



POSTNATAL DEPRESSION: A GUIDE FOR MOTHERS OF MULTIPLES

BY DR. ERIKA FRASER



FOREWORD



The number of multiple births continues to increase, mainly because of new medical advances and women becoming pregnant later in life. Even with these pregnancies becoming more commonplace, many professionals are still not aware of the special stresses experienced by parents of twins, triplets or more, and by their siblings.

This guide was prompted by the findings from Tamba's 2008 Health & Lifestyle Survey that mothers of multiples have twice the risk of developing postnatal depression (PND). It also forms part of Tamba's Taking Care of Mum Network, where various technologies will be used to help new multiple birth parents to recognise the symptoms of PND and help them to cope with caring for themselves and their families.

Many thanks to Dr. Erika Fraser for writing this guide and to our panel of experts who have provided useful comments and support – these include *Dr Maggie Brierton, Dr Lenny Cornwall, Dr Carol Cooper, Sandra Bosman, Gillian Smith, Diane Urquhart, Naomi Warrington and Keith Reed.*

Our sincere thanks go to those mothers who have shared their experiences of PND with us. They are an inspiration to us and helped us recognise the need for additional help and support. We hope this guide will help parents and also professionals with the special needs relating to postnatal depression

Thank you also to all our generous members and supporters who made a donation and helped to deliver our vision of providing helpful information and guidance to families of multiples. If you find this guide useful, please consider joining Tamba or making a donation so we can continue to support others who need our help.

It is clear much more needs to be done to help families with multiples.

Many thanks,
Judi Linney, MBE

Tamba President
Hon Health Consultant

Whilst every care is taken in providing information, please note that it is of a general nature and that readers should seek professional or expert advice as appropriate to specific circumstances. Tamba does not accept any liability, including liability for any error or omission.

CONTENTS

Introduction.....	04
Symptoms	10
The facts about PND.....	10
Diagnosis of PND	11
Treatments	13
Puerperal psychosis	16
What helps?	16
What about partners and friends?.....	18
What causes PND?.....	20
Will PND recur?.....	26
Life after PND	27
Resources	28
Acknowledgements	29
Recommended reading.....	30
Bibliography	31

ABOUT THE AUTHOR

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INTRODUCTION

Being a mother of more than one baby can be exhausting and most women have moments when they find it difficult to cope or feel overwhelmed by the experience. For some women, this feeling does not pass and becomes unbearable to live with. The moment at which this tips into postnatal depression (PND) is not easy to pinpoint, but this guide should help you and your loved ones recognise the symptoms, understand how PND is diagnosed and what the possible treatments are.

The first thing to say is you are not alone. Postnatal depression affects lots of women and it is not linked to anything that you have done wrong. Mothers of multiples are at a higher risk of experiencing PND – approximately 1 in 5 mothers of twins and triplets are diagnosed by their health professional as suffering from postnatal depression. A further 1 in 5 mothers think they may have had PND, but do not receive medical confirmation or treatment.

Just because PND is common, please don't feel that it is 'part and parcel' of being a mother of multiples – you don't have to suffer in silence. PND can be treated, either by medication (antidepressants), psychotherapies or 'talking treatments'. Early treatment is vital and it is important to get help, as untreated PND causes distress to you, your partner and your family.

Please be reassured that although there may be difficult times, PND is temporary. The case studies in this guide come from mothers of multiples, who have suffered from postnatal depression but are now feeling more positive and able to share their experience. If you feel the need to talk to someone, please call Twinline, Tamba's confidential listening and emotional support service (0800 138 0509 – open every day from 10am-1pm and 7pm-10pm).

MYTHS ABOUT POSTNATAL DEPRESSION

POSTNATAL DEPRESSION IS A MISUNDERSTOOD CONDITION. THERE ARE MANY MYTHS SURROUNDING PND. FOR EXAMPLE:

- PND is less severe than other types of depression. In fact, PND is as serious as other types of depression.
- PND is entirely caused by hormonal changes. PND is actually caused by many different factors.
- PND will go away by itself. Unlike the baby blues, PND can only be resolved with treatment.

Source: NHS Choices, 2009



POSTNATAL DEPRESSION: ONE MOTHER'S EXPERIENCE

"I had everything I ever wanted and had longed for. After two ectopic pregnancies, a long road of infertility and numerous IVF attempts, my family was complete with my stepson, five year old daughter and twin girls. So why was I feeling so low? Why did I feel constantly anxious, churned up, tearful, angry and quite frankly completely out of control of my emotions, temper and my mind? Words would blurt out of my mouth with anger, followed shortly by tears of sorrow. I had never felt so out of control of myself and it was really scary. I knew that I was really tired – my twin girls were terrible sleepers and sleep deprivation was a large factor in my feeling depressed, but

“ WHY DID I FEEL CONSTANTLY ANXIOUS, CHURNED UP, TEARFUL, ANGRY AND QUITE FRANKLY COMPLETELY OUT OF CONTROL OF MY EMOTIONS, TEMPER AND MY MIND? ”

I knew it was more than that. My son told me to go to the doctors because he was worried about me. He didn't recognise me and was walking on egg shells all the time, never knowing how I would react to anything that may happen. Strangely, it was him and my husband that bore the brunt of my bad feelings. I felt okay

towards my younger daughter and the babies.

I decided to go to the doctors when the babies were six months old and basically broke down in front of him explaining everything to him. He was fantastic – told me that it wasn't surprising: pre-eclampsia, premature birth, twins, feelings of guilt and not being able to give the two older children any time, losing my mum three years previously, but putting all that aside, even if there were no other factors, hormone imbalance from the pregnancy could be enough to cause postnatal depression. He discussed all the options with me, and I decided to take a course

of anti-depressants – something I would never have contemplated ever needing. I couldn't believe that I could have suffered from postnatal depression. I was always quite a strong character, sociable, happy-go-lucky and always thought that this kind of thing would only affect weak minded people. I remember when on the infertility road, I

heard of friends or relatives suffering from postnatal depression thinking 'they don't know how lucky they are – I would give anything to be in their position!' Obviously I now know that there is nothing you can do about this condition – you cannot 'pull yourself together' and it can affect anyone!



After two weeks of taking citalopram (a drug commonly used to treat postnatal depression), I began to feel much better. I began to feel like me again. I could cope. I wasn't shouting or screaming or crying all the time. I starting to enjoy life again – something I felt I might never do when I was feeling so low. I didn't tell anyone about the tablets for a few months. I felt embarrassed, but after doing some research myself on the internet, I soon realised that it was nothing to be ashamed of. I know that there is still stigma attached to taking anti-depressants – I found that my dad and parents-in-law were shocked that I was taking them, almost as if I had suddenly developed a drug problem??? But I have explained to them and I think they are coming round to understanding – maybe? I am not worried who knows about my depression, and since taking citalopram, I have learned of many other

people who have also taken them or are still taking them. I am not saying that everyone who feels low should rush out and ask for anti-depressants, but I am saying don't feel that if you need help, there is anything wrong with it. I have tried to stop taking the tablets a couple of times, but am obviously not ready because I began to feel anxious again. I will know when I am ready to stop relying on them to feel myself. I know my husband is worried that I may always need them, but I know that I won't. My doctor explained they are not addictive, but just help me to balance my hormones and my feelings.

If you do experience what you think may be postnatal depression, get professional help. See your doctor. Research on the internet. Don't worry what other people think – worry about yourself! And remember you are definitely not alone!"

POSTNATAL DEPRESSION: ONE MOTHER'S EXPERIENCE

"My twin boys were six months old when I started to get symptoms of postnatal depression. These included ignoring phone calls, ignoring texts, not going out, not washing, not dressing, not eating, crying very frequently, and I even got annoyed when if I did go out people stopped me to talk about the boys. All of

“HAVING THE COURAGE TO GET HELP AND ADMIT I NEEDED HELP WAS VERY DIFFICULT”



these were very out of character for me as I was a very sociable person when the boys were first born, and I would go out and see someone almost every day.

It got to the point where I was in tears all day. My boys were my saviours. I never felt any ill feelings towards them. They would be washed, dressed and fed as they should be. I knew it wasn't their fault that I was feeling this way.

Being in healthcare myself I am one to help others, but I don't feel comfortable getting help myself. So having the courage to get help and admit I needed help was very difficult. It took my partner to phone the doctors surgery, make an appointment and take me there. I was so scared, petrified, and didn't know what to say. I am always good at writing down my feelings and so that was the best thing to do. I wrote how I felt and I just handed it to my GP while in tears. He was very understanding and explained that he felt I was suffering from PND and discussed medication. I wanted anything that would help me get better. I wanted to be the bubbly happy person I had always been. I was prescribed antidepressants which I was slightly relieved about. Unfortunately these tablets did not agree with my hormones and did not help me at all and so my medication was changed.

Locally a new group had been set up for postnatal depression which had a crèche facility free of charge. It was once a week for 6 weeks and there were approximately 10 mums there. We shared feelings, experiences and supported each other through the hardest times. This really helped with my recovery as I wanted to have something positive to report to the group. I did not see many friends, and yes I did lose many friends at this period, but I now look at it as being a learning process and feel that I now know

“THE ONE THING THAT KEPT ME GOING WAS MY TWIN BOYS. THEY WERE AMAZING. THE CUDDLES. THE SMILES. MY BOYS SAVED MY LIFE AND FOR THAT I AM ETERNALLY GRATEFUL.”

who my true friends are.

I feel that the support from services at the time was fantastic. I had a phone number I could call day or night, my health visitor was very supportive as well as my GP. My family was amazing, they were there for me every step of the way and my partner put up with a great deal. The ONE thing that kept me going was my twin boys. They were amazing. The cuddles. The smiles. My boys saved my life and for that I am eternally grateful.

For anyone that is suffering now or in the future the main aspect that I would plead with you is to seek help. The sooner the better and the more you can talk about issues the better. Although I had counselling, I thought I had finished and it was agreed it was finished.

I came off my medication nearly two months ago after being on them for over a year and I feel fantastic. I am so confident, but due to finishing counselling early, I am now paying £40 per hour for counselling as I could not wait 6-8 months for NHS counselling. But at the end of the day I would prefer to be skint and happy than have money and be back in that dark place”.

SYMPTOMS

Depression can come in different forms, ranging from a short period of mild depression, the 'baby blues' which affect almost half of all mothers in the first few days after birth, to a more intense and long-lasting postnatal depression (PND). The most severe, but far less widespread, form of depression is known as postnatal psychosis or puerperal psychosis, and sufferers often lose touch with reality, displaying manic behaviour and swinging between depression and euphoria. This guide primarily focuses on PND, although there is a small section on puerperal psychosis.

PND may begin during pregnancy, with some women tracing their depression back to the positive pregnancy test or finding out they were expecting multiples at the scan. More commonly, you may find PND developing after the babies' birth, with the baby blues getting progressively worse as time goes on. Other women do not develop PND until much later; often several months after their babies are born.

How should you expect to feel if you have postnatal depression? There are several symptoms to recognise and these include:

- **Depression – low mood for prolonged periods of time (a week or more), feeling miserable, sad, worthless**
- **Difficulties concentrating**
- **Feeling irritable for a lot of the time**
- **Lack of energy and motivation**
- **Tearfulness**
- **Lack of interest in yourself and your new babies**
- **Anxiety**

- **Feeling lonely**
- **Panic attacks or feeling trapped in your life**
- **Obsessional and inappropriate thoughts**
- **Feeling a failure, that you're not a good mother**
- **Self blame**
- **Becoming withdrawn – not wanting to see people**
- **Feeling overwhelmed and unable to cope**
- **Physical signs of tension, such as headaches, stomach pains, or blurred vision**
- **Insomnia and problems sleeping**
- **Changes in appetite - either loss of appetite or, less often, eating more than usual**
- **Loss of interest in sex or intimacy**

On their own, these symptoms do not necessarily mean you have PND. If you think you are experiencing postnatal depression, please speak to a health visitor, doctor or midwife who can make a diagnosis, using a screening questionnaire called the Edinburgh Postnatal Depression Score (EPDS), which is explained later in this guide.

THE FACTS ABOUT PND

Mothers of multiples have almost twice the average risk of postnatal depression. A survey by Tamba of over 1,000 mothers of twins and triplets in 2008 found that 17% of mothers who had a multiple birth experienced PND, compared with an average of 10% among all mothers. Another 18% of mothers of multiples thought they had suffered from postnatal

depression, but had never had it diagnosed.

Tamba's finding that prevalence rates are much higher amongst mothers of multiples is supported by other recent studies, although the exact figure varies. PND often lasts for longer after a multiple pregnancy and can still require treatment up to seven years following the birth. Further research on multiples and PND is available on Tamba's Website www.tamba.org.uk

It should be noted here that twins, triplets and quads are not inherently depressing. Mothers of multiples often speak of the joy and love they get from their children. Even those suffering from severe postnatal depression often say the only thing that keeps them going is their children. However, the physical and emotional challenges involved in raising multiples, coupled with the sheer exhaustion, can increase your risk of developing PND.

DIAGNOSIS OF PND

If you think you might have postnatal depression, please see your GP, midwife or health visitor. They can help make a diagnosis initially by asking you two questions:

- **"During the past month, have you often been bothered by feeling down, depressed or hopeless?"**
- **"During the past month, have you often been bothered by taking little or no pleasure in doing things that normally make you happy?"**

If the answer to both of these questions is yes, then it is possible you have PND. However, depression is not a clear cut disorder in the sense of either having or not having it. There is a spectrum from almost normal mood to total incapacity, with an arbitrary cut-off for "clinical" depression somewhere along the line. The cut-off is basically about when treatment becomes useful rather than the level of symptoms or impairment.

Your health professional should conduct a screening method for depression, known as the Edinburgh Postnatal Depression Score (EPDS). This short survey with ten simple questions is typically completed about 6-8 weeks after your babies' birth. It includes such items as: 'I have blamed myself unnecessarily when things went wrong' and 'the thought of harming myself has occurred to me'. Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity, although this diagnosis should be confirmed by personal interview and clinical assessment.

In some cases, your GP may do a blood test to rule out physical causes of your symptoms which frequently occur after having a baby, for example anaemia or an underactive thyroid gland.

Although most health professionals are well-trained and sympathetic towards mothers experiencing PND, be prepared to be persistent if you think you might have the symptoms. Some mothers of multiples encounter unhelpful attitudes, for example health visitors being distracted or in awe of your lovely babies and not focusing on you. Another problem is health professionals may often be dismissive of your feelings, presuming you are struggling to cope



because of the exhaustion and stress of looking after more than one baby, rather than diagnosing depression. A large proportion of the mothers who were 'not sure' if they had suffered from PND in the Tamba survey said they had told their GP they thought they were depressed, only to be told they were not clinically depressed, just struggling to deal with a situation with very little support. It is also not unusual to feel rushed and unable to discuss complex emotions and mental

TREATMENTS

There are several treatments for postnatal depression. Your GP can help to find the best approach for you, whether that is medication, talking therapies or supportive counselling (or a combination). You should be told about all the likely benefits and risks so you can make the best choice of treatment for you. Don't feel you have to make an

“ YOU SHOULD BE TOLD ABOUT ALL THE LIKELY BENEFITS AND RISKS SO YOU CAN MAKE THE BEST CHOICE OF TREATMENT FOR YOU. ”

health issues while struggling with two or more babies in crowded baby clinics and during appointments with GPs.

In the Tamba survey, several mothers experiencing postnatal depression said they wanted to “pass the tick test” and were reluctant to give honest answers. One mother described being “so determined to prove to people that I could cope”. Other women said they hid the signs of depression and tried to fool the questionnaire. This was partly because they were worried that being diagnosed with PND would mean they were a bad mother, but they were also worried that their babies might be taken into care.

It is highly unlikely that your babies will be taken away from you. The aim of diagnosis and treatment is to help you care for and bond with your babies. Even in the most exceptional and severe circumstances, where women require treatment at a mental health clinic, specialist mother and baby clinics are available.

immediate decision; you can go away and think about it. If depression is severe and you are at risk of harming yourself or your babies, you may benefit from a short stay in hospital or a mental health clinic.

MEDICAL TREATMENT

Medication for postnatal depression has come a long way from the days of heavy tranquillisers. Forms of drug treatment vary, but they typically involve a course of antidepressants to correct the chemical imbalance which causes your symptoms. Antidepressants affect the activity of two chemicals in the brain, serotonin (also called 5HT) and noradrenaline, and take about two weeks to start working and may be taken for around six months after you start to feel better.

You may feel worried about becoming addicted, but most types of antidepressants are not addictive. It may take a while to find the right antidepressant for you. If you feel worse, you should ask your doctor to change

“MANY DOCTORS REGARD ANTIDEPRESSANTS AS A TEMPORARY SOLUTION TO HELP YOU GET THROUGH A DARK PERIOD IN YOUR LIFE”

it. Likewise, if you have taken your medication for several weeks and it has not made you feel any better, then talk to your doctor as you may need a stronger dose or an alternative drug.

Many doctors regard antidepressants as a temporary solution to help you get through a dark period in your life. That said, when your medication starts to work, don't be tempted to abruptly cut short the length of treatment, as you need to give yourself enough time to fully recover. If your symptoms return, consult your doctor who can put you back on medication.

Many women are also worried that antidepressants may harm their babies if they are breastfeeding. Unfortunately, not enough is known about the possible long-term risks of antidepressants on breastfed babies, as running large scale clinical trials involving babies who have not given their consent is considered unethical. There are antidepressants which can be used safely but cautiously when breastfeeding. Please discuss any concerns in greater detail with your doctor, midwife or contact www.breastfeedingnetwork.org.uk

PSYCHOLOGICAL THERAPIES AND COUNSELLING

If your doctor thinks talking therapies may help, you could be referred to a Clinical Psychologist, Psychiatrist, Cognitive

Behavioural Therapist, Community Psychiatric Nurse or other mental health specialist. There are different types of psychological intervention.

Cognitive Behavioural Therapy (CBT) and Interpersonal Psychotherapy (IPT) are often the preferred

psychological approaches for treatment of postnatal depression in the NHS. CBT helps you to identify how you think and make links with the way you are feeling and what you have been doing. It teaches you coping skills and focuses on the "here and now" problems and difficulties. It can also be offered over a relatively short period, perhaps 6-10 sessions with each session typically lasting for 50 minutes to an hour. Interpersonal Psychotherapy (IPT) is also a time-limited psychotherapy. IPT is different from other therapies in that it focuses on the interpersonal (your relationships) rather than the intrapsychic (what's in your mind or 'psyche'). Your therapist will talk with you about your depression and current relationships to see how they are connected and how you can make positive changes.

Your therapist may also have an understanding of several other therapeutic treatment approaches that might better suit your individual needs. Some psychotherapies explore the causes of your distress or symptoms, by looking at your relationships or what has happened to you in the past. This may be more long term; a course may be from 6 weeks to half a year or longer.

Many GP practices have a counsellor attached to the practice. Professional counselling provides an environment for you to talk to a sympathetic, understanding, uncritical listener. Some



health visitors offer supportive counselling on a weekly basis, either formally at the clinic or informal visits to your house for a 'cup of tea and a chat'.

Overall, there is no quick fix. Initially, you might even feel a bit worse talking about distressing experiences and personal details that you may have been avoiding. However, as a safe and trusting relationship develops between you and your therapist, you should notice a beneficial difference. Your therapist cannot 'fix you', but they can support, listen and act as a guide through your depression.

Unfortunately there are often long waiting lists in the NHS for psychological therapies and counselling and you might want to seek out a reputable private therapist in your area, speak to your GP or seek recommendations from friends to check out prospective therapists' credentials. Also check online at:

British Psychological Society (BPS) - www.bps.org.uk

British Association for Counselling and

Psychotherapy (BACP) - www.bacp.co.uk
The Health Professions Counsel (HPC) - www.hpc-uk.org

TREATING SEVERE POSTNATAL DEPRESSION

If it is felt that you are at risk of harming yourself or your babies, you will probably be referred to the local specialist mental health service. If the illness is particularly severe, you might be admitted to hospital. Some psychiatric hospitals have mother and baby units attached to them to treat mothers with severe PND. They tend to be in regional centres, so there may not be one near to where you live. At the specialised mother and baby clinics, your babies may need to sleep in a separate nursery until your symptoms begin to respond to treatment. If you would prefer and you have family support, the babies may be able to remain with your partner or family until you are well enough to return home.

If counselling and medication are not

working, the hospital or mental health clinic may advise electroconvulsive therapy (ECT) for severe PND, although ECT is used increasingly rarely. During ECT, electrodes are placed on your head and a pulse of electricity is passed through your brain, which will trigger a carefully controlled fit or seizure (you will be given a general anaesthetic and medication to relax your muscles). ECT has been used for more than 50 years, yet it remains one of the most controversial psychiatric treatments. The precise way in which ECT works is unknown, but the generally agreed view is that the electricity changes the chemical composition of the brain and lifts depression. Most people have between six to twelve sessions of ECT, normally with two sessions a week.

HERBAL TREATMENT

Traditional supplements taken for depression, such as St John's wort, are not recommended by the NHS for treating postnatal depression. There is little evidence that St John's wort is safe when breastfeeding and taking it with some other medications, including antidepressants, can cause serious problems. You may wish to discuss this further with your health visitor or GP.

PUERPERAL PSYCHOSIS

Puerperal psychosis is a rare but severe form of depression, occurring in about one in 1,000 mothers (according to the Institute of Psychiatry). It can develop in a few hours and can be life-threatening, so needs urgent treatment. Symptoms can

include irrational behaviour, confusion and suicidal thoughts. Other people will often notice it, as you may start to say strange things, frequently change topics when speaking, behave manically and unpredictable, pick your babies up repeatedly but seem unaware of their needs, have rapid mood swings, hear voices and have delusions or hallucinations. Women with puerperal psychosis often need specialist psychiatric treatment and you may have to go into hospital, but your babies could go with you (please see treatment above for severe PND).

WHAT HELPS?

Women who are diagnosed with postnatal depression are often relieved to find there is an explanation for their feelings. Sharing your emotions and accepting you need help is the first stage towards feeling better. Apart from talking and medical treatments, there are a number of practical things you can do to help care for yourself and your babies. Your partner and family are often keen to help you, not just with practical tasks such as childcare and housework, but also with emotional support and just being there for you. If your partner and family aren't able or willing to help, please talk to a supportive friend, health visitor, GP, midwife, or Twinline, Tamba's confidential listening and emotional support service (0800 138 0509 - open every day from 10am-1pm and 7pm-10pm). Other resources are provided at the back of this guide.

WHAT HELPS?

SOME PRACTICAL SUGGESTIONS

- Ask for help with the housework, the babies, and older children. Your partner, friends, family, and neighbours are a great source of help. Homestart is a charity that offers practical support to families and is also a useful free resource (couple of hours a week) if you're struggling to cope. If you can afford it, or can get financial help, consider hiring someone to help with the housework or childcare.
- Join a local group or club for multiples – often friends with only one baby cannot understand the unique challenges that mothers of multiples face.
- Although it's not easy to find the time, physical exercise can help ease the symptoms of mild to moderate PND. Regular walks pushing your babies in their buggy can be enough to start releasing endorphins, also known as 'happy hormones', into your system helping you to feel better.
- Ask your health visitor to do a home visit to discuss the babies' progress, including weighing them, so you don't have to struggle in a busy health clinic.
- Routine – some mothers find having a routine helpful in gaining a sense of control.
- Try not to blame yourself or feel guilty when things go wrong. You do not have to be a super-mum – being a good enough parent is enough.
- Work out your priorities. You can't be expected to do everything.
- Get out of the house. If your babies are crying a lot, pushing them out in the buggy can be a great way to settle everyone's frayed nerves (even in the cold, rain or wind!).
- Learn some relaxation techniques.
- Identify troubling worries and get the feelings down on paper, for example, keep a diary for 10 minutes a day. Write down how you feel - you don't have to reread or be grammatically correct.
- Listen to favourite pieces of uplifting music and/or read some poetry or quotes that are uplifting.
- Try to go out together with your partner - get a babysitter or reciprocal arrangements to sit for others.
- Make sure all the help you are getting is helpful and is not actually the opposite - occasionally friends or family may not be willing to help.
- Identify an activity you enjoy doing with your children, such as reading, and try to do it every day
- Watch comedy on the television/ DVD/computer
- And finally ... seek professional help immediately – talk to your GP, health visitor or midwife.

WHAT SUPPORT DID YOU NEED? ONE MOTHER'S EXPERIENCE

“Medical - drugs, treatment, talking therapies. Something to keep me functioning as a human being.

Practical - someone to do the housework, take the babies out, come with me if I ever HAD to go out with them so I only had to manage one myself. My parents did all this, plus my husband took on even more of the household chores as well as dealing with the bedtime routine and caring for all three for the whole weekend and all holidays. As there were two to feed, we both got up in the night until they started sleeping through. My parents took all

help for me was them starting with a childminder two days a week when they were a year old. They also started nursery when they were two and have been going five full days a week for some time now, despite my not going out to work, as I am still unable to cope with them even for one day, without losing my temper, shouting, crying etc.

Emotional - this is difficult to explain. Just not being with them was what I mainly needed. A horrible state to be in when you have planned a pregnancy and looked forward to their arrival. Now you just hate them, wish they'd never been born and wish you were dead yourself so it would all be over. There was definitely no light at the end of the tunnel.

“ I AM STILL UNABLE TO COPE WITH THEM EVEN FOR ONE DAY ”

three children to live with them for nearly a month when things got particularly bad. Nearly four years on, they still come every morning on weekdays to help get them dressed and out of the house. The biggest

It is very difficult to get emotional support from anyone who has not experienced the condition, but even other sufferers do not comprehend the extra issues associated with twins.”

WHAT ABOUT PARTNERS AND FRIENDS?

Partners have an important role to play, supporting mothers suffering from postnatal depression. It can be extremely upsetting watching her being transformed into a tearful, angry stranger,

who is easily irritated by you and your children. Although there will be difficult times, try to remember PND is temporary. Some suggestions of how you can help are provided below. The advice also applies to anyone else who wants to know how best to help a loved family member or friend suffering from PND.

Of course, fathers can also be affected by PND. Research suggests that up to 1 in 25 fathers experience PND, although this figure may be higher for

PARTNERS AND FRIENDS:

HOW CAN YOU HELP?

PRACTICAL HELP

- Look after the babies, for example take them out for a walk in the buggy so your partner can have half an hour to herself. Play with them while she has a shower/bath or gets dressed. Help with the baby-related chores, especially towards the end of the day when she is likely to be most tired – bathing, giving bottles and putting them to bed.
- **Enjoy time together - making a meal, getting a takeaway or get a babysitter so you can go out together.**
- Help with housework – cleaning, laundry, washing up, etc. Consider asking someone to help or having some sort of paid help if you can afford it (even if it is just temporary until she feels better and the time-consuming baby stage is over).

EMOTIONAL SUPPORT

- **Listen to her. Depression is not caused by faulty reasoning and you will not be able to talk her out of it. Just let her talk honestly, without rejecting the emotions.**
- Encourage your partner to talk to someone and seek professional help – see symptoms earlier in this guide.
- **Restraint is always the best policy. Don't point out bad things (neglected housework, her appearance etc).**
- **Don't blame yourself or try to solve her depression. You should not shoulder the responsibility for how she feels and you cannot personally cure it. The best thing you can do is to persuade her to**

share her feelings and seek outside help.

- **Be patient. Think of your partner as someone who isn't well and encourage her.**
- **Accept her as she is – don't tell her to 'cheer up' or 'snap out of it'. Be aware that PND can cause a psychological see-saw in a relationship where the down position of one could cause the other person to feel 'up' and look down on their partner as a 'mess'.**
- **Act as a buffer from outside stress and upsetting situations. Discourage her from seeing people who bring her down. Remember not all help is helpful! For example if she has a negative relationship with family members who are now thrown back together due to the practical needs of looking after the newborn babies, these relationships may put undue stress and pressure on her, and may exacerbate a depressive episode.**
- **Don't ignore any suicide threats. They may be a cry for help and she may not necessarily act on them, but sadly PND can end in suicide. Encourage her to seek her doctors' advice and if necessary, go with her.**
- **If you suspect she may harm the babies, make sure there is someone with her until she feels better. Don't leave her alone with the babies.**

AND FINALLY...

- **Look after yourself too – it can be deeply distressing and tiring living with someone suffering from depression, as well as coping with multiples.**

fathers of multiples. The pressures of new fatherhood, anxiety about increased responsibility at home, changes in lifestyle, financial worries about being the breadwinner for their newly expanded family and adjusting to the change in their relationship with their partner can trigger PND.

Symptoms of PND are similar for fathers, although men can potentially develop more hostile attitudes as a reaction to their depressive states.

Many men do not talk about their problems and will not seek support if they feel depressed. Even if they do, health professionals often overlook PND in men. Fathers suffering from depression can discuss these feelings with their GP and are also welcome to call Tamba's Twinline (0800 138 0509).

WHAT CAUSES PND?

The exact causes of postnatal depression are unknown. For many women, PND begins for no obvious reason, but a number of different stresses may trigger it. The important thing to remember is you should not feel guilty or that it is your fault. All pregnancies are major life events and can cause stress that triggers an illness such as postnatal depression. Some of the most common causal factors are described below:

PREGNANCY COMPLICATIONS AND DIFFICULT DELIVERIES

Multiple pregnancies are considered to be at higher risk of complications such as excessive vomiting, twin-to-twin

transfusion syndrome (TTTS) and pre-eclampsia. It is therefore not surprising if you feel exhausted and depressed before your babies even arrive. Poor quality antenatal care and a difficult delivery can also trigger PND. It can be hard to come to terms with the fear, pain, and loss of control associated with traumatic births. You may feel angry that the delivery was mismanaged or you were not kept informed. Feelings of disappointment that your babies' birth was a stressful, rather than wonderful experience are also common. If you've had a traumatic birth experience, you may be suffering from a form of post-traumatic stress disorder rather than postnatal depression. It can help to visit the hospital team afterwards and discuss your notes. Reflecting on what happened can help you come to terms with the experience.

THE EXPERIENCE OF HAVING BABIES IN NICU (NEONATAL INTENSIVE CARE UNIT)

Parents of babies in NICU, also known as SCBU (Special Care Baby Unit), are thought to be at greater risk of developing PND, particularly if they have been separated from their baby for an extended period of time. They often describe a sense of 'ambiguous loss' that while they should be celebrating their babies' birth, they are instead coping with feelings of distress, worry, regret, guilt and loss. Some mothers also find that if they are the only parent of multiples on NICU it can be an alienating experience.

FEELING OVERWHELMED BY MORE THAN ONE BABY

As a mother of multiples, it is simply not possible to give each baby the same time

and attention as you could have given a single first baby. The first year is an exhausting time and you may feel that you are being constantly split in two and are not able to give enough time to each child. Feeling this way is understandable and it can take some time to get used to. Indeed, feeling so overwhelmed that you want to walk away from your babies is more common than you might expect, having occurred to 59% of all mothers of multiples in the Tamba survey, including those women who did not suffer from PND. 9% experienced this desire frequently. In some cases, this is simply just a recurring fantasy of booking into a hotel room and having a decent night's sleep (alone!) However, in other cases the feelings are more acute and may lead to self-harming or contemplating suicide.

ILLNESS AND CRYING BABIES

Feelings of being overwhelmed with PND can be most acute when your babies are ill, even if it is just colds, teething problems or stomach upsets. Having one or more baby suffering from colic appears to be a particular trigger for PND in the first three months. One mother has described how "One day I decided I didn't want the babies anymore. I wanted to walk over to my local shopping centre and leave them somewhere, I rang my husband [and told him] what I was going to do, and he came home from work to help me. Both babies had colic and I couldn't cope."

FEELING OVERWHELMED, EXHAUSTED AND DEPRESSED: ONE MOTHER'S EXPERIENCE

"The twins were not good feeders, never taking enough milk to fill them so they were constantly hungry and crying. They fed every three hours and a feed could take up to one and a half hours. They were in a cot in our room and even though we were both exhausted we could not sleep as we lay awake listening to every noise they made, waiting for the cry we had come to dread. My world had been turned upside down; the babies had taken over every room in the house, our sleep, and our lives. I desperately longed for a return to normality but no longer knew what 'normal' was. This was our new normality and it was a nightmare. I still loved them but would not allow myself

to become too attached to them as I was convinced I would not be able to keep them because I could not care for them properly; financially or physically. I was constantly tearful, could find no joy in my beautiful babies, or anything else and resented my husband his imminent return to work and 'freedom'. My parents were frequent visitors, overjoyed at their new granddaughters and more than happy to wheel them proudly out in the pram but they did not understand what I was going through, believing I should be happy to finally have the children I had longed for. On one occasion they even told me to "pull myself together" for the sake of the girls. My state of mind was dangerously low."

LACK OF SLEEP

Exhaustion and fatigue are common problems in the first year of your babies' lives. If you are sleeping less than five hours a night, you are in good company. Only 14% of mothers of multiples have six or more hours sleep in the first year. For many mothers, even these few hours of sleep are frequently broken by night-waking, feeding and settling babies. Although insomnia and early morning waking can be symptoms of depression, it can be difficult to tell whether sleep problems are due to PND or whether you are depressed due to lack of sleep, or perhaps even both. Feelings of emotional distress can seem overwhelming in the middle of the night when there is no-one else awake to talk to. If you need to talk to someone, please see the telephone helplines at the back of this guide (several of which are open 24 hours a day).

REALITY VERSUS EXPECTATIONS OF PARENTING MULTIPLES

When your hopes and dreams of motherhood do not match up to the reality, it can be hard to cope with the feelings of disappointment, sadness, shock and even regret. Unmet expectations can be a particular problem for women who have struggled with the stress of infertility treatment. Research by Australian researcher Dr Jane Fisher and her colleagues at the University of Melbourne suggests that mothers who have had IVF treatment are more likely to suffer from postnatal depression and doubt their abilities as mothers. Your much-longed for babies may be loved, but they may not match up to the fantasy baby that has built up in your mind through the many months of hoping and

waiting to become a mother. Mothers experiencing PND after IVF say they find it hard to talk to friends and family about their feelings in the face of comments like "Aren't you lucky – this is all you've ever wanted?" Women do not always instantly bond with their babies and you should not feel ashamed of initially having the 'wrong' feelings or even no feelings.

SINGLE-BABY ENVY

It is also not unusual to feel robbed of the typical mother-child bond that singletons appear to enjoy. As a mother of two or more, you may struggle to adapt your expectations of what being a mother involves. For example, one mother said she "felt cross about having twins because all my friends were blissfully happy with their one baby, going out easily to baby massage classes, swimming etc. I felt that I was always struggling, that I didn't have time to enjoy my babies or give them the level of intimacy with me that I should because there was always something else that needed doing; it was like a production line of feeding and changing etc. I felt guilty for not being all that happy." Dealing with these feelings will take time, but try to remember that you have enough love to go around and your children will not know any different. It is only ever the first-born singleton who receives their parents' exclusive attention and there can be advantages to not being the eldest or an only child!

LOSS OF IDENTITY

For your first baby(ies), it is quite common to go through a period of mourning the 'old you', particularly if you have no immediate plans to return to work. Some mothers also resent the process of dehumanisation, for example



being called “Twinmum” “Tripletmum” or “Mum” by health professionals. New mothers (and fathers) often describe a disproportionate sense of loss at the thought of missing out on hobbies, going out, not being able to wake up late at the weekends and read the paper in bed – little things which represent their old carefree way of life. Many women also experience a sense of anticlimax once the excitement of pregnancy and childbirth is over; they enjoy being pregnant, the sensation of carrying their babies, the care lavished on them and the interest they receive from strangers, especially in a high-risk pregnancy like a multiple birth. Much as you may love your new babies, it is possible you may feel slightly resentful that they are now the centre of attention while nobody seems bothered about how you are anymore.

ISOLATION

Given all the time-consuming activities that caring for two babies involve, you may find it difficult to leave your home as much as you might like or be used to. Indeed, Tamba’s 2008 survey found that mothers of multiples are frequently alone, with half of mothers (48%) spending less than an hour a day talking to another adult. Loneliness is strongly associated with PND and you may find yourself getting trapped in a vicious cycle, whereby you no longer want to talk to other people or feel others will not enjoy your company. As one mother described, “My PND meant I felt very isolated and alone. I did not enjoy doing things and started to withdraw from going out. I genuinely felt that everyone would be better off without me”. While it will undoubtedly be difficult to get out, it is important that you have contact with the outside world, be it speaking

to old friends and family members, or joining your local multiples club or baby/toddler group. Not all interaction is positive however, and it may be wise to wait until you feel strong enough in yourself before being around people who are not supportive, make you feel uncomfortable, or find faults in your parenting. There are several websites where mothers of multiples or women experiencing PND can chat with each other and this can be a helpful support mechanism (see resources at the back of this guide). There are also several freephone numbers, which you call and talk to a sympathetic person, including TAMBA’s own Twinline (0800 138 0509).

PERSONAL HISTORY OF DEPRESSION OR NEGATIVE LIFE EVENTS

PND is more common in mothers who have previously had episodes of depression or mental health issues. A history of depression in family members also increases the risk, probably via genetic (inherited) factors. If you have had any previous experience of depression, you may want to let your GP know so you can be monitored more closely and early action taken if symptoms occur.

Becoming a parent can also trigger many emotions and evoke memories of negative life events such as bereavement, miscarriage, termination or loss of a baby, or an unhappy childhood marred by violence, abuse or loss of a parent. For example, one mother described struggling with PND and having “real difficulty dealing with the past and this was haunting me day and night, 24 hours a day”. In twins and higher order multiples (triplets and quads), loss of one of the babies may also increase the risk of PND.

WHAT CAUSES PND?: ONE MOTHER’S EXPERIENCE OF A TRAUMATIC BIRTH, PREMATURE MULTIPLES IN NICU, FEELING ISOLATED AND ALONE

“The birth of my now 4 year old identical twin boys was pretty traumatic. They were born at 27 weeks gestation, unexpectedly. When it was clear that I was in labour and it was progressing, we were told there were no neonatal cots for the boys, which I now know is not unusual but was scary. There was also confusion as to whether I would deliver the boys “naturally” or

been made better I think. Going straight to a side room and sorting out the camera would have made a big difference.

The boys were in hospital for three months and had a very stormy time. They were also colonised with MRSA which meant I was not allowed to mix with the other mothers which was very isolating. I was not offered any counselling on

the unit but the nursing and medical teams were very supportive and very open and easy to talk to. Also when the boys were discharged we were advised to avoid big gatherings of people because it was winter, and the boys had poor immunity and

“ THE NURSING AND MEDICAL TEAMS WERE VERY SUPPORTIVE AND VERY OPEN AND EASY TO TALK TO ”

have a C-section, even scarier. Eventually two cots were produced and I had an emergency C-section, signing the consent form on the trolley on the way down.

I was taken to the postnatal ward afterwards and placed in a 4 bed bay with the other mothers and their babies. I had not seen my boys at this time, although I was told they were stable. I gather the hospital normally tries to get a photo of the baby/ies for the mothers to see but there was a problem with the camera or something. That was a difficult night: listening to all the babies crying and being fed and cuddled. I asked for a single room first thing in the morning, and I was moved later that day. This could have

were likely to be admitted to hospital again if they became unwell. So no going to Twins Clubs etc; again quite isolating. Interestingly, I was offered counselling when the boys were home but couldn’t access it as I had no childcare arrangements.

When the boys were 15 months old, we moved to a new city. I didn’t know anyone and planned to join the Twins Club or playgroup or something, but it was winter again and one of the boys caught bronchiolitis and was admitted to hospital, so I put making friends on hold again. More isolating, and also I think it brought back memories of the first three months”.

LACK OF PRACTICAL AND EMOTIONAL SUPPORT

Trying to look after two or more babies on your own is physically and emotionally wearing and lack of support is a key cause of PND. Unfortunately not all mothers have people around who can help them. Single mothers, women whose partner works long hours or travels frequently, and women living far from their extended family are particularly vulnerable, but so too are mothers with elderly parents or strained relationships with their family, especially if they do not want to help. Talk to your health visitor or doctor if you are struggling to cope, as there may be some local support available (college students, Homestart, community nursery nurses), but even this is often limited to a few hours a week and may not be available where you live.

CHANGING BODY IMAGE

Feeling uncomfortable with your new body image can be a source of disappointment for many mothers. It can be quite a shock to see the exhausted woman looking back at you in the mirror still wearing maternity clothes well into the first year, but it takes time for your body to recover and for you to mentally adjust to your altered body shape. Be kind to yourself and remember your body has just done something wonderful – carried and given birth to more than one baby.

NON-BABY RELATED STRESS:

Financial and job concerns can often be enough to trigger postnatal depression, as can other worries or bad events

happening in your life. When possible, it can help to talk about these feelings with your partner, family member, friend or professional.

WILL PND RECUR?

If you have previously had postnatal depression, you are at a higher risk of developing PND and other types of depression again, although there are no precise figures for a recurrence. You and your family should be alert to the symptoms and seek help at the earliest opportunities. Practical steps you can take involve arranging plenty of support for the first few weeks and months, particularly to help care for older children (e.g. Homestart). If you can afford it, paid help like doulas or maternity nurses can be useful.

Many mothers are also advised to take extra precautionary measures from late pregnancy onwards. Your doctor, midwife or health visitor may be able to arrange extra psychological support during pregnancy and in the period immediately after the birth.

Some GPs offer a very low-dosage anti-depressant during the latter stages of pregnancy and then increase the dosage after the birth; others recommend starting antidepressants immediately after the birth. Although it is always preferable to take as little as possible in the way of medication during pregnancy, some doctors believe that the risks need to be balanced and in some cases the benefit to the mother outweighs the risk to the baby.

LIFE AFTER PND

When your depression finally lifts, you may have mixed feelings about what to make of the whole experience. Some mothers are embarrassed and feel guilty about how it affected their partner and family. Others are pragmatic, acknowledging that it is something that happens to a lot of new mothers. Unlikely as it may seem, it is possible that the depression can make a positive long-term difference to your life. Going through PND can be a learning process and help you to come to terms with unresolved issues, especially if you have had professional help. Some women say the experience has made them a more compassionate person and more aware of other people around them. They now look out for other mothers of multiples who are struggling, often by becoming

actively involved in their local multiples club. You may be surprised at how many other people suffer from depression and how much you have to offer them, even if it is just a sympathetic ear. PND is not the end – there is life afterwards.

AFTER PND: ONE MOTHER'S EXPERIENCE

“It has been very much ‘doom and gloom’, [but] I now have the most amazing relationship with my daughters. I love them to bits, am extremely proud of them and have many happy memories of their childhood. They, as everyone assured me at the time, are blissfully unaware of their traumatic start in life.”



RESOURCES

The Twins and Multiple Births Association

(TAMBA) 2 The Willows, Gardner Road,
Guildford, Surrey, GU1 4PG,
Twinline: 0800 138 0509
www.tamba.org.uk

The Association for Post Natal Illness (APNI)

145 Dawes Road, Fulham, London, UK, SW6
7EB. Tel: 020 7386 0868
<http://apni.org/>

Birth Trauma Association

PO Box 671, Ipswich, Suffolk, IP1 9AT
www.birthtraumaassociation.org.uk

Breastfeeding Network - for advice on
breastfeeding.

www.breastfeedingnetwork.org.uk

BLISS (for babies born too soon, too small,
too sick) 9 Holyrood Street, London, SE1 2EL.

Family Support Helpline (freephone):
0500 618 140

www.bliss.org.uk

Contact a Family (for families with
disabled children)

209-211 City Road, London EC1V 1JN.
Free helpline: 0808 808 3555

www.cafamily.org.uk

Cry-sis (for families with a crying baby)

BM Cry-sis, London, WC1N 3XX.
Helpline: 08451 228 669

www.cry-sis.org.uk

Gingerbread Association (for single parent
families) 255 Kentish Town Road, London,
NW5 2LX. Freephone: 0808 802 0925

www.gingerbread.org.uk

Homestart (support and friendship for
families) Freephone: 0800 068 63 68

www.home-start.org.uk

La Leche League (Information and support
on breastfeeding) PO Box 29, West Bridgford,
Nottingham, NG2 7NP. Helpline: 0845 120 2918
www.laleche.org.uk

Meet a Mum Association (MAMA) 26 Avenue
Road, London, SE25 4DX. Tel: 0208 771 5595

www.mama.co.uk

MIND (National Association for Mental Health)
PO Box 277, Manchester, M60 3XN. MIND Info
line: 0845 766 0163

www.mind.org.uk

Mumsnet forums on 'Mental Health' and
'Multiple Births':

www.mumsnet.com/Talk

Multiple Births Foundation (MBF) for
information and resources on multiple births

www.multiplebirths.org.uk

The National Childbirth Trust (NCT)

Alexandra House, Oldham Terrace, Acton,
London W3 6NH. Tel: 0208 992 8637

www.nctpregnancyandbabycare.com

Netmums for parenting information about
what is going on in your local area and with
forums for mums to chat to each other

www.netmums.com

Post Natal Illness (PNI) website and forum:
www.pni.org.uk

RELATE (for couple and family guidance)

Premier House, Carolina Court, Lakeside,
Doncaster, DN4 5RA.

Telephone: 0300 100 1234

www.relate.org.uk

The Samaritans (to talk to someone if you're
feeling in any type of emotional distress) Chris,
P.O. Box 9090, Stirling, FK8 2SA.

Phone: 08457 90 90 90
www.samaritans.org

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IMAGE: DEAN WILLIAMS, MALPALLU

RECOMMENDED READING



APNI (2009) Post-natal Depression Leaflet, Available at: <http://apni.org/Post-Natal-Depression-Leaflet.html>

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Twinline is a national, confidential, listening and emotional support service for all parents of twins, triplets and more, and the professionals involved in their care. It is staffed by trained volunteers who are parents of multiples.

**Twinline is open everyday from 10am to 1pm
and from 7pm to 10pm on**

0800 138 0509 (Freephone)

