

Postpartum Depression

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Ask Your Patients ...

"Have you received any information about postpartum depression?"

If Your Patient Asks ...

"Is it normal to feel this way?"

UNDERSTAND the problem

Postpartum depression is the **most common complication** in women in the months following childbirth, and it can result in **harmful consequences** for mothers and their children.

The **majority of women** (50% to 70%) experience a postpartum mood disorder after giving birth.^{1; 2} While a large portion of these disorders may be categorized as the milder postpartum "blues," approximately 10% of new mothers will experience postpartum depression, a **serious, long-lasting** type of depression that requires active treatment.¹ A small percentage of new mothers will develop postpartum **psychosis**, a severe form of the disease that has been associated with **self-harm** and, in rare cases, **infanticide**.^{3; 4}

Routine **screening** for postpartum depression should be conducted by **all healthcare professionals** who have contact with new mothers.

WHO is at risk

Women with a history of depressive episodes have a greater risk for developing postpartum depression (PPD) than women with no prior history of depression. The risk of PPD is highest in women younger than 25 years of age with a prior history of mood instability. Among these women, it is estimated that 30% to 40% will have a postpartum episode of depression.⁵ Additional risk factors that may increase the chances of developing PPD include:^{5; 6}

- Past history of depression or other mental health problems
- Family history of mood instability
- Difficulties in personal relationships
- Young maternal age
- Problems with a previous pregnancy or birth
- Insufficient social support or peer support group
- Onset of depression immediately prior to conception
- Social or financial stressors
- Mood disturbances, such as premenstrual syndrome (PMS)
- Infertility treatment

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WHAT symptoms to recognize

Postpartum depression is classified as a major depressive disorder.⁷ It is characterized as a downward spiral in total functioning, involving mood changes and alterations in bodily functions, including appetite, concentration, sleep-wake cycles, and energy levels.⁷ The symptoms of PPD are similar to the symptoms of any major depressive disorder. Symptoms may vary among women and over time in any one woman; they most commonly include:^{1: 4}

- Pervasive sense of sadness and melancholy
- Loss of interest and enjoyment in life
- Irritability and emotional outbursts
- Unpredictable tearfulness and crying spells
- Hopelessness and helplessness
- Sleep disturbances (sleeping either too little or too much)
- Feeling overwhelmed
- A strong sense of failure, inadequacy, and guilt
- Difficulty thinking clearly and making decisions
- Pervasive anxiety with excessive fear and worry
- Thoughts of harming the infant

HOW to treat postpartum depression

Treatment of PPD is generally focused around pharmacologic, psychosocial, and hormonal interventions. A strategy involving all three of these components may be indicated. Healthcare professionals should engage in a dialogue with patients with PPD to determine the treatment or medication that works best and to attempt to establish an informed decision.

If a medication has been effective in the past, it should be considered the drug of choice.¹ Three classes of antidepressants, selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), and monoamine oxidase inhibitors (MAOIs), may be used to treat PPD. Therapy, either individual or in a group setting, is often helpful for patients, particularly those with a feeling of isolation or helplessness. In cases of extreme PPD or postpartum psychosis, psychiatric hospitalization may be necessary.

Knowledge about PPD can be very helpful to new mothers who suffer symptoms of depression. Given the information available regarding PPD and its effect on new mothers, it is vital to send new mothers home with proper education about one of the most common complications of childbirth and its effects.

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WHERE to find resources

The National Women's Health Information Center

<http://www.womenshealth.gov>

National Institute of Mental Health

<http://www.nimh.nih.gov>

(301) 443-4513

(866) 615-6464

Postpartum Education for Parents

<http://www.sbpep.org>

(805) 564-3888

Postpartum Support International

<http://www.postpartum.net>

PO Box 60931

Santa Barbara, CA 93160

(805) 967-7636

(800) 944-4PPD

American College of Nurse-Midwives

<http://www.midwife.org>

- 1 Misri S. *Shouldn't I Be Happy? Emotional Problems of Pregnant and Postpartum Women*. New York, NY: The Free Press; 1995.
- 2 National Institutes of Health, MedlinePlus Medical Encyclopedia. Postpartum depression. 2007. Available at <http://www.nlm.nih.gov/medlineplus/ency/article/007215.htm>. Last accessed December 30, 2008.
- 3 Attia E, Downey J, Oberman M. Postpartum psychoses. In: Miller LJ (ed). *Postpartum Mood Disorders*. Washington, DC: American Psychiatric Press, Inc.; 1999:99-117.
- 4 Dalton K, Horton WM. *Depression after Childbirth: How to Recognize, Treat, and Prevent Postnatal Depression*. 4th ed. New York, NY: Oxford University Press; 2001.
- 5 Huysman AM. *The Postpartum Effect: Deadly Depression In Mothers*. New York, NY: Seven Stories Press; 2003.
- 6 National Women's Health Information Center. Depression During and After Pregnancy. Available at <http://www.womenshealth.gov/faq/depression-pregnancy.cfm>. Last accessed December 30, 2008.
- 7 Sichel D, Driscoll JW. *Women's Moods: What Every Woman Must Know About Hormones, the Brain, and Emotional Health*. New York, NY: William Morrow and Co, Inc.; 1999.

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