

POSTPARTUM DEPRESSION

Prevalence: 5-9%

- Most patients do not self-report their symptoms to their provider, need to be asked
- Can present as soon as 10-19 days postpartum

Risk factors:

- Personal history of depression: major risk factor, present in 50% of patients with postpartum depression
- Marital conflict
- Stressful life events in past 12 months
- Lack of perceived social support from family and friends
- Lack of emotional and financial support from father of baby
- Living without a partner
- Unplanned pregnancy
- Ambivalence about pregnancy (considered termination)
- Previous SAB
- Family history of mental health diagnoses
- Poor relationship with her mother
- Not breastfeeding
- Unemployment
- History of depression in partner
- Stress related to child care issues
- Sick leave during pregnancy
- Frequent and numerous prenatal visits
- Baby with congenital abnormalities
- Personal history of bipolar disorder
- Personality factors

Diagnosis: same criteria as for Major Depression

- Some features unique to PPD include:
 - Feeling like an inadequate parent
 - Not feeling bonded to baby
 - Overwhelmed by care of new baby
 - Intrusive "scary thoughts" of injuring baby, need to ask patient directly

Screening: Edinburgh Depression Scale available in EPIC

- Score of 12 or more indicates depression
- Can screen upon discharge from hospital, able to identify high risk patients and provide early intervention
- Screen again at postpartum visit
- Screen at well child checks as indicated
- At minimum, ask mom about her mood at postpartum visit

- Prenatal education for patients at high risk for postpartum depression so they and family members are aware of signs and symptoms and availability of treatment

Treatment of Postpartum Depression:

- Cognitive behavioral therapy
- Medication for minimum of 12 months once asymptomatic: SSRI best studied in breastfeeding moms, check with pharmacist or psychiatrist as needed

If patient is suicidal, infanticidal or psychotic:

- Consult psychiatrist ASAP
- Safety of patient and baby is of paramount importance
- Call social worker ASAP as well
- Can call Hennepin County Medical Center Acute Psychiatric Services as needed

Postpartum Blues:

- Milder symptoms peak on day 5 and resolve by 2 weeks postpartum
- Experienced by 40-80% postpartum patients
- Support/reassurance needed
- No medications required

REFERENCES:

Up to Date, April 2007