

1. I have been anxious or worried for no good reason.
2. I have felt scared or panicky for no very good reason.
3. Things have been getting on top of me.

If your response is “yes” or “yes sometimes” to one of these statements, you should contact your physician. Answering a confident “no” to each of these statements is a negative screen, but even answering “no, not much” or “not most of the time” may lead to a positive screen.

### WHAT IS THE TREATMENT?

Therapy is tailored specifically to the mother’s degree of illness and lifestyle (e.g. breastfeeding, multiple children, etc.). In general, mild cases are treated with counseling and moderate to severe cases are treated with antidepressants, but each mother is different. Fortunately, there are antidepressants that have been shown to be minimally detectable or undetectable in breast milk.

The outcome with treatment is very good. Mothers recover, and treatment has been shown to ameliorate the effects of PPD on children.

### WHAT IF I HAVE A HISTORY OF DEPRESSION?

Mothers who have a history of depression are definitely at risk for relapse during the

postnatal period, and mothers who were on medications will relapse in 70% of cases. If you have had depression or were previously on medication please inform your OB/GYN or your pediatrician of this history.

### WHAT IF I HAVE SYMPTOMS?

Please tell someone. We suggest informing a physician—your pediatrician, OB/GYN, or personal primary care physician.

### PLEASE VISIT THE FOLLOWING WEBSITES FOR ADDITIONAL INFORMATION:

1. Postpartum Support International (PSI) at <http://postpartum.net>. Has a 1-800 hotline at 1-800-944-4PPD, books, legislative activity, and more.
2. March of Dimes at <http://www.marchofdimes.com>. Information on PPD and postpartum concerns in general.
3. PPD Hope at <http://ppdhope.com>. Offers information and a support group search engine.
4. Alachua County Crisis Center offers a help line at 352-334-0888.

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# POSTPARTUM DEPRESSION

## FACTS AND RESOURCES

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# WHAT IS POST-PARTUM DEPRESSION?

When women experience clinical depression during their postpartum period, doctor's call is postpartum depression or PPD. Studies have shown that women have a higher risk of experiencing depression during this critical time. In fact, 13% of mothers will experience clinical depression within a year of giving birth. Though the exact cause(s) is not know, there are a few likely reasons:

1. Fluctuations in hormone levels.
2. The stress of taking care of a newborn child.
3. The changed relationship between a woman and her spouse or partner, now that there is a baby to care for.
4. The stress of meeting our own and others' expectations for life and motherhood.

Weakness—emotional or physical—is not a cause of postpartum depression. Mothers with PPD experience strong feelings of guilt, hopelessness, anxiety, or worthlessness. Some mothers will develop harmful thoughts towards themselves or their baby. It is important to note that these feelings limit (in some only a little) the mother's ability to care for her child.

## BUT ISN'T IT NORMAL TO HAVE THESE FEELINGS?

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It is true that at least half of mothers will experience the “**Blues.**” The postpartum Blues occur during the first two postpartum weeks and is characterized by intermittent sadness, crying, or unexplained strong emotions that “come out of nowhere.” As opposed to PPD, mothers with the Blues are not **limited in any way** to care for their child. Also, there are not overwhelming feelings of guilt, hopelessness, anxiety, and there are definitely not thoughts about harming yourself or your baby.

## WHY IS IT IMPORTANT TO TREAT POSTPARTUM DEPRESSION?

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Studies have shown that children of untreated PPD mothers often displayed delayed cognitive skills, delayed expressive language development, and attention problems. Studies have also shown that treating the mother eliminates or greatly diminishes these effects on children.

Also, though the postpartum period is difficult, it is a time that should be enjoyed and cherished forever. Receiving treatment for PPD will enhance a mother's early childrearing experience.

Last, mothers suffering from PPD can at times develop harmful feelings towards their children or themselves and some have acted on these feelings.

These women need emergency care to prevent harm to themselves or the child.

*Only 1 in 2 PPD cases are diagnosed and about 1 in 100 receives treatment.*

## WHY AM I ASKED THESE SAME QUESTIONS EVERY TIME I VISIT THE DOCTOR?

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Historically, physicians have had difficulty diagnosing PPD. Studies have shown that only 50% of cases are diagnosed and of those 85% are not treated. The reasons for this are twofold: First, mothers have a lot of pressure to be the perfect mother and have their life under control. Therefore mothers have difficulty recognizing that what they are experiencing truly is something unhealthy and not simply another challenge to be overcome. Second, in this setting physicians are poor diagnosticians, because they have relied on the mother's self-assessment and have not asked enough specific questions.

To overcome these barriers, we have introduced a 3 statement screen that has been proven to uncover 95% of mothers with PPD—a significant improvement over 50%. Scoring of the responses informs the physicians whether more probing and focused questions are warranted.

The three statements are: