

Post-Partum Depression Fact Sheet

Pregnant and postpartum women have frequent contact with the healthcare system, yet healthcare providers may not know what to look for or what questions to ask to determine if women are at risk of or suffering from perinatal depression. This fact sheet provides some background information and indicators you can look for.

Post-Partum Depression (PPD) is the most common medical complication of childbirth.

PPD is estimated to affect **10% to 20%** of women in the US after childbirth. That's **up to 1 in every 5 new moms**.

PPD symptoms can develop over time. Onset of PPD symptoms may occur during pregnancy and up to 1 year after giving birth.

Without proper screening, up to half of PPD cases may go undiagnosed.

While many of the symptoms are the same across categories, a woman with postpartum depression experiences these symptoms much more strongly and can be impaired to the point where she is unable to do the things she needs to do every day. Unlike the baby blues, which begin shortly after delivery, and resolve within a couple of weeks, postpartum depression can begin at any time within the first year after giving birth and lasts longer than the blues.

While a serious condition, PPD can be treated successfully with a good prognosis.

Information on Screening for Perinatal Depression: How and Why?

As a healthcare provider, you may be the first to recognize signs of depression. Screening tools can help you introduce the subject of depression and can be incorporated into the battery of questions that are routinely asked at visits.

Screening is an easy, quick, and affordable method of identifying women who may be struggling with depression. While there is no "perfect" screening tool, and research is limited on effectiveness, the Edinburgh Postnatal Depression Scale (EPDS), a 10 question self-report test, and the Postpartum Depression Screening Scale (PDSS), a 35-question self-report test, were both created specifically for new mothers and are showing promise in health care settings.

It is important to note that screening does not replace a diagnostic interview, but it can help to identify women who are at risk and in need of further intervention or referral to mental health services.

Addressing serious symptoms:

If the condition is interfering in any way with the woman's ability to do what she needs to do, it might be serious. Do not be afraid to ask if the woman has had suicidal ideation or is

obsessed with thoughts of harming herself or her baby. A gentle way to ask this is "some women have thoughts of harming themselves or their baby. Does this happen to you?"

If you suspect a woman might be a danger to herself or her infant, she must be separated from her infant and provided with immediate assistance.

Risk Factors for postpartum depression (PPD):

Prior episodes of postpartum depression, depression during pregnancy, personal or family history of depression, unplanned pregnancy, complications during pregnancy or childbirth, preterm birth, abrupt weaning, poor support from a partner, being a single parent, having a history of severe PMS, experiencing multiple or stressful life events, social isolation, history of childhood trauma or abuse, and substance abuse.

If you observe or elicit any of the following symptoms in a pregnant patient or new mom, please refer for further mental health screening and treatment as it may be indicative of postpartum depression (PPD):

- Feeling sad, hopeless, empty, or overwhelmed
- Crying more often than usual
- Worrying or feeling overly anxious
- Avoiding friends and family
- Oversleeping or being unable to sleep
- Eating too little or too much
- Trouble concentrating and making decisions
- Frequent feelings of anger or rage
- Persistently doubting your ability to care for your baby
- Feeling moody, irritable, or restless
- Suffering from physical aches and pains
- Having trouble bonding with your baby
- Thinking about harming yourself or your baby

There are many reasons why cases of PPD may not be recognized:

- Feelings of shame, fear, embarrassment, or guilt on the part of the mother
- Reluctance by mothers to bring up their true feelings for fear of being seen as an unfit parent
- Many women may not be formally screened by their doctors for PPD
- PPD symptoms may be mistaken as the more common "baby blues," a less serious condition that affects up to 80% of new moms Symptoms of the baby blues include the following and usually resolve within a couple of weeks after delivery:
 - Feeling overwhelmed
 - Feeling weepy and crying
 - Mood Liability (ups and downs)
 - Exhaustion
 - Irritability
 - Trouble falling or staying asleep
 - Frustration
 - Anxiety

Treatment of maternal depression

The two most common forms of treatment are psychotherapy and medications. The type of treatment will depend on the severity of the depression. If a woman is pregnant, plans on breastfeeding, or is breastfeeding, she needs to consult with a qualified physician who is knowledgeable about the latest research on the teratogenic effects of psychotropic medications. In some cases, it is safer to start or continue a medication during and after the pregnancy rather than risk a relapse.

It might be helpful to encourage non-clinical interventions such as rest, exercise, or a change in diet. Encourage her to ask for help when she needs it. It may also be helpful to refer a woman to a support group where she can talk with other women who may be having similar experiences. This will let her know that she is not alone.

Additional Information

Additional information on postpartum depression is available from the following organizations:

Postpartum Support International

www.postpartum.net

1.800.944.4773

Texas Department of State Health Services

Family Health Services, Information & Referral Line

<https://www.dshs.texas.gov/mch/depression.shtm>

1-800-422-2956

Mental Health America of Texas

1210 San Antonio Street, Suite 204

Austin, TX 78701

<http://www.mhatexas.org/postpartum-disorder>

512-454-3706

National Suicide Prevention Lifeline

www.suicidepreventionlifeline.org

1-800-273-8255

Substance Abuse and Mental Health Services Administration (SAMHSA) – National Helpline

1-800-622-HELP (4357)

<https://www.samhsa.gov/find-help/national-helpline>

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recent had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy.

- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

This would mean: "I have felt happy most of the time" during the past week.

Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things.
 - As much as I always could.
 - Not quite so much now
 - Definitely not so much now.
 - Not at all.
2. I have looked forward with enjoyment to things.
 - As much as I ever did.
 - Rather less than I used to.
 - Definitely less than I used to.
 - Hardly at all.
- *3. I have blamed myself unnecessarily when things went wrong.
 - Yes, most of the time.
 - Yes, some of the time.
 - Not very often.
 - No, never.
4. I have been anxious or worried for no good reason.
 - No, not at all.
 - Hardly ever.
 - Yes, sometimes.
 - Yes, very often.
- *5. I have felt scared or panicky for no very good reason.
 - Yes, quite a lot.
 - Yes, sometimes.
 - No, not much.
 - No, not at all.
- *6. Things have been getting on top of me.
 - Yes, most of the time I haven't been able to cope at all.
 - Yes, sometimes I haven't been coping as well as usual.
 - No, most of the time I have coped quite well.
 - No, I have been coping as well as ever.
- *7. I have been so unhappy that I have had difficulty sleeping.
 - Yes, most of the time.
 - Yes, sometimes.
 - Not very often.
 - No, not at all.
- *8. I have felt sad or miserable.
 - Yes, most of the time.
 - Yes, quite often.
 - Not very often.
 - No, not at all.
- *9. I have been so unhappy that I have been crying.
 - Yes, most of the time.
 - Yes, quite often.
 - Only occasionally.
 - No, never
- *10. The thought of harming myself have occurred to me.
 - Yes, quite often.
 - Yes, sometimes.
 - Hardly ever.
 - Never.

Administered/Reviewed by: _____ Date: _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

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Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women’s Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2 & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum Score: 30

Possible Depression: 10 or greater

Always look at item 10 (suicidal thoughts)

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Instructions for using the Edinburgh Postnatal Depression Scale

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199