

Postpartum Depression

at a glance

Symptoms of Depression

- Depressed or dysphoric mood
- Anhedonia (inability to experience in normally pleasurable activities)
- Sleep difficulties unrelated to infant care
- Fatigue
- Inability to concentrate
- Hopelessness
- Changes in appetite
- Increased anger or hostility, and thoughts of death
- Anxiety



Patient Health Questionnaire-2 (PHQ-2)

Over the past two weeks, how often have you been bothered by any of the following problems?

- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless

Not at all	0
Several days	1
More than half the days	2
Nearly every day	3

Edinburgh Postnatal Depression Scale-3 (EPDS-3)

I have blamed myself unnecessarily when things went wrong

Yes, most of the time	3
Yes, some of the time	2
Not very often	1
No, never	0

I have felt scared and panicky for no very good reason

No, not at all	0
Hardly ever	1
Yes, sometimes	2
Yes, very often	3

I have been anxious or worried for no good reason

Yes, quite a lot	3
Yes, sometimes	2
No, not much	1
No, not at all	0

Scores of >3 warrant further screening



Assessing Mothers' Sleep Quality

Practitioners cannot assume that all maternal fatigue is caused by infant awakenings or nighttime feedings. Depression, anxiety, or PTSD can also cause sleep problems even if the baby is not there. These questions are an initial screen to determine quality of mother's sleep.

- What was your sleep like before you had your baby? (could indicate an ongoing problem with sleep)
- How many minutes does it take for you to fall asleep? (prolonged sleep latency of >25 minutes often predicts depression)
- Do you wake in the middle of the night when everyone else is sleeping? (this is a classic symptom of depression and anxiety)
- Do you have a sleep disorder like sleep apnea or restless leg syndrome?
- Do you have a history of depression or posttraumatic stress disorder?

Non-Pharmacologic Treatments for Depression

Long-chain Omega-3 Fatty Acids

- EPA, 1000 mg for treatment
- DHA, 200-400 mg for prevention of depression
- Can be used alone or added to medication regimen
- www.USP.org for listing of U.S. Pharmacopeia verified brands of fish-oil products

Exercise

- 20-30 min, 2-3 times a week for mild-to-moderate depression
- 45-60 min, 3-5 times a week for major depression

Psychotherapy

- Cognitive-behavioral therapy
- Interpersonal psychotherapy
- www.nacbt.org
- www.interpersonalpsychotherapy.org

St. Johns wort

- 300 mg TID, standardized to 0.3% hypericin and/or 2% to 4% hyperforin

Antidepressants

Sertraline (Zoloft) L2
Paroxetine (Paxil) L2
Escitalopram (Lexapro) L2
Fluoxetine (Prozac) L2

Citalopram (Celexa) L2
Bupropion (Wellbutrin) L3
Venlafaxine (Effexor) L3

Amitriptyline (Elavil) L2
Imipramine (Tofranil) L2
Nortriptyline (Pamelor) L2

L2=Safer, little demonstrated risk in using this medication;
L3=Moderately safe, use if benefit justifies potential risk.

Breastfeeding and Depression

- Breastfeeding protects maternal mental health by lowering mothers' stress level
- Breastfeeding improves mother-baby interaction
- Breastfeeding mothers get more and better-quality sleep
- Almost all treatments for depression are compatible with breastfeeding

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