Recognizing Postpartum Depression

Problem

Some 6 to 13 percent of postpartum women experience an affective disorder of depression. Nurses should recognize the clinical signs and symptoms of major and minor postpartum depressive disorders, and have the information and resources available to refer these women for appropriate treatment and care.

Consequence

Failure to recognize postpartum depression could have serious physiologic consequences for the mother and infant.

Solution

Here are some suggestions on how to recognize postpartum depression.

- Major depression is clinically diagnosed based on a list of clearly defined observations:
  - Depressed mood, tearfulness, inability to experience pleasure in normally pleasurable acts – eating, exercise, and social or sexual interaction
  - Insomnia, fatigue, appetite disturbance and suicide thoughts
  - No desire to provide self with the activities of daily living, routine hygiene and regular meals
  - Unkempt manner and recurrent thoughts of death
  - Anxiety is prominent.

- In the first 5 weeks of postpartum, the odds of a new episode of major depression are three times that of a comparison group of females.

- Minor depression is differentiated from major depression in that minor depression symptoms are usually transient and short lived.
• Signs and symptoms of minor postpartum depression include irritability, hostility, social withdrawal, conflicts with loved ones, and irregular sleep patterns.

• In postpartum, all the minor depression symptoms can be explained by irregular sleep patterns.

• When sleep does occur, it is usually insufficient to provide the new mother with her usual controls to limit or prevent irritability.

• These symptoms are usually associated with the “Blues” post-delivery peak 3 to 5 days after birth with spontaneous bursts over the following 2 weeks.

• Minor depressive symptoms associated with the postpartum woman, however, can reappear many times during the first postpartum year.

• A strong differentiator between major and minor postpartum depression will be the mother’s ability to care for herself and her infant.

• The most serious affective disorder is that of post partum psychosis; fortunately, this condition is extremely rare.

  • Post partum psychosis symptoms appear suddenly, usually 2 to 14 days after birth.

  • Post partum psychosis symptoms include delusions, hallucinations, extreme agitation, insomnia, mania and suicidal or homicidal thoughts.

  • New mothers most at risk for developing psychosis postnatally have personal histories of schizophrenia or bipolar disease, or a family history of these.

• Nurses dealing with postpartum women should be aware of these depressions and their symptoms and know how to refer these patients to appropriate resources for care.

References

Avoiding Common Nursing Errors, Lisa Marcucci, MD, Editor, Lippincott Williams and Wilkins, 2010