

A stylized, colorful illustration of a landscape. The foreground features rolling green hills with a brown path. On the left, there are several trees and flowers: a green tree, a purple flower, and an orange flower. A small red bird is flying in the sky. The background consists of blue and white wavy bands representing the sky.

# Postpartum depression

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# PPD

- A complex mix of physical, emotional, & behavioral changes that happen in some women after giving birth.
- According to DSM-5→
  - PPD is a form of major depression that begins within 4 weeks after delivery.

# PPD

- Diagnosis is based not only on length of time between delivery and onset but on the severity of depression
- Is linked to chemical, social, and psychological changes that happen when having a baby

- Chemical changes involve a rapid drop in hormones after deliver:
  - By 3 days after childbirth, levels of estrogen and progesterone drop back to pre-pregnancy level
- Social and psychological changes of having a baby create an increased risk of depression.

- Most new mothers experience the "baby blues" after delivery.
  - ~1 out of every 10 of these women will develop a more severe and longer-lasting depression after delivery.
  - ~1 in 1,000 women develop a more serious condition called postpartum psychosis.

# PPD

- Dads aren't immune.
- Research shows that ~1 in 10 new fathers get depression during the year their child is born.

# Signs & Symptoms

- *Being uninterested in baby or feeling like not bonding with them*
- *Crying all time, often for no reason*
- *Depressed mood*
- *Severe anger and crankiness*
- *Loss of pleasure*
- *Feelings of worthlessness, hopelessness, and helplessness*
- *Thoughts of death or suicide*
- *Thoughts of hurting someone else*
- *Trouble concentrating or making decisions*

# Seek professional help when

- Symptoms persist beyond 2 weeks
- Can't function normally
- Can't cope with everyday situations
- Have thoughts of harming themselves or their baby
- Feeling extremely anxious, scared, & panicked most of the day



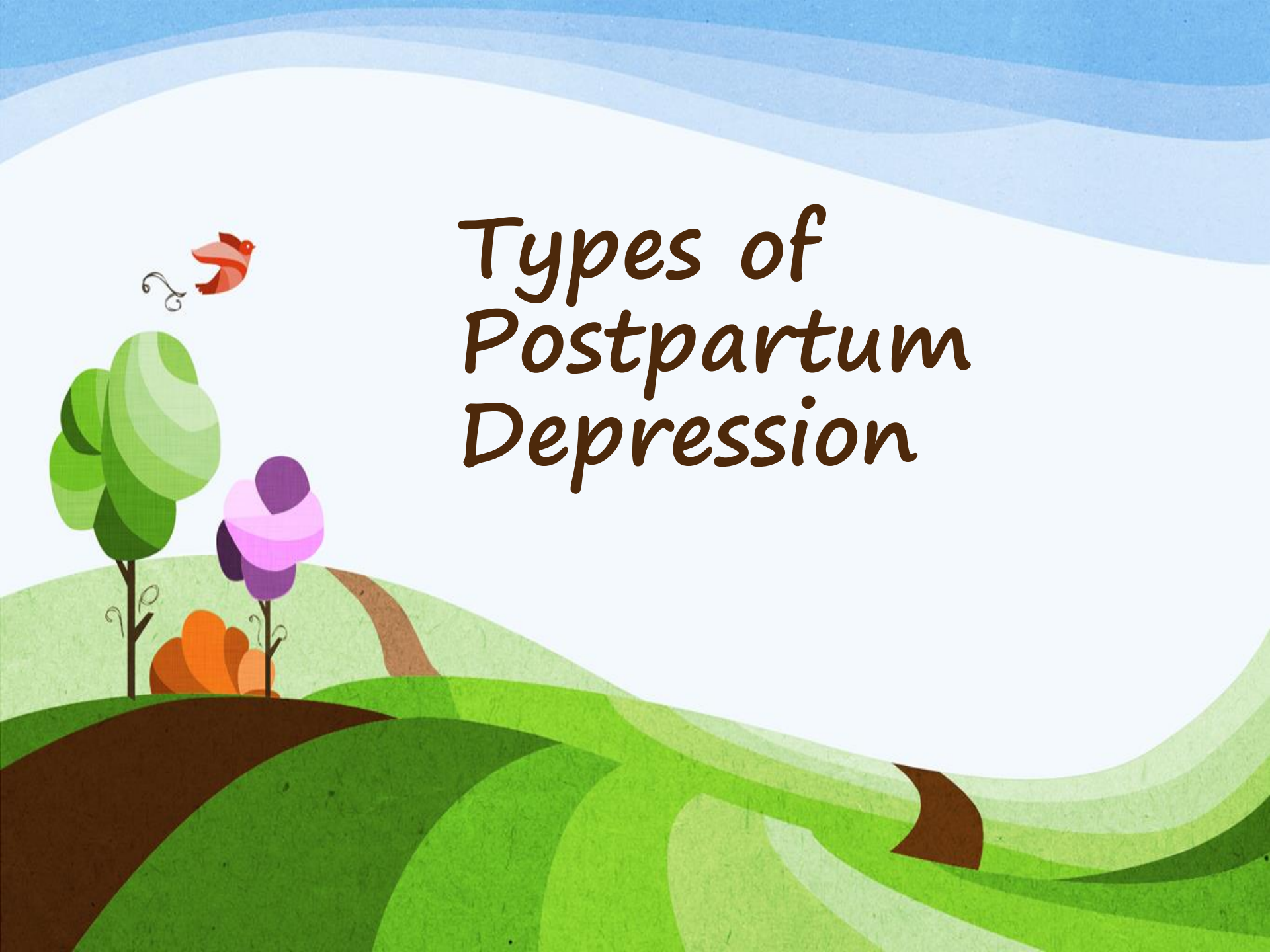
# Causes and Risk Factors

- Hx of depression prior to becoming pregnant, or during pregnancy
- Age at time of pregnancy (younger age, higher chances)
- Ambivalence about pregnancy
- Family history of mood disorders
- Going through an extremely stressful event, like a job loss or health crisis

# Causes and Risk Factors

- Having a child with special needs or health problems
- Having twins or triplets
- Having a history of depression or premenstrual dysphoric disorder
- Limited social support
- Living alone
- Marital conflict

# Types of Postpartum Depression



# Baby blues

- Happen to as many as 70% of women in the days right after childbirth.
- Sudden mood swings, such as feeling very happy and then feeling very sad.
- Cry for no reason & can feel impatient, cranky, restless, anxious, lonely, & sad.
- Baby blues may last only a few hours or as long as 1 to 2 weeks after delivery
- Usually doesn't need treatment
- Often, joining a support group of new moms or talking with other moms helps

# Postpartum Depression

- Can happen a few days or even months after childbirth
- Can happen after birth of any child, not just the first child.
- Feelings similar to the baby blues -- sadness, despair, anxiety, crankiness -- but much more strongly.
- When patient ability to function is affected, she needs to see a health care provider
- While PPD is a serious condition, it can be treated with medication and counseling.

# Postpartum psychosis

- Can happen quickly, often within the first 3 months after childbirth.
- Women can lose touch with reality, having auditory hallucinations and delusions
- Visual hallucinations are less common.
- Other symptoms include insomnia, feeling agitated and angry, pacing, restlessness, and strange feelings and behaviors.
- Women who have postpartum psychosis need treatment right away and almost always need medication

# Postpartum Depression Treatment

- Treated differently, depending on the type of symptoms and how severe they are.
- Treatment options include anti-anxiety or antidepressant medications, psychotherapy, and participation in a support group for emotional support and education.
- In the case of postpartum psychosis, drugs used to treat psychosis are usually added.
  - Hospital admission is also often necessary.
- Under a doctor's supervision, many women take medication while breastfeeding

# PPD Complications

- PPD that isn't treated can weaken patient ability to bond with baby, and affect the whole family:
- **Mother.** PPD that's not treated can last for months or longer, even turning into a chronic depressive disorder.
  - Even with treatment, can make patient more likely to have episodes of depression in future.



# PPD Complications

- *Father.* When a new mother has depression, the father may be more likely to have depression too.
- *Children.* Children of mothers with PPD are more likely to have problems with sleeping and eating, crying more than usual, and delays in language development

# ACOG recommendations

- *It is recommended that all obstetrician–gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being (including screening for postpartum depression and anxiety with a validated instrument) during the comprehensive postpartum visit for each patient.*

# ACOG recommendations

- If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit.
- There is evidence that screening alone can have clinical benefits, although initiation of treatment or referral to mental health care providers offers maximum benefit

# Screening Tools

- *The Edinburgh Postnatal Depression Scale (EPDS)*
- *Patient Health Questionnaire (PHQ-9)*

