



Postpartum Depression

Pregnancy and postpartum are two of the most vulnerable periods in a woman's life, and there is a wide range of diverse responses to the hormonal changes that occur during this time. All healthcare professionals who care for women and infants during the first year following childbirth should be aware of the early warning signs of postpartum depression (PPD) and postpartum psychosis (PPP) and provide available resources for referral if necessary. There is hope that with early intervention, the potential harm to families through isolation and neglect may be minimized and the devastating cases of suicide and infanticide may be prevented. Studies indicate that PPD not only responds well to treatment but also may be preventable (Dennis & Dowswell, 2013; Earls, 2010).

PPD is a mood disorder affecting approximately one in seven women, with approximately 8% having mild to moderate depression and 7% having a more severe depression ("Pregnancy," 2016). Unlike the *baby blues*, a term used to describe feelings of sadness, anxiety, and fatigue that usually only last 1–2 weeks, PPD impacts the mother's ability to enjoy or perform her normal activities of life. She may have extreme feelings of worthlessness, anxiety, irritability, and confusion. In addition, the mother may report changes in her eating and sleep patterns. Most new mothers suffer from some degree of sleep deprivation, but women with PPD often have difficulty getting to sleep, have disrupted sleep, and often wake early and are unable to get back to sleep (Hunt, 2017; Kennedy, Beck, & Driscoll, 2002). An early warning sign of more serious depression is if the mother feels overwhelmed combined with suicidal ideation; this should not be ignored. Feeling overwhelmed is normal after childbirth, but feeling suicidal is not. Being overwhelmed or distressed for longer than 2 weeks should be a warning sign that the patient requires an evaluation for depression.

It is estimated that at least 50% of PPD cases go unrecognized; therefore, there is a need to identify tools for early detection (Littlewood et al., 2016). The American

College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the U.S Preventive Services Task Force recommend universal screening with a validated screening tool during pregnancy and again during the postpartum period. The goal of screening is to know when to provide early treatment (Cox, Holden, & Sagovsky, 1987; Earls, 2010; Committee Opinion No. 630, 2015). The Edinburgh Postpartum Depression Screen is one example of a validated tool (Cox et al., 1987). This 10-item questionnaire is easily performed in the clinic waiting room and scored by the nurse or technician. Another tool, endorsed by the UK National Institute for Health and Care Excellence, is a two-question screening tool referred to as the "Whooley" questions (Littlewood et al., 2016). This ultra-brief screen is currently undergoing additional research to validate it. Screening tools are not intended to be diagnostic but instead to provide a guideline for referral.

Screening can be performed at 6 weeks, 3 months, and 6 months. Although exact percentages vary, it has been reported that 40% to 90% of PPD cases occur within 3 months after childbirth ("Pregnancy," 2016). Nonetheless, women should be carefully assessed throughout the first year after childbirth, as PPD can occur up to 1 year postpartum (Kingston, Tough, & Whitfield, 2012). The family practice physician or pediatrician is in an ideal position to perform ongoing screenings.

It is important to note that approximately 5% to 7% of postpartum women have abnormal thyroid levels (Sylvén et al., 2013). Hypothyroidism is associated with depressed mood and may be a causative factor for PPD in some women and therefore should be ruled out.

Postpartum psychosis (PPP), an extreme condition affecting one to two in 1,000 new mothers, is characterized as being out of touch with reality. Major risk factors include personal history of PPD or psychosis, a family history of depression, and the presence of bipolar disorder (Kingston et al., 2012; Thrugood, Avery, & Williamson, 2009).



PPP requires hospitalization—one in every 250,000 new mothers affected by PPP engages in infanticide, with many of those mothers going on to commit suicide (Thru-good et al., 2009).

Treatment strategies for any perinatal mood disorder require a multidisciplinary approach. The earlier the mother is treated and the more multifocused the strategy for treatment, the better and faster her recovery will be (Wisner et al., 2004). If a treatment strategy is not working after about 3 weeks, the mother should consider a different approach.

Several studies have indicated that when breastfeeding is going well, oxytocin and prolactin hormones are elevated and proinflammatory cytokine hormones are low, women experience lower rates of depression (Kendall-Tackett, 2010). Discontinuing breastfeeding is not recommended unless breastfeeding appears to be a contributing factor. If medication is necessary, several antidepressants are considered compatible with breastfeeding and should be considered (Wisner et al., 2004). In addition, breastfeeding may help to minimize the negative effects depression has on the infant's development. When a mother is breastfeeding, even when feeling detached, she will hold and engage with her infant (Kendall-Tackett, 2010).

As healthcare professionals we have an opportunity to provide the support and resources mothers need to help them enjoy motherhood. What mothers do is important, and when we support and nurture the mother, we support and nurture the child as well.

What can the family do?

- Listen without giving advice or fixing the problem
- Offer hope that she will recover
- Help with daily care: nourishment, bathing, sleep, exercise
- Take care of the baby as much as possible
- Hire a housekeeper
- Provide support for the partner (who may be experiencing PPD as well)

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The Baby Blues and Postpartum Depression: Information for Parents

There are few things more troubling to a new mother than having feelings of sadness, excessive worry, and irritability after the birth of a baby. These disturbing feelings can be frightening, leading you to believe you are not a good mother. The truth is that the hormonal and chemical changes that occur during and after pregnancy cause many women to feel these emotions.

Following the delivery of a baby, hormones that were very high in order to maintain the pregnancy, come crashing down. Often called the “baby blues,” these emotional changes usually start within the first 5 days after birth and are gone by 2 weeks. Unfortunately, for some mothers these emotions last longer than 2 weeks and may be associated with one of the most common complications of childbirth: postpartum depression.

Risk factors for postpartum depression include having a history of depression before or during the pregnancy, birth complications or a difficult labor, an infant with health problems, stressful events in the past year, relationship problems, financial difficulties, and breastfeeding problems. If feelings of sadness, anxiety, confusion, loss of enjoyment in life and difficulty sleeping or eating persist beyond 2 weeks postpartum, you should contact your healthcare provider and reach out to people in your support system for help treating the depression.

Research shows that treating postpartum depression with medication alone is not as successful as a multifocused treatment approach. A multifocused approach may include counseling (individual and/or group therapy), medication, rest, exercise, good nutrition, and the removal of additional stressors such as housekeeping, cooking, and child care. Following an evaluation by a therapist, you may be prescribed an antidepressant medication. If breastfeeding, the mother should ask her healthcare provider to prescribe a medication that will work with breastfeeding. If a treatment strategy is not working after about 3 weeks, you may want to consider a different approach.

There is no way to predict when the symptoms of depression will go away. What we do know is that the sooner treatment begins, the sooner the symptoms seem to resolve. Treatment for postpartum depression has an excellent recovery rate. You should remember there is hope and until then, surround yourself with people who support you while making the journey back to enjoying life again.