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Types of Postpartum Mood Disorders

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- Postpartum Posttraumatic Stress Disorder (PTSD)
Types of Postpartum Mood Disorders

OTHER CONDITIONS

• Baby Blues
• Postpartum Stress Syndrome
• Postpartum Psychosis
Facts about PPD

• Early detection and intervention makes recovery easier
• During pregnancy and the postpartum period, women are most vulnerable to emotional illness than any other time.
• There is increased concern that individuals with moderate to severe recurrent depression may get worse symptoms or harder-to-treat illness with each subsequent episode of depression
• Up to ½ of mothers enrolled in home visitation programs experience clinically significant levels of depression
What PPD Feels Like

• “It feels scary.”
• “It feels out of control.”
• “It feels like I’m never going to feel like myself again.”
• “It feels like each day is a hundred hours long.”
• “It feels like no one understands.”
• “It feels like my marriage cannot survive this.”
• “It feels like I’m a bad mother.”
What PPD Feels Like

• “It feels like I should have never had this baby.”
• “It feels like if I could only get a good night’s sleep, everything would be better.”
• “It feels like I have no patience for anything anymore.”
• “It feels like I’m going crazy.”
• “It feels like I will always feel like this.”
Cultural Considerations

In non-western and other cultures, there is a period of rest and bringing postpartum body back into balance

- **Chinese zuo yuezi** (mom is kept warm, rested and given special warming foods)
  - 30-60 days postpartum

- **Mexican cuarentena** (mom is kept warm, off her feet, and expected to bond with the baby while mother or other comadre takes care of new mom)
  - 40 days
DEPRESSIVE DISORDERS
Depressive Disorders

DEPRESSION DURING PREGNANCY occurs in 15-23% of pregnant women.
Depression During Pregnancy

Depression or anxiety during pregnancy is associated with
• low birth weight (less than 5.5 lbs.)
• Pre-term delivery (less than 37 weeks)

Severe anxiety during pregnancy can cause harm to a growing fetus.
Stress can release the hormone cortisol, which can cause constriction of the blood vessels in the placenta. This can lead to possible pre-term contractions.
Depression During Pregnancy

- Stress/anxiety
- Cortisol released
- Constriction of blood vessels in placenta
- Pre-term Contractions
Depression During Pregnancy

RISK FACTORS

• Personal or family history of depression or other mood disorder
• Lack of support
• Stopping psychiatric medication suddenly
• History of domestic violence or other abuse
• History of pregnancy loss
Depression During Pregnancy

SYMPTOMS

• Sad mood
• Irritability
• Lack of pleasure or joy, not looking forward to the future
• Guilt
• Anxiety
• Social withdrawal
• Appetite disturbance
• Sleep disturbance
Depression During Pregnancy

Medications during pregnancy

- Pregnant moms who are on medications should consult with their doctors about continuing medications or not.
- They can discuss the risk/benefit analysis.
- They will make a decision together about what is best for her specific situation.
- Do NOT advise her to stop her medication.
Depressive Disorders

POSTPARTUM DEPRESSION OCCURS IN 15-20% OF NEW MOMS
Postpartum Depression

RISK FACTORS

- Previous postpartum depression
- Depression or anxiety during pregnancy
- Personal or family history of depression/anxiety
- Abrupt weaning
- Social isolation or poor support
- History of PMS (premenstrual syndrome) or PMDD (premenstrual dysphoric disorder)
- Negative mood changes while taking birth control pills or fertility medication (ie: Clomid)
- Thyroid dysfunction
- Stopping psychiatric medication without appropriate consultation
Postpartum Depression

SYMPTOMS

- Excessive worry or anxiety; fears
- Irritability or short temper
- Feeling overwhelmed and unable to cope
- Difficulty making decisions
- Sadness
- Hopelessness, worthlessness
- Feelings of guilt
- Sleep problems (often a woman cannot sleep or sleeps too much)
- Fatigue
Postpartum Depression

SYMPTOMS (cont.)

• Physical symptoms or complaints without apparent physical cause
• Discomfort around the baby or a lack of feeling toward the baby
• Loss of focus and concentration (may miss appointments)
• Loss of interest or pleasure
• Lower sex drive
• Changes in appetite, significant weight loss or gain
Postpartum Depression

Distinguishing Baby Blues from PPD

- **Duration of symptoms:** symptoms last 2 weeks or more
- **Severity of symptoms:** symptoms will interfere with her daily life and functioning (ability to care for baby or herself, maintain concentration, feel pleasure or have perspective)
ANXIETY DISORDERS
Anxiety Disorders

POSTPARTUM PANIC DISORDER OCCURS IN 10% OF NEW MOMS
Postpartum Panic Disorder

RISK FACTORS

- Personal or family history of anxiety or panic disorder
- Thyroid dysfunction
Postpartum Panic Disorder

SYMPTOMS

- Episodes of extreme anxiety (panic attacks), which may include:
  - shortness of breath
  - chest pain
  - sensations of choking or inability to breathe
  - dizziness
  - hot or cold flashes
  - trembling
  - rapid heart beat
  - numbness or tingling sensations
Postpartum Panic Disorder

SYMPTOMS (cont.)

- Restlessness, agitation or irritability
- During a panic attack the woman might fear she is going crazy, dying, or losing control
- Panic may wake her up
- Often no identifiable trigger for panic
- Excessive worry or fears (including fear of more panic attacks)
- Can lead to fear of leaving the house (agoraphobia)
Anxiety Disorders

POSTPARTUM OBSESSIVE COMPULSIVE DISORDER (OCD)

OCCURS IN UP TO 9% OF NEW MOTHERS
Postpartum Obsessive Compulsive Disorder (OCD)

RISK FACTORS

• Personal or family history of OCD
Postpartum Obsessive Compulsive Disorder (OCD)

SYMPTOMS

• Intrusive, repetitive, and persistent thoughts or mental pictures
• Thoughts often are about hurting or killing baby
• Tremendous sense of horror and disgust about these thoughts (“scary thoughts”)
• Thoughts may be accompanied by behaviors to reduce the anxiety (for example: hiding knives)
• Counting, checking, cleaning or other repetitive behaviors
Anxiety Disorders

POSTPARTUM
POSTTRAUMATIC STRESS DISORDER (PTSD)
Postpartum Posttraumatic Stress Disorder (PTSD)

RISK FACTORS

• Past traumatic events
• Past pregnancy loss
• Traumatic birth
• Baby in neonatal intensive care unit (NICU)
Postpartum Posttraumatic Stress Disorder (PTSD)

SYMPTOMS

• Recurrent nightmares
• Extreme anxiety
• Flashbacks (Reliving past traumatic events – for example: sexual, physical and emotional events, and childbirth)
OTHER CONDITIONS DURING THE POSTPARTUM PERIOD
Postpartum Mood Disorders

BABY BLUES

OCCURS IN 60-85% OF NEW MOMS
Baby Blues

- It is NOT an illness.
- Usually begins within the 1st week.
- Usually peaks between 3rd and 5th days postpartum.
- Can last 2 – 3 weeks, but usually ends by 2nd week.
Baby Blues

• The feelings come and go, and can usually be shaken off
• Will generally resolve without professional help.
• Mom can use self-help measures to ease symptoms (taking a nap, going for a walk, conversation with a friend, etc.)
Baby Blues

Feelings include:

• Tearfulness, lability, reactivity
• Stress
• Vulnerability
• Sadness
• Worry
• Lack of concentration
## Comparison of Blues and PPD

<table>
<thead>
<tr>
<th>Baby Blues</th>
<th>Postpartum Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not interfere with mother caring for self or infant</td>
<td>Interferes with mother caring for self/infant</td>
</tr>
<tr>
<td>Up to 80% of new moms. Begins 3-5 days Postpartum</td>
<td>8%-15% of new mothers. Can emerge 4 weeks or months later</td>
</tr>
<tr>
<td>Symptoms are transient and resolve within 10-14 days</td>
<td>Symptoms can lead to suicidal ideation if left untreated</td>
</tr>
<tr>
<td>Tearfulness and sadness</td>
<td>Loss of motivation / psychomotor retardation</td>
</tr>
<tr>
<td>Mood changes</td>
<td>Feelings of hopelessness and worthlessness</td>
</tr>
<tr>
<td>Not related to stress/previous mental illness</td>
<td>Stress/history of depression are causative factors</td>
</tr>
</tbody>
</table>

The Postpartum Stress Center, 2007
Postpartum Mood Disorders

Postpartum Stress Syndrome occurs in 20% of new moms.
Postpartum Stress Syndrome

- Also known as Adjustment Disorder
- Falls between baby blues and depression
- Mothers are able to function
- Feelings of anxiety, self-doubt and a deep need to be perfect
- There is a constant sense of disappointment which leads to mom not feeling good about herself and her new role
- Can be worse when mom has more than 1 child
Postpartum Stress Syndrome

• The accumulation of day to day hassles can lead to postpartum stress syndrome.

• Some women with postpartum stress syndrome go on to develop PPD, but some do not.
Postpartum Stress Syndrome

RISK FACTORS

• If mom or baby is ill
• C section
• Closely spaced births, with a toddler to care for with new baby
• Marital separation or significant conflict with spouse
• New job or new home within giving birth
• Financial difficulties
Postpartum Mood Disorders

POSTPARTUM PSYCHOSIS
Postpartum Psychosis

RISK FACTORS

• Personal or family history of psychosis, bipolar disorder, or schizophrenia
• Previous postpartum psychosis or bipolar disorder
Postpartum Psychosis

SYMPTOMS

- Seeing, hearing, or feeling things that others do not (for example: hearing the voice of God, or the devil, or getting “secret messages” from the TV)
- Delusional thinking (for example: thoughts about the baby’s death, denial of birth, or need to kill the baby)
- Mania
- Confusion
- Paranoia
- Symptoms that come and go (she may seem normal one minute and hearing voices the next)
Postpartum Psychosis

SCREENING

• Does she claim to hear things or see things that others do not?

• Is she suspicious of others or expressing concern that others are out to get her or trying to harm her in some way?

• Does she have a decreased need for sleep or food and/or exhibit a high degree of confidence or an exaggerated sense of her capabilities or self-worth?

• Does she feel abnormally hyperactive with racing thoughts and/or behaviors?
Postpartum Psychosis

SCREENING

Ask her, AND THOSE WHO ARE WITH HER, the following questions:

• Does she or anyone in her family have a history of **bipolar** illness or previous psychosis?
• Is she talking or acting in a **strange manner** that is not characteristic for her?
• Is she unusually quiet and **withdrawn**, or speaking **rapidly** with little concentration?
### Range of Postpartum Mood Disorders

<table>
<thead>
<tr>
<th></th>
<th>Initial Maternal Indifference</th>
<th>Postpartum Blues</th>
<th>Postpartum Psychosis</th>
<th>PPD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevalence</strong></td>
<td>40%</td>
<td>50%-80%</td>
<td>0.1%-0.3%</td>
<td>10%-20%</td>
</tr>
<tr>
<td><strong>Typical Onset</strong></td>
<td>Day 1</td>
<td>Day 3 to 1 month</td>
<td>Day 3 to 1 month</td>
<td>6 weeks to 1 year</td>
</tr>
<tr>
<td><strong>Typical Duration</strong></td>
<td>3 days</td>
<td>Less than 10 days</td>
<td>6-8 weeks</td>
<td>6-8 weeks</td>
</tr>
<tr>
<td><strong>Suicide potential</strong></td>
<td>Rare</td>
<td>Rare</td>
<td>Significant</td>
<td>Possible</td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td>Psychoeducation/family support</td>
<td>Psychoeducation/family support</td>
<td>Hospitalization/meds/psychotherapy</td>
<td>Hospitalization/meds/psychotherapy</td>
</tr>
<tr>
<td><strong>Prognosis</strong></td>
<td>Excellent</td>
<td>Excellent</td>
<td>Variable</td>
<td>Variable</td>
</tr>
</tbody>
</table>
TIPS FOR COMMUNICATING WITH DEPRESSED MOMS
Tips for Talking with Depressed Moms

• You cannot assume that if she looks good, she is fine. Postpartum women are exceptionally good at holding it together and saying all the right things, in order to maintain control and put forth the illusion that they are fine.

• Shame and fear of judgment keep women's depression masked.

• It take a lot of courage for moms to verbalize how they really feel, and even more courage to ask for help.
Tips for Talking with Depressed Moms

• New mothers may be frightened and overwhelmed.
• HOW the questions are asked is as important as what the questions are.
• "I know this may be overwhelming right now. Sometimes we see mothers here who tell us they are hearing unusual voices in their head or others are telling them that they aren’t making sense. Are you experiencing anything like this?”
Things to Say

• You are not alone.
• This is not your fault.
• You can get better.
• This is treatable.
• It’s OK to ask for help and accept it.
• Things will get better
Things to Say

• Here is some information that will help you.
• You are a good mom.
• Give yourself permission to rest and surround yourself with things that make you feel good.
Things NOT to Say

• Every new mom feels like this.
• You just need more sleep.
• You just need a date night with your husband.
SCREENING TIPS
Why Screen?

• To decrease the negative consequences of PPD
• Prognosis is excellent with early intervention
• To prevent suicide
• To improve mother-infant attachment
• To help infant’s cognitive, social and behavioral development
Pre pregnancy & Pregnancy Risk Assessment

SCREENING TIPS
Pre pregnancy & Pregnancy Risk Assessment

Warning Signs / when you want to further screen for depression

- Missed appointment
- Excessive worrying (about her health or the health of the fetus)
- Looking unusually tired
- Crying
- Requiring a support person to accompany her to appointments
- Significant weight loss or gain
- Physical complaints with no apparent cause
- Flashbacks, fear, or nightmares of previous trauma
- She is concerned she will not be a good mom
Pre pregnancy & Pregnancy Risk Assessment

New research:
It is important to assess for depression during pregnancy because in ½ of PPD cases, the depression began during pregnancy.
Postpartum Risk Assessment

SCREENING TIPS
PPD Screening & Tips for Healthcare Practitioners

- Do not assume that if she looks good, she is fine
- Do not tell her it’s normal to feel this way after having a baby
- Do not assume this will get better on its own
- Do encourage her to get a comprehensive evaluation
- Do let her know you are there if she needs you

Courtesy of Postpartum Stress Center
SCREENING TOOLS
SCREENING TOOLS

• **Edinburgh Postnatal Depression Scale (EPDS)**
  - 10 questions; easy to administer
  - Score of 10 or above = depression is a possibility
  - Score of 12 or above = high probability of depression

• **2 Question Quick Screening**

• **Postpartum Depression Screening Scale (PDSS)**
  - 35 item
  - Available in Spanish
Edinburgh Postnatal Depression Scale (EPDS)

• In the past 7 days:

1. I have been able to laugh and see the funny side of things
2. I have looked forward with enjoyment to things
3. I have blamed myself unnecessarily when things went wrong
4. I have been anxious or worried for no good reason
5. I have felt scared or panicky for no very good reason
6. Things have been too much for me
7. I have been so unhappy that I have had difficulty sleeping
8. I have felt sad or miserable
9. I have been so unhappy that I have been crying
10. The thought of harming myself has occurred to me
Edinburgh Postnatal Depression Scale (EPDS)

**Score of 4 or less:** Client does not seem to suffer from PPD. Consider asking her to take EPDS again at next visit or give her a copy to take home or take online.

**Score of 5 – 9:** Increased risk for PPD. There is a need to be cautious. Educate client on signs of depression, options for treatment, and its benefits. Client should have a copy of the EPDS or online version. She should know that if she gets a score of 9 or above, she needs to contact her OB.

**Score of 10 or higher:** It is very likely she has PPD. She needs further evaluation by a PPD specialist. Make referral and help her get connected to treatment. Give client suicide hotline number.
Edinburgh Postnatal Depression Scale (EPDS)

**Answer of anything but “No” to question #10:** It is very likely she has PPD. She needs further evaluation by a PPD specialist. Make referral and help her get connected to treatment. Give client suicide hotline number.
Quick Screening

1. Over the past 2 weeks, have you felt down, depressed or hopeless?
2. Over the past 2 weeks, have you felt little interest or pleasure in doing things?
Postpartum Emergency

• Mother states that she is afraid she might harm herself in order to escape this pain
• Mother is afraid she might actually do something to hurt her baby
• Mother feels that her thoughts are not her own or that they are totally out of her control
Postpartum Emergency

• Mother states she has not slept in 48 hours or more
• Mother does not feel loving toward her baby and cannot even go thorough the motions to care for baby
• She is rapidly losing weight without trying to
• Mother hears voices or sounds when alone
RESOURCES

SERVICES

BOOKS/WEBSITES
RESOURCES
SERVICES
Orange County Postpartum Wellness (OCPPW)
(714) 480-5160

- SUPPORT GROUP for pregnant women in Orange and Anaheim
- 12-week curriculum
- Childcare provided
- Groups in English and Spanish

Criteria for making a referral:
- Must live in Orange County
- Must be at least five months pregnant
- And have mild to moderate feelings of worry, sadness, moodiness, crying, no energy, difficulty making decisions, overwhelmed, etc.
RESOURCES
SERVICES
Orange County Postpartum Wellness (OCPWW)
(714) 480-5160

- screening and assessment
- individual/family/group therapy
- educational groups
- wellness activities
- case management
- Services in English, Spanish, Vietnamese, and Farsi

Criteria:
- Must live in Orange County
- mild to moderate symptoms of postpartum depression
- within one year after birth.
RESOURCES
SERVICES
POSPARTUM ADJUSTMENT GROUP
AT HOAG HOSPITAL

• Meets every Monday night from 6-7pm in the Conference Center
• Free and open to the community
• Babies and fathers can attend
• Facilitated by Laura Navarro Pickens, LCSW
• Call Hoag’s Babyline for more info (949) 764-8229
RESOURCES

TEXT 4 BABY

Free text messaging program for pregnant women and new moms. FREE messages 3 times a week to Mom’s cell phone to help her through pregnancy and baby's first year.

• Health advice for pregnant women and new moms
• Nutrition tips for moms and their babies
• Access to free and low-cost programs that provide medical care, food, and other services
• Tips and support for coping with the stress of pregnancy and new motherhood
• Fun facts about baby development and milestones
RESOURCES
TEXT 4 BABY

To sign up for Text4Baby:
• Text ... BABY to 511411
• Envia... BEBE al 511411 para Español

Healthy Mothers, Healthy Babies Connection
RESOURCES
Hotlines / Warmlines

National Hopeline Network
1-800-SUICIDE

National Suicide Prevention Hotline
1-800-273-TALK (8255)

PSI Warmline
1-800-944-4773 (4PPD)
The PSI Warmline is not a crisis hotline and does not handle emergencies.
RESOURCES
Individual, couples and group psychotherapy

Laura Navarro Pickens, LCSW
408 Westminster Ave., Suite 9
Newport Beach, CA  92663
562) 882-7901
TherapistLaura.com
RESOURCES/REFERENCES

BOOKS & WEBSITES

• This Isn’t What I Expected, Kleiman, Karen R.
• Beyond the Blues, Bennett, Shoshana & Indman, Pec.
• Therapy and the Postpartum Woman, Kleiman, Karen.
• PostpartumProgress.com
• Postpartum Stress Center, Pennsylvania
• Postpartum Support, International
• Mededppd.org