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Postpartum Psychiatric Disorders

Introduction

The birth of a child is often a joyous time for many new parents. However, some new parents may experience postpartum psychiatric disorders after childbirth. Health care professionals should be aware of postpartum psychiatric disorders, and how to manage such disorders. This course reviews the types of postpartum psychiatric disorders, and the non-pharmacological and pharmacological options that may be used to manage postpartum psychiatric disorders.

Section 1: Postpartum Psychiatric Disorders

Case Study

A mother and a father take their newborn daughter, who was born premature, to a health care clinic for a follow-up examination. During the infant's exam, the health care professional notes that the father seems very concerned with his wife's overall mood. The health care professional notes that the mother seems despondent at times. As the exam progresses, the mother's mood seems to deteriorate, and eventually she leaves the room. After the mother leaves the room, the father begins to ask the health care professional questions about mood swings after pregnancy, and the baby blues. The father goes on to explain that his daughter was "in the NICU for almost three months." The father then tells the health care professional that it was "stressful at times in the NICU," and his wife "stayed positive for the most part," - however, he did notice her mood seemed to change towards the end of his daughter's "stay in the NICU." Upon questioning from the health care professional, the father explains that over the past three weeks, his wife seemed restless, anxious at times, and indecisive. The father notes that his wife is "sleeping a lot," does not seem interested in "doing much," and does not seem to care anymore that her mother "smokes cigarettes in the house." Finally, the father asks if his wife is depressed, and if she should be on an antidepressant.

The case study presented above highlights a new parent that may be suffering from a postpartum psychiatric disorder. The question is, what are postpartum psychiatric disorders? This section of the course will answer that very question. The information found within this section of the course was derived from materials provided by the Anxiety and Depression Association of America unless, otherwise, specified (Anxiety and Depression Association of America, 2021).

What are postpartum psychiatric disorders?

Postpartum psychiatric disorders may refer to a group of disorders that can affect individuals after childbirth.

What are the risk factors for postpartum psychiatric disorders?

- **Stress** - one of the first risk factors that may come to mind when considering postpartum psychiatric disorders is stress. Health care professionals should note the following: stress may refer to a factor that causes emotional, physical, or psychological tension; stress may arise from a significant life event (e.g., childbirth). Health care professionals should also note the following signs/symptoms of stress: disbelief and shock; tension and irritability; fear and anxiety about the future; difficulty making decisions; feeling numb; sadness and other symptoms of depression; loss of interest in normal activities; loss of appetite; nightmares and recurring thoughts about an event; anger; increased use of alcohol and drugs; feeling powerless; crying; sleep problems; headaches; back pains; stomach problems; trouble concentrating (Centers for Disease Control and Prevention (CDC), 2023).

- **Grief** - in addition to stress, some new parents may experience grief, especially if there are complications with the birth of their child. Health care professionals should note the following: grief may refer to deep sorrow and/or distress that is caused by a traumatic event (e.g., childbirth); grief is the normal response of sorrow, heartache, and confusion; grief is different

for every individual; typical grief reactions include the following: shock, disbelief, or denial; anxiety; distress; anger; periods of depression; loss of sleep; loss of appetite. Health care professionals should note the following signs/symptoms of grief: feeling angry; being unable to concentrate or focus; nightmares or intrusive thoughts; feeling deep loneliness; feeling distrustful of others; feeling unable to maintain regular activities or fulfill responsibilities; feeling bitterness about life (CDC, 2022).

- **Trauma** - in addition to stress and grief, some new parents may experience trauma during childbirth. For example, a preterm birth may lead to trauma for new parents (note: the term preterm birth may refer to childbirth that occurs before the 37th week of pregnancy). Health care professionals should note the following: trauma may refer to an emotional response to an event and/or a traumatic event; a traumatic event may refer to an event, or series of events, that causes a moderate to severe stress reaction; trauma may lead to distress, shock, and denial. Health care professionals should note the following signs/symptoms of trauma: mood swings, flashbacks, and social isolation (note: the term social isolation may refer to a lack of social connections that may impact an individual's health and quality of life).

- **Sleep deprivation** - sleep deprivation may be associated with postpartum psychiatric disorders. Sleep deprivation may refer to a lack of sufficient sleep (i.e., an individual does not get enough sleep). Health care professionals should note the following signs/symptoms of sleep deprivation: daytime tiredness; daytime fatigue; decreased energy; trouble concentrating; trouble focusing; mood swings.

- **Fatigue** - childbirth and becoming a new parent can lead to fatigue. Health care professionals should note the following: fatigue may refer to a state characterized by extreme tiredness, weariness, and inability to function due

to lack of energy; fatigue is often associated with postpartum psychiatric disorders.

- **Hormone changes** - hormone changes associated with childbirth can lead to postpartum psychiatric disorders. Health care professionals should note the following: after childbirth, estrogen and progesterone may decrease and leave individuals feeling tired, fatigued, and depressed.
- **Previous depressive episodes** - individuals with a history of depressive episodes are at increased risk for postpartum psychiatric disorders.
- **Family history of mood disorders** - individuals with a family history of mood disorders (e.g., depression) are at increased risk for postpartum psychiatric disorders.

What are the different types of postpartum psychiatric disorders?

The different types of postpartum psychiatric disorders include: baby blues, postpartum depression, postpartum obsessive-compulsive disorder, postpartum post-traumatic stress disorder, postpartum bipolar disorder, and postpartum psychosis.

What are the baby blues?

Baby blues may refer to feelings of sadness that occur after childbirth. Specific information regarding the baby blues may be found below. The information found below was derived from materials provided by the March of Dimes (March of Dimes, 2021).

- Most individuals experience baby blues two to three days after childbirth.
- The signs/symptoms of the baby blues include the following: sadness, restlessness, anxiety, crying with cause, mood changes, and poor concentration.

- The baby blues can last up to two weeks.
- The baby blues do not typically require treatment, and go away on their own.

What is postpartum depression?

Postpartum depression may refer to a form of depression that can affect women after childbirth. Specific information regarding postpartum depression may be found below.

- Postpartum depression is associated with more severe and persistent symptoms, when compared to baby blues, that are present most of the day nearly every day for at least two weeks.
- The signs/symptoms associated with postpartum depression include the following: feeling sad, feelings of worthlessness, feelings of excessive guilt, fatigue or loss of energy, appetite increase or decrease, sleeping too much or too little, restlessness, difficulty concentrating, indecisiveness, anxiety, thoughts of death or suicide or a suicide plan, and anhedonia (note: anhedonia may refer to a loss of interest in previously enjoyable activities).
- Postpartum depression is associated with reduced mother-infant bonding, increased marital stress, and divorce, as well as poorer cognitive and social-emotional development for the child.

What is postpartum obsessive-compulsive disorder?

Postpartum obsessive-compulsive disorder may refer to a disorder characterized by repetitive, intrusive thoughts and behaviors associated with perceived danger towards a baby. Specific information regarding obsessive-compulsive disorder may be found below. The information found below was derived from materials provided by Postpartum Support International (Postpartum Support International, 2023).

- The repetitive, intrusive thoughts associated with postpartum obsessive-compulsive disorder can be frightening to parents.
- Postpartum obsessive-compulsive disorder is associated with anxiety.
- The signs/symptoms associated with postpartum obsessive-compulsive disorder include the following: repetitive thoughts, intrusive thoughts, mental images related to the baby, compulsions, feeling a sense of horror, fear of being left alone with the infant, hypervigilance (note: the term hypervigilance may refer to an elevated state of constantly assessing potential threats, dangers, and/or hazards).

What is postpartum post-traumatic stress disorder?

Postpartum post-traumatic stress disorder may refer to a disorder characterized by intense physical and emotional responses to thoughts associated with childbirth and/or a child. Specific information regarding obsessive-compulsive disorder may be found below. The information found below was derived from materials provided by the National Institute of Mental Health (National Institute of Mental Health, 2022).

- Postpartum post-traumatic stress disorder may lead to re-experiencing symptoms, avoidance symptoms, arousal and reactivity symptoms, and cognition and mood symptoms.
- **Re-experiencing symptoms** - re-experiencing symptoms may refer to symptoms that force or trigger a person to re-experience a traumatic event. Re-experiencing symptoms include the following: nightmares; fearful thoughts; guilty thoughts; flashbacks (note: the term flashback may refer to the re-emergence of memories associated with a traumatic event that manifest a collection of overwhelming sensations, such as emotionally disturbing images and sounds).

- **Avoidance symptoms** - avoidance symptoms may refer to symptoms that force an individual to alter his or her daily routines. Avoidance symptoms include the following: avoids thoughts related to a traumatic event; avoids feelings related to a traumatic event; avoids individuals related to a traumatic event; avoids places, events, or objects related to a traumatic event.

- **Arousal and reactivity symptoms** - arousal and reactivity symptoms may refer to symptoms that cause long-term feelings of rage, anger, and stress. Arousal and reactivity symptoms include the following: rage; anger; anger outbursts; feeling stressed; feeling tense; feeling on edge; easily startled; problems sleeping.

- **Cognition and mood symptoms** - cognition and mood symptoms may refer to symptoms that impact an individual's ability to think, reason, apply logic, and perceive reality that are not related to injury or substance use. Cognition and mood symptoms include the following: forgetfulness; inability to remember important aspects of a traumatic event; negative and distorted thoughts about oneself and others; negative and distorted thoughts about feelings and emotions; negative and distorted thoughts about reality; anhedonia.

What is postpartum bipolar disorder?

Postpartum bipolar disorder may refer to a disorder characterized by mood episodes, such as: mania, hypomania, and/or depression, which can begin during pregnancy or in the weeks after childbirth. Health care professionals should note the following signs/symptoms associated with postpartum bipolar disorder: feeling very up, high, elated, or extremely irritable or touchy; feeling jumpy; decreased need for sleep; fast speech; restlessness; over indulgence in pleasurable activities (e.g., eating too much); feeling down; feeling anxious; trouble concentrating or making decisions; lack of interest in almost all activities.

What is postpartum psychosis?

Postpartum psychosis may refer to a mental health condition characterized by confusion, loss of touch with reality, paranoia, a disorganized thought process, hallucinations, and delusions. Specific information regarding postpartum psychosis may be found below. The information found below was derived from materials provided by Postpartum Support International unless, otherwise, specified (Postpartum Support International, 2023).

- The term hallucination may refer to a perception of seeing, hearing, touching, tasting, or smelling something that is not present; the term delusion may refer to a belief that is not rooted in reality (National Institute of Mental Health, 2022).
- Postpartum psychosis may be associated with bipolar disorder.
- The signs/symptoms associated with postpartum psychosis include the following: hallucinations, delusions, feeling irritated, hyperactivity depression, flat affect, decreased need for sleep, paranoia, suspiciousness, and mood swings.
- The majority of individuals who experience postpartum psychosis do not harm themselves or others.
- Postpartum psychosis is typically temporary.

Can postpartum psychiatric disorders lead to suicide?

Unfortunately, some postpartum psychiatric disorders may lead to a suicide attempt or suicide. Health care professionals should note the following signs an individual may be considering suicide: talking about wanting to die; talking about wanting to kill oneself; looking for a way to kill oneself; talking about feeling hopeless or having no reason to live; talking about feeling trapped or in unbearable pain; talking about being a burden to others; increasing the use of

alcohol or drugs; acting anxious or agitated; behaving recklessly; sleeping too little or too much; withdrawing from others; feeling isolated; showing rage; talking about seeking revenge; displaying extreme mood swings; displaying signs of depression (U.S. Department of Health and Human Services, 2022).

Should individuals with postpartum psychiatric disorders contact the 988 Suicide and Crisis Lifeline in times of crises?

Yes, individuals with postpartum psychiatric disorders should contact the 988 Suicide and Crisis Lifeline in times of crises.

Health care professionals should note the following: the 988 Suicide and Crisis Lifeline offers 24/7 call, text, and chat access to trained crisis counselors who can help individuals experiencing suicidal thoughts, substance use, and/or a mental health crisis, or any other kind of emotional distress; the 988 Suicide and Crisis Lifeline accepts calls, texts, and chats from anyone who needs support for suicidal thoughts, substance use, and/or a mental health crisis (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023).

Section 1 Summary

Postpartum psychiatric disorders may refer to a group of disorders that can affect individuals after childbirth. The different types of postpartum psychiatric disorders include the following: baby blues, postpartum depression, postpartum obsessive-compulsive disorder, postpartum post-traumatic stress disorder, postpartum bipolar disorder, and postpartum psychosis. Health care professionals should work to identify patients suffering from such disorders.

Section 1 Key Concepts

- The risk factors for postpartum psychiatric disorders include the following: stress, grief, trauma, sleep deprivation, fatigue, hormone changes, previous depressive episodes, and family history of mood disorders.

- Postpartum depression is associated with more severe and persistent symptoms, when compared to baby blues, that are present most of the day nearly every day for at least two weeks.
- Some postpartum psychiatric disorders may lead to a suicide attempt or suicide.
- Individuals with postpartum psychiatric disorders should contact the 988 Suicide and Crisis Lifeline in times of crises.

Section 1 Key Terms

Postpartum psychiatric disorders - a group of disorders that can affect individuals after giving birth

Stress - a factor that causes emotional, physical, or psychological tension

Grief - deep sorrow and/or distress that is caused by a traumatic event

Preterm birth - childbirth that occurs before the 37th week of pregnancy

Trauma - an emotional response to an event and/or a traumatic event

Traumatic event - an event, or series of events, that causes a moderate to severe stress reaction

Social isolation - a lack of social connections that may impact an individual's health and quality of life

Sleep deprivation - a lack of sufficient sleep

Fatigue - a state characterized by extreme tiredness, weariness, and inability to function due to lack of energy

Baby blues - feelings of sadness that occur after childbirth

Postpartum depression - a form of depression that can affect women after childbirth

Anhedonia - a loss of interest in previously enjoyable activities

Hypervigilance - an elevated state of constantly assessing potential threats, dangers, and/or hazards

Postpartum post-traumatic stress disorder - a disorder characterized by intense physical and emotional responses to thoughts associated with childbirth and/or a child

Re-experiencing symptoms - symptoms that force or trigger a person to re-experience a traumatic event

Flashback - the re-emergence of memories associated with a traumatic event that manifest a collection of overwhelming sensations, such as emotionally disturbing images and sounds

Avoidance symptoms - symptoms that force an individual to alter his or her daily routines

Arousal and reactivity symptoms - symptoms that cause long-term feelings of rage, anger, and stress

Cognition and mood symptoms - symptoms that impact an individual's ability to think, reason, apply logic, and perceive reality that are not related to injury or substance use

Postpartum bipolar disorder - a disorder characterized by mood episodes, such as: mania, hypomania, and/or depression, which can begin during pregnancy or in the weeks after childbirth

Postpartum psychosis - a mental health condition characterized by confusion, loss of touch with reality, paranoia, a disorganized thought process, hallucinations, and delusions

Hallucination - a perception of seeing, hearing, touching, tasting, or smelling something that is not present (National Institute of Mental Health, 2022)

Delusion - a belief that is not rooted in reality (National Institute of Mental Health, 2022)

Section 1 Personal Reflection Question

Why is it important to identify parents suffering from postpartum psychiatric disorders?

Section 2: Managing Postpartum Psychiatric Disorders

Postpartum psychiatric disorders can impact the health, overall well-being, and quality of life of those affected. Fortunately, postpartum psychiatric disorders can be managed. This section of the course will review the non-pharmacological and pharmacological options that may be used to manage postpartum psychiatric disorders. The information found within this section of the course was derived from materials provided by the National Institute of Mental Health unless, otherwise, specified (National Institute of Mental Health, 2023).

- **Physical activity** - physical activity can help individuals prevent and limit postpartum psychiatric disorders. Health care professionals should note the following physical activity recommendation: individuals should get at least 150 minutes (e.g., 30 minutes five days a week) of moderate-intensity aerobic activity a week during pregnancy and the postpartum period; some physical activity is better than none; examples of moderate-intensity

physical activity include the following: brisk walking, water aerobics, and bike riding (CDC, 2021).

- **Breastfeeding** - evidence suggests that breastfeeding may help individuals bond with their infants, and subsequently, help individuals prevent postpartum psychiatric disorders, such as postpartum depression (note: breastfeeding may refer to the act or process of feeding a child human breast milk). Specific information regarding breastfeeding may be found below. The information found below was derived from materials provided by the CDC (CDC, 2023).

    - The World Health Organization (WHO) recommends that infants should be breastfed on demand (i.e., as often as the child wants, day and night) and no bottles, teats, or pacifiers should be used; the American Academy of Pediatrics recommends that infants be exclusively breastfed for about the first six months with continued breastfeeding along with introducing appropriate complementary foods for one year or longer.

    - Breastfeeding is the best source of nutrition for most infants; breastfeeding can reduce the risk for certain health conditions for both infants and mothers.

    - Breastfeeding can help prevent malnutrition - breastfeeding is recognized as the best source of nutrition for most infants; breast milk is the ideal food for infants because it contains antibodies which help protect against many common childhood illnesses; breast milk provides all of the energy and nutrients that a newborn child requires for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one third during the second year of life (note:

malnutrition may refer to deficiencies, excesses, or imbalances in an individual's intake of energy and/or nutrients).

- Breastfeeding may reduce/prevent infant digestion issues - evidence suggests that human breast milk is easier for infants to digest when compared to formulas; breastfeeding can eliminate the digestive stress some formulas may cause infants; breastfeeding can protect infants' delicate digestive systems and reduce/prevent infant digestion issues (note: the term formula may refer to any human milk substitute intended for infant consumption).

- Breastfeeding may reduce the incidence of nonspecific gastrointestinal tract infections - evidence suggests that any breastfeeding is associated with a reduction in the incidence of nonspecific gastrointestinal tract infections.

- Breastfeeding may prevent hospitalizations due to respiratory tract infections - evidence suggests that the risk of hospitalization for lower respiratory tract infections in the first year is reduced when infants breastfed exclusively for more than four months.

- Breastfeeding may reduce the incidence of otitis media - evidence suggests that any breastfeeding compared with exclusive commercial infant formula feeding will reduce the incidence of otitis media (OM); exclusive breastfeeding for more than three months reduces the risk of otitis media.

- Breastfeeding may reduce the risk of sudden infant death syndrome (SIDS) - evidence suggests that breastfeeding is associated with a reduced risk of SIDS (note: the term sudden infant death syndrome [SIDS] may refer to the unexplained death of a healthy infant, which typically occurs while the infant is asleep).

- Breastfeeding may reduce the incidence of allergic diseases - evidence suggests that exclusive breastfeeding provides a protective effect, which can help reduce the incidence of clinical asthma, atopic dermatitis, and eczema in children.

- Breastfeeding may reduce the incidence of celiac disease - evidence suggests that there is a reduction in the risk of developing celiac disease in infants who were breastfed at the time of gluten exposure.

- Breastfeeding may reduce the incidence of inflammatory bowel disease - evidence suggests that breastfeeding is associated with a reduction in the risk of childhood inflammatory bowel disease.

- Breastfeeding may help prevent obesity - evidence suggests rates of obesity are significantly lower in breastfed infants.

- Breastfeeding may reduce the incidence of diabetes - evidence suggests that there is a reduction in the incidence of type 1 diabetes for infants who exclusively breastfed for at least three months; breastfeeding may be associated with a reduction in the incidence of type 1 diabetes.

- Breastfeeding may reduce the incidence of leukemia and lymphoma - evidence suggests that there is a reduction in leukemia, which is correlated with the duration of breastfeeding; evidence also suggests that there is a significant reduction in the risk of acute lymphocytic leukemia and in the risk of acute myeloid leukemia in infants who breastfed for six months or longer.

- Breastfeeding may affect neurodevelopmental outcomes - evidence suggests higher intelligence scores are noted in infants who exclusively breastfed for three months or longer.

- Breastfeeding can be beneficial to preterm babies - evidence suggests that all preterm infants should receive human milk; evidence also suggests that there are several significant short and long-term beneficial effects of feeding preterm babies human milk, such as lower rates of sepsis.

- Breastfeeding may reduce the risk of necrotizing enterocolitis - necrotizing enterocolitis may refer to an intestinal disease characterized by injured and/or inflamed tissue in the small or large intestine; the death of tissue in the intestine. Health care professionals should note that necrotizing enterocolitis occurs most often in premature or "sick" newborn children.

- Breastfeeding can help lower individuals' risk of high blood pressure, type 2 diabetes, ovarian cancer, and breast cancer - research indicates individuals that breastfeed have lower incidences of the aforementioned conditions.

- Breastfeeding can help women lose weight - breastfeeding burns calories, and when individuals burn calories on a consistent basis, it can help them lose weight.

- Breastfeeding may help a woman's uterus return to its pre-pregnancy size - research indicates breastfeeding may help release the hormone oxytocin, which in turn may aid the uterus in returning to its pre-pregnancy size.

- Once new parents decide to breastfeed their newborn children, it is important that they learn about latching and how to hold their child during breastfeeding (note: latching may refer to the process of securing a child to a nipple/breast). Individuals can effectively engage in latching by pulling their child close to the nipple/breast in a

manner that allows the child's chin and lower jaw to move into the nipple/breast first.

- New parents should receive education on how to hold their child during breastfeeding; an example of a breastfeeding hold is the cradle hold. The cradle hold can be advantageous for infants who take to breastfeeding with ease. To engage in the cradle hold, an individual should hold the child with his or her head on the forearm, with the child's body facing the body of the individual breastfeeding. Health care professionals should note that the cradle hold is considered one of the most comfortable holds for an individual breastfeeding, and a child.

- **Psychotherapy** - some individuals with postpartum psychiatric disorders may benefit from psychotherapy. Psychotherapy may refer to a type of talk therapy that is characterized by the process of helping an individual identify and change troubling emotions, thoughts, and behavior.

- **Cognitive behavioral therapy** - cognitive behavioral therapy is a type of psychotherapy that is characterized by the process of helping an individual change negative patterns of thought and behavior.

- **Interpersonal therapy (IPT)** - interpersonal therapy (IPT) may refer to an evidence-based therapy that is based on the theory that interpersonal and life events impact mood, and mood impacts interpersonal and life events. Health care professionals should note that the goal of IPT is to help individuals improve their communication skills within relationships, to develop social support networks, and to develop realistic expectations that allow them to deal with crises or other issues.

- **Support groups** - the term support group may refer to a group of people, led by a health care professional, that attempt to help each other through sharing, encouragement, comfort, and advice. Health care professionals

should note the following: support groups can help individuals avoid the social isolation associated with postpartum psychiatric disorders; support groups can help individuals develop coping skills that may be used to address the symptoms of postpartum psychiatric disorders (e.g., routine physical activity to prevent and reduce depression).

- **Medications** - medications may be used to help treat postpartum psychiatric disorders. Examples of medications that may be used to treat postpartum psychiatric disorders may be found below. The information found below was derived from materials provided by the National Library of Medicine (National Library of Medicine, 2023).

  Paroxetine (Paxil)

  Medication notes - Paxil is a selective serotonin reuptake inhibitor (SSRI) that may be used to treat some postpartum psychiatric disorders. The typical adult starting dose for Paxil is 20 mg per day. Paxil should be administered as a single daily dose with or without food, usually in the morning. The most common adverse reactions associated with Paxil include the following: nausea, diarrhea/loose stool, tremor, dyspepsia, decreased appetite, hyperhidrosis, ejaculation failure, and decreased libido.

  Safety notes - the contraindications associated with Paxil include: hypersensitivity to Paxil or any of the inactive ingredients in Paxil; concomitant use in patients taking MAOIs; concomitant use with thioridazine; concomitant use in patients taking pimozide. The warnings and precautious associated with Paxil include the following: patients with major depressive disorder (MDD), both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs; suicide is a known risk of depression and

certain other psychiatric disorders, and these disorders themselves are the strongest predictors of suicide; there has been a long-standing concern, however, that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients during the early phases of treatment.

Considerations for special patient populations - caution is advised when using Paxil in patients with diseases or conditions that could affect metabolism or hemodynamic responses.

Sertraline (Zoloft)

Medication notes - Zoloft is a SSRI that may be used to treat some postpartum psychiatric disorders. A typical adult starting dose for Zoloft treatment is 25 mg daily. Zoloft should be administered once daily, either in the morning or evening. The most common adverse reactions associated with Zoloft include the following: nausea, diarrhea/loose stool, tremor, dyspepsia, decreased appetite, hyperhidrosis, ejaculation failure, and decreased libido.

Safety notes - the contraindications associated with Zoloft include: hypersensitivity to Zoloft or any of the inactive ingredients in Zoloft; concomitant use in patients taking MAOIs; concomitant use in patients taking pimozide; Zoloft oral concentrate is contraindicated with disulfiram (Antabuse) due to the alcohol content of the concentrate. The warnings and precaution associated with Zoloft include the following: antidepressants increase the risk of suicidal thoughts and behaviors in pediatric and young adult patients, closely monitor for clinical worsening and emergence of suicidal thoughts and behaviors; increased risk of serotonin syndrome when co-administered with other serotonergic agents; increased risk of bleeding when used with aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), other antiplatelet drugs, warfarin, and other anticoagulants may increase

risk; screen patients for bipolar disorder due to activation of mania/ hypomania; use with caution in patients with seizure disorders and avoid use of antidepressants, including Zoloft, in patients with untreated anatomically narrow angles.

Considerations for special patient populations - the use of Zoloft in patients with liver disease should be approached with caution; the third trimester use may increase risk for persistent pulmonary hypertension and withdrawal in the neonate.

Brexanolone

Medication notes - brexanolone is indicated for the treatment of postpartum depression in adults. Brexanolone should be administered as a continuous intravenous infusion over 60 hours. A health care professional must be available on site to continuously monitor the patient, and intervene as necessary, for the duration of the infusion. The adverse reactions associated with brexanolone include the following: sedation/ somnolence, dry mouth, loss of consciousness, and flushing/hot flush.

Safety notes - the warnings and precautions associated with brexanolone include the following: patients are at risk of excessive sedation or sudden loss of consciousness during administration of brexanolone; because of the risk of serious harm, patients must be monitored for excessive sedation and sudden loss of consciousness and have continuous pulse oximetry monitoring; patients must be accompanied during interactions with their child(ren).

Considerations for special patient populations - avoid use in patients with end stage renal disease.

Section 2 Summary

Some postpartum psychiatric disorders may require treatment. Health care professionals may choose non-pharmacological and/or pharmacological options to manage postpartum psychiatric disorders. Health care professionals should select treatment options that meet patients' needs, requirements, and life-style.

Section 2 Key Concepts

- The following treatment options may be used to manage postpartum psychiatric disorders: physical activity, breastfeeding, psychotherapy, cognitive behavioral therapy, IPT, support groups, and medications.

Section 2 Key Terms

Breastfeeding - the act or process of feeding a child human breast milk

Malnutrition - deficiencies, excesses, or imbalances in an individual's intake of energy and/or nutrients

Formula - any human milk substitute intended for infant consumption

Sudden infant death syndrome (SIDS) - the unexplained death of a healthy infant, which typically occurs while the infant is asleep

Necrotizing enterocolitis - an intestinal disease characterized by injured and/or inflamed tissue in the small or large intestine; the death of tissue in the intestine

Latching - the process of securing a child to a nipple/breast

Psychotherapy - a type of talk therapy that is characterized by the process of helping an individual identify and change troubling emotions, thoughts, and behavior

Cognitive behavioral therapy - a type of psychotherapy that is characterized by the process of helping an individual change negative patterns of thought and behavior

Interpersonal therapy (IPT) - an evidence-based therapy that is based on the theory that interpersonal and life events impact mood, and mood impacts interpersonal and life events

Support groups - a group of people, led by a health care professional, that attempt to help each other through sharing, encouragement, comfort, and advice

Section 2 Personal Reflection Question

How can health care professionals effectively educate patients about postpartum psychiatric disorder management?

Section 3: Case Study

The case study at the beginning of the course is presented in this section to review postpartum psychiatric disorders and related concepts. A case study review will follow the case study. The case study review includes the types of questions health care professionals should ask themselves when considering postpartum psychiatric disorders. Additionally, reflection questions will be posed, within the case study review, to encourage further internal debate and consideration regarding the presented case study and postpartum psychiatric disorders. The information found within the case study and case study review was derived from materials provided by the Anxiety and Depression Association of America unless, otherwise, specified (Anxiety and Depression Association of America, 2021).

Case Study

A mother and a father take their newborn daughter, who was born premature, to a health care clinic for a follow-up examination. During the infant's exam, the health care professional notes that the father seems very concerned with his wife's overall mood. The health care professional notes that the mother seems despondent at times. As the exam progresses, the mother's mood seems to

deteriorate, and eventually she leaves the room. After the mother leaves the room, the father begins to ask the health care professional questions about mood swings after pregnancy, and the baby blues. The father goes on to explain that his daughter was "in the NICU for almost three months." The father then tells the health care professional that it was "stressful at times in the NICU," and his wife "stayed positive for the most part," however he did notice her mood seemed to change towards the end of his daughter's "stay in the NICU." Upon questioning from the health care professional, the father explains that over the past three weeks, his wife seemed restless, anxious at times, and indecisive. The father notes that his wife is "sleeping a lot," does not seem interested in "doing much," and does not seem to care anymore that her mother "smokes cigarettes in the house." Finally, the father asks if his wife is depressed, and if she should be on an antidepressant.

Case Study Review

What patient details may be relevant to postpartum psychiatric disorders?

The following patient details may be relevant to postpartum psychiatric disorders: a mother and a father take their newborn daughter, who was born premature, to a health care clinic for a follow-up examination; during the infant's exam, the health care professional notes that the father seems very concerned with his wife's overall mood; the health care professional notes that the mother seems despondent at times; as the exam progresses the mother's mood seems to deteriorate, and eventually she leaves the room; after the mother leaves the room, the father begins to ask the health care professional questions about mood swings after pregnancy, and the baby blues; the father goes on to explain that his daughter was "in the NICU for almost three months;" the father then tells the health care professional that it was "stressful at times in the NICU," and his wife "stayed positive for the most part" - however, he did notice her mood seemed to change towards the end of his daughter's "stay in the NICU;" the father explains that over the past three weeks, his wife seemed restless, anxious at times, and

indecisive; the father notes that his wife is "sleeping a lot," does not seem interested in "doing much," and does not seem to care anymore that her mother "smokes cigarettes in the house;" the father asks if his wife is depressed, and if she should be on an antidepressant.

Are there any other patient details that may be relevant to postpartum psychiatric disorders; if so, what are they?

How are each of the aforementioned patient details relevant to postpartum psychiatric disorders?

Each of the previously highlighted patient details may be relevant to postpartum psychiatric disorders. The potential relevance of each patient detail may be found below.

The new parents daughter was born premature - the previous patient detail is relevant because the birth of a preterm baby may lead to stress, grief, trauma, sleep deprivation, and fatigue, all of which are risk factors for postpartum psychiatric disorders (note: the term preterm baby may refer to an infant that was born before the 37th week of pregnancy).

During the infant's exam, a health care professional notes that the father seems very concerned with his wife's overall mood - the previous patient detail is relevant because it may be an indication that the mother may be suffering from a postpartum psychiatric disorder. Health care professionals should observe parents of newborn babies, especially new mothers, to note any symptoms of postpartum psychiatric disorders, or if one parent is concerned about the other.

The health care professional notes that the mother seems despondent at times; as the exam progresses the mother's mood seems to deteriorate - the previous patient details are relevant because they may be a further indication that the mother may be suffering from a postpartum psychiatric disorder.

The father begins to ask the health care professional questions about mood swings after pregnancy, and about the baby blues - the previous patient details are relevant because they may be a further indication that the mother may be suffering from a postpartum psychiatric disorder. Health care professionals should note that some individuals may be aware of postpartum psychiatric disorders, such as the baby blues. In such cases, health care professionals should ask individuals follow-up questions to determine why the individual believes his or her partner is suffering from a postpartum psychiatric disorder.

The father goes on to explain that his daughter was "in the NICU for almost three months;" the father then tells the health care professional that it was "stressful at times in the NICU," and his wife "stayed positive for the most part" - however, he did notice her mood seemed to change towards the end of his daughter's "stay in the NICU" - the previous patient details are relevant because they provide context for the mother's mood, which may be extremely helpful when attempting to identify a postpartum psychiatric disorder.

The father explains that over the past three weeks, his wife seemed restless, anxious at times, and indecisive; the father notes that his wife is "sleeping a lot," does not seem interested in "doing much," and does not seem to care anymore that her mother "smokes cigarettes in the house" - the previous patient details are relevant because they are signs/symptoms of a postpartum psychiatric disorder, specifically postpartum depression. Health care professionals should note the following signs/symptoms associated with postpartum depression: feeling sad, feelings of worthlessness, feelings of excessive guilt, fatigue or loss of energy, appetite increase or decrease, sleeping too much or too little, restlessness, difficulty concentrating, indecisiveness, anxiety, thoughts of death or suicide or a suicide plan, and anhedonia. The previous patient details are also relevant because they indicate that the new mother has been experiencing signs/ symptoms of postpartum depression for over two weeks. Health care professionals should note the following: postpartum depression is associated with more severe and persistent symptoms, when compared to baby blues, that are

present most of the day nearly every day for at least two weeks. Furthermore, the patient details are relevant because they indicate the baby may be around tobacco smoke. Health care professionals should note that secondhand smoke increases the risk for sudden infant death syndrome (SIDS). Specific information regarding SIDS may be found below. The information found below was derived from the CDC (CDC, 2022).

- The term sudden infant death syndrome (SIDS) may refer to the unexplained death of a healthy infant, which typically occurs while the infant is asleep.
- The exact cause of SIDS is unknown - however, it is associated with environmental factors, such as secondhand smoke (note: secondhand smoke may refer to smoke inhaled involuntarily).
- To help prevent SIDS individuals should: place their baby on his or her back for all sleep times, including naps; use a firm, flat sleep surface, such as a mattress in a safety-approved crib; keep the baby's sleep area (e.g., a crib) in the same room where the parents sleep, ideally until your baby is at least six months old; keep soft bedding such as blankets, pillows, bumper pads, and soft toys out of the baby's sleep area; do not cover a baby's head or allow a baby to get too hot; do not smoke or allow smoking around a baby; do not drink alcohol or use illegal drugs; breastfeed a baby; allow for regular checkups with health care professionals.

<u>The father asks if his wife is depressed, and if she should be on an antidepressant</u> - the previous patient detail is relevant to patient education. Health care professionals should look for opportunities to provide patient education, when applicable.

What other ways, if any, are the patient details relevant to a postpartum psychiatric disorder?

Is it possible that the patient highlighted in the case study has a postpartum psychiatric disorder?

Based on the information presented in the case study, it is possible that the patient has a postpartum psychiatric disorder, specifically postpartum depression.

How can health care professionals gather additional patient information to help confirm the possible presence of a postpartum psychiatric disorder?

Section 3 Summary

Health care professionals should ask patients questions to obtain relevant patient details that may help identify postpartum psychiatric disorders. Health care professionals should note that patients with postpartum psychiatric disorders may be suffering from depression, anxiety, restlessness, difficulty concentrating, indecisiveness, intrusive thoughts, mental images related to the baby, compulsions, feelings of horror, hallucinations, and delusions. Health care professionals should be cognizant of and sympathetic to such symptoms.

Section 3 Key Concepts

- Health care professionals should note that patients with postpartum psychiatric disorders may be suffering from depression, anxiety, restlessness, difficulty concentrating, indecisiveness, intrusive thoughts, mental images related to the baby, compulsions, feelings of horror, hallucinations, and delusions.

Section 3 Key Terms

Preterm baby - an infant that was born before the 37th week of pregnancy

Secondhand smoke - smoke inhaled involuntarily

Section 3 Personal Reflection Question

Why is it important for health care professionals to be cognizant and sympathetic to symptoms of postpartum psychiatric disorders?

Conclusion

Postpartum psychiatric disorders can impact the health, overall well-being, and quality of life of those affected. Therefore, health care professionals should work to identify patients suffering from postpartum psychiatric disorders. Health care professionals should note that both non-pharmacological and pharmacological options may be used to manage postpartum psychiatric disorders.

References

Anxiety and Depression Association of America.(2021, October 19). *Postpartum disorders*. https://adaa.org/find-help-for/women/postpartum-disorders

Centers for Disease Control and Prevention. (2023, April 4). *About breastfeeding*. https://www.cdc.gov/breastfeeding/about-breastfeeding/index.html

Centers for Disease Control and Prevention. (2023, January 3). *Coping with stress*. https://www.cdc.gov/mentalhealth/stress-coping/cope-with-stress/index.html

Centers for Disease Control and Prevention. (2022, September 6). *Grief and loss*. https://www.cdc.gov/mentalhealth/stress-coping/grief-loss/index.html

Centers for Disease Control and Prevention. (2022, June 28). *Parents and caregivers*. https://www.cdc.gov/sids/Parents-Caregivers.htm

Centers for Disease Control and Prevention. (2021, September 30). *Physical activity recommendations for pregnant and postpartum women*. https://www.cdc.gov/physicalactivity/basics/pregnant-and-postpartum-women.html

Centers for Disease Control and Prevention. (2023, April 4). *Why it matters*. https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html

March of Dimes. (2021, May). *Baby blues after pregnancy*. https://www.marchofdimes.org/find-support/topics/postpartum/baby-blues-after-pregnancy

National Institute of Mental Health. (2023). *Perinatal depression*. https://www.nimh.nih.gov/health/publications/perinatal-depression

National Institute of Mental Health. (2022, May). *Post-traumatic stress disorder*. https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd

National Institute of Mental Health. (2022, May). *Schizophrenia*. https://www.nimh.nih.gov/health/topics/schizophrenia

National Library of Medicine. (2023). *Brexanolone*. https://medlineplus.gov/druginfo/meds/a619037.html

National Library of Medicine. (2023). *Paroxetine*. https://medlineplus.gov/druginfo/meds/a698032.html

National Library of Medicine. (2023). *Sertraline*. https://medlineplus.gov/druginfo/meds/a697048.html

Postpartum Support International. (2023). *Postpartum psychosis*. https://www.postpartum.net/learn-more/postpartum-psychosis/

Postpartum Support International. (2023). *Pregnancy or postpartum obsessive symptoms*. https://www.postpartum.net/learn-more/obsessive-symptoms/

Substance Abuse and Mental Health Services Administration. (2023, January 19). *988 frequently asked questions*. https://www.samhsa.gov/find-help/988/faqs

U.S. Department of Health and Human Services. (2022, December 5). *Suicidal behavior*. https://www.mentalhealth.gov/what-to-look-for/suicidal-behavior