Educational Topic 29: Anxiety and Depression

Rationale: Pregnancy may be accompanied by anxiety and depression especially in the postpartum period. Recognition of psychological disturbance is essential for early intervention.

Intended Learning Outcomes:

A student should be able to:

- List risk factors for postpartum blues, depression, and psychosis
- Differentiate between postpartum blues, depression, and psychosis
- Compare and contrast treatment options for postpartum blues, depression, and psychosis
- Recognize appropriate treatment options for mood disorders during pregnancy and lactation

TEACHING CASE

CASE: Ms. Davis is a 22-year-old G3P2Ab1 woman who reports that in addition to being overwhelmed by having a newborn baby, her 2 ½-year-old daughter recently experienced a severe illness. During her visit, Ms. Davis describes feeling sleep deprived, guilty, and inadequate. She also admits to occasional crying spells and decreased appetite. She notes that her sister has depression and is treated with fluoxetine. She denies suicidal ideation or homicidal ideation. Her mother is assisting with caring for the children.

She is a stay-at-home mom who has been married for five years. Her pregnancy was uncomplicated, and she had a normal vaginal delivery at term. She initially tried to breast feed but stopped after 3 days because of “sore nipples.”

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

- Patient Care
- Medical Knowledge
- Systems-Based Practice
1. What are the most important symptoms to look for in a patient like Ms. Davis and why?

2. Are her symptoms consistent with postpartum blues, postpartum depression, or postpartum psychosis?

3. What would a treatment plan for Ms. Davis include?

4. Which pharmacologic agents could be included in her treatment plan and how would lactation affect the agents selected?

REFERENCES


ACOG Committee Opinion 453: Screening for Depression During and After Pregnancy, February 2010; Reaffirmed 2012.