

**POSTPARTUM Blues and DEPRESSION: Discuss postpartum blues and depression with patients both in pre-natal care and prior to d/c home from the hospital!!!!**

**Post partum blues:** occurs in about 50% (40-80%) women after birth and peaks at 3-5 days after delivery

**POSTPARTUM BLUES** — a transient condition characterized by mild, and often rapid, mood swings from elation to sadness, irritability, anxiety, decreased concentration, insomnia, tearfulness, and crying spells: 40-80% of postpartum women develop these mood changes, generally within two to three days of delivery. Symptoms typically peak on the fifth postpartum day and resolve within two weeks.

**Women at high risk** — Major risk factors for postpartum blues include: personal/family history of depression, depressive sx during pregnancy, minimal social support.

**Treatment:** conservative- support, reassurance, adequate sleep. If insomnia severe and someone able to provide care at night to infant, low-dose benzodiazepines, such as Klonopin or Ativan (0.5-1 mg po qhs) although no active metabolites per AAP effects unknown in terms of breastfeeding.

**Post partum depression:** presents in 10-20% of US women within 6 months; a diagnosis of major and minor depression requires that depressed mood or loss of interests/pleasure and other characteristic symptoms be present most of the day, nearly every day, for at **least two weeks**.

Edinburgh Postnatal Depression scale: <http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>

**Women at high risk-** major risk factor is personal history of depression, marital conflict, stressful life events in the previous 12 months, lack of perceived social support from family and friends for the pregnancy, lack of emotional and financial support from the partner, living without a partner, unplanned pregnancy, having contemplated terminating the current pregnancy, previous miscarriage, not breastfeeding.

**Clinical manifestations** of PPD include changes in somatic functions such as sleep, energy level, appetite, weight, gastrointestinal functioning, and libido. These symptoms should be evaluated in the context of normal expectations for the postpartum period. As an example, although insomnia is a common occurrence postpartum, a woman who is unable to sleep even when her baby sleeps may have PPD.

**Breast feeding and medication:** Recommend women on antidepressants breastfeed because the benefits of breastfeeding generally outweigh the relatively small risk of the psychotropic medication. In women who choose to breastfeed while using antidepressants, **recommend Zoloft or Paxil**. However, if other medication used successfully during pregnancy, continue to use this during lactation- 2C recommendation, benefits/risk uncertain and low-quality studies.

**Resources:**

Post partum support international: <http://www.postpartum.net/>

Community resources, mother's groups: <http://www.supportgroupformothers.com/index.php>

Perinatal Psychotherapy Services: [www.perinatalpsychotherapy.com](http://www.perinatalpsychotherapy.com)

Alta Bates in Berkeley: Breastfeeding Support Group/New Parenting Topics: Call 510-204- 1334

Parent groups in the SF Bay Area: <http://parents.berkeley.edu/localgroups.html>

First Five Contra Costa: Children and Families Commission <http://www.firstfivecc.org/>