

PDEP - Postpartum Depression

PDEP-DP DISEASE PROCESS

OUTCOME: The patient/family will understand postpartum depression and its symptoms.

STANDARDS:

1. Explain that postpartum depression is caused by changes in brain chemistry, and is not the mother's fault or the result of a weak or unstable personality. Explain that postpartum depression occurs in 80% of woman who give birth and is treatable.
2. Review some of the biological, psychological/social factors related to the development of postpartum depression:
 - a. Biological: Sudden drop in hormones after birth and/or changes in prolactin levels.
 - b. Psychological/social: Stressful life events such as financial problems, housing problems, lack of family interaction and support, new mothers facing new roles, lack of sleep, increased responsibility, single mothering, and/or marital problems.
 - c. Family or personal history of depression or mood disorders with or without pregnancy.
3. Describe the varying degrees of postpartum depression. Explain that only a professional, through test interpretation, obtaining an appropriate history, and physical examination may be able to differentiate the degree of depression.
 - a. **PP Blues:** Occurs first three days after birth lasting to a few weeks - tearfulness, irritability, mood swings, nervousness, feelings of vulnerability, trouble sleeping, loss of appetite, lack of confidence, and feeling overwhelmed.
 - b. **PP Depression:** Occurs within first 3–6 months up to a year after birth - sadness, loss of interest in normal activities, inappropriate guilt, anxiety, fatigue, impaired concentration/ memory, over concern for baby or not at all, inability to cope, despondency/despair, thoughts of suicide, hopelessness, panic attacks (numbness, tingling in limbs, chest pain, hyperventilation, heart palpitations), feeling “like I’m going crazy,” bizarre or strange thoughts.
 - c. **PP Psychosis:** Rarest and most severe form occurring in only 0.1% of women who have given birth – extreme confusion, incoherence, rapid speech or mania, refusal to eat, suspiciousness, irrational statements, agitation, hallucinations, or inability to stop an activity.

4. Discuss that postpartum depression is often not recognized by the mother or family. Emphasize the importance of discussing mood/behavior changes with a healthcare provider. Postpartum depression is reversible with early intervention and appropriate treatment.
5. Explain that patients with coexisting substance abuse may need more rapid referral. Refer as appropriate.

PDEP-EX EXERCISE

OUTCOME: The patient/family will understand that physical activity has a positive impact on physical and mental well being.

STANDARDS:

1. Discuss the benefits of any exercise, such as improvement in well being, stress reduction, sleep, bowel regulation, and self image.
2. Discuss the demands of a new born or infant and ways to incorporate physical activity in daily routines. Discuss any obstacles to physical activity. Assist the patient in developing a personal exercise plan.
3. Discuss medical clearance issues for physical activity.
4. Refer to community resources as appropriate.

PDEP-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of participating in the treatment plan.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.
6. Discuss the importance of immediate follow-up and procedure for obtaining urgent and rapid referrals if the patient has:
 - a. suicidal thoughts/plans
 - b. thoughts/plans about harming the infant
 - c. thoughts/plans about harming others

PDEP-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient will understand the lifestyle changes necessary to promote healthy living.

STANDARDS:

1. Review the concept that health or wellness refers to the whole person (mind, body, and spirit) and is a positive state of health which results from appropriate habits and lifestyle.
2. Review lifestyle aspects/changes and avoidance of high-risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners).
3. Discuss wellness as an individual responsibility to:
 - a. Learn how to be healthy.
 - b. Be willing to change.
 - c. Practice new knowledge.
 - d. Get help when necessary.
4. Review the community resources available for help in achieving behavior changes.

PDEP-IR INFORMATION AND REFERRAL

OUTCOME: The patient/family will receive information and referral for alternative or additional services as needed or desired.

STANDARDS:

1. Provide the patient/family with alternative or additional sources for care and services.
2. Provide the patient/family with assistance in securing alternative or additional resources as needed.

PDEP-L LITERATURE

OUTCOME: The patient/family will receive literature about Postpartum Depression.

STANDARDS:

1. Provide the patient/family with literature on Postpartum Depression.
2. Discuss the content of the literature.

PDEP-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the lifestyle adaptations necessary to recognize or decrease the risk for postpartum depression and to maintain optimal health.

STANDARDS:

1. Advise that the patient may be able to decrease the risk for postpartum depression by preparing during the pregnancy for the changes in lifestyle that motherhood will bring.
2. Emphasize lifestyle adaptations that will help speed recovery from postpartum depression:
 - a. Over-sleeping may be a symptom of depression but has also been shown to increase depressed feelings. Discourage remaining in bed or sleeping more than 8 hours a day.
 - b. Advise that natural light and exercise have an antidepressant effect. Encourage the patient to exercise, for example take a walk out of doors for at least ½-hour between 11 AM and 2 PM to take care of the need for bright light and exercise.
 - c. Emphasize the importance of totally abstaining from alcohol and recreational drugs. Alcohol and street drugs both induce depression and prevent antidepressants from working effectively. Advise your provider of all medications, drugs herbals, and supplements you are taking to minimize this effect.
 - d. Encourage the patient/family to accept the recommended help and assistance of others. There is no shame in asking for or accepting help.

PDEP-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
 - a. Explain that many medications for postpartum depression do not exert an immediate effect and must be used regularly to be effective.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

5. Discuss that some medication may be excreted in breastmilk. Refer the patient to a physician or pharmacist who is knowledgeable in the use of medications during breastfeeding.

PDEP-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for treatment or management of postpartum depression.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PDEP-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition and postpartum depression.

STANDARDS:

1. Stress the importance of eating on a regular schedule and eating a variety of foods.
2. Explain that even marginal deficiencies in the diet will negatively affect the nervous system, mood, and breastfeeding. A daily multivitamin and mineral supplement may be recommended to help ensure an adequate intake.
3. Assist in developing an appropriate diet plan. Refer to dietitian or other local resources as available.
4. Discuss that overeating can be a symptom of depression and not a healthy behavior.

PDEP-PSY PSYCHOTHERAPY

OUTCOME: The patient/family will understand the goals and process of psychotherapy.

STANDARDS:

1. Review the reason for the initial referral for therapy as part of the care plan.
2. Explain that therapy may include individual, group, psycho-educational /therapeutic, talking circles, or other modalities.
3. Emphasize that full participation and follow-up are critical to treatment success.
4. Emphasize the importance of openness and honesty with the therapist.
5. Discuss issues of safety, confidentiality, and responsibility.
6. Explain to the patient that the therapist and the patient will establish goals and duration of therapy together.

PDEP-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in postpartum depression.

STANDARDS:

1. Explain that uncontrolled stress is attributed to an increase in severity of the symptoms of postpartum depression and can interfere with treatment. Explain that effective stress management may help reduce the severity of the symptoms of depression.
2. Explain that seeking professional help to improve the health and well-being of the patient is often necessary.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use as well as overeating, all of which can increase the severity of the depression or the risk of suicidal/homicidal behaviors.
4. Discuss various stress management strategies which may help maintain a healthy lifestyle. Examples may include:
 - a. Becoming aware of your own reactions to stress
 - b. Recognizing and accepting your limits
 - c. Recruiting other family members or friends to help with child care
 - d. Talking with people you trust about your worries or problems
 - e. Setting realistic goals
 - f. Getting enough sleep (e.g., sleeping when the baby sleeps if possible)
 - g. Maintaining a healthy diet

- h. Exercising regularly
 - i. Taking vacations
 - j. Practicing meditation, self-hypnosis, and positive imagery
 - k. Practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - l. Participating in spiritual or cultural activities
5. Provide referrals as appropriate.

PDEP-TX TREATMENT

OUTCOME: The patient/family will understand the possible treatments that may be available based on the specific disease process, test results, severity of symptoms, the preferences of the patient, and the response to treatment during previous episodes.

STANDARDS:

1. Explain that postpartum depression may require long-term intervention which may include psychotherapy, medication, support groups, or electro-convulsive therapy.
2. Review the nature of postpartum depression as a treatable condition.
3. Explain that both the patient and family may need to participate in the treatment to help understand the symptoms and cope with the increased stress on the family.
4. Explain that if left untreated, postpartum depression can have significant negative effects on the baby that can persist into adulthood. It is important to identify and treat postpartum depression as early as possible.
5. Urge the family/patient to find someone to stay with and assist the patient at all times. Family and friends may offer support, reassurance, hope, and validation of the new mother's abilities.
6. Explain that treatment may begin at any point, even prior to pregnancy depending on the circumstance.