

# ADVANCING THE UNDERSTANDING OF POSTPARTUM DEPRESSION (PPD)



~ 1 IN 8 MOTHERS  
with a recent live birth in the US reported experiencing PPD symptoms each year<sup>1-4</sup>

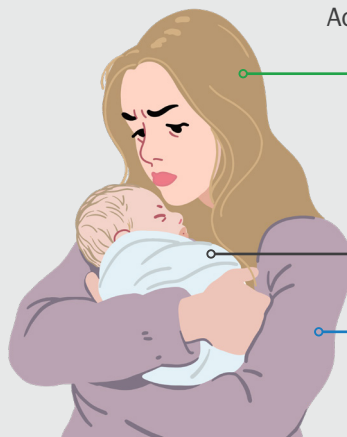
PPD is a serious medical condition and one of the most common perinatal medical complications<sup>1-6</sup>

A PPD diagnosis requires the onset of a major depressive episode to occur in the peripartum period (along with other criteria)<sup>7,b</sup>

PPD symptoms are characterized by **negative changes in mood or loss of interest in activities, and impaired functioning**<sup>6,7</sup>

PPD Symptoms may include<sup>7,c</sup>:

- Depressed mood
- Loss of interest in activities
- Changes in weight or appetite
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness
- Inability to concentrate
- Thoughts of death



Additional **symptoms** may include:

- Intrusive thoughts or thoughts of harming infant<sup>8,9</sup>
- Anger<sup>10</sup> or irritability<sup>8</sup>
- Anxiety symptoms<sup>9,11,12</sup>
- Trouble bonding with infant<sup>8</sup>
- Doubting parenting abilities<sup>8</sup>
- Somatic symptoms (aches, pains, headaches, cramps, digestive problems)<sup>8</sup>

PPD should be distinguished from the baby blues and other medical or mental health conditions<sup>7,9</sup>

## PPD<sup>6,7</sup>

- Has clinically significant symptoms, including **depressed mood or loss of interest in activities**, along with other symptoms
- Can occur during pregnancy or postpartum
- May persist for months or, in some cases, years
- **Causes functional impairment**
- May include thoughts about suicide or harming oneself or infant

## BABY BLUES TYPICALLY<sup>6</sup>

- Includes mild symptoms
- Peaks within 5 days after delivery
- Resolves without treatment within 2 weeks
- **Does not cause functional impairment**

Patients with functional impairment, suicidal ideation, or meeting other criteria for PPD, even within the first 2 weeks postpartum, should be evaluated for PPD<sup>6-8,13</sup>

Depression in the perinatal period is a risk factor for suicidality<sup>14,15</sup>



Women diagnosed with perinatal depression between pregnancy and one year postpartum had **3 times higher risk** of suicidal behavior compared with women without perinatal depression<sup>16,d</sup>

PPD symptoms may have profound potential consequences such as<sup>8,17,18</sup>:

### IMPACT ON MOTHER

- **Significant changes** in caregiving behaviors<sup>19</sup>
- Disrupted **mother-baby bonding**<sup>18</sup>
- Difficulties in relationships<sup>17</sup>
- Greater perceived stress<sup>17</sup>
- Thoughts of **harming oneself or infant**<sup>8</sup>



### IMPACT ON PARTNER

- Associated with **depressive symptoms in nonbirthing partners**<sup>20-22</sup>

### IMPACT ON CHILD

- May begin at
- **3 weeks:** trouble sleeping and difficulty feeding<sup>23</sup>
  - **4 years:** risk of emotional and behavioral problems<sup>24,25</sup>
  - **18 years:** higher risk of adolescent depression<sup>24,26</sup>

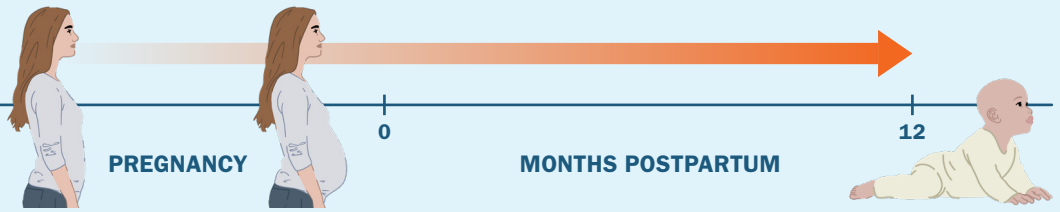
PPD symptoms may have a generational impact on infant/child development and family relationships<sup>24,27-30</sup>

# PPD has been underrecognized and undertreated<sup>9,31,32</sup>

As there are no clinical laboratory tests to diagnose PPD,<sup>7,9,33</sup> timely screening can be a critical first step in the diagnosis of patients with PPD.<sup>9,34</sup> Guidelines recommend screening both during pregnancy and postpartum.<sup>9,34-37</sup>

Some patients can present with **PPD symptoms up to 12 months postpartum**<sup>38,e</sup>

## SCREENING RECOMMENDATIONS



Screening for PPD **only immediately after childbirth** may **overlook patients with a later onset of PPD**<sup>39</sup>

Several professional organizations have PPD screening recommendations, but guidance is variable,<sup>9,34,36</sup> which may contribute to inconsistencies in PPD screening<sup>1,9,39-42</sup>

Patients can face a variety of barriers that may prevent or delay them from seeking treatment for PPD, which may include<sup>43-46</sup>:



### Physical barriers

- Proximity to mental health care<sup>43,47-49</sup>
- Logistics<sup>45,f</sup>

### Psychological barriers

- Stigma<sup>44</sup>
- Fear of having infant taken away<sup>46,50</sup>

### Personal barriers

- Preference to self-manage symptoms<sup>44</sup>
- Personal beliefs<sup>44</sup>
- Cultural beliefs/customs<sup>45,51</sup>
- Lack of awareness of PPD symptoms and treatment<sup>43,45,46</sup>



PPD may be treated with psychotherapy, pharmacotherapy, or both<sup>9,52-54</sup>

### Primary treatment modalities<sup>9,53,54</sup>

- Psychotherapy
- Pharmacotherapy

### Other treatment modalities<sup>53-56</sup>

- Electroconvulsive treatment<sup>g</sup>
- Transcranial magnetic stimulation<sup>h</sup>

### Supportive interventions<sup>9,56</sup>

- Peer support
- Physical activity



**Improved recognition and treatment of patients with PPD are needed<sup>1,32</sup>**

Screening with validated scales may help in the identification and management of patients with PPD<sup>9,57</sup>

For more information on screening tools, scan the QR code



<sup>a</sup>Based on a study analyzing self-reported postpartum depressive symptoms in patients (N=32,659) with a recent live birth in 2018 living in the US from the Pregnancy Risk Assessment Monitoring System analyzed by the Centers for Disease Control and Prevention; <sup>b</sup>Symptom onset occurs during pregnancy or within 4 weeks postpartum; <sup>c</sup>Based on the DSM-V-TR, at least five of the listed symptoms must be present during the same 2 weeks and represent a change from past functioning and include depressed mood or loss of interest in activities most of the day, nearly every day; <sup>d</sup>Based on a 2024 matched cohort in Sweden analyzing suicidal behavior in women diagnosed with perinatal depression (n=86,551) compared with women without perinatal depression (n=865,510) over a follow-up period of 18 years in women who gave birth during 2001 to 2017; <sup>e</sup>Based on a 2021 global meta-analysis of 565 studies from 2000 to 2021 analyzing datasets that defined the prevalence of PPD using standardized validated instruments, self-reported questionnaires, or clinically structured interviews; <sup>f</sup>May include time constraints, lack of transportation, and insurance coverage; <sup>g</sup>Electroconvulsive treatment is limited to patients with PPD that is treatment resistant or who have severe or psychotic symptoms; <sup>h</sup>Transcranial magnetic stimulation may be an option to consider in patients with PPD who are resistant to other treatments.<sup>55,56</sup>

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