



IN THE NAME OF GOD

Postpartum Psychiatric Disorders



Postpartum Psychiatric Disorders

 **The Blues**

 **Postpartum Depression**

 **Postpartum Psychosis**

Postpartum Psychiatric Disorders

Disorder	Prevalence	Onset	Duration	Treatment
Blues	30-75%	Day 3 or 4	Several days	None
Postpartum Depression	10 – 15%	Within weeks	Weeks – Months	Treatment by GP or psychiatrist usually required
Postpartum Psychosis	0.1 – 0.2%	Within 2 weeks	Weeks – months	Psychiatric emergency Hospitalization required

Baby Blues vs. Post-Partum Depression

Onset

Baby Blues	Postpartum Depression
Onset at 3 rd or 4 th day post-delivery and can last from a few days to a few weeks	Onset can be anytime one year after delivery

Baby Blues vs. Post-Partum Depression

Prevalence

Baby Blues	Postpartum Depression
70-80% of women will experience depressive symptoms that disappear within a few weeks.	10% experience some degree of postpartum depression which can last a year.

Typical Blues Symptoms

✖ Low Mood

✖ Mood Lability

✖ Insomnia

✖ Anxiety

✖ Crying

✖ Irritability

Post-Partum Depression

Emotional Symptoms

- ✓ Increased Crying
- ✓ Irritability
- ✓ Hopelessness
- ✓ Loneliness
- ✓ Sadness
- ✓ Uncontrollable mood swings
- ✓ Feeling overwhelmed
- ✓ Guilt
- ✓ Fear of hurting self or baby

Post-Partum Depression

Behavioral Symptoms

- ☐ Lack of or too much, interest in the baby
- ☐ Poor self-care
- ☐ Loss of interest in otherwise normally stimulating activities
- ☐ Social withdrawal and isolation
- ☐ Poor concentration, confusion

Post-Partum Depression

Physical Symptoms

- ✧ Exhaustion, fatigue
- ✧ Sluggishness
- ✧ Sleeping problems (not related to screaming baby)
- ✧ Appetite changes
- ✧ Headaches
- ✧ Chest pain
- ✧ Heart Palpitations
- ✧ Hyperventilation

Post-Partum Depression

Risk Factors

- ⊙ Self or family history of mental illness or substance abuse
- ⊙ Marital or financial stresses
- ⊙ Birth complications
- ⊙ Lack of self-confidence as a parent

Post-Partum Depression

Risk Factors

- ⦿ Problem's with baby's health
- ⦿ Major life changes around time of delivery
- ⦿ Lack of support or help with baby
- ⦿ The mother being of young age
- ⦿ Severe premenstrual syndrome

Post-Partum Depression

Causes

- ❏ Exact cause not known. Levels of estrogen, progesterone, cortisol, and thyroid hormones drop sharply after birth.
- ❏ The brunt of the research has been in testing hormonal connections

Post-Partum Depression

Diagnosis

▶ The Edinburgh Postnatal Depression Scale (EPDS) is a 10-item self-rated questionnaire used extensively for detection of postpartum depression. A score of 12 or more on EPDS or an affirmative answer on question 10 (presence of suicidal thoughts) requires more thorough evaluation.

Post-Partum Depression

Diagnosis

- ▶ Important to rule out medical causes of depression, such as anemia or thyroid dysfunction
- ▶ Check medical history
- ▶ Perform physical examination/lab tests

Post-Partum Depression

Treatment

- Ⓢ Treatments can include:
 - Ⓢ Counseling/psychotherapy
 - Ⓢ Medication
 - Ⓢ Support groups
 - Ⓢ Self-help
- Ⓢ For mild to moderate symptoms, focus less on pharmacological treatment and more on counseling and group therapy.
- Ⓢ All antidepressants pass through breast milk.

Post-Partum Depression

Treatment

@ Medications:

- @ First-line choices are SSRIs such as fluoxetine (Prozac) 10-60 mg/d, sertraline (Zoloft) 50-200 mg/d, paroxetine (Paxil) 20-60 mg/d, citalopram (Celexa) 20-60 mg/d, or escitalopram (Lexapro) 10-20 mg/d
- @ SNRIs such as venlafaxine (Effexor) 75-300 mg/d or duloxetine (Cymbalta) 40-60 mg/d, are also highly effective for depression and anxiety.
- @ ECT is effective for those with severe depression/psychosis

Post-Partum Depression

Treatment

- ② In addition to counseling or talk-therapy (individual or group therapy), other steps can be taken by the mother to fight the depressive symptoms:
 - ② Exercise
 - ② Eat healthy
 - ② Use an outlet, such as a diary, a family member, or a friend.
 - ② Try not to isolate one's self
 - ② Promote sleep
 - ② Take breaks, and make time to do the things you enjoy

Post Partum Psychosis

- * **Rare: occurs in 0.1-0.2% of births**

- * **Usually occurs 3-6 weeks after delivery**

- * **Higher risk associated with bipolar disorder and schizoaffective disorder patients**

- * **Postpartum Psychosis, untreated, can lead to:**

- * **Child Abuse**

- * **Suicide**

- * **Infanticide**

Post-Partum Psychosis

Symptoms

- ♣ Delusions
- ♣ Hallucinations
- ♣ Sleep disturbances
- ♣ Obsessive thoughts about the baby
- ♣ Rapid mood swings (which mimic bipolar disorder)
- ♣ Extreme anxiety, agitation
- ♣ Suicidal and homicidal thoughts

Diagnoses

- ✓ Most cases of PP meet criteria for mania, schizoaffective disorders or depression with psychotic features
- ✓ Long-term outcome shows diagnostic stability
- ✓ Hospitalization nearly always required
- ✓ Although rare, risk of suicide and infanticide – suicide is leading cause of maternal death in the UK (Oates, 2013)
- ✓ Infanticide – delusions or neglect

Link between PP & BP

- Baseline risk of 1 in 1000
- Jones & Craddock found rate in women with bipolar disorder was 260 / 1000 deliveries
- Rates for women with bipolar disorder who also had a family history of puerperal psychosis was 570 / 1000 deliveries.
- Evidence for familiality or heritability

Treatment for Postpartum Psychosis

- *Treatment for Postpartum Psychosis must be immediate and often done in a hospital.**
- *According to the Mayo Clinic, when safety is assured, a combination of medications, including antidepressants, antipsychotic medications and mood stabilizers may be used to control signs and symptoms.**

Treatment for Postpartum Psychosis

- *The Mayo Clinic lists electroconvulsive therapy (ECT) as being recommended as well. During ECT, a small amount of electrical current is applied to the brain to produce brain waves similar to those that occur during a seizure. The chemical changes triggered by the electrical currents can reduce the symptoms of depression, especially when other treatments have failed or when immediate results are needed.**

Treatment for Postpartum Psychosis

***A mother's ability to breast-feed can be challenged while being treated for Postpartum Psychosis. Mothers are separated from their babies and some medications used to treat postpartum psychosis are not recommended for women who are breast-feeding. However, a team of health care providers will help a mother work through these challenges.**

Summary

- Consultation prior to pregnancy is best
- Women with known risk factors should be considered higher risk
- Treatment as for non-puerperal episodes
- Childbirth related onset of illness common
- Risks of further illness need to be discussed



Motherhood is not magical for women suffering with postpartum depression

