

RISK FACTORS FOR POSTPARTUM DEPRESSION

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CASE FOR OUR CONSIDERATION

- 28 year old G2 P0 primipara presents for initial OB visit transferring from another state @ 28 weeks Opioid dependence on Subutex for 12 weeks
- Opiate use for 7 years, has attempted detox/rehab 20 or more times this is the most sustained time off opiates
- History of depression and anxiety, Hepatitis C, tobacco use disorder
- Substance Use History: initial use at 16 – heroin, marijuana, nicotine
- Low Social Support - moving to new area, support of partner is limited, partner is busy as an essential worker for the town in which they live
- Family history of ETOH/substance use
- Does not accept counseling or M-WRAP due to prior bad experience with counseling

DEFINITION OF POSTPARTUM DEPRESSION

- A mood disorder or depression that occurs after the birth of a baby.
- This disease is a part of the broader heading of perinatal depression that includes prenatal, intrapartum and postpartum depression, episodes of major or minor depression that occur during pregnancy, during labor or postpartum for up to 12 months after delivery

DEPRESSION IS A COMMON ILLNESS AND OCCURS IN 1 IN 7 PREGNANCIES

- Depressive symptoms are not commonly reported by postpartum patients.
- Only 20% with disorder advised health care provider of symptoms

Reference: Screening for perinatal depression ACOG Committee Opinion 757, November 2018

RISK FACTORS FOR POSTPARTUM DEPRESSION

- Psychosocial Factors
 - Low SES, unemployment, stressful life events, history of trauma/violence/abuse
- Inadequate social support, young age at time of pregnancy
- Child care related stressors
- Perinatal Mood Disorders
 - Past depression or anxiety disorder, PMS, seasonal
- Past history of substance use
- Difficulty with breastfeeding
- Baby born premature, with illness or colic

PRIOR HISTORY OF DEPRESSION OR
SUBSTANCE USE DISORDER INCREASES THE RISK OF
PERINATAL MOOD DISORDERS
(DEPRESSION AND ANXIETY)

- Screening for Perinatal Mood Disorders
- Use a standardized and validated tool for screening such as:
 1. Edinburgh Postnatal Depression Scale
 2. Postpartum Depression Screening scale
 3. Beck Depression Inventory I and II

Reference: Screening for perinatal depression ACOG Committee Opinion 757, November 2018

SYMPTOMS OF DEPRESSION

- Insomnia particularly if patient is unable to sleep when her infant is asleep
- Intrusive and frightening thoughts
- Anxiety
- Loss of interest in normal activities
- Fatigue
- Loss of sexual interest
- Appetite and weight changes
- Persistent feeling of sadness
- Moving/talking more slowly
- Restlessness and loss of concentration or memory or decision making capacity
- Feelings of worthlessness, guilt or helplessness
- Physical complaints (headache, body aches, pelvic pain) without physical cause and failure of improvement with treatment
- Suicidal thoughts, preoccupation with death and suicidal ideation or suicide attempts

DIAGNOSIS

- Diagnosis of depression can be difficult during perinatal period because pregnancy and postpartum related symptoms can overlap. Practitioners can mistake “ baby blues” for overt depression.
- Baby blues - self-limited, mild depressive and anxiety symptoms that resolve within 2 weeks of delivery.
- Postpartum depression - full blown depression with extreme symptoms that interfere with self care and care of infants and children.
- Psychotic depression - severe depression accompanied by delusions (fixed false beliefs) and or hallucinations (seeing and hearing things others cannot see or hear).

MEDICATIONS

Treatment of Depression during Perinatal Period

- Psychotherapy
- Medications
 - SSRI selective serotonin reuptake inhibitors: Citalopram (common brand Celexa) Sertraline (common brand Zoloft)
 - SNRI Serotonin and norepinephrine reuptake inhibitors: Duloxetine (common brand Cymbalta) Venlafaxine (common brand Effexor)
 - Second line treatment: Bupropion (common brand Wellbutrin)
 - Third line treatment Tricyclic antidepressants: Desipramine (common name Norpramin) and Nortriptyline (common name Pamelor)

Thank you!

Questions & Discussion

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