tax deductible and will help us to achieve our goals.

Any information provided to Austprem is held in confidence and will not be used for any other purpose or given out to any third party without your permission.

Birthdays






December

- 2nd Max (13)
3rd Christopher (7)
6th Rebekah (4)
10th Coen (4) 
13th Nicholas 
17th Hannah (6)
21st Elaina (2)
28th Jack (2)
29th Morgan (1)

January

- 15th Kaitlyn (10)
25th Sharon (3)
26th Chloe (1)

February

- 1st Ellandi (5)
3rd Elizabeth (3)
4th Jessica (12)
7th Courtney (14)
7th James 
13th Chloe (6) 
16th Edan 
16th Joshua (3) 
16th Matthew 
23rd Nathan (1)
26th Thomas (5)

If you would like your children (full term and prem) added to the Birthdays page at www.austprem.org.au/superheroes/birthdays.html or to be listed in the Newsletter, please email kirsten@austprem.org.au

Donations

If you would like to make a donation to Austprem Inc., please send your cheque or money order to:

Austprem Inc.
P.O. Box 2157
Sunbury VIC 3429

Please include your name and address so that a receipt can be posted to you.

Donations \$2 and over are tax deductible.

Christmas in the NICU

Spending Christmas with your baby in hospital is very difficult. Christmas is often seen of as a time to spend together with the family, but when one member of the family is in hospital, and there are restrictions on visitors, this can be very hard.

Jack was born at 29 weeks in November 1999 weighing just 960g, his mother Kate wrote about their first Christmas, and you can read it on the Austprem website

<http://www.austprem.org.au/sharing/essays/christmasNICU.html>



Austprem wishes everyone a safe and Merry Christmas and a Happy New Year!



Joining Austprem

Austprem is an Internet based support group.

To join Austprem Inc., you will need to go to <http://www.austprem.org.au/about/membership.html> and fill out the online membership form.

To access the online forums and chats (where most of the Austprem "action" happens), you will need to follow the steps at <http://www.austprem.org.au/sharing/forum/forums.html> to register with mc2 and subscribe to the Austprem group.

Join now - it is a great opportunity to share with others who have "been there" and who can understand your experiences

Membership is FREE!



ABN 67 731 996 316

Austprem Inc.

Providing friendship, information and support for families of premature babies and children.

Visit our website
www.austprem.org.au

Contact Us:

leanne@austprem.org.au
kirsten@austprem.org.au

Newsletter

Suggestions and Comments?
newsletter@austprem.org.au



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Please support those that support us.

Coming Up in the Next Issue...

Developmental Care in the NICU

Copies of Austprem Ink may be downloaded from:

<http://www.austprem.org.au/newsletters.html>

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PremiePress is a publication for those who are interested in the development of premature infants and prematurely born children.

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Phone: 03 9496 4496

Disclaimer

Please note that Austprem Inc. does not recommend that any interventions are made to any baby or child without the knowledge and assent of the child's doctor or other health care provider.

Austprem Inc. cannot be held liable for the actions of any person based on information that Austprem Inc. has provided.

Please check with your doctor or health care provider as to what interventions are appropriate for YOUR baby.