American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Ohio Chapter

Mind Menders

Guide for Pediatricians

This information is available on the Ohio Chapter, American Academy of Pediatrics' Web site at www.ohioaap.org

Postpartum Depression

Mothers Matter: Because healthy mothers make healthy babies

Postpartum Depression often sets in sometime after the routine 4- to 6-week visit with the obstetrician. As a pediatrician, you may be the only doctor a woman sees while she is depressed, even though the new mother is not your patient. In national AAP survey, 57% of pediatricians felt it was their responsibility to detect maternal depression.

Epidemiology – Postpartum Depression (PPD)

- 50 to 80% of mothers experience postpartum blues in the first 10 days
- 15 to 20% of mothers develop clinical depression in first few months
- Full onset is usually 8 to 10 weeks after delivery but may be delayed up to a year
- PPD in the most serious form, postpartum psychosis, occurs in 1 in every 1,000 births

Clinical Presentation

Mothers experience feelings of sadness, pervasive low mood, loss of pleasure or interest in usual activities, excessive guilt, preoccupation with death, anxiety, ambivalent feelings about infant, intrusive thoughts about harming infant.

What Can Pediatricians Do?

1) Work with community resources to develop a PPD referral and support network
2) Prepare your pediatric office to
   a) Increase parental awareness about signs of depression and the effects on the infant
   b) Motivate parents to seek help
   c) Support parenting efficacy during depression episodes, especially during infancy
   d) Assist with child behavioral problem related to maternal depression.
3) At every office visit
   a) Ask mother if she is overwhelmed, anxious or depressed
   b) If depressed, ask about suicidal ideation
   c) Evaluate maternal-child interaction
   d) Assess parental support network (Who helps you with the baby?)
   e) Ask about other stressors (substance abuse, domestic violence, financial)
   f) Consider a standardized screening tool (PHQ or Edinburgh)
4) Screen for depression, NOT diagnose or treat depression
5) Develop additional supports
   a) Care coordinator
   b) Developmental specialist (National Healthy Steps SM model)
   c) Co-located social worker or mental health specialist
   d) Telephone follow-up and/or referral
6) Provide handouts, resource guides including hotlines of information and local help

Suggested reading

1) Chaudron, LH. Postpartum Depression: What Pediatricians Need to Know. Pediatrics in Review. 2002; 24:154-160
2) Olson, A et al. Primary Care Pediatricians' Roles and Perceived Responsibilities in the Identification and Management of Maternal Depression. Pediatrics 2002;110:1169-1176
3) Onunaku N. Improving Maternal and Infant Mental Health: Focus on Maternal Depression. Zero to Three Policy Center. July 2005
4) McLearn KT, et al. Maternal Depressive Symptoms at 2 to 4 Months Post Postpartum and Early Parenting

PPD Risk Factors

- Young and or single mothers
- History of mental illness or substance abuse
- Financial or marital difficulties or other stressful life event
- Low confidence as a parent
- Problems with baby's health
- Lack of support or help with the baby

Validated Screening Tools

Patient Health Questionnaire (PHQ): two screening questions defaulting to nine-question diagnostic tool if screening is positive (see opposite side for questions). Edinburgh: 10 question screener easy to use and available through public domain high scores (>12) predict for depression.

Effects on a child

- Evidence of depression is detectable in infants as young as four months. Infants of depressed mothers often withdraw and avoid social interactions. Feeding problems, sleep disorders, fussiness, and colic are all common. Attachment disorders in infancy may lead to delayed language and social/ emotional development and contributes to future function as an adult.
- Failure to establish basic trust in the maternal-infant relationship may affect the ability for the child to develop trust in intimate relationships as an adult.
- Older children of depressed mothers often exhibit poor self-regulation (defiance, aggression or inattention) and internalizing disorders (depression and anxiety). They often have disordered peer relationships and perform poorly in school.

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Addiction Services

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Postpartum Depression

Mothers Matter: Because healthy mothers make healthy babies

Having a baby is a joyous time. After childbirth, though, many mothers feel sad, afraid, angry, or anxious.

What is postpartum depression (PPD)?

About one in five new mothers suffer from prolonged low mood, sadness or anxiety sometime during the first year of the baby's life. PPD is different for every person but feelings of hopelessness, worthlessness, guilt or panic are common. You may also feel confused, irritable or sluggish. Sleeping and eating may be affected. You may also have fears that you may hurt yourself or your baby.

Postpartum psychosis is extremely severe and rare. This emergency may include hallucinations, insomnia, or bizarre sensations. Please seek help immediately if you know someone who may be experiencing this life-threatening condition.

Is PPD the same as "baby blues"?

Many mothers feel weepy within a few days after birth. This moodiness is thought to be a result of hormonal changes, sleeplessness and fatigue immediately following birth and should last less than a week. This brief condition is not depression but an adjustment difficulty experienced by up to 80% of new mothers.

How do I know if I have PPD?

If you answer "yes" to either of the two questions listed below, you may have clinical depression. The diagnosis should be made by a competent professional. Please ask for help from your pediatrician or family doctor.

During the past two weeks, have you ever felt down, depressed or hopeless?
During the past two weeks, have you felt little interest or pleasure in doing things?

What are the effects on my child?

Infants of depressed mothers often are withdrawn or fussy. They may have problems with sleeping or eating, just like the mother. They depend on their mother or primary caretaker to learn how to trust in relationships and feel safe in the world. When their mother cannot emotionally be there for them because of her depression, the infants feel insecure and may have problems with relationships when they grow older.

What are some available treatments?

Psychotherapy, medications and support groups are all helpful. Each depressed mother deserves an individualized treatment designed with her doctor or therapist.

What should I do?

Remember that depression is not your fault. You have not caused the disorder.
Know that you are not alone. Many women experience the same problem.
Talk to your family, pastor, doctor or midwife if you feel sad or overwhelmed.
Ask for help. The sooner you do, the sooner you and your child will begin healing.

For more information contact:

Ohio Department of Mental Health
www.mh.state.oh.us 1-877-ASK-ODMH

Ohio Department of Health
www.odh.state.oh.us 1-800-755-4769

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