Clinical Practice Guideline for Postpartum Depression Screening

Postpartum depression occurs in 10% to 20% of women who have recently given birth but fewer than half of the cases are recognized. Opportunities for routing postpartum depression screening include mothers’ postpartum office visits (approximately 4-6 weeks after delivery) and their infants’ well-child visits.

For many women, the postpartum period can be a stressful time and may lead to the onset of mood disorders. Some patients experience postpartum “blues,” which normally occur within 2-4 days postpartum. The patient’s mood is labile, and she may feel happy or excited, only to be sad, depressed, anxious, and irritable a few hours later. The symptoms are generally mild and self-limited and usually get better within a few days or 1–2 weeks without any treatment. All women with postpartum blues should be monitored for continuing or worsening symptoms. Postpartum depression can occur up to 1 year after having a baby, but it most commonly starts about 1–3 weeks after childbirth.

**Causes of Postpartum Depression:**

- Changes in **hormone** levels—Levels of **estrogen** and **progesterone** decrease sharply in the hours after childbirth. These changes may trigger depression in the same way that smaller changes in hormone levels trigger mood swings and tension before **menstrual periods**.

- History of depression—Women who have had depression at any time—before, during, or after pregnancy—or who currently are being treated for depression have an increased risk of developing postpartum depression.

- Emotional factors—Feelings of doubt about pregnancy are common. If the pregnancy is not planned or is not wanted, this can affect the way a woman feels about her pregnancy and her **fetus**. Even when a pregnancy is planned, it can take a long time to adjust to the idea of having a new baby. Parents of babies who are sick or who need to stay in the hospital may feel sad, angry, or guilty. These emotions can affect a woman’s self-esteem and how she deals with stress.

- Fatigue—Many women feel very tired after giving birth. It can take weeks for a woman to regain her normal strength and energy. For women who have had their babies by **cesarean birth**, it may take even longer.

- Lifestyle factors—Lack of support from others and stressful life events, such as a recent death of a loved one, a family illness, or moving to a new city, can greatly increase the risk of postpartum depression.
Women who suffer from postpartum depression are persistently depressed for more than two weeks. Typical symptoms, which are present for at least two weeks, most of the time include:

- Feelings of sadness or low mood; feeling “down”
- Loss of interest and/or pleasure in usual activities
- Difficulty concentrating
- General fatigue and loss of energy
- Difficulty sleeping or an increased need for sleep
- Significant weight or appetite loss or gain
- Excessive or inappropriate guilt
- Feelings of worthlessness
- Feelings of hopelessness
- Recurring thoughts about death or suicide
- Significant difficulty in the ability to care for oneself
- Significant difficulty in the ability to care for the newborn
- Significant difficulty coping with family relationships

In addition, feelings of unexplained anxiety and/or irritability may be present.

The Edinburgh Postnatal Depression Scale (EPDS) has been developed to assist primary health care professionals to detect mothers suffering from postnatal depression. The scale consists of ten short statements. The mother indicates the response is closest to how she has been feeling during the past week. A careful clinical assessment should be carried out to confirm the diagnosis. The scale will not detect mothers with anxiety neuroses, phobias or personality disorder and the risk of developing a postnatal psychosis should always be assessed. When used to assess a mother in the community, the practitioner should discuss the responses with her, listen to her story, ascertain whether clinical depression or another mental disorder is present and consider referral and/or further listening visits.

**Edinburgh Postnatal Depression Scale**

EPDS score is designed to assist, not replace clinical judgment. Individual items are totaled to give an overall score.

**IN THE PAST SEVEN DAYS:**

1. I have been able to laugh and see the funny side of things:
   - 0 As much as I always could.
   - 1 Not quite so much now.
   - 2 Not so much now.
   - 3 Not at all.

2. I have looked forward with enjoyment to things:
   - 0 As much as I ever did.

3. I have blamed myself unnecessarily when things went wrong:
   - 0 No, not at all.
   - 1 Hardly ever.
   - 2 Yes, sometimes.
   - 3 Yes, very often.
4. I have felt worried and anxious without a very good reason:
   - 3 Yes, often.
   - 2 Yes, sometimes.
   - 1 No, not much.
   - 0 No, not at all.

5. I have felt scared or panicky without a very good reason:
   - 3 Yes, often.
   - 2 Yes, sometimes.
   - 1 No, not much at all.
   - 0 No, not at all.

6. I have been feeling overwhelmed:
   - 3 Yes, most of the time I haven’t been able to cope at all.
   - 2 Yes, sometimes I haven’t been coping as well as usual.
   - 1 No, most of the time I have coped well.
   - 0 No, I have been coping as well as ever.

7. I have had difficulty sleeping even when the baby is asleep:
   - 3 Yes, most of the time.
   - 2 Yes, sometimes.
   - 1 Not very often.
   - 0 No, not at all.

8. I have felt sad or miserable:
   - 3 Yes, most of the time.
   - 2 Yes, quite often.
   - 1 Not very often.
   - 0 No, not at all.

9. I have been so unhappy that I have been crying, or fighting to keep from crying:
   - 3 Yes, most of the time.
   - 2 Yes, quite often.
   - 1 Only occasionally.
   - 0 No, never.

10. The thought of harming either myself or my baby has occurred to me:
    - 3 Yes, quite often.
    - 2 Sometimes.
    - 1 Hardly ever.
    - 0 Never.

**Scoring:**
0-8 points - low probability of depression
8-12 points - most likely just dealing with life with a new baby or a case of baby blues
13-14 points - signs leading to the possibility of PPD; take preventive measures
15 + points - high probability of experiencing clinical postpartum depression

When patients are identified as having indications of depression, they should be encouraged to contact their primary care provider for evaluation, or may be started on an antidepressant if deemed necessary by the OB physician. If a woman takes antidepressants, they can be transferred to her baby during breastfeeding. The levels found in breast milk generally are very low. Deciding to take an antidepressant while breastfeeding involves weighing the benefits against the potential risks of the patient’s baby being exposed to the medication in her breast milk.

Patients with indications of depression should be treated as deemed appropriate by the primary health provider with referral, as needed, to a mental health provider to assure appropriate treatment and follow-up.
Useful information for patients regarding postpartum depression can be found on the following websites:

National Women’s Health Information Center:
http://www.womenshealth.gov/mental-health/illnesses/postpartum-depression.html

Medline Plus:

References


Postpartum Depression. The American College of Obstetricians and Gynecologists (ACOG) November 2019
