

Postpartum Depression

Postpartum depression (PPD) is a serious disorder affecting 10 to 15 percent of women who have delivered children each year. Despite its high prevalence, the disorder often goes undetected and untreated. In an attempt to address this public health problem, the State of Texas enacted the Andrea Yates Bill. Since September 1, 2003, this legislation requires healthcare providers who treat pregnant women to give them information and direct them to resources that provide counseling for postpartum depression and other emotional traumas associated with pregnancy and parenting.

The purpose of this report is to help BCBSTX network physicians comply with the legislation by providing resource information on PPD.

Some Facts about Postpartum Depression

- There is a seven-fold increase in the risk of psychiatric hospitalization for women following childbirth.
- The majority of new mothers with PPD suffer with this illness for more than six months.
- Serious consequences can occur as a result of postpartum depression, including, in the worst cases, suicide, infanticide and non-accidental injury to the child.
- Postpartum depression negatively impacts the cognitive and emotional development of children up to age five.
- Children of depressed mothers see their primary care physicians more often and have higher rates of prescription medications and hospitalizations than children of non-depressed mothers.
- Postpartum depression can present with or without psychotic features.
- Postpartum psychosis affects about 1 out of a 1,000 women who have given birth.

Symptoms of Postpartum Depression

The American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders-IV (DSM IV) defines postpartum depression as a sub-category of major depression which is marked by a sad mood lasting at least two weeks accompanied by at least four other symptoms (see symptom list below) and onset within four weeks of delivery. However, it is important to be on the alert for symptoms of PPD in women as much as three to six months following delivery. When diagnosing PPD, the symptoms of depression can easily be remembered through the acronym SIGECAPS:

- Sleep- insomnia or hypersomnia
- Interest- loss of interest or pleasure
- Guilt- feelings of worthlessness
- Energy- fatigue
- Concentration- diminished ability to think or make decisions
- Appetite- eating too much or too little
- Psychomotor- generalized slowing of movements
- Suicidality- preoccupation with death or hopelessness

When interviewing new mothers, diagnostic questions may need to be modified to get a clear picture of the depression as the natural physical and lifestyle changes that accompany delivering and caring for a newborn causes changes in sleep, appetite and other usual activities.

- Is being a new mother (or caring for a new baby) everything you expected it to be?
- Do you enjoy playing with your baby?
- Are you able to sleep when the baby is sleeping?
- Do you have enough energy to take care of yourself and your baby?
- How does food taste?
- Have you been crying for no reason?
- Have you had thoughts of wanting to hurt yourself or anyone else?

Risk factors for PPD include, family or personal history of depression, lack of social support, poor marital relations, pre-term or multiple births, single marital status, and unwanted/unplanned pregnancy.

What can you do?

Postpartum Depression is very treatable. The most common treatments are antidepressant medication, psychotherapy or a combination of the two. As with many illnesses, early treatment is more effective and helps prevent the likelihood of serious recurrences. Consider adopting the following measures:

- For women at-risk for PPD, discuss the risk, provide education, and share informational resources on PPD.
- Routinely screen for depression in women at their six week post-birth check-up.
- For women showing signs of depression, conduct a thorough evaluation, including a mental status examination, and assess risk of self-harm.
- Make note of the symptoms of depression, including length, severity, and duration.
- Make the diagnosis, as indicated.
- Develop a treatment plan and discuss with the patient and family members, as appropriate.
- Consult a psychiatrist or other mental health professional as necessary.
- Keep up-to-date on depression research and treatment.

If your practice includes treating pregnant women, in addition to providing resource information required by Texas law, we strongly recommend the use of a depression-screening tool.

You may contact BCBSTX at any time by calling the Behavioral Health Member Service center at 800-528-7264. Our Care Managers can consult with you regarding the appropriate course of action for BCBSTX patients.

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