Title: Postpartum Depression: Information and Treatment Options

Author: Philip Keppeler

Date: November 5, 2008

Key words: Postpartum Depression, Antidepressants, SSRI, Cognitive-Behavioral Therapy, Edinburgh Postnatal Depression Scale

Abstract: There have been relatively few well-designed studies investigating the efficacy of SSRIs or other antidepressants to treat postpartum depression, and questions remain about the safety of SSRIs for nursing mothers. Although not statistically significant, the study cited in this report and project supports the efficacy and use of antidepressants in a select population of women suffering from postpartum depression. The same study supports cognitive-behavioral therapy (CBT) as equally effective in treating postpartum depression.
Do I have Postpartum Depression?

The Edinburgh Postnatal Depression Scale (EPDS) is a questionnaire commonly used by physicians during postnatal visits to screen for postpartum depression. The following questions are derived from this questionnaire:

- I rarely look forward to activities I used to enjoy.
- I blame myself when things go wrong and often feel guilty about the way things are.
- I have had difficulty sleeping lately.
- I am crying more than usual.
- I feel sad most of the time.
- I am having difficulties coping with life.
- I have thoughts of harming myself.

If you can honestly answer yes to one or more of these questions, talk to your physician. You may have symptoms of depression or be at risk for developing it in the future, and could benefit from a more thorough evaluation.
What is Postpartum Depression?

Postpartum depression affects between 10% and 15% of women, and is diagnosed in the first year after giving birth. Typical symptoms include depressed mood, loss of interest in daily activities, difficulty sleeping, problems concentrating, and possibly suicidal thoughts.

Although it is not entirely clear what causes postpartum depression, it is thought to be influenced by many factors, including hormonal changes in a woman’s body after pregnancy, as well as social factors like stress and poor social support in the home. Women who have a personal history of depression or postpartum depression with a prior pregnancy are at higher risk of developing postpartum depression.

Treatment Options

Postpartum depression causes significant suffering in women, and makes the day-to-day demands of caring for a new infant difficult. Studies have demonstrated that untreated postpartum depression can negatively impact the children of untreated mothers and cause impaired bonding, attachment insecurity, delayed emotional and language development, and delayed language skills. Evidence is mounting that treating postpartum depression will hasten recovery, and provide lasting benefits to mothers suffering from the disease, as well as their children.

Medication

There have been few well-designed studies investigating the use of medications to treat postpartum depresssion. A 1992 study demonstrated a clear trend toward reduction of symptoms within four week when comparing a commonly-prescribed antidepressant when compared to placebo. Other studies have demonstrated that different classes of antidepressant medications may be similarly beneficial. Unfortunately, most antidepressants are passed to infants through breast milk. Although it’s not clear how these medications may impact a developing infant, most physicians have been reluctant to prescribe them for this reason. How-ever, for some mothers, they may be the best treatment option.

Therapy

The same study suggested that a series of six sessions of cognitive-behavioral therapy (CBT) was equally effective as antidepressants for reducing symptoms of depression. CBT is a well-studied and effective approach to treating mild to moderate forms of depression in the community. With CBT, there is no risk of giving an untested medication to a new infant through breast milk. Limited time and resources of some mothers can make it difficult to commit to multiple therapy sessions. In addition, insurance coverage of mental health services is variable, and may not be covered some cases.