Postpartum Depression
A Cause for Concern

Demographics of Postpartum Depression (PPD)
- The most common complication of pregnancy [1-3]
  - Occurs in 10% - 20% of all pregnancies [1-3]
  - Impacts approximately 1 in 8 women [1-3]
- May effect more than 10,000 women a year in Utah [4]
- There is a three-fold increase in the rate of onset of depression following delivery, generally within the first four weeks postpartum but it can be as late as several months [5]

Risk Factors for PPD
- History of prior mental illness [6]
- Previous episode of PPD [6]
- Poor social support [2, 7]
- Economic burdens [2, 7]

Impact of PPD
- Potential for suicide [8]
- Disruption of normal development in infants of mothers with PPD, including -
  - Behavioral problems [9-11]
  - Delayed cognitive development [9-11]
  - Impaired social development [9-11]
  - Insecure attachment patterns [9-11]

Screening
- PPD often goes unrecognized [1-3]
- Screen during both antepartum and postpartum periods [6, 12]
- Utilize a well validated tool such as:
  - Edinburgh Postnatal Depression Scale (EPDS) [1, 13-17]
    (For a copy, go to: [http://www.health.utah.gov/rhp/rhp-provider.htm](http://www.health.utah.gov/rhp/rhp-provider.htm))
  - Beck Depression Inventory
    (For more information visit: [http://www.fpnotebook.com/Psych/Exam/BckDprsnInvntry.htm](http://www.fpnotebook.com/Psych/Exam/BckDprsnInvntry.htm))
  - Prime-MD PHQ 2 or 9
    (For copies, go to: [http://www.health.utah.gov/rhp/rhp-provider.htm](http://www.health.utah.gov/rhp/rhp-provider.htm))

Treatment of PPD
- Counseling/psychotherapy with a psychologist or social worker is effective [1, 3, 6]
- Hormonal therapy has been shown to be effective, although not as well studied as counseling and antidepressant medications [1, 3, 6]
- Antidepressants have been shown to improve symptoms. [1, 3, 6]

Selection and dosage of specific antidepressants must be individualized for each woman. Selection of an antidepressant may vary based on whether or not the woman is breastfeeding. For breastfeeding women the risk to the infant must be balanced against the negative impact of untreated depression for the woman, her infant and other family members.

For information on specific antidepressants, contact the Pregnancy RiskLine. In the Salt Lake City area, call 801-328-BABY (2229). For outside Salt Lake City, call 1-800-822-BABY (2229). (Link to PRL website: [www.pregnancyriskline.org](http://www.pregnancyriskline.org))
References


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