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Maternal Mental Health



Postpartum depression (PPD)

is considered a severe mood disorder that targets women within one year after birth. Unlike baby blues, it doesn't resolve within a few weeks and can last for months.

Using the [DSM-5 criteria](#) can assist in diagnosing it.

It affects [1 in 7 women](#) within one year of childbirth.

What are the causes of PDD?

The exact cause is still not known, but a combination of hormonal changes, genetic predisposition, and environmental factors plays an important role.



What are the risk factors of PPD?

- Personal history of depression.
- High-risk pregnancy.
- Traumatic events, like emergency C-section.
- Lack of social support.

What are the Symptoms of PDD?

- Always feeling sad and in a bad mood.
- Loss of interest and enjoyment.
- Decrease in energy.
- Negative or harmful thoughts.



What is the treatment of PDD?

The first-line treatment is antidepressants, like SSRIs. If untreated.

The child may also be affected, potentially experiencing language delays and emotional problems.



What is the screening of PPD?

- PPD can be screened using a questionnaire called the Edinburgh Postnatal Depression Scale (EPDS).
- The EPDS includes 10 questions about mood and thoughts.
- Providers may also order a blood test to rule out physical causes.



What is Postpartum blues, or “baby blues,”?

Is a common health condition that affects women after the birth of their baby.

It is characterized by mood swings. When comparing it with postpartum depression, it is less severe. It happens 4-5 days after the birth of the baby and lasts for a couple of days.

Generally, it affects approximately 80% of women



What are the causes?

No exact cause has yet been discovered. Most theories point to hormonal changes as a main contributor.

Additionally, the changes in a mother's life that happen after the baby is born, like **sleep disturbances**, can affect her.

The main symptoms are:

- crying for no reason.
- anxiety, fatigue, insomnia (even if the baby is sleeping).
- Mood changes.



How can be managed?

It is managed by taking a rest, eating healthy, and socializing with loved ones. No known complications or specific recommendations for screening exist



What is postpartum psychosis?

A serious and important illness to keep in mind is postpartum psychosis, which can affect women soon after giving birth. It should be managed as a medical emergency whenever diagnosed. Psychosis is defined as a loss of sense of reality. It affects 1 in 1000 mothers. The exact cause is not yet discovered, but hormonal changes are a strong contributing factor.



What are the risk factors?

- Previously diagnosed bipolar disorder.
- Previously diagnosed schizophrenia.
- Family history of psychiatric disorders.
- Previous postpartum psychosis.



What are the symptoms?

- Sudden mood swings.
- Excessive happiness.
- Depression.
- Speaking quickly and not finishing sentences.
- Unrealistic plans.
- Hallucinations.



What is the treatment?

The patient should be admitted to a hospital psychiatric ward and treated with antipsychotics like olanzapine and mood stabilizers like lithium. Full recovery is possible with proper treatment and care.

Significant complications to remember:

- **Infanticide:** The mother may harm the baby due to hallucinations.
- Suicide.
- Chronic psychiatric illness.



What is the prevention of postpartum psychosis?

Postpartum psychosis can be prevented by identifying women at high risk, such as those with bipolar disorder or schizophrenia, prior to pregnancy. Prophylactic medications, like lithium, can be administered immediately after delivery



Reference:

All the histogram from

canva.com

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Reviewed By:

The content of this booklet has been reviewed by obstetrics and gynecology consultant at King Fahd University Hospital.

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