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Postpartum depression (PPD)

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Abstract:

Postpartum depression is a mood disorder that can affect women after childbirth. Mothers with postpartum depression experience feelings of extreme sadness, anxiety, and exhaustion that may make it difficult for them to complete daily care activities for themselves or for others. This report will discuss the epidemiology of postpartum depression, and explains the clinical presentation, diagnostic criteria, and proposed theories of what causes this disorder. The report will provide an outline of effective treatment modalities, and will also describe the differential diagnoses that may mimic this clinical picture, namely postpartum blues and other major psychiatric disorders.

Introduction:

While the exact cause of PPD is unclear, the cause is believed to be a combination of physical and emotional factors. These may include factors such as hormonal changes and sleep deprivation. Risk factors include prior episodes of postpartum depression, bipolar disorder, a family history of depression, psychological stress, complications of childbirth, lack of support, or a drug use disorder. Diagnosis is based on a person's symptoms and at least one of those symptoms must be either low mood or loss of interest / pleasure in previously enjoyable activities. While most women experience a brief period of worry or unhappiness after delivery, postpartum depression should be suspected when symptoms are severe and last over two weeks. ^[1]

It's essential to differentiate between postpartum blues, postpartum depression and postpartum psychosis because the management and prognosis is quite different amongst the three. Postpartum blues is much more common and is self-limiting. It's a transient emotional state during the first week after birth with symptoms typical of low and high mood. Care of the baby is not impaired, hopelessness and worthlessness are not prominent, and women do not feel suicidal.

Acute onset of a manic or depressive psychosis soon after birth is consistent with postpartum psychosis. Women with a previous episode of postpartum psychosis have a 1 in 2 chance of experiencing it again. More than 90% of women experience psychotic symptoms within the first postpartum week and 73% of women experiencing an onset of symptoms by day 3.

In any woman suspected of having postpartum depression, a screening test should be done to rule out bipolar disorder. The 'Mood Disorder Questionnaire' is the most useful screening test for this purpose. Racing thoughts and psychotic symptoms may be present. Often times there will be a positive family history. ^[2]

Discussion:

Epidemiology:

Postpartum depression (PPD) affects up to 15% of mothers. Recent research has identified several psychosocial and biologic risk factors for PPD. The negative short-term and long-term effects on child development are well-established. PPD is under recognized and under treated. The obstetrician and pediatrician can serve important roles in screening for and treating PPD. Treatment options include psychotherapy and antidepressant medication. Obstacles to compliance with treatment recommendations include access to psychotherapists and concerns of breastfeeding mothers about exposure of the infant to antidepressant medication. Further research is needed to examine systematically the short-term and long-term effect of medication exposure through breastmilk on infant and child development. ^[3] Depression is a common and serious illness. A CDC study shows that about 1 out of 10 women in the United States experience symptoms of depression. Using the Pregnancy Risk Assessment Monitoring System (PRAMS), CDC research shows that nationally, about 1 in 9 women experience symptoms of postpartum depression. Estimates of the number of women affected by postpartum depression differ by age and race/ethnicity. Additionally, postpartum depression estimates vary by state, and can be as high as 1 in 5 women. ^[4]

Signs and symptoms:

There are many symptoms which may arise in postpartum depression. These symptoms are similar to those seen in major depression, and need to be present for at least 2 weeks to meet the diagnostic criteria for PPD. Symptoms may include having a depressed mood or severe mood swings, excessive crying, difficulty bonding with the baby, withdrawing from family and friends, loss of appetite or eating much more than usual, an inability to sleep (insomnia) or sleeping too much, having overwhelming fatigue or loss of energy, feelings of worthlessness, shame, guilt or inadequacy, diminished ability to think clearly, concentrate or make decisions, and reduced interest and pleasure in activities that the mother used to enjoy. In order for a diagnosis to be reached, the mother needs to experience at least 5 of the symptoms listed above and at least one of those symptoms must be either low mood or loss of interest / pleasure in previously enjoyable activities. In addition, some postpartum depressed mothers may experience intense irritability and anger, fear that they're not a good mother, severe anxiety and panic attacks, thoughts of the mother harming herself or the baby, and recurrent thoughts of death or suicide.

Causes of PPD

There's no single cause of postpartum depression, but physical and emotional issues may play a role.

Physical changes. After childbirth, a dramatic drop in hormones (estrogen and progesterone) in your body may contribute to postpartum depression. Other hormones produced by your thyroid gland also may drop sharply — which can leave you feeling tired, sluggish and depressed.

Emotional issues. When you're sleep deprived and overwhelmed, you may have trouble handling even minor problems. You may be anxious about your ability to care for a newborn. You may feel less attractive, struggle with your sense of identity or feel that you've lost control over your life. Any of these issues can contribute to postpartum depression. ^[5]

Treatment:

Postpartum depression (PPD) sometimes goes away on its own within three months of giving birth. But if it interferes with your normal functioning at any time, or if "the blues" lasts longer than two weeks, you should seek treatment. About 90% of women who have postpartum depression can be treated successfully with medication or a combination of medication and psychotherapy. Participation in a support group may also be helpful. In cases of severe postpartum depression or postpartum psychosis, hospitalization may be necessary. Sometimes, if symptoms are especially severe, electroconvulsive (ECT) therapy may be used to treat severe depressions with hallucinations (false perceptions) or delusions (false beliefs) or overwhelming suicidal thoughts. ^[6]

Medication:

Antidepressant medication

The class of medications prescribed for postpartum depression is known as selective serotonin-reuptake inhibitors (SSRIs), which includes fluoxetine and sertraline. Also effective is venlafaxine, a serotonin-norepinephrine reuptake inhibitor (SNRI). ^[7]

Conclusion:

With postpartum depression, feelings of sadness and anxiety can be extreme and might interfere with a woman's ability to care for herself or her family. ^[8]

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