

Health Plan of Michigan Clinical Practice Guideline Management Of Postpartum Depression (PPD)

The following guideline recommends being alert to depressive symptoms after childbirth, following diagnostic criteria, and assessing & treating PPD, with the use of pharmacologic therapies when indicated.

Eligible Population	Key Components	Recommendations and Level of Evidence	Frequency
All mothers following childbirth	Diagnosis	<ul style="list-style-type: none"> • Diagnostic criteria for a major depressive disorder are the same in the postpartum period, with the exception that symptoms must be present for more than two weeks to distinguish them from the “baby blues” • Diagnosis requires that the patient experience a dysphoric mood or anhedonia for most of the day, nearly every day, for at least two weeks • Additionally, at least four of the following symptoms must be present: difficulty concentrating or making decisions; psychomotor agitation or retardation; fatigue; changes in appetite and/or sleep; recurrent thoughts of death or suicide; feelings of worthlessness or guilt, especially focusing on failure at motherhood; excessive anxiety, frequently focusing on the child’s health 	At <u>postpartum visit</u> ; sooner if patient has symptoms
	Assessment	<ul style="list-style-type: none"> • Use of the Edinburgh Postnatal Depression Scale (EPDS) to assess mother’s feelings during the previous week; taking into account how well the patient understood the questions • Complete History and Physical assessment to rule out underlying conditions • Assess for insomnia/mania to rule out underlying manic-depressive episode 	
	Therapy	<ul style="list-style-type: none"> • Provide educational materials on PPD in a visible place in office (Spouses and significant others should also be educated about the nature and treatment of PPD) • Psychotherapy (Supportive individual or group therapy) • Pharmacotherapy: Tricyclic antidepressants and Selective Serotonin Reuptake Inhibitors-SSRIs (Consideration for lactating women should be made before medication prescribed) • Patient should remain on initial dosage of antidepressant for about two weeks before dosage is increased • Referrals as indicated with close follow up <p>Patient Instruction:</p> <ul style="list-style-type: none"> • Appropriate use of prescribed medications and compliance with physician’s instructions • Instruction on medication side effects and contraindications 	

References: *Women’s Primary Health Ground Rounds at the University of Michigan*; T.Johnson, MD, and B. Apgar, MD. *Postpartum Major Depression: Detection and Treatment*; C.N. Epperson, MD, Yale University School of Medicine.

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