



Postpartum Depression

Background

Prevalence

- According to the Centers for Disease Control and Prevention, 11–20% of women in the postpartum period have some form of depression

Major Risk Factors

- Depression during pregnancy
- Anxiety during pregnancy
- Experiencing stressful life events during pregnancy or the early postpartum period
- Preterm birth or infant admission to neonatal intensive care
- Low levels of social support
- Previous history of depression
- Breastfeeding problems

Presenting Symptoms and Signs

- Feeling sad, hopeless, empty, or overwhelmed
- Crying more often than usual for no apparent reason
- Worrying or feeling overly anxious
- Feeling moody, irritable, or restless
- Oversleeping or being unable to sleep even when the infant is asleep
- Having trouble concentrating, remembering details, and making decisions
- Experiencing anger or rage
- Losing interest in activities that are usually enjoyable
- Suffering from physical aches and pains, including frequent headaches, stomach problems, and muscle pains
- Eating too little or too much
- Withdrawing from or avoiding friends and family
- Having trouble bonding or forming an emotional attachment with her infant
- Persistently doubting her ability to care for her infant
- Thinking about harming herself or her infant

Screening and Diagnosis

The following are validated screening instruments:

- Edinburgh Postnatal Depression Scale
- Postpartum Depression Screening Scale
- Patient Health Questionnaire 9
- Beck Depression Inventory
- Beck Depression Inventory II
- Center for Epidemiologic Studies Depression Scale
- Zung Self-Rating Depression Scale
- Tests to evaluate for anemia and thyroid dysfunction

Treatment

- Peer counseling
- Cognitive behavioral therapy
- Antidepressants

Anticipatory Guidance and Follow-up

- Expected response to treatment—improvement in screening scale on repetitive testing
- “You are not alone. You are not to blame. With help, you will get better.”
- Referral to behavioral health care provider for suicidal ideation, severe symptoms, bipolar disorder
- Although screening is important for detecting perinatal depression, screening by itself is insufficient to improve clinical outcomes and must be coupled with appropriate follow-up and treatment when indicated; clinical staff in obstetrics and gynecology practices should be prepared to initiate medical therapy, refer patients to appropriate behavioral health resources when indicated, or both.

Resources

American College of Obstetricians and Gynecologists Clinical Guidance

- ❖ Screening for perinatal depression. Committee Opinion No. 630. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:1268–71.
Overview of perinatal depression and discussion of several screening tools.

Health Care Provider Resources

- ❖ American College of Obstetricians and Gynecologists. ACOG Resources on Depression and Postpartum Depression. Washington, DC: American College of Obstetricians and Gynecologists. <https://www.acog.org/Womens-Health/Depression-and-Postpartum-Depression>
Key publications and resources on depression and postpartum depression from ACOG and other sources.

- ❖ American College of Obstetrician and Gynecologists. Breastfeeding Toolkit. <https://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Breastfeeding-Toolkit/Breastfeeding-Resources>
Toolkit includes common breastfeeding codes, a physician conversation guide on support for breastfeeding, and patient education materials.
- ❖ Council on Patient Safety in Women's Health Care. Maternal Mental Health: Perinatal Depression and Anxiety. Washington, D.C: American College of Obstetricians and Gynecologists; 2016. Available at: <http://safehealthcareforeverywoman.org/wp-content/uploads/2017/11/Maternal-Mental-Health-Bundle.pdf>. Retrieved March 1, 2018.
Bundle includes an approach for the recognition of early warning signs and symptoms, how to identify systems improvement opportunities, and support tools for patients, families, and staff.
- ❖ Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol* 2005;**106**:1071–83.
Systematic review of evidence of the prevalence and incidence of perinatal depression compared with those with depression in women at nonchildbearing times.
- ❖ Yonkers KA, Vigod S, Ross LE. Diagnosis, pathophysiology, and management of mood disorders in pregnant and postpartum women. *Obstet Gynecol* 2011;**117**:961–77.
Mood disorders in perinatal women are common. Counseling can help with mild depression, but medication typically is required for women with severe depression or bipolar disorder.

Patient Resources

- ❖ Centers for Disease Control and Prevention. Depression Among Women. Available at: <https://www.cdc.gov/reproductivehealth/depression/index.htm>. Retrieved March 1, 2018.
- ❖ Postpartum Support International. <http://www.postpartum.net>
Information for families and professionals and a directory of peer and professional support providers.

Resources on Depression and Postpartum Depression

- ❖ National Institute for Child Health and Human Development. Patient Resource Page. Mom's Mental Health Matters: Depression and Anxiety Around Pregnancy
<https://www1.nichd.nih.gov/ncmhhep/initiatives/moms-mental-health-matters/moms/pages/default.aspx>
Resources for moms and moms-to-be about signs, symptoms, and treatment for depression and anxiety around pregnancy,

Coding

<https://www.acog.org/-/media/Departments/Coding/Perinatal-Depression-rev-2017.pdf?dmc=1&ts=20180522T1808402602>

A list of ICD-10 codes for perinatal depression.