

Behavioral Health Clinical Practice Guidelines for: Postpartum Mood Disturbance

OBJECTIVE

Guide the appropriate diagnosis and treatment of Postpartum Mood Disturbance.

DIAGNOSIS & ASSESSMENT

RATIONALE

Due to the risk of mood disorders developing during pregnancy and after delivery, it is important to differentiate between "baby blues" and Perinatal Mood Disturbance (i.e. depression, anxiety, obsessive-compulsive, and post-traumatic stress). The DSM-V does not have a separate diagnosis for Perinatal Mood Disturbance; however, consideration for treatment recommended when symptoms arise during pregnancy and up to one year after birth and last longer than 2-3 weeks.

DIFFERENTIAL DIAGNOSIS

"Baby blues" is described as beginning soon after birth and resolving within 1-3 weeks of onset. It is typically due to fluctuations of hormones. "Baby blues" are common and occur in 60-80% of new moms. New moms may experience tearfulness, crying, and feeling overwhelmed.

Whereas "baby blues" are more common, Postpartum Mood Disturbance is less common, occurring in 1 of every 7 new moms. Symptoms may start prior prenatal and continue past 3 weeks postnatal. The new mom may experience depressive symptoms (constant crying, lack of feeling towards the baby, sleep and appetite disturbance, anger, guilt, hopelessness and suicidal thoughts), anxiety symptoms (agitation, fidgety, excessive worry regarding baby's safety, racing thoughts, panic symptoms, fear of dying, losing control, and/or going crazy) or Obsessive Compulsive Disorder symptoms (intrusive thoughts, shame, guilt, engage in ritualistic behaviors to avoid doing something they believe could bring harm to the baby).

RECOMMENDED TREATMENT

New moms who experience Perinatal Mood Disturbance can get help by talking to their physician or loved one. Outpatient individual, family and group therapy as well as increasing the support system are effective forms of treatment. If symptoms are moderate to severe medication may be prescribed as well. Monitoring the mother's mood during and after pregnancy is vital for early intervention and treatment. The new mother's support system and her physician can be supportive and understand that Perinatal Mood Disturbance is more than "baby blues" and requires intervention. Encourage the new mom to talk to her support system, to exercise and eat healthy, to join a support group, and to avoid deciding on any major life changes during this time. Immediate referral to a mental health crisis center should be given if new moms experience suicidal thoughts.

Disclaimer: Recommendation of treatment does not guarantee coverage of services.

REFERENCES

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition TR (2013). American Psychiatric Association.
American Psychiatric Association (2010). Practice guideline for major depressive disorder in adults. American Journal of Psychiatry, 167 (suppl. 4), 1-52.
American College of Obstetricians and Gynecologists (www.ACOG.org)
Office on Women's Health, U.S. Department of Health and Human Services (www.womenshealth.gov)
Postpartum Support International (www.psi.net)