

PREVENTION AND MANAGEMENT OF POSTPARTUM DEPRESSION IN WOMEN

Training Manual

Facilitator's Guide



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A publication of the **Initiative for Women and Girls Right Advancement (IWOGRA)**

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Cover Page: Logo of the Postpartum Depression Recovery and Support Group in Nigeria Facebook Group.



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FORWARD

Postpartum depression is a phenomenon with interfaces in women's wellbeing, because it stands out as a contradiction in their lives and resulting in negative changes to their physical, mental, emotional and social wellbeing. In Nigeria, postpartum depression is common in women after childbirth and has not received adequate attention even though it is a long lasting, complex and a global problem. It requires attention and effort from a wide range of actors thereby giving rise to the need for immediate redress.

Postpartum depression is one among many health concerns for women. Diverse actors, organisations, professions, and sectors have responsibility for taking action to ensure appropriate support for women experiencing postpartum depression, to strengthen systems and structures for addressing postpartum depression in Nigeria most especially to establish effective prevention strategies.

Although there are many resource materials for the prevention and management of postpartum depression in women, many partners, healthcare providers and community members are not aware of their specific responsibilities and many have not been trained to carry them out. Additionally, effective postpartum depression prevention and management requires good interagency planning, coordination, collaboration, and communication.

The Initiative for Women and Girls Right Advancement (IWOGRA) works closely with healthcare Councils and agencies, NGOs, and others to fill training gaps and resolve issues of training, planning, and coordination. It is hoped that the publication and dissemination of this Training Manual will help to strengthen these efforts and expand training resources in the field for addressing postpartum depression.

This Training Manual is being published to be used in the field in order to educate women and girls, and relevant stakeholders on prevention and management of postpartum depression. The contributions in this Training Manual present a comprehensive and rigorous overview of the salient issues and major information that focuses on addressing postpartum depression. I believe that this Training Manual is timely and the information therein, if implemented, can ensure a reduction in cases of women who experience postpartum depression after childbirth.

Nkechi Obiagbaoso-Udegbonam
Founder & Executive Director
Initiative for Women and Girls Right Advancement (IWOGRA)



ACKNOWLEDGEMENT

This Training Manual is developed with the full participation of pregnant women, nursing mothers and adolescent girls whom the manual is specifically designed for. It captures the voices of women, girls, men, boys and traditional leaders of Jikwoyi, Dutse-Pe and Chika communities in the Federal Capital Territory.

We appreciate the participation of gender experts and psychologist of women's right organisations like Women's Rights Advancement & Protection Alternative (WRAPA), Stand With A Girl (SWAG) Initiative, and Christian Women for Excellence and Empowerment in Nigeria Society (CWEENS) in the manual review process. We also appreciate the participation of nurses, midwives and doctors of government agencies and healthcare centres like Primary Healthcare Department of Abuja Municipal Area Council, Nursing and Midwifery Council of Nigeria, and Primary Healthcare Centre, Dutse-Alhaji, FCT in the review process.

Sincere appreciation goes to the IWOGRA Team, Nkechi Obiagbaoso-Udegbonam, Executive Director and Juliana Utaji, Program Officer for their relentless efforts and sacrifices in developing the manual. Also to Emmanuel Duke, Finance Officer and Franklin Obi, Volunteer for their immense contributions during the review process.

Our heartfelt gratitude goes to ActionAid Nigeria and Global Affairs Canada for funding the publication of this manual. Their financial support is highly acknowledged.

This manual is also indebted to previous works and animations that have been published and produced on postpartum depression which were used as resources. Proper acknowledgment has been done in the reference section.



INTRODUCTION

This Training Manual is a resource of IWOGRA and developed in 2022. It was prepared to meet the need of both women with postpartum depression, healthcare providers who treat these women, women facilitators and other support groups who might have a need to use the information for other engagements. The uniqueness of the Training Manual lies in the fact that it addresses postpartum depression in women, an issue that has received less attention and which continues to interfere with the enjoyment of the exercise of women's sexual and reproductive health and rights, and mental health.

For in-depth learning especially among community women, pictorial illustrations were used for mind engagements. The structure of the Training Manual enables the Trainer to conduct a 3-day training and workshop. The training begins with discussions and training about postpartum depression, the types, signs and symptoms, causes, risk factors and myths around postpartum depression that will lead participants to a clear understanding of the meaning of the term “postpartum depression.” The Training Manual continues with the importance of treating postpartum depression, different treatment methods and the importance of women caring for themselves after childbirth. The manual also covers the actions to take to aid recovery and the different roles of partners, healthcare providers and community members in supporting the recovery of women experiencing postpartum depression.

At the end of the manual, there is a Revision Section which provides a summary of key learnings, Reflections and Actions from the units. The 3 days training in this manual can be augmented by other training materials like IWOGRA's *Rising Above Violence Against Women and Girls in Nigeria* simplified publication for grassroots engagement and ActionAid Nigeria's *Women Peer Education Resource Kit*.



Training Manual Purposes

The purpose of the Training Manual is to meet the unmet needs of women with postpartum depression. It's also to build the capacity of women, their partners, healthcare providers and their communities to prevent and respond to cases of postpartum depression. The Training Manual builds individual knowledge, understanding, and skills while building a sense of teamwork and collaboration in addressing postpartum depression.

Goal

To contribute to the reduction in cases of postpartum depression among women.

Objectives

1. To build the consciousness of women and girls on postpartum depression especially as it affects their reproductive, mental health and overall development issues.
2. To educate women and other users about the different treatments and recovery from postpartum depression.
3. To create awareness and build support for preventing and managing postpartum depression in mothers.

Who is this Manual for?

The Training Manual is designed to cover the needs of women in the postpartum period. It will guide women in the postpartum period to make positive changes in their postpartum experience. It will provide women with requisite information to further seek help from healthcare providers, mental health nurses, and midwives, depending on the severity of the case. It can be used by women in the communities, women peer educators and women facilitators.

The training manual is also designed for healthcare providers like midwives, nurses, psychosocial workers, and counsellors. It will provide them with information to empower women and manage postpartum depression.

The training manual is also designed for partners and immediate relations of postpartum mothers and their lived communities. It provides them with the information to help provide necessary support to postpartum mothers and assist in the prevention and quick recovery from postpartum depression.

Trainer Qualifications

It is recommended that trainers be knowledgeable about postpartum depression and recommended interventions by first going through the Training Manual and understanding its content. The trainer should also be able to communicate in the language the participants understand.

Training Materials

The Training Manual is designed to help participants learn about postpartum depression. Each participant should have a copy of the Training Manual so they are familiar with the information contained in the Training Manual during the training. Throughout the training, participants should be instructed to open the relevant pages being discussed at any point in time.

Also, other training materials like flip charts, pens, jotters, markers, flash cards should be made available for effective learning.

Training Methods

A variety of training methods can be used in each of the units. The method adopted should be participatory and interactive. The manual contains illustrations that can lay the foundation for discussions when deploring the manual. Training methods include role plays, small/large group discussions, individual work, games/brainstorming, exercises, experience sharing and evaluation. Facilitators should avoid lengthy discussions to avoid boring the participants. The training method to adopt should be dependent on the participants' level of understanding and assimilation.

Introductions

Conduct some types of introduction activity so that all participants are aware of who is in the room (names, work place, community and any other information participants are comfortable sharing.) Where time will be limited, introductions should be shortened. Participants will learn more about each other as the training continues.

Expectations

Trainers should ask participants to share their expectations for the training. Understanding expectations will give trainers the opportunity to know the conceptions of the participants for the training and also clarify any misconceptions. The trainer will also be able to state ahead of the training, any expectations that may not be met during the training. If there are expectations that will not be met during the training, the trainer should explain where interested participants can gain access to such knowledge.

Training Venue and Room Layout

Care should be taken when selecting the venue for the training. The venue can be a healthcare centre, hotel, conference centre or community spaces depending on the target group, number of participants and funding.

The choice of venue should be disability friendly and spacious enough to allow for group works and role plays. Also, the sitting layout advised is a semi-circle or horseshoe shape to allow participants face one another.

Timeframe and Duration

Each unit begins with a central focus and general information about the purpose of the unit. Therefore, there is no specified time for the completion of each unit in the manual. This is because the number of participants and available time will determine the timeframe. However, a unit in the manual is estimated to be done in two hours, though it can be shortened or lengthened depending on the facilitation method adopted. The entire manual can be covered in three sessions either within three consecutive days or once a week for three weeks.

Revision of previous session

Trainers are advised to start a new session with a recap of the unit treated during the previous session. This enables the trainer to assess the points that were captured by participants from the previous day's session, what they reflected on and also track participants' progress.



Unit 1: UNDERSTANDING POSTPARTUM DEPRESSION

CENTRAL FOCUS

This unit focuses on the postnatal health and wellbeing of women after childbirth especially as it relates to postpartum depression. It addresses the physical, emotional and psychological wellbeing of a woman after childbirth. It gives a clear understanding of postpartum depression, its signs and symptoms, the risk factors associated with it, the myths and facts of it and a case study. The unit also contains a set of objectives which defines what the unit seeks to achieve and discussion guide which contains a set of questions that could direct the flow of facilitation. Also, there is a segment for key information where the facilitator is required to provide basic knowledge about the topic of discussion. The unit ends with a Reflection and Action that reinforce learning from the unit and get the participants to put into practice, the learnings from the unit.

OBJECTIVES

- To educate women, their partners and healthcare providers on the meaning of postpartum depression.
- To explore the types of postpartum depression, signs and symptoms, the risk factors associated with postpartum depression and postpartum depression myths and facts.
- To understand how to prevent postpartum depression.



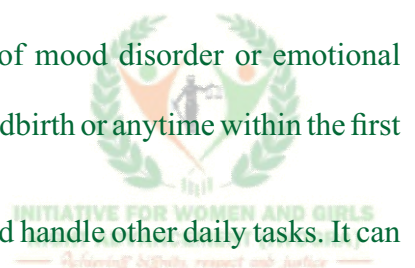
DISCUSSION GUIDE

- What do you see in the pictures above?
- What do you think the woman is feeling?
- What do you think are the causes of these feelings?
- Have you heard about postpartum depression? If yes, what does it mean?
- Can you recognize the signs and symptoms of postpartum depression?
- Do you know what causes postpartum depression?
- What are the risk factors associated with postpartum depression?
- How can we respond to the needs of our partners when experiencing postpartum depression?
- Have you experienced postpartum depression or know of someone who has experienced or is experiencing postpartum depression? If yes, can you share?

FACILITATOR'S KEY INFORMATION

Meaning of postpartum depression

- Postpartum depression is also called postnatal depression. It is a type of mood disorder or emotional condition that can affect a woman's mental health after childbirth.
- Postpartum depression can begin during pregnancy, immediately after childbirth or anytime within the first year of childbirth, miscarriage or stillbirth. It is intense and last longer.
- Postpartum depression can affect a woman's ability to care for her baby and handle other daily tasks. It can change a woman's mood, behaviour and outlook.



Types of postpartum depression

Mothers can have different mood changes after giving birth. These mood changes can be described differently depending on how severe they are. There are three types of postpartum depression and they are:

1. **Baby blues:** This happens to mothers immediately after childbirth. It can be changes in mood like sudden feeling of sadness, crying for no reason, feeling impatient, restless and anxious. Baby blues may last for a few hours or for 1 or 2 weeks after childbirth. Treatment is not usually needed for baby blues but it is advised that mothers with this type of postpartum depression join a support group or talk with other mothers for help.
2. **Postpartum depression:** This can happen a few days or even months after childbirth. Postpartum depression can happen after the birth of any child and not necessarily after the birth of the first child. The feelings are similar to that of baby blues but they are stronger and last longer. Postpartum depression requires treatment because it can affect a mother's ability to function. Women should be reassured that postpartum depression is a treatable illness.
3. **Postpartum psychosis:** This is a very serious mental illness that can affect mothers especially new mothers. It usually happens within the first 3 months after childbirth. Mothers with postpartum psychosis can start hearing or seeing things no one is hearing or seeing and can have other postpartum depression symptoms. Mothers with postpartum psychosis need urgent treatment because they are at risk of hurting themselves, their child or someone else.

Signs and symptoms of postpartum depression

The signs and symptoms of postpartum depression are:

- Persistent sadness
- Anxiousness or depressed mood
- Severe mood swings
- Frustration
- Crying spells for no obvious reason
- Irritability
- Restlessness
- Anger
- Feelings of hopelessness or helplessness
- Panic attacks or excessive worrying or guilt
- Shame
- Worthlessness
- Low self-esteem
- Emptiness
- Exhaustion
- Inability to be comforted
- Feelings of inadequacy or resentment towards the baby
- Feeling inadequate in taking care of the baby
- Thoughts of self-harm or suicide
- Lack of interest or pleasure in usual activities
- Low desire for sex
- Changes in appetite
- Fatigue (decreased energy and motivation)
- Poor self-care
- Social withdrawal from family and friends
- Reduced social interactions
- Insomnia (sleeplessness or excessive sleep)
- Worry about harming self, baby, or partner
- Excessive headaches, heaviness in the head or feelings like your brain is exploding.

Causes of postpartum depression

The exact cause of postpartum depression in women is unclear, but it is believed to be a combination of physical, psychological, emotional, genetic, and social factors. These may include:



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- Hormonal changes
- Age of the mother at the time of the pregnancy (the chances are higher with younger mothers)
- Having a child with special needs or health conditions
- Sleep deprivation
- Emotional issues like stress between partners or family members
- Lack of help and support to manage the newborn
- Previous history of major depression or mood disorder
- Family history of depression or psychiatric illness
- Stressful events during pregnancy
- Drug use disorder
- Being in a marital relationship that is perceived as unsupportive
- Unintended pregnancy
- Experience of sexual or domestic violence
- Financial difficulties
- Negative life events like the death of a parent or partner
- Lack of awareness of postpartum depression during pregnancy
- Culture/tradition especially as it relates to child marriage.

Risk factors for postpartum depression

The possibility of a woman experiencing postpartum depression can also be associated with some risk factors like:

- Administration of labor-inducing medication
- Chronic illnesses such as diabetes
- Genetic history of postpartum depression
- Hormone irregularities
- Inflammatory illnesses such as asthma
- Prenatal depression or anxiety
- Personal or family history of depression
- Moderate to severe premenstrual symptoms
- Stressful life events experienced during pregnancy
- Birth-related trauma
- History of sexual abuse
- Childhood trauma
- Disability of the mother or child
- Previous stillbirth or miscarriage
- Formula-feeding rather than breast-feeding
- Low self-esteem
- Childcare or life stress
- Expectations of yourself or your partner's expectation of you
- Low social support
- Poor marital relationship or single marital status
- Low socioeconomic status
- Lack of strong emotional support from partner, family, or friends
- Infant temperament problems
- Unintended pregnancy
- Breastfeeding difficulties
- Maternal age
- Family food insecurity
- Violence against the woman
- Financial constraints.

Postpartum depression myths and facts

Some people believe in some myths (widely held but false belief or idea) on postpartum depression. Some of the myths are:

- You can 'snap' out of your depression.
- Depression will not affect your mothering skills or your baby.
- You won't recover from postpartum depression.
- Only 'weak', 'lazy', or 'bad' mothers get depressed.



- Only 'weak', 'lazy', or 'bad' mothers get depressed.

The myths around postpartum depression are not correct because postpartum depression can be treated which makes recovery possible. The following are the facts about postpartum depression:

- Women don't just snap out of postpartum depression. Mild postpartum depression can be treated with counseling and/or medication while moderate to severe postpartum depression can be treated with medications that will help reduce the duration of the symptoms.
- When postpartum depression is not treated, it may affect a mother's ability to bond with her baby and the baby may be more bad-tempered or less attentive than others.
- With adequate treatment, a mother will recover from postpartum depression. Major depression is a biological illness (chemical imbalances in the brain) that can pass down through the family. A mother may not know that she is depressed because she is busy caring for her newborn.

Prevention of postpartum depression

Postpartum depression can be prevented if:

- Women and girls are well informed about postpartum depression, types of postpartum depression, signs and symptoms, the risk factors associated with postpartum depression and postpartum depression myths and facts they need to look out for prior to being pregnant.
- Nurses and midwives consciously and intentionally educate expectant mothers and nursing mothers on postpartum depression during antenatal and postnatal classes.
- Pregnant women identify support groups to join before childbirth or get connected to a psychologist and healthcare provider for counselling and therapies when they notice mild symptoms of depression.
- Mothers visit healthcare providers for early postpartum checkups in order to look out for symptoms of depression.
- Nurses and midwives are well trained on managing and treating postpartum depression.

How to respond to the needs of our partners when experiencing postpartum depression

- Do not forget the needs of your partners during postpartum so they also do not suffer depression.
- As a postpartum mother, try to check your emotions and be emotionally available for your partner.
- Try to identify the unsolved needs of your partner and clarify roles that will help in addressing his unsolved needs.
- Take control of what you can and not intentionally overburden your partner.
- Make self-care a priority by taking care of yourself after childbirth.

A Case Study of Postpartum Depression

Paulina is a woman who was a loving aunt to her nieces and nephews. She is a business woman who sells cloths and shoes in Wuse market, Abuja. Paulina has been longing to be a mother, which finally happened in her late-30s. It was a happy moment for Paulina, as she had been dreaming of being a mother. She was anxious throughout her pregnancy and worried that her baby would not be normal due to family history and age. However, after a vagina delivery, she was relieved to see her healthy son.

Within a month after his birth, her mood deteriorated. She became sad, anxious, had low self-esteem, experienced constant mood swings, lost interest in the child and her husband, and she began thinking of harming herself and her son. She started having images of drowning her son and could not understand why she was having these images as she wanted nothing more than to have a healthy, happy son. She became increasingly anxious and was afraid to be alone with her son, especially when she was bathing him.

Paulina recognized that what she was experiencing was irrational, but the more she tried not to think about it, the more they occurred. She was afraid to talk about what she was experiencing because she did not want others to think that she was crazy or that she was an unfit mother. Her worst fear was that her son would be taken away from her.

After much pondering, Paulina decided to see her doctor and was diagnosed with Postpartum Depression. She was

informed that what she is experiencing is experienced by most mothers after childbirth and reassured that having these feeling and thoughts did not mean that she was a bad mother. She was also reassured that she was unlikely to act out these thoughts.

Paulina was given a short course of an anti-anxiety medication to treat her panic attacks and was started on an antidepressant medication. Paulina was referred for psychotherapy/counselling to help her deal with her transition to her new role as first time mother. She was encouraged to spend time with her son and not to avoid being alone with him. Through therapy, Paulina was able to recognize how her own thoughts and behaviours influenced her mood and her level of depression. She was encouraged to do regular breathing and relaxation exercises. She was also advised to find a support group where she will be in the midst of women who have experienced postpartum depression and learn how they treated theirs. Her husband was also counselled to understand postpartum depression and to provide necessary support and care Paulina needed to recover speedily. To ensure Paulina recovers speedily, her husband took turns in taking care of the baby and house chores and within 3 months, Paulina's fears were over and she took it upon herself to educate other women on postpartum depression.

- Identify and discuss the issues in the case study.

REFLECTION AND ACTION

Experiencing postpartum depression does not make you a crazy person or a bad mother. About 80% of mothers' worldwide experience postpartum depression after childbirth. It is okay to talk about it and seek treatment when experiencing postpartum depression.



CENTRAL FOCUS

This unit focuses on how women can manage their postnatal health and wellbeing. It refers to the need for women to take care of themselves after childbirth and get appropriate treatment and support to make a full recovery from postpartum depression. The unit contains a set of objectives which defines what the unit seeks to achieve, and discussion guide which contains a set of questions that could direct the flow of facilitation. Also, there is a section for key information where the facilitator is expected to provide key information about the topic of discussion. The unit ends with a Reflection and Action that reinforce learning from the unit and get the participants to put into practice, the learnings from the unit.



OBJECTIVES

1. To educate women of reproductive age on the need to treat postpartum depression.
2. To educate women about the different treatments of postpartum depression.
3. To help women realize that postpartum depression is a mental health condition that should not be ignored.

DISCUSSION GUIDE

1. What do you see in these pictures?
2. Why is it important to treat postpartum depression?
3. How is postpartum depression treated?
4. Can lack of treatment of postpartum depression affect a woman's health and wellbeing?
5. What happens when postpartum depression is not treated?

FACILITATOR'S KEY INFORMATION

Importance of treating postpartum depression

Postpartum depression is a serious illness which, if not treated, can have long term consequences for both the mother and her child. This is because our body, mind, thoughts, emotions, behaviours and habits are affected when we are depressed.

If we don't treat postpartum depression, we may develop a long-lasting mental illness that will lower the quality of life. These can give rise to:

- Anger issues

- Isolation
- Emotional detachment from child
- Disinterest in sex leading to strain in partner's relationship that sometimes lead to either separation or divorce
- Murder especially killing her child when she is psychotic and loses contact with reality
- Postpartum death
- Health challenges
- Loss of memory
- Suicidal tendencies and possible suicide
- Having an infant that will develop insecure attachments with the mother and also subsequent difficulties in interpersonal relationships
- Having an infant who cry more or show less emotion because of limited emotional connection with the mother.

Types of treatments for postpartum depression

We can treat postpartum depression through a combination of medicines, counselling, support groups, and self-help.

1. Self-help strategies

Self-help strategies is considered the most effective way to treat postpartum depression. It helps us care for our health and mental wellbeing. We can take simple steps like eating a well-balanced diet, exercise, have good sleep habits, managing our stress and relaxing our body. We might require other medications where self-help strategies are not reducing our depression.

2. Psychotherapy/counselling

We can improve our mental health and treat postpartum depression by going for other no-medication options like psychotherapy/counselling. Psychotherapy/counselling is a talk-therapy used by mental health psychologists to help women with mental illnesses and emotional difficulties have a change of behaviour, increase happiness and overcome problems associated with postpartum. Those with mild depression can go for no-medication options such as:

- **Cognitive-behavioural therapy** which is a form of psychotherapy/counselling. It can be used to identify different forms of negative thinking and how they pile up as a result of postpartum depression. This negative thinking can be about committing suicide or killing our infants. This therapy helps us take active roles in dealing with our depression and solving our problems.
- **Interpersonal therapy** which helps us pay attention to what must have caused the depression in the first place. We will first have to identify the kinds of difficulties we are experiencing, and how becoming a mother is affecting our relationships especially for first-time mothers. The lack of support from family members, friends and co-workers can lead to postpartum depression that requires interpersonal therapy.
- **Group therapy:** Women experiencing postpartum depression can get involved in group therapy in order to receive emotional and social support. Being in a group helps women have a better understanding of postpartum depression, learn a variety of skills for managing postpartum depression and educate partners or close relatives about postpartum depression.
- **Family and marital therapy:** Family and marital problems may affect our mood during pregnancy or after childbirth and contribute to postpartum depression. Therefore, family and marital therapy can be used to help women go through postpartum adjustments like mood disorders. Partners and family members should play a crucial role in helping a woman adapt to the demands of marriage, the baby, and the family. A poor marital relationship can contribute to depression in the postpartum period while a stable marital relationship helps address postpartum depression.
- **Psychoeducation:** Education like psychoeducation for women experiencing postpartum depression like mood disorders and their families is an important part of treating postpartum depression. It helps the woman and her family understand the disorder, available treatment options, and ways to manage the disorder successfully. It can be education on counseling, self-help or a combination of approaches.

3. Medications

Depending on the level of mental disorder being experienced by a woman, medications like Antidepressant can be prescribed by a physician or a psychiatrist. It is usually prescribed for women experiencing moderate to severe postpartum depression. It may take 4 to 6 weeks to know if the antidepressant the woman is taking is working for her. Sometimes one antidepressant may not be effective or may have bad side effects. In such cases, it may be necessary to try another antidepressant. We should not take or stop our medication(s) without consulting our healthcare provider.

REFLECTION AND ACTION

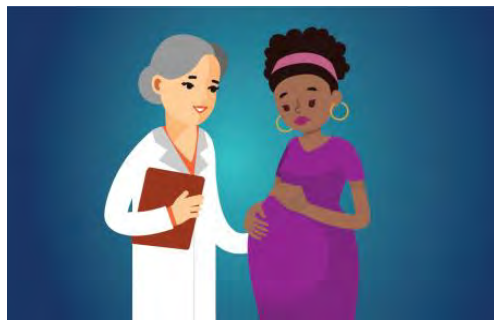
- Treatment of postpartum depression is very important in the management of our wellbeing and mental health.
- Our mental health can be improved upon if we practice one or more of the treatment methods for managing postpartum depression.
- We should choose a therapy method on the advice of a healthcare provider.
- Self-medication should not be taken without consultation with a physician or psychiatrist who will recommend appropriate antidepressant medication.
- We should provide necessary support to pregnant women and postpartum mothers in order to prevent the likelihood of mood disorders.



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CENTRAL FOCUS

This unit focuses on how women can recover from postpartum depression and get necessary supports needed to have a balanced mental health that will aid the enjoyment of the exercise of their reproductive rights. It has information on the places and people women experiencing postpartum depression can go to for help and support. The unit contains a set of objectives which defines what the unit seeks to achieve, and discussion guide which contains a set of questions that could direct the flow of facilitation. Also, there is a section for key information where the facilitator is expected to provide key information about the topic of discussion. The unit ends with a Reflection and Action that reinforce learning from the unit and get the participants to put into practice, the learnings from the unit.



OBJECTIVES

1. To educate women about the places they can get help from when they experience postpartum depression.
2. To discuss the important ways women can improve their mood and lessen postpartum depression.
3. To explain the roles of different support groups in the prevention and management of postpartum depression.

DISCUSSION GUIDE

1. What do you see in these pictures?
2. Where can a woman go to for help when she is experiencing postpartum depression?
3. How can women improve their mood and lessen postpartum depression?
4. What can a partner do to support a woman experiencing postpartum depression?
5. What can healthcare providers do to support a woman experiencing postpartum depression?
6. What can the community do to support a woman experiencing postpartum depression?

FACILITATOR'S KEY INFORMATION

How mothers can improve their mood and lessen postpartum depression

- Mothers should go for regular blood pressure checks before and after childbirth. This will help to keep them in check.
- When mothers notice changes in their mood or are experiencing postpartum depression, they can seek help from their family doctor, maternal healthcare nurse or midwife, community healthcare centres, psychiatrist, mental health centres, psychologists, counsellors, local support groups and internet resources.
- Mothers can take care of their brains, bodies, souls and improve their sense of well-being and self-esteem by having a good nutrition even during difficult times like sudden overeating or lack of appetite, and avoid self-medication with alcohol and drugs.

- Mothers can improve their mood and lessen postpartum depression by having good nourishment, understanding their postpartum depression, having enough rest and relaxation, exercising, reactivating their lives by doing the things they love to do, challenging negative thinking habits and solving their problems effectively.
- Postpartum depression affects all areas of a mother's life including how she feels, her thoughts, what she says, what she does as well as her relationships, work life, finances and more.
- Mothers should improve their mental health by making small positive changes in all areas of their lives because postpartum depression brings about negative changes that can affect their mental health and wellbeing.
- Mothers should understand themselves and their situations, and increase their ability to care for themselves and others.
- Mothers should avoid heavy activities, heavy meals, and drinking alcohol before sleeping. Mothers should have a to-do list in order to manage daily stresses and consult their healthcare provider if they are constantly having interrupted sleep as a result of nursing their babies.
- Mothers can reduce the risk of developing postpartum depression and improve their mental and physical wellbeing by engaging in regular exercise or yoga meditation.
- After childbirth, mothers should not stop taking care of themselves or stop doing the things they normally like. Once they stop doing the things they use to like, their lives become duller and depressing and this worsens postpartum depression.
- Mothers should stop seeing themselves negatively after childbirth especially as it relates to their body changes but see the positive things about their lives.
- Mothers should identify their support network and they may come from the following people: partner, family and extended family, friends, neighbours, co-workers, religious communities, hotlines, postpartum depression support groups like the *Postpartum Depression Recovery and Support Group in Nigeria* that is on Facebook, and Professionals (community health nurses, nannies, housekeepers, etc.).
- Support groups, led by trained facilitators, provide a safe place for women to receive valuable information and emotional support from other women in a similar situation.

Role of partners/spouses in the prevention and management of postpartum depression.

Women recover faster from postpartum depression if their partners are understanding and supportive. To help women recover from postpartum depression, a woman's partner can do the following:

- Support her with chores like cooking, cleaning, take turn in caring for the baby, shopping, taking her for a walk or to an appointment and learning about postpartum depression or sitting and listening to her, hugging and giving encouraging words and reassurance that she is doing a good job.
- Reassure her that you love her, just being with her, listening or holding her may be what she needs.
- Often, women express that they need mothering too. Understand that her sexual feelings will return and not adding more pressure on her to do things before she is ready.

Role of healthcare providers in the prevention and management of postpartum depression.

Postpartum counsellors and healthcare workers can offer a woman support, assessment, information and referrals, depending on a woman's needs. Healthcare providers can support and help women recover from postpartum depression by:

- Assessing the mental status, behaviour, and mood of the woman
- Educating the woman on postpartum depression
- Encouraging her to have a healthy diet
- Providing support and encourage self-care
- Involving social workers who can provide support groups
- Encouraging the woman to speak up about any help she requires
- Encouraging women to engage in social activities
- Ensuring regular follow-up with the woman, refer the woman to a therapist or a psychiatrist as the case may be
- Encouraging the woman to take a break from baby care frequently.

Role of community members in the prevention and management of postpartum depression.

Community members especially community women can support and help a woman recover from postpartum depression by:



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- Reassuring her that the situation is temporary and it happens to some women who have given birth
- Talking to the woman's family and explain to them the need for extra support at that time
- Visiting the woman to check if she is getting the care needed and if not, provide as much as you can
- Maintaining regular follow-up with women who are suffering from postpartum depression and their families, to ensure they are getting the support they need.

REFLECTION AND ACTION

- We should visit relevant healthcare providers and support groups when we are experiencing postpartum depression.
- We can improve our mood and lessen depression by taking care of ourselves, doing the things we love to do and avoiding negative thinking that can trigger or worsen our depression.
- Partners should provide necessary support to women during pregnancy and after childbirth in order to prevent or reduce postpartum depression.
- Healthcare providers should be ready to provide necessary support to aid the recovery of women from postpartum depression.
- Community members should make it a point of duty to support and care for women after childbirth to prevent postpartum depression.
- Women should identify relevant support groups they can connect to when they are experiencing postpartum depression.



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REVISION

This manual focused on units that addresses prevention and management of postpartum depression in women. Highlights of the units discussed under this manual are as follows:

Unit	Topic	Lesson/Reflection and Action
1	Understanding Postpartum Depression	<p>It explained postnatal health and wellbeing of women after childbirth especially as it relates to postpartum depression. It addresses the physical, emotional and psychological wellbeing of a woman after childbirth. It gives a clear understanding of postpartum depression, its types, signs and symptoms, the risk factors associated with it, the myths and facts of it and a case study.</p> <p>Experiencing postpartum depression does not make you a crazy person or a bad mother. About 80% of mothers worldwide experience postpartum depression after childbirth. It is okay to talk about it and seek treatment when experiencing postpartum depression.</p>
2	Management and Treatment of Postpartum Depression	<p>This refers to the need for women to take care of themselves after childbirth and get appropriate treatment and support to make a full recovery from postpartum depression.</p> <p>Treatment of postpartum depression is very important in the management of our wellbeing and mental health.</p> <p>Our mental health can be improved upon if we practice one or more of the treatment methods for managing postpartum depression.</p> <p>We should choose a therapy method on the advice of a healthcare provider.</p> <p>Self-medication should not be taken without consultation with a physician or psychiatrist who will recommend appropriate antidepressant medication.</p> <p>We should provide necessary support to pregnant women and postpartum mothers in order to prevent the likelihood of mood disorders.</p>

<p>3 Recovery and Support</p>	<p>This refers to the places and people women experiencing postpartum depression can go to for help and support.</p> <p>We should visit relevant healthcare providers and support groups when we are experiencing postpartum depression.</p> <p>We can improve our mood and lessen depression by taking care of ourselves, doing the things we love to do and avoiding negative thinking that can trigger or worsen our depression.</p> <p>Partners should provide necessary support to women during pregnancy and after childbirth in order to prevent or reduce postpartum depression.</p> <p>Healthcare providers should be ready to provide necessary support to aid the recovery of women from postpartum depression.</p> <p>Community members should make it a point of duty to support and care for women after childbirth to prevent postpartum depression.</p> <p>Women should identify relevant support groups that they can connect to when they are experiencing postpartum depression.</p>
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