Learning Objectives

1. Discuss the prevalence of mood disorders during pregnancy and postpartum

2. Describe the common symptoms of depression during pregnancy and postpartum

3. Identify treatments for depression in pregnancy and postpartum

A Brief History of Postpartum Depression

Trotula - 13th century female Physician

“If the womb is too moist, the brain is filled with water and the moisture running over the eyes compels them to involuntarily shed tears.”

19th century – the first detailed descriptions of postpartum illness begin to appear in the medical literature in France

The first research paper devoted entirely to postpartum illness was published in Paris in 1858 by Victor Marce.
Modern times

2008 to present – 10 psychiatry fellowships established for reproductive psychiatry in the U.S. (just one program existed prior)

Major increase in the research being published about reproductive mental health starting in the early 2000s.

Recommendations for screening of pregnant and postpartum women for depression from governmental and professional organizations.

Baby Blues:
Occurs in 70 to 80% of new mothers.
Symptoms are limited to the first 2 weeks postpartum.
Marked by mood lability

Postpartum Depression:
Occurs in about 10% of new mothers.
Symptoms generally start between weeks 4 and 6 postpartum but may begin later.

Postpartum Psychosis:
A rare disorder that occurs in about 2/1000 women after giving birth (.002%)
A psychiatric emergency that requires immediate care.
Most common cause is an underlying bipolar mood disorder.

How do we diagnose postpartum depression?

Symptoms of Depression
At least 5 symptoms occurring at the same time during a 2 week period

Depressed mood OR Decreased interest/pleasure in activities

Appetite changes
Sleep changes
Restlessness or moving slowly
Low energy
Inability to concentrate/think
Feelings of guilt or worthlessness
Thoughts of death/suicide

• Postpartum depression
• Major depressive episode
• Major depressive disorder
• Postnatal depression
• Perinatal depression
• Adjustment to motherhood

Postpartum depression
WHAT ABOUT POSTPARUM??
Depressed mood OR Decreased interest/pleasure in activities
- Appetite changes
- Sleep changes
- Restlessness or moving slowly
- Low energy
- Inability to concentrate/think
- Feelings of guilt or worthlessness
- Thoughts of death/suicide

What to do??
Focus on MOOD and
CHANGE in normal self

Feeling unhappy

Crying more than usual

Worried over small things
Feeling overwhelmed or panicky

Not looking forward to or enjoying things

Risk Factors for Postpartum Depression

Sleep Deprivation
Unintended Pregnancy

Lack of Partner

What is the Recommended Treatment?

• Mild depression
  • Psychotherapy or antidepressant
  • Close follow-up and continued monitoring of symptoms
• Moderate depression
  • Antidepressant and/or psychotherapy
  • Continue antidepressant if already taking
  • Close follow-up and continued monitoring of symptoms
  • Refer to mental health provider if symptoms do not remit or worsen
• Severe depression
  • Start an antidepressant if not already taking
  • Refer to mental health provider if already taking medication

Hormonal Shifts

History of Previous Depression

Psychotherapy

• Also referred to as counseling
• First-line: Interpersonal Psychotherapy
Antidepressants

• SSRIs (serotonin selective reuptake inhibitors) recommended first line for medications
  • Common: Zoloft, Lexapro, Celexa, Prozac, Paxil
• If a woman has already been on a medication that has worked well, that is the best medication to use
  • Postpartum depression symptoms vary from major depression, but most women have had a depressive episode in the past
• Can take 4-6 weeks to be effective
• Changes in doses are common
• Using medication is a mutual decision-making process

What About Breastfeeding?

• Breastfeeding is encouraged while taking antidepressants
  • Benefits of breastfeeding far outweigh risks
  • Encourage discussion with pediatrician

Resources

• Postpartum Support International (PSI)
• Postpartum Progress
• National Suicide Prevention Lifeline
  • 1-800-273-8255 or 911

Help in Omaha

• Nebraska Medicine Reproductive Psychiatry Clinic
  • (402) 552-6007
  • Located in Poynter Hall at corner of 42nd and Dewey Streets
  • Team based approach focused on mental health challenges during pregnancy and postpartum time periods