

RECOGNIZING & TREATING
**Postpartum
Depression**
A PRACTITIONER'S GUIDE



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DEPRESSION AND RELATED MOOD AND ANXIETY DISORDERS are the most common post-birth complications today. Current studies estimate that at least 15% of women are affected by one of these disorders. However, feelings of shame often keep women from seeking the help they need. Healthcare professionals play a crucial role in removing the stigma and silence surrounding these disorders, in implementing prevention efforts as early as possible, and in providing timely intervention for affected women. Presenting this program to staff members and involving them in the activities in this guide will raise awareness of these disorders and ultimately improve the lives of the families in your care.

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Suggested Facilitator Presentation

Intended Audience

Healthcare and social service professionals who work with pregnant and postpartum women will benefit from viewing this important program. The target audience includes primary care providers, OB/GYN, CNM, and pediatric office staff, postpartum/discharge hospital nurses, home visitation nurses, lactation consultants, childbirth educators, mental health providers, social workers, family therapists, doulas, and new parents' group leaders. Nursing students studying maternal-newborn health topics will also benefit.

Suggested Use of Materials

- ✿ Review the video program.
- ✿ Make copies of the *Post-Test* and *Clinical Interview Questions* for class participants. Copy and distribute the *Clinical Interview Questions (Spanish)* for those who conduct interviews in Spanish.
- ✿ Present the video program to your class in segments or all at once, pausing for discussion as needed.
- ✿ Have participants complete the *Post-Test*.
- ✿ Collect the *Post-Test* for grading if needed, and lead a group discussion about the answers.
- ✿ For in-depth study that boosts retention, allow time for participants to complete the exercises on the companion CD-ROM. Review the video clips and key terms, answer the review questions, and consider the case studies, all of which are featured on the CD-ROM. (If you have ordered the video program and are also interested in the CD-ROM presentation, please call 1-800-326-2082 to set up a preview.)
- ✿ Visit the Web links provided in this guide to gather more information and resources on postpartum depression. Share resources with class participants.
- ✿ If your organization does not have group classes, have staff members view the video program and review this guide independently.

Program Overview

MODULE 1: Tiffany's Story (3 minutes)

This module provides a personal look at postpartum depression and can be shown to clients, support groups, and used in community awareness presentations.

OBJECTIVES

1. Describe how postpartum depression made Tiffany feel.
2. Identify what helped Tiffany recover.

MODULE 2: Identifying High-Risk Clients (6 minutes)

This module explores the biological, psychological, and sociological influences that may put a woman at risk for a postpartum mood or anxiety disorder.

OBJECTIVES

1. List the main causes of postpartum mood and anxiety disorders.
2. Recognize specific risk factors in order to identify high-risk clients.

MODULE 3: Overview of Disorders (11 minutes)

This module features dramatizations of six postpartum mood and anxiety disorders (depression, bipolar, panic disorder, posttraumatic stress disorder, obsessive-compulsive disorder, and psychosis).

OBJECTIVES

1. State the prevalence of six postpartum mood and anxiety disorders.
2. List their symptoms.

MODULE 4: Clinical Interview (16 minutes)

This practical module features a clinical risk-assessment interview with a postpartum mom. It also emphasizes the importance of early prevention.

OBJECTIVES

1. List available formal screening instruments for postpartum depression.
2. List interview questions and explain what you are assessing with each.
3. Identify client responses that indicate probable depression and those that do not.
4. Recite statements for reassuring clients.
5. Explain how to interact with the client's primary support person.

MODULE 5: Treatment & Recovery (7 minutes)

This module explores the common treatment modalities psychiatrists and mental health providers follow to treat these disorders and the typical course of recovery for affected women.

OBJECTIVES

1. Name treatment options and explain the importance of each.
2. List types of medications most commonly prescribed for postpartum women.
3. Describe the typical recovery process.
4. List ways to help prevent relapses and plan for the future.

Clinical Interview Questions

To make your interviews most effective, ask open-ended questions. Use phrases such as 'describe for me' or 'tell me,' which help the patient offer more expansive answers and will provide you much more information than a yes/no response.

For a patient who speaks a language other than your own, a translator may be necessary. Be aware of how the various cultural groups in your geographic area approach childbearing and parenthood, since this will affect how you interact with your patients. For instance, some cultural groups may be more reluctant to discuss symptoms and require considerable reassurance.

1. How many hours of uninterrupted sleep are you getting at night?
2. Are you able to sleep at night when everyone else is sleeping?
3. How is your appetite?
4. What have you eaten today?
5. How are you feeding your baby?
6. Why did you stop breastfeeding?
7. When and how quickly did you wean?
8. When was your last period?
9. How was your mood before that period?
10. Have you had PMS in the past?
11. Are you taking any herbs or medications—either over-the-counter or prescription—on a regular basis?
If so, which ones?
12. Many women feel more teary or moodier after birth. Tell me how you're feeling emotionally.
13. Tell me how you're feeling about being a mom.
14. Having a baby is a huge adjustment in itself. Are there any other big life changes or stresses going on?
For instance, have you moved, changed jobs, had health or financial problems, separated from your partner, or had past trauma that is now bothering you?
15. Tell me about the support you're getting. Who helps with physical chores and baby care, and who do you have to talk to?
16. How are you feeling toward your baby? (As you listen to her answer, watch how she interacts with the baby and how the baby responds to her.)
17. Have you or a blood relative ever experienced depression, anxiety, mood swings, anger, an eating disorder, or substance abuse?
18. Have you ever had a previous postpartum mood disorder?
19. Many women have unusual or scary thoughts during pregnancy or postpartum. Have you had any unusual or scary thoughts? Can you describe these thoughts for me?
20. Have you had any thoughts about harming yourself, your infant, or anyone else?
21. Is there anything else you'd like to tell me?

NOTE: If your client's interview indicates a mood disorder, you need to first rule out a thyroid dysfunction. To properly diagnose a thyroid problem, the following four blood tests need to be ordered: TSH, Free T4, anti-TPO, and anti-thyroglobulin.

REASSURING STATEMENTS FOR CLIENT:

- ☉ You don't deserve to feel like this.
- ☉ This is treatable, and you will get well.
- ☉ Here is some information that can help you.
- ☉ You are not alone.
- ☉ These feelings are quite common.
- ☉ This is not your fault.
- ☉ You are a good mom.

REASSURING STATEMENTS FOR PARTNER:

- ☉ You didn't cause her illness.
- ☉ She doesn't expect you to fix it.
- ☉ Lower your expectations of how much she can take on right now, and be on duty as much as you can with your home and family.
- ☉ Let her sleep at night by taking on the night time feeding.
- ☉ Do you have someone who can support you through this?

Preguntas Para el Analisis Clínico

1. ¿Cuántas horas duerme por la noche sin interrupción?
2. ¿Es capaz de dormir por la noche mientras los demás duermen?
3. ¿Cómo tiene el apetito?
4. ¿Qué es lo que ha comido hoy?
5. ¿Cómo está alimentando al bebé?
6. ¿Por qué ha dejado de dar el pecho?
7. ¿Cuándo y cuanto tardó en destetar al bebé?
8. ¿Cuándo tuvo su última menstruación?
9. ¿Cómo tenía el ánimo antes de su menstruación?
10. ¿Ha sufrido alguna vez en el pasado el síndrome premenstrual?
11. ¿Está tomando hierbas o medicamentos—con o sin prescripción médica—de manera cotidiana? Si es así, ¿cuáles?
12. Muchas mujeres se sienten más tristes o melancólicas después del parto. Dígame como se siente emocionalmente.
13. Dígame como se siente acerca de ser mamá.
14. Tener un bebé significa un gran cambio. ¿Tiene algún otro cambio importante en su vida o alguna otra cosa que le cause estrés? Por ejemplo: Se ha cambiado de casa, ha cambiado de trabajo, tiene problemas económicos o de salud, se ha separado de su pareja, o ha tenido algún otro trauma en el pasado que le esté molestando ahora.
15. ¿Quién le ayuda con las tareas del hogar, el cuidado del bebé, y quién tiene para hablar?
16. ¿Qué es lo que siente sobre su bebé? (Mientras escucha su contestación, vigile como interactúa con el bebé, y cómo el bebé responde a la mamá.)
17. ¿Ha sufrido usted alguna vez—o algún pariente consanguíneo—depresión, ansiedad, cambios de carácter, enojos, trastornos de apetito, o abuso de sustancias?
18. ¿Ha tenido en el pasado trastornos afectivos de posparto?
19. Muchas mujeres tienen pensamientos de miedo o poco habituales durante el embarazo, o el posparto. ¿Ha tenido algún pensamiento inusual o de miedo? ¿Puede describirme esos pensamientos?
20. ¿Ha tenido alguna vez pensamientos de hacerse daño, a su bebé, o hacer daño a otra persona?
21. ¿Hay alguna otra cosa que le gustaría contarme?

FRASES TRANQUILIZADORAS PARA LA PACIENTE

- ☼ Usted no merece sentirse así.
- ☼ Esto se puede tratar, y usted va a curarse.
- ☼ Aquí tiene alguna información que le puede ayudar.
- ☼ Usted no se encuentra sola.
- ☼ Estos sentimientos son bastante habituales.
- ☼ Usted no tiene la culpa de esto.
- ☼ Usted es una buena mamá.

FRASES TRANQUILIZADORAS PARA LOS COMPAÑEROS

- ☼ Usted no le ha causado esta enfermedad.
- ☼ Ella no espera que usted pueda curarla.
- ☼ No sea muy exigente con ella ahora mismo, y ayúdela tanto como pueda con la casa y la familia.
- ☼ Deje que duerma por la noche, y alimente usted al bebé durante las noches.
- ☼ ¿Tienen a alguien que les pueda ayudar mientras pasan por todo esto?

Post-Test

Name: _____ Date: _____

1. Rhonda is extremely anxious. She is afraid that she will put her baby into the microwave. Each time she passes a knife, scissors, or any sharp instrument, she envisions the instrument stabbing her baby. She's afraid she'll "snap" and go crazy, doesn't trust herself alone with the baby, and feels very guilty about having these horrible thoughts. Which postpartum disorder does this describe?
 - a) panic disorder
 - b) depression
 - c) obsessive-compulsive disorder
 - d) psychosis

2. TRUE OR FALSE: Many women with postpartum mood and anxiety disorders believe they should be able to control their moods, and feel guilty about having negative thoughts.

3. Cindy is a first-time parent and has been having panic attacks since her third trimester of pregnancy. She is now two months postpartum and barely leaves the house at all anymore because she is afraid of having a panic attack in public. She says she often feels like crawling out of her skin and she thinks she's "losing it." Cindy has no previous personal or family history of anxiety. Is she at high risk for a postpartum mood or anxiety disorder if she has another child?
 - a) maybe
 - b) probably not
 - c) yes, definitely
 - d) no, definitely

4. TRUE OR FALSE: It is recommended that a mother with postpartum depression be isolated from family to facilitate recovery.

5. Johanna is five months postpartum. She says at this point her husband and baby would be better off without her—she's just a burden on her family and she's causing everyone stress. She is convinced she will never get better since her grandmother and mother never recovered either. She called your office only because her husband insisted. What initial treatment should you be considering for Johanna?
 - a) antidepressant
 - b) support group
 - c) hospitalization
 - d) light therapy

6. TRUE OR FALSE: Postpartum depression will eventually go away on its own, especially when the woman's hormone levels are normal again.

7. Cathleen does not feel depressed or anxious, but she does feel angry a lot of the time. She has urges to slap her toddler and drop her infant a little too hard into the crib. She often yells at her boyfriend even though she knows he doesn't deserve it. From what postpartum disorder might she be suffering?
 - a) panic disorder
 - b) psychosis
 - c) posttraumatic stress disorder
 - d) depression

Post-Test (continued)

8. Carrie miscarried this week and, in her words, she is feeling “sad and worried.” Carrie may be experiencing:
- a) acute bereavement
 - b) postpartum depression
 - c) postpartum panic disorder
 - d) a and/or b
9. Christie has taken her baby to be checked about four times this week for his weight, and each time the doctor says her infant is gaining fine. She is convinced her son is not eating enough and has started to measure every ounce of formula she supplements. Since she can't measure her breastmilk, she is considering weaning altogether. Christie checks her baby's breathing every hour like clockwork. This profile is typical of which postpartum disorder?
- a) depression
 - b) obsessive-compulsive disorder
 - c) postpartum panic disorder
 - d) postpartum psychosis
10. Jim calls your office at 5 p.m. concerned because his wife Sandra sometimes makes odd statements and he's not sure if this is normal. She reports having strange feelings of people telling her to do bad things to her baby. It makes Sandra sad to think she has to follow their directions, but she believes it's for her baby's own good. She is able to function well doing household chores and sometimes has extra energy late at night to accomplish tasks. What should you tell him?
- a) she sounds tired, so take some time off work
 - b) this sounds serious, so take her to the hospital immediately
 - c) don't worry, this is normal for the first two weeks
 - d) call her doctor tomorrow morning and make an appointment

Post-Test Answer Key

1. Rhonda is extremely anxious. She is afraid that she will put her baby into the microwave. Each time she passes a knife, scissors, or any sharp instrument, she envisions the instrument stabbing her baby. She's afraid she'll "snap" and go crazy, doesn't trust herself alone with the baby, and feels very guilty about having these horrible thoughts. Which postpartum disorder does this describe?
- a) panic disorder
 - b) depression
 - c) **obsessive-compulsive disorder**
 - d) psychosis

ANSWER: **c.** *Although not all women with postpartum OCD have these scary images, this symptom is quite common.*

2. **TRUE OR FALSE:** Many women with postpartum mood and anxiety disorders believe they should be able to control their moods, and feel guilty about having negative thoughts.

ANSWER: **True.** *As in Tiffany's case, many women experiencing these disorders need reassurance that they are not to blame and that they will recover.*

3. Cindy is a first-time parent and has been having panic attacks since her third trimester of pregnancy. She is now two months postpartum and barely leaves the house at all anymore because she is afraid of having a panic attack in public. She says she often feels like crawling out of her skin and she thinks she's "losing it." Cindy has no previous personal or family history of anxiety. Is she at high risk for a postpartum mood or anxiety disorder if she has another child?
- a) maybe
 - b) probably not
 - c) **yes, definitely**
 - d) no, definitely

ANSWER: **c.** *Since Cindy is experiencing postpartum panic disorder at this time, she now has a history of the disorder. Although she may not actually experience it a second time, she is definitely at high risk.*

4. **TRUE OR FALSE:** It is recommended that a mother with postpartum depression be isolated from family to facilitate recovery.

ANSWER: **False.** *Whenever possible, it is recommended that close family be involved, as the disorder affects the whole family unit. The greater the knowledge of those around her, the better her support will be.*

5. Johanna is five months postpartum. She says at this point her husband and baby would be better off without her – she's just a burden on her family and she's causing everyone stress. She is convinced she will never get better since her grandmother and mother never recovered either. She called your office only because her husband insisted. What initial treatment should you be considering for Johanna?
- a) antidepressant
 - b) support group
 - c) **hospitalization**
 - d) light therapy

ANSWER: **c.** *Johanna is suicidal, and you should consider hospitalizing her immediately. Once she is safe in a controlled environment, other treatment options can be started.*

6. **TRUE OR FALSE:** Postpartum depression will eventually go away on its own, especially when the woman's hormone levels are normal again.

Post-Test Answer Key (continued)

6. **ANSWER: False.** *Untreated postpartum depression can turn into chronic depression. A treatment plan should be advised, since the longer the illness continues, the harder it is to treat.*

7. Cathleen does not feel depressed or anxious, but she does feel angry a lot of the time. She has urges to slap her toddler and drop her infant a little too hard into the crib. She often yells at her boyfriend even though she knows he doesn't deserve it. From what postpartum disorder might she be suffering?
- panic disorder
 - psychosis
 - posttraumatic stress disorder
 - depression**

ANSWER: d. *Depression often manifests as irritability or short-temperedness.*

8. Carrie miscarried this week and, in her words, she is feeling "sad and worried." Carrie may be experiencing:
- acute bereavement
 - postpartum depression
 - postpartum panic disorder
 - a and/or b**

ANSWER: d. *Carrie may need grief counseling, but one shouldn't assume how she is feeling about the loss without asking her more. What she definitely needs is an evaluation in order to assess the reasons for her sadness and worry. Her body cannot tell whether or not a live baby was born, just that the pregnancy ended. She may be experiencing a change in brain chemistry due to the drop in hormone levels, and hence a postpartum depression.*

9. Christie has taken her baby to be checked about four times this week for his weight, and each time the doctor says her infant is gaining fine. She is convinced her son is not eating enough and has started to measure every ounce of formula she supplements. Since she can't measure her breastmilk, she is considering weaning altogether. Christie checks her baby's breathing every hour like clockwork. This profile is typical of which postpartum disorder?
- depression
 - obsessive-compulsive disorder**
 - postpartum panic disorder
 - postpartum psychosis

ANSWER: b. *Christie is engaged in both the obsessions about her baby's well-being and the compulsive behaviors of repeatedly visiting the doctor's office for reassurance, measuring, counting, and checking. Sometimes postpartum OCD manifests this way, without the scary thoughts about the baby.*

10. Jim calls your office at 5 p.m. concerned because his wife Sandra sometimes makes odd statements and he's not sure if this is normal. She reports having strange feelings of people telling her to do bad things to her baby. It makes Sandra sad to think she has to follow their directions, but she believes it's for her baby's own good. She is able to function well doing household chores and sometimes has extra energy late at night to accomplish tasks. What should you tell him?
- she sounds tired, so take some time off work
 - this sounds serious, so take her to the hospital immediately**
 - don't worry, this is normal for the first two weeks
 - call her doctor tomorrow morning and make an appointment

ANSWER: b. *Sandra probably has postpartum psychosis, which is always considered to be a medical emergency. Waiting until tomorrow morning could be too late for her and/or her baby.*

Web Links

www.postpartumdepressionhelp.com

Includes information about Shoshana Bennett, Ph.D.
and ordering information for her book, *Beyond the Blues*

www.postpartum.net

Postpartum Support International, includes resources, information about local support groups,
and additional Web links

www.marcesociety.com

The Marce Society, an international society for the understanding, prevention, and treatment
of mental illness related to childbearing

www.postpartumstress.com

The Postpartum Stress Center, includes helpful information for practitioners
and a few screening instruments

www.acog.org

American College of Obstetricians and Gynecologists, includes the postpartum depression
patient education pamphlet featured in this program



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