

# Perinatal and Postpartum Depression

National Business Group on Health Webinar

February 2011



**Bright Futures**<sup>™</sup>

prevention and health promotion for infants,  
children, adolescents, and their families<sup>™</sup>

The National Business Group on Health

WEBINAR

## Perinatal and Postpartum Depression: Infant, Family and Employer Implications

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN<sup>™</sup>





## Webinar Goals

- Understand the importance of perinatal and postpartum depression
- Appreciate the prevalence of this disorder
- Discuss screening and case identification
- Discuss management for mother and family
- Find strategies to decrease negative impact on the workplace



## Definition

- Perinatal depression is a major or minor depressive disorder
  - During pregnancy
  - Within the first year of the birth of a child



## Definition

- The spectrum of postpartum symptoms
  - Maternity or Baby Blues
  - Postpartum depression
  - Postpartum psychosis



## Maternity or Baby Blues

- Affects 50-80% of mothers
- First few days after delivery; resolved by 2 weeks
- Crying, worrying, sadness and mood swings
- Does not impair functioning
- Treated with reassurance, emotional support and sleep



# Postpartum psychosis

- 1-3 per 1000
- Typically in first 4 weeks after delivery
- Severely impaired
  - Paranoia
  - Mood shifts
  - Hallucinations, delusions
  - Suicidal and homicidal thoughts



## Postpartum depression

- 12% of new mothers affected in year after birth
- Doubled prevalence in low income mothers
- Peak incidence intervals after birth
  - 6 weeks for major depression (return to work)
  - 2-3 months for minor depression
  - A second peak at 6months



## Fathers are not immune

- Paternal depression rate estimated at 6%
- Paternal depression rate higher if mother is depressed
- A non-depressed father has a protective effect on the children of a depressed mother



# Impact of parental depression

- Common co-occurring family problems
  - Marital discord and divorce
  - Family violence
  - Substance use/abuse
  - Child abuse and neglect
  - Failure to implement preventive health and safety measures
- Over utilization of health care and emergency services



# Impact of parental depression on the child

- Adversely affects early brain development
  - Neuronal migration
  - Synapse formation
  - Pruning
- Observable changes on a child's MRI
- Neglectful environment
  - Less social interaction
  - Adverse changes visible on MRI of the brain
- Insecure attachment
  - Later conduct and behavior problems



# Impact of parental depression on the workplace

- Absenteeism
- Presenteeism
  - Inattention
  - Sadness
  - Pessimism
- Somatic symptoms



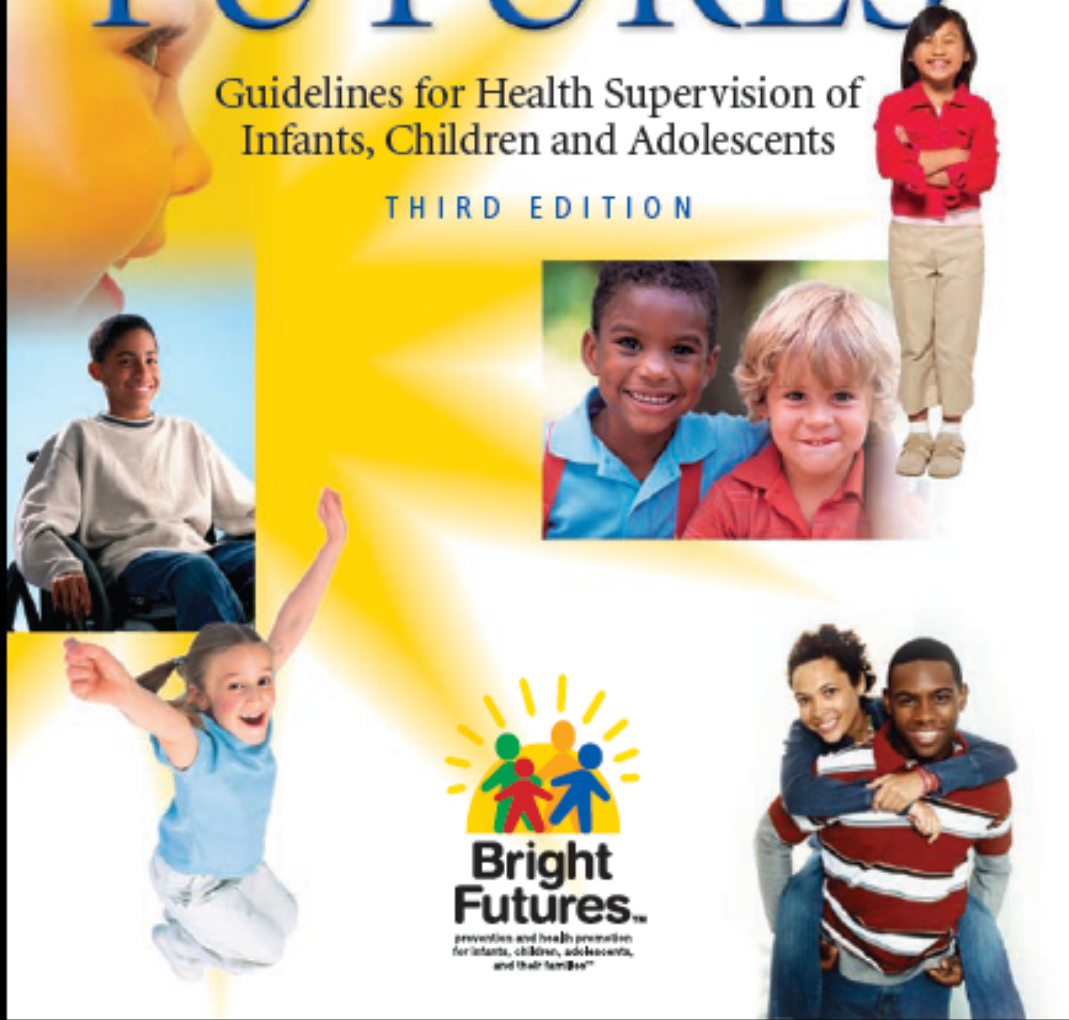
# Infant Health Supervision Well Child Care

- Disease detection
- Disease prevention
- Health promotion
- Anticipatory Guidance

# BRIGHT FUTURES

Guidelines for Health Supervision of  
Infants, Children and Adolescents

THIRD EDITION



...is a set of principles, strategies and tools that are theory - based, evidence - driven, and systems - oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.



# What Are the Bright Futures Guidelines?

## Comprehensive health supervision guidelines:

- Developed by multidisciplinary child health experts— providers, researchers, parents, child advocates
- Present single standard of care based on health promotion and disease prevention model
- Include recommendations on immunizations, routine health screening, and anticipatory guidance
- The ACA 2010 “Recommended Guidelines”



# Primary Care Management

- Identification
  - Clinical awareness and sensitivity
  - Screening
- Screening tools
  - Edinburgh Postpartum Depression Screen (10 items)
  - Evidence-based 2 question screen



## 2 question screen

- Over the past 2 weeks:
  1. Have you ever felt down, depressed or hopeless?
  2. Have you felt little interest or pleasure in doing things?



# Primary Care Management

- Identification and diagnosis
- Treatment
- Referral



# Primary Care Management

- Treatments in the pediatric primary care setting:
  - Baby Blues
    - Identification
    - Normalization
    - Discussion of lifestyle managements
      - Sleep
      - Social supports
      - Nutrition
      - Avoidance of substances: caffeine, alcohol, other drugs



# Primary Care Management

- Treatments in the pediatric primary care setting: Baby Blues
  - Identification of family and community supports
  - Follow-up
  - Assure recovery in 1-2 weeks, rather than progression to depression



# Primary Care Management

- Treatments in the pediatric primary care setting: Depression
  - Identification
  - Referral
  - Discussion of medications
    - Preferred medications for breast feeding mothers



# Primary Care Management

- Treatments in the pediatric primary care setting: Postpartum Psychosis
  - An acute emergency
  - Contact crisis services at community mental health services
  - Provide for safety of children and mother
  - Identify supports in the home
  - Remove guns and medications from home



# Opportunities in the Workplace

- Know the risk and the signs
- Observe
- Ask
- Support



## Summary

- Postpartum Depression is prevalent
- Postpartum Depression is serious
- Postpartum Depression is observable and identifiable
- Postpartum Depression is treatable
- Successful treatment benefits mother, child, family and workplace



## References

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