

## **Postpartum Depression Background Information and Self-Test**

After you have delivered your baby and have gone home from the hospital, I will frequently see you and your baby in my office several times before your first visit back to your OB/Gyn. Therefore, I have the unique opportunity to assist with the diagnosis of this common, yet serious and treatable condition which often develops within the first month after delivery.

As a pediatrician, I recognize that the health of a child is directly related to his/her mother's well-being. I designed this handout on postpartum depression (PPD) to be given to all of our parents at their child's first visit to Hirsch Pediatrics. It is also available online at [www.hirschpediatrics.com](http://www.hirschpediatrics.com).

The first page contains background information on PPD, and the second page includes the *Edinburgh Postpartum Depression Scale* to assist you in the self-diagnosis of PPD. If the Edinburgh Postpartum Depression Scale indicates a high likelihood of PPD, I encourage you to call me or your OB/Gyn to guide you in the management of this treatable condition.

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### ***What differentiates postpartum depression from the "baby blues?"***

The baby blues are very common and affect about 70-85% of new moms. The baby blues, also known as postpartum blues, usually start within three days of giving birth and can last up to 14 days. They typically go away on their own without treatment and rarely require more than a few days of rest and support.

Postpartum depression (PPD) is more intense and must be present for more than 2 weeks to distinguish it from the "baby blues." About 10% of new mothers suffer from PPD in the first year after giving birth. It can occur after any birth, beginning any time after a woman delivers, but usually begins two to three weeks after giving birth. PPD can last for a few months or up to a year and a half, or longer, if untreated. PPD often requires counseling and treatment.

### ***Are there predisposing factors that increase a woman's risk of having PPD?***

A personal or family history of depression or mental illness puts one at higher risk for PPD. Other related factors are an unwanted pregnancy; a complicated or difficult labor; a fetal abnormality; a lack of social support; and a temporary upheaval, such as a recent move, death of a loved one, or job change. Women who have previously suffered from depression following the birth of a child have an increased risk of becoming depressed following a subsequent delivery. In women with a history of PPD, the risk of recurrence is about one in three to one in four.

### ***What causes PPD?***

While the causes are not known, research suggests that PPD may be triggered by the hormonal shifts that occur after delivery and are greatly exacerbated by the stress of a major life change.

### ***Are there obvious warning signs of PPD?***

Yes. Symptoms include deep sadness, irritability, apathy, intense anxiety, lack of appetite, inability to sleep, crying spells, irrational behavior, and highly impaired concentration and decision-making. Women with PPD have feelings of being overwhelmed, are unable to cope with daily tasks, and feel guilty about not being a good enough mother. The *Edinburgh Postnatal Depression Scale* printed on the second page of this handout can assist in the diagnosis of PPD.

### ***What is the most appropriate treatment for PPD?***

PPD can be successfully treated with medications, therapy, or a combination of both. Counseling may be all that is needed for women with mild symptoms. Special consideration must be given to breast-feeding women, but a number of antidepressants can safely be used by mothers who choose to continue nursing.

## Edinburgh Postpartum Depression Scale

Please **underline** the answer which comes closest to how you have felt in the **past 7 days**, not just how you feel today.

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| <p>1. I have been able to laugh and see the funny side of things.</p> <p>As much as I always could (0)<br/>Not quite so much now (1)<br/>Definitely not so much now (2)<br/>Not at all (3)</p> <p>2. I have looked forward with enjoyment to things.</p> <p>As much as I ever did (0)<br/>Rather less than I used to (1)<br/>Definitely less than I used to (2)<br/>Hardly at all (3)</p> <p>3. I have blamed myself unnecessarily when things went wrong.</p> <p>Yes, most of the time (3)<br/>Yes, some of the time (2)<br/>Not very often (1)<br/>No, never (0)</p> <p>4. I have been anxious or worried for no good reason.</p> <p>No, not at all (0)<br/>Hardly ever (1)<br/>Yes, sometimes (2)<br/>Yes, very often (3)</p> <p>5. I have felt scared or panicky for not very good reason.</p> <p>Yes, quite a lot (3)<br/>Yes, sometimes (2)<br/>No, not much (1)<br/>No, not at all (0)</p> | <p>6. Things have been getting on top of me.</p> <p>Yes, most of the time I haven't been able to cope at all (3)<br/>Yes, sometimes I haven't been coping as well as usual (2)<br/>No, most of the time I have coped quite well (1)<br/>No, I have been coping as well as ever (0)</p> <p>7. I have been so unhappy that I have had difficulty sleeping.</p> <p>Yes, most of the time (3)<br/>Yes, sometimes (2)<br/>Not very often (1)<br/>No, not at all (0)</p> <p>8. I have felt sad or miserable.</p> <p>Yes, most of the time (3)<br/>Yes, quite often (2)<br/>Not very often (1)<br/>No, not at all (0)</p> <p>9. I have been so unhappy that I have been crying.</p> <p>Yes, most of the time (3)<br/>Yes, quite often (2)<br/>Only occasionally (1)<br/>No, never (0)</p> <p>10. The thought of harming myself has occurred to me.</p> <p>Yes, quite often (3)<br/>Sometimes (2)<br/>Hardly ever (1)<br/>Never (0)</p> |
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The score for each statement is listed in parentheses to the right of the response (i.e. "(3)" would be 3 points). The total score is calculated by adding together the points for each of the ten questions. A total score of 12 or higher indicates the likelihood of depression, but not its severity.

***If you scored 12 or higher, we strongly encourage you to contact Dr. Hirsch or your OB/Gyn as soon as possible to manage this common, yet serious and treatable medical condition.***