MedEd PPD

www.mededppd.org

Care Pathways

An algorithm is provided for medical professionals evaluating postpartum women to help determine if their patient has reached a positive or negative outcome since giving birth. The outcome will indicate if the patient should be referred for additional mental health services or put on an antidepressant regimen and monitored.

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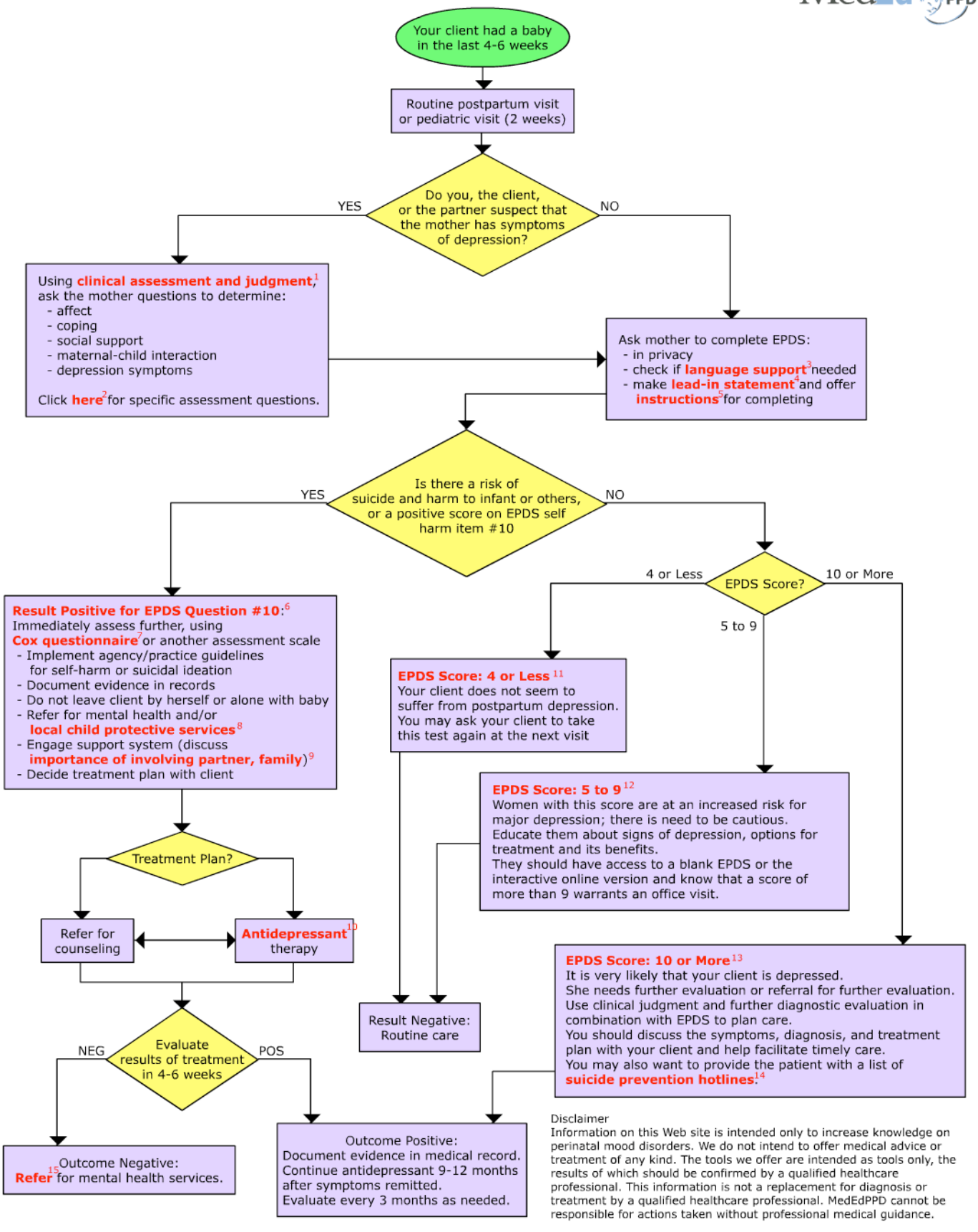
NIMH

National Institute of Mental Health

Courtesy of MedEd PPD



1. Although the EPDS is a useful measure to confirm depressive symptoms in postpartum women, it is only an adjunct to clinical evaluation and is not intended to replace the development of a relationship with the mother. Rather, the EPDS is a way to facilitate communication between women and healthcare professionals and should be supplemented by the professional's own intuition and clinical knowledge. The best use of this tool is in combination with training in prevention, detection, and treatment of PPD.

2. **Assessment Questions**
   - How are you doing?
   - Be sure to maintain eye contact with the mother when you ask this question
   - Have you had PPD before?
   - Do you have a history of depression?
   - Are you sleeping okay when your baby sleeps?
   - When the baby cries at night, who gets up?
   - How is your appetite? Are you hungrier or less hungry than usual?
   - Are you experiencing anxiety or panic?
   - Are you afraid to be alone with your baby?
   - Do you feel more irritable or angry than usual?
   - Are you worried about the way you feel right now?
   - What worries you the most about the way you feel?
   - Are you afraid you might lose control?
   - Are you having any scary or unusual thoughts?
   - Do you wonder if you're a bad mother?
   - If you are breastfeeding, how is that working out?
   - Do you ever have thoughts about hurting yourself?
   - Do you find it hard to make decisions?
   - Does your partner know how you are feeling?
   - How do you feel about taking medication if it helps you feel better?
   - Are there other stressful events that are impacting the way you feel?
   - Is there anything you are afraid to tell me, but think I should know?
   - Are you taking any medications or herbs/natural remedies regularly?

3. If the client does not understand written English, non-English translations of the EPDS are available. To access EPDS in Spanish, click here:

   Spanish-language EPDS

   There are also many translation and interpretation services available to health care professionals. To get help communicating with your client, you might want to check with the volunteer services department at your organization.

4. Because you have recently had a new baby, we would like to know how you are feeling. Please mark the answer that comes closest to how you have felt during the past several days, not just how you are feeling today. We ask that you be as open and honest as possible when answering these questions. Remember that it is not easy being a new mother, and it is OK to feel unhappy at times.

5. EPDS Instructions

· The EPDS consists of 10 short statements. For each statement, the mother marks which of the 4 possible
responses comes closest to how she has been feeling in the previous 7 days.
· The EPDS can be administered anytime from 0 to 52 weeks after birth.
· All 10 items on the questionnaire must be completed for a valid score.
· If at all possible, the mother should complete the scale herself, although she may need assistance if she
has limited reading skills or understanding of the English language.
· Care should be taken to avoid the possibility of the mother discussing her answers with others.

6. EPDS Question #10 (For any answer except "Never"). Additional information by interview is required for an answer other than 0 (never).

One of the criteria for major depression is thoughts that life is not worth living, thoughts of death, or more active thoughts of self-harm. However, the severity of the depression does not always correlate with the intensity of suicidal ideation. For example, some women with very high symptom levels, as indicated by a high EPDS score, commonly have no thoughts of self-harm, while others with scores near the threshold of 10 may have significant suicidal thinking.

What You Should Know. A common myth is that if you inquire about suicidal thoughts, the patient will act upon them. In fact, talking openly about suicidal ideation may be a relief for the patient as it can open the door for a discussion about specific treatment planning to meet her needs. The American Psychiatric Association published Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, Volume 160, November 2003.

What You Should Do Next. A plan must be made to increase the likelihood that the patient will be safe from harming herself. Based upon the interview assessment of suicidal thinking, the patient can be referred to a mental health facility for further evaluation and treatment. The following suicide prevention hotlines are also resources:

PPDMOMS.org: 1-800-PPDMOMS
http://www.1800ppdmoms.org/

National Hopeline Network: 1-800-784-2433
http://www.hopeline.com/

National Suicide Prevention Lifeline: 1-800-273-8255
http://www.suicidepreventionlifeline.org/

Visit our Provider Network Directory to find a healthcare professional near your patient who is knowledgeable about the treatment of postpartum depression.

We also recommend that you (with your patient's consent), or your patient, let someone in her immediate family or a close friend know what she is going through.

Tools for Healthcare Providers;

Screening for Suicidal Ideation
APA Practice Guidelines on Suicide
Read this useful article on suicide among women published in the Journal of American Medical Women's Association.
Follow-up Question Checklist for Suicidality **(Please go to page 28)**

7. For a woman who scores positively on item 10 of the Edinburgh Postnatal Depression Scale (EPDS), John Cox and colleagues created a follow-up questionnaire to further assess for risk to self or others. **Go to page 28** of the document to view this helpful clinical follow-up assessment tool.

8. **Child Protective Services**

A specialized part of the child welfare system, Child Protective Services (CPS) focuses on families in which a child has been identified as a victim of or in danger of child abuse or neglect.

Each state has a system to receive and respond to reports of possible child abuse and neglect. State laws require child protective services agencies to do the following:

- take reports from people who believe a child has been abused or neglected
- find out if abuse or neglect has taken place
- ensure that there is a plan in place to keep children safe
- provide services to families to ensure their children's safety

Professionals and concerned citizens can call statewide hotlines, local child protective services, or law enforcement agencies to share their concerns.

9. Postpartum depression affects mothers and everyone around them. It is important to involve any significant person in the mother's life in her care. Because definitions of who is "family" vary, this can include parents, children, siblings, members of the extended family (grandparents, aunts/uncles, etc.), and friends, as well as partners and spouses.

Information and resources for family members are available at:
http://www.mededppd.org/mothers/family.asp
http://www.postpartumdads.org
http://www.ppdsupport.org/

10. Antidepressants are effective for PPD. The first drug of choice is the one to which the patient has responded in the past; if there is no treatment history, a selective serotonin reuptake inhibitor (SSRI), which has a low risk of toxic effects as well as ease of administration, is the first-line treatment. **To minimize side effects, half the recommended dose is used initially for 2 days, then increased in small increments as tolerated.**

	Recommended Dose Range (mg/day)
SSRIs	50-200
Sertraline	20-60
Paroxetine	50-200
Fluvoxamine	20-40
Citalopram	10-20
Escitalopram	20-60
Fluoxetine	
Tricyclic antidepressants	50-150*
Nortriptyline	75-300
Desipramine	
Serotonin norepinephrine reuptake inhibitors (SNRIs)	75-300
Venlafaxine	30-60
Duloxetine	
Other	300-450
Bupropion	15-45
Mirtazapine	

*Dose adjusted according to serum level of 50-150 ng/mL 12 hours post-dose.
Adapted from Wisner KL et al. *N Engl J Med.* 2002;347:194-199

Additional Information:
A randomized clinical trial used a dosage titration schedule of 25 to 200 mg/day for sertraline and 10 to 150 mg/day for nortriptyline in the 8-week acute phase. Doses were increased according to schedule unless the woman met criteria for remission OR had prohibitive side effects. The doses of sertraline and nortriptyline that were required to achieve remission (a more stringent response criterion than response) are provided in the table below.

Subjects Who Achieved Remission by Dose of Sertraline or Nortriptyline

	Doses of sertraline, mg/day			
Remitted by week 8	< 100 4%	100 54%	125 or 150 15%	200 27%
	Doses of nortriptyline, mg/day			
Remitted by week 8	< 100 61%	100 25%	125 or 150 14%	

Adapted from Wisner KL et al. *J Clin Psychopharmacol.* 2006;26:353-360.

11. EPDS Score ≤4

According to this score, your patient is not likely to be suffering from postpartum depression. However, make sure you check item #10 on the EPDS no matter what the total score is, since thoughts of self-harm can occur in some people without significant symptoms of depression. Postpartum depression can develop anytime up to one year after childbirth, and depression can develop at any time during a woman's life. The EPDS may be administered again to reevaluate your patient's situation. The EPDS score is a screening measure, and should be followed by a clinical evaluation for women who screen positive.

What You Should Know. It is not uncommon for women to experience mood disorders during pregnancy or postpartum. One out of eight women has depression that interferes with function after birth. These mood disorders may be caused by a variety of factors such as hormonal changes due to childbirth, life stresses, or having a personal history of depression. (http://www.postpartum.net/brief.html) It is important to screen for signs that your patient is overwhelmed, anxious or depressed, and/or functioning poorly after the birth of a baby. Your patient's mental health is important to her and her family.

What You Should Do Next. Download the EPDS and give it to your patient for her to keep handy for future reference. It is a good idea for her to repeat the questionnaire if she experiences a decline in mood or function. We also recommend that she familiarize herself with postpartum depression by reading this Patient Brochure. It provides general information in a user-friendly format, and is provided for your patient to read and share with others.

12. EPDS Score 5-9

Your patient is not likely to be suffering from postpartum depression because she has not reached the threshold (**EPDS=10 to 12**) used by most experts. However, women at the higher end of this spectrum may be likely to develop more symptoms and reach this threshold; in which case, they should be monitored. Regardless of the total score, make sure you check item #10 on the EPDS, since thoughts of self-harm can occur in some people without significant symptoms of depression. Postpartum depression can develop anytime up to one year after childbirth, and depression can develop any time during a woman's life. Education is appropriate, since women in this range may eventually develop postpartum depression. Your patient should take the EPDS again in two to four weeks to determine whether an episode of depression has evolved, or whether symptoms have subsided.

Visit our Provider Network Directory to find a healthcare professional near your patient who is knowledgeable about the treatment of postpartum depression.

What You Should Know. It is not uncommon for women to experience mood disorders during pregnancy or postpartum. One out of eight women has depression that interferes with function after birth. These mood disorders are caused by a variety of factors such as hormonal changes due to childbirth, life stresses, or having a personal history of depression. (http://www.postpartum.net/brief.html). It is important to screen for signs that your patient is overwhelmed, anxious or depressed, and/or functioning poorly after
the birth of a baby. Your patient's mental health is important to her and her family.

There is a wealth of information about postpartum depression.

1. This Patient Brochure provides general information in a user-friendly format, and is provided for your patient to read and share with others.

2. View the MedEdPPD list of classic papers and recent articles related to postpartum depression.

3. For mental health resources, please visit the American Psychiatric Association (APA) at http://www.psych.org/, or the National Institute of Mental Health at http://www.nimh.nih.gov/.

4. There are also well-respected books that deal with the subject of postpartum depression.

What You Should Do Next. Your patient should stay in contact with you to discuss any deterioration in her symptoms, and repeat the EPDS regularly. The MedEdPPD Provider Network Directory contains a list of specialty providers who are knowledgeable about postpartum depression.

13. EPDS Score ≥10

According to this score, it is **likely** that your patient is suffering from postpartum depression. Make sure you check item #10 on the EPDS no matter what the total score is, since thoughts of self-harm can occur in some people without significant symptoms of depression. Postpartum depression can develop anytime up to one year after childbirth. Your patient should be evaluated for a diagnosis of depression based on DSM-IV criteria.

Visit our Provider Network Directory to find a healthcare professional near your patient who is knowledgeable about the treatment of postpartum depression.

What You Should Know. It is not uncommon for women to experience mood disorders during pregnancy or postpartum. One out of eight women has depression that interferes with function after birth. These mood disorders are caused by a variety of factors such as hormonal changes due to childbirth, life stresses, or having a personal history of depression. (http://www.postpartum.net/brief.html). It is important to screen for signs that your patient is overwhelmed, anxious or depressed and/or functioning poorly after the birth of a baby. Your patient's mental health is important to her and her family.

Please take a moment to review the following resources. They describe postpartum depression in more detail, discuss treatment options, and provide related information that will help you address this important issue with your patient.

1. This Patient Brochure provides general information in a user-friendly format, and is provided for your patient to read and share with others.

2. View the MedEdPPD list of classic papers and recent articles related to postpartum depression.

3. For mental health resources, please visit the American Psychiatric Association (APA) at: http://www.psych.org/, or the National Institute of Mental Health (NIMH) at: http://www.nimh.nih.gov/.

4. There are also well-respected books that deal with the subject of postpartum depression.

Tools For Healthcare Providers.
DSM-IV (Depression Criteria)
Risk factors for postpartum depression
Resources for multicultural assessment and treatment of depression

14. The following are examples of nationwide suicide prevention hotlines:
National Hopeline Network: 1-800-SUICIDE
http://www.hopeline.com/

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
http://www.suicidepreventionlifeline.org/

15. When referring a client for mental health services, it is especially beneficial if the provider has undergone special training in postpartum depression treatment. The following resources can help you and your client locate a provider with such training.

MedEdPPD Provider Directory
(http://www.mededppd.org/referral_center.asp)

Postpartum Support International Membership Directory
(http://www.postpartum.net/directory.html)