



Perinatal Depression

Maternity Care Coalition
Philadelphia , PA 2009



What is depression?

- **An illness that affects the body, mood and thoughts**
- **In any given year 18.8 million adults (or 9.5% of the population) experience depression**
- **Women experience depression twice as often as men**
- **Most people do not seek treatment**

National Institute of Mental Health



Symptoms of depression

- Persistent sad, anxious, or "empty" mood
- Crying
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering, making decisions

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Symptoms of depression (cont'd)

- **Insomnia, early-morning awakening, or oversleeping**
- **Appetite and/or weight loss or overeating and weight gain**
- **Thoughts of death or suicide; suicide attempts**
- **Restlessness, irritability**
- **Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain**

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Types of depression

Major Depression - Symptoms last more than 2 weeks and interfere with ordinary functioning

Dysthymia – Symptoms are long term and keep one from feeling good or functioning well, but are not disabling

Bipolar Disorder – Characterized by cycling mood changes including periods of depression and mania

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Women and depression

- **Hormonal factors may contribute to the increased rate of depression in women**
- **Social factors such as balancing work and family, caring for young children and elderly parents, single parenting and poverty may also contribute to the increased rate of depression**
- **History of childhood abuse and sexual assault are thought to contribute to depression later in life**

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Depression during pregnancy

- About 10% of women will experience depression during their pregnancy
- Many symptoms of depression mirror the changes pregnant women are experiencing
- Because of hormonal changes, depression may become more severe in the 2nd or 3rd trimester
- Untreated depression during pregnancy can lead to poor nutrition, drinking, smoking or other behaviors that can then contribute to premature birth, low birth weight or developmental problems

www.depressionafterdelivery.com



Baby Blues

- **About 50-75% of women experience the “baby blues”**
- **Symptoms will usually appear on the 3rd or 4th day after delivery and include crying for no apparent reason, impatience, irritability, restlessness and anxiety**
- **Symptoms will usually go away on their own in less than 2 weeks**

www.depressionafterdelivery.com



Postpartum depression

- **About 10% of new mothers will experience postpartum depression**
- **Symptoms may appear soon after birth or anytime in the first year after birth**
- **In addition to the symptoms of depression, women experiencing postpartum depression may worry excessively about the baby, not care about the baby, or fear being alone or harming the baby**

www.depressionafterdelivery.com



Postpartum psychosis

- **Occurs in only 1 in 1000 women**
- **The onset is usually sudden and most often occurs in the first 3 weeks after delivery**
- **Symptoms include hallucinations, delusions, severe insomnia, extreme anxiety and agitation, bizarre feelings and behavior, and suicidal or homicidal thoughts.**
- **Women who experience postpartum psychosis should receive medical attention immediately**

www.depressionafterdelivery.com



Risk factors

- **History of mental illness including depression, anxiety, panic, obsessive thoughts or behavior, mania or substance abuse**
- **Prior episode of depression during or after pregnancy**
- **Family history of depression during or after pregnancy**
- **Hormonal risks (thyroid imbalance, PMS, infertility, etc.)**
- **Stressful life events such as marital or financial difficulties**

Illinois Department of Healthcare and Family Services and National Mental Health Association



Risk factors (cont'd)

- **Complications during current or previous pregnancy or birth**
- **Low confidence as parent**
- **Baby's temperament, health or disability**
- **Single or teen parenting**
- **Few social supports**

**Illinois Department of Healthcare and Family Services and
National Mental Health Association**



Impact on mom and baby

Pregnant women who are depressed and not receiving treatment:

- **Are less likely to receive prenatal care**
- **Have fetuses whose growth is delayed**
- **Can go into early labor**
- **More often experience preterm births**

Illinois Department of Healthcare and Family Services



Impact on mom and baby

New moms who are depressed and not receiving treatment:

- **Have less positive interactions with their babies**
- **Have more difficulty bonding with their babies**
- **Are less engaged and sensitive to their baby's needs**
- **Sing, talk and play with their babies less than mothers who are not depressed**
- **Are quicker to get angry at their babies**

Indiana Perinatal Network and Illinois Department of Healthcare and Family Services



Impact on mom and baby

Babies of moms who are depressed and not receiving treatment:

- **Are more passive and less content**
- **Are fussier and more irritable**
- **Can be delayed in areas of cognitive development such as speech**
- **May have difficulty attaching to their mothers**

Illinois Department of Healthcare and Family Services



Treatment Options

- **Therapy – individual and group**
- **Support groups**
- **Medication**
- **Bright light therapies**
- **Essential fatty acids**
- **Aerobic exercise**

Katherine Wisner, Women's Behavioral HealthCARE, UPMCHS – Western Psychiatric Institute and Clinic, 2006

No treatment options should be considered without consultation with a qualified health care or mental health provider.



Barriers to accessing mental health services

- **Childcare**
- **Transportation**
- **Stigma**
- **Family members**
- **Lack of support**
- **Lack of insurance**
- **Language barriers**
- **Lack of awareness / knowledge**
- **Lack of knowledge about services**
- **Fear of losing custody of children**
- **Not wanting medication**