



INITIATE THE CONVERSATION

IT COULD BE **POSTPARTUM DEPRESSION**

Open dialogue and screening are essential for the adequate assessment of postpartum depression (PPD) in women who have recently given birth.¹ However, the social stigma related to PPD may leave many women too afraid to speak up.²

The following sample questions can help start the conversation with patients and their loved ones about PPD symptoms and uncover risk factors. These questions are meant to supplement formal screening with a standardized tool.

CONSIDER ASKING ABOUT **RISK FACTORS**

- Do you have a history of depression, trauma, or anxiety?³⁻⁸
- Do you have a strong support system to help you with your baby?^{4,5}
- Do you feel supported by your spouse or partner?^{9,10}
- Are you experiencing overwhelming financial stress?^{4,11}

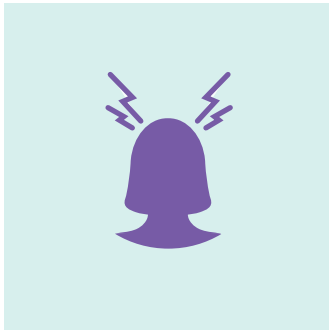
CONSIDER DISCUSSING **MOOD AND LIFESTYLE CHANGES POSTDELIVERY**

- Have you been crying or feeling sad more often than usual?^{8,12}
- Do you have trouble falling asleep or staying asleep?^{8,13,14}
- Have you been oversleeping or unable to sleep when the baby is asleep?^{8,14}
- How has your appetite changed? Are you eating much more or much less than you did before your baby was born?^{8,14}
- Have you been feeling moody, irritable, or restless?⁸
- Have you lost interest in activities that were usually enjoyable?⁸
- Would you say that you experience ongoing stress?⁴

CONSIDER ASKING ABOUT **THE MOTHER-INFANT RELATIONSHIP AND ROLE TRANSITION**

- Do you have any doubts about your ability to care for your baby?⁸
- Are you having trouble bonding with your baby?⁸
- Have you ever thought about harming yourself or your baby?⁸

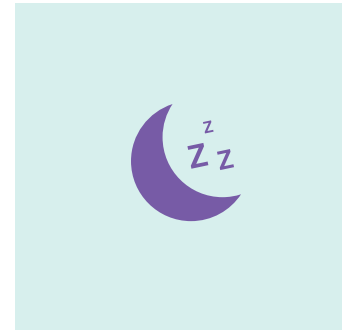
PARTNERS AND LOVED ONES CAN PLAY A SUPPORTIVE ROLE IN MOTHER'S CARE.
HERE ARE SOME CONSIDERATIONS:



Stress may contribute to the development of PPD. Providing social support for the mother whenever possible may help.⁴



A mother with PPD may feel guilty or ashamed. Try to listen without judgment and allow your partner to discuss her feelings openly.¹²



Lack of sleep can contribute to PPD. Help the new mother sleep more by contributing more to the household and childcare responsibilities.¹³

EXPLAIN TO YOUR PATIENTS THAT PPD¹⁵:

Is not the fault of the mother

Has a biological basis

Can be treated

EDUCATION AND SUPPORT ARE AVAILABLE FROM
HEALTHCARE PROFESSIONALS AND PPD SUPPORT GROUPS.

References: 1. Optimizing Postpartum Care. ACOG Committee Opinion No. 736. American College of Obstetricians and Gynecologists. *Obstet Gynecol.* 2018;131:e140-150. 2. Goodman JH. Women's attitudes, preferences, and perceived barriers to treatment for perinatal depression. *Birth.* 2009;36(1):60-69. 3. Howard LM, Oram S, Galley H, Trevillion K, Feder G. Domestic violence and perinatal mental disorders: a systematic review and meta-analysis. *PLoS Med.* 2013;10(5):e1001452. 4. Biaggi A, Conroy S, Pawlby S, Pariante CM. Identifying the women at risk of antenatal anxiety and depression: a systematic review. *J Affect Disord.* 2016;191:62-77. 5. As reviewed in Thurgood S, Avery DM, Williamson L. Postpartum depression (PPD). *Am J Clin Med.* 2009;6(2):17-22. 6. Robertson E, Grace S, Wallington T, Stewart DE. Antenatal risk factors for postpartum depression: a synthesis of recent literature. *Gen Hosp Psychiatry.* 2004;26(4):289-295. 7. Silverman ME, Reichenberg A, Savitz DA, et al. The risk factors for postpartum depression: a population-based study. *Depress Anxiety.* 2017;34(2):178-187. 8. Postpartum depression facts. National Institute of Mental Health website. <https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml>. Accessed July 12, 2018. 9. Kerstis B, Engström G, Sundquist K, Widarsson M, Rosenblad A. The association between perceived relationship discord at childbirth and parental postpartum depressive symptoms: a comparison of mothers and fathers in Sweden. *Ups J Med Sci.* 2012;117(4):430-438. 10. Yim IS, Tanner Stapleton LR, Guardino CM, Hahn-Holbrook J, Dunkel Schetter C. Biological and psychosocial predictors of postpartum depression: systematic review and call for integration. *Annu Rev Clin Psychol.* 2015;11:99-137. 11. Goyal D, Gay C, Lee KA. How much does low socioeconomic status increase the risk of prenatal postpartum depressive symptoms in first-time mothers? *Womens Health Issues.* 2010;20(2):96-104. 12. Depression Among Women. Centers for Disease Control and Prevention website. <https://www.cdc.gov/reproductivehealth/depression/index.htm>. Accessed May 3, 2018. 13. Bhati S, Richards K. A systematic review of the relationship between postpartum sleep disturbance and postpartum depression. *J Obstet Gynecol Neonatal Nurs.* 2015;44(3):350-357. 14. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders.* 5th ed. Arlington, VA: American Psychiatric Association Publishing; 2013. 15. Beck CT. Postpartum depression: it isn't just the blues. *Am J Nurs.* 2006;106(5):40-50.