Introduction to Perinatal Mental Health

Part I: Perinatal Mood Disorders

Perinatal Mood Disorders

Perinatal refers to the period around childbirth and includes pregnancy and the year after delivery. During this time, a woman might experience a disturbance in her normal mood. These disturbances range extensively in terms of their severity.

Postpartum Blues

During the first week after the birth of a child, many women experience a mild disturbance in their mood referred to as *postpartum blues*, or simply, "the blues." Typically, the symptoms begin within a few days of delivery and can last from a few hours to a few days. While the term, "the blues," suggests that only the symptom of sad mood will be present, "the blues" is not limited to sad feelings but also includes mood fluctuation, irritable mood, interpersonal hypersensitivity, crying, insomnia and anxiety.

"The blues" are experienced by many women. The estimates of prevalence among postpartum women range from 15% to 84%, depending on the definitions and measurements used in the studies. Generally, mild cases of "the blues" last only a few days, require no treatment, and do not have negative effects. The major concern raised by a case of "the blues" is that it is associated with an increased risk for postpartum depression. A recent study of 206 new mothers found that those with severe "blues" were significantly more likely to experience subsequent postpartum depression (Henshaw, Foreman, & Cox, 2004). Women should, therefore, be closely monitored during the weeks following childbirth for signs of deteriorating mood.

Postpartum Depression

Postpartum depression is a mood disorder in which the symptoms can range from mild to severe. The term postpartum depression is somewhat misleading in that it suggests women suffer from a distinct disorder that is different from "regular depression" (referred to as Major or Minor Depressive Disorder by mental health professionals). The symptoms and criteria for postpartum depression are the same as those specified for Major Depressive Disorder. Postpartum depression simply refers to the fact that these symptoms begin after childbirth (mental health professionals refer to this detail as an "onset specifier").

Symptoms & Diagnostic Criteria of Postpartum Depression

It is important to understand that postpartum depression is different from having an occasional sad/bad day or week. In order to receive a clinical diagnosis of Major Depression (postpartum onset), an individual has to meet certain requirements or *diagnostic criteria*. First, a woman must have at least five of the depressive symptoms (see sidebar: "Major Depressive Disorder: Diagnostic Criteria"), and one of those symptoms has to include either depressed mood or loss of interest in everyday activities. The symptoms must last at least two weeks, and they must also impair the woman's daily activities and functions. The diagnosis of Minor Depression Disorder (postpartum onset) requires the presence of fewer symptoms. Both major and minor depression are of concern because of their negative effects on the mother, the child, and the relationship between the mother and child.

Major Depressive Disorder: Diagnostic Criteria

Five of the following symptoms must be present and must include one of the first two symptoms.

- Depressed Mood
- Loss of Interest in Almost All Activities
- Disturbances in Sleep
- Significant Weight Loss or Weight Gain
- Agitation or Very Slow Movements
- Fatigue or Loss of Energy
- Feelings of Worthlessness or Inappropriate Guilt
- Inability to Concentrate or Make Decisions
- Recurrent Thoughts of Death

The symptoms must have been present for the same two-week period and represent a change from previous functioning.

Postpartum Depression Risk Factors

Research studies have shown that women with specific demographic or social characteristics (known as *risk factors*) are more likely to become depressed. Studies of women with postpartum depression indicate that the largest risk factors include past history of psychiatric illness, depression during a pregnancy, a poor marital relationship, few supportive relationships, the presence of stressful life events, African-American ethnicity, and low social status (O'Hara & Swain, 1996; Segre, Losch, & O'Hara, 2006). Because the mix of women served by maternal health programs have many of these risk factors, it is even more important to implement depression screening in these settings.

Postpartum Psychosis

Postpartum psychosis, the most severe of the perinatal mood disorders, drastically impairs the women's ability to function normally. Symptoms of this disorder include delusions (false beliefs), hallucinations (seeing or hearing things that are not there), severely depressed mood (i.e., not being able to get out of bed), or confusion. Fortunately, not many new mothers experience this disorder; the prevalence estimates are quite low, occurring in 1 to 2 women per 1,000 following delivery (O'Hara, 1999). Most cases of postpartum psychosis (75%) occur within the first two weeks of delivery.

Infanticide (the killing of infants/children) is the most tragic consequence of postpartum psychosis. Andrea Yates was experiencing postpartum psychosis when she killed her children. The vivid and horrifying descriptions of her delusions accurately portray one of the symptoms of psychosis (see sidebar). Because the symptoms of postpartum psychosis often have a rapid onset, they can have devastating consequences; it is, therefore, critical to identify women who may be at risk. Women with a personal or family history of manic-depressive disorder are at particular increased risk (O'Hara, 1999).

When charged with murder and possible death penalty, Yeats said: "I am Satan." She requested a razor to shave her head and reveal the 'mark of the beast---666' that she believed was on her scalp. She said, "I am Satan." (Spinelli, 2004)

Bottom Line

After the birth of a child, a woman might experience a mood disturbance or disorder. "The blues" are common and have few or no negative effects. The symptoms of postpartum depression can range from mild to severe and have negative effects. Postpartum psychosis is infrequent but can have very serious consequences. Thus, the postpartum period is a time when the emotional health of a woman should be monitored.

Part II: Prevalence of Postpartum Depression

Purpose of Discussing Prevalence

Screening staff need to know that postpartum depression is a frequent disorder. Although there have been numerous individual studies attempting to answer the prevalence question, they report widely varying results. To reconcile this variation and answer the prevalence question, several researchers have conducted comprehensive reviews of these individual studies, choosing only those studies that were considered scientifically rigorous.

O'Hara & Swain Meta-Analysis

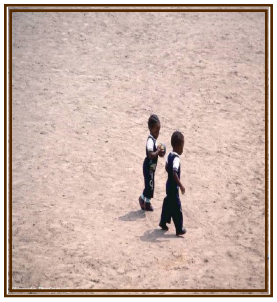
In 1996, Drs. Michael O'Hara and Annette Swain at the University of Iowa conducted the first large-scale review of previous research, summarizing 59 individual epidemiological studies on the prevalence of postpartum depression. To conduct this review and obtain an estimate of the prevalence of postpartum depression, these two researchers used a data analysis technique called *meta-analysis*, which allows them to combine the results of many smaller individual studies. Combining the findings of smaller studies results in a more stable estimate of prevalence, because it is based on larger sample sizes. The studies included in this meta-analysis varied in the methods used to assess depressive symptoms. Drs. O'Hara and Swain took this variation in methods and other methodological inconsistencies into account and included only scientifically rigorous studies. Based on a combined sample of 12,810 postpartum women, the estimated prevalence of postpartum depression was a staggering 13% (O'Hara & Swain, 1996).

"Approximately 18.4% of pregnant women have symptoms that meet diagnostic criteria for depression."

AHRQ Report Gavin et al

In 2005, the *Agency for Healthcare Research and Quality* published the most recent review of this research literature. The studies included in this review also had to meet precise scientific standards. These standards required that these past studies reported on original data, were conducted in a developed country, were published from 1980-2004, have the assessment of symptoms over a two-week timeframe consistent with the scientific definition of major depression, and that the studies were based on a clinical assessment or structured clinical interview (rather than less reliable self-report surveys).

Based on their review of 28 studies that met these inclusion criteria, they were able to calculate the prevalence of both major and minor depression. The results suggest that during pregnancy, as many as 18.4% of pregnant women, have symptoms that meet the diagnostic criteria for both Major and Minor Depression Disorder. Approximately 13% of these pregnant women met the criteria for Major Depression Disorder, the most severe form of depression. In the first three months after childbirth, as many as 19.2% of new mothers are clinically depressed, with 7.1% meeting the diagnostic criteria for Major Depressive Disorder (Gavin et al., 2005).



Bottom Line

Postpartum depression affects a substantial number of women during pregnancy and after childbirth. The most current research has estimated that approximately 18.4% of pregnant women and as many as 19.2% of new mothers have clinically significant symptoms.

Relevant Articles & References

Part I: Perinatal Mood Disorders

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Part II: Prevalence of Postpartum Depression

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