

# Postpartum Mood Disorder Desk Reference

## USE PASS-CAN QUICK ASSESSMENT TOOL. OR USE THE EDINBURGH POSTNATAL DEPRESSION SCREEN (EPDS)

1. Can you sleep when baby sleeps?
2. Are you eating? What are you eating?
3. Do you get out?
4. Are you having any scary or repetitive thoughts about you or your baby?

*Ask all new moms about past births and postpartum experiences and family history of mental illness.*

## TOP 5 RISK FACTORS FOR PPMD:

- Depression and anxiety in pregnancy
- Recent stressful life events
- Lack of social supports
- Personal history of mental illness
- Family history of mental illness

## IF THERE ARE ANY CONCERNS – REASSURE

- Listen to her feelings and validate them
- Reinforce that it took courage to share her feelings
- Reassure that she is not alone and that there is help and she will get better
- Go to the decision tree for assessment and referral

## EFFECTIVE TREATMENTS FOR PPMD

- **Emotional, practical, and social support** from the mother's partner or spouse, friends, relatives
- Developing **realistic expectations** of motherhood
- **Self-care** strategies such as getting as much rest as possible, eating well, getting moderate exercise, getting out and building a strong support network
- **Peer support groups** allow new moms to identify with other women in similar situations, normalize their experiences and realize that others share their feelings
- **Psychotherapy**, such as Interpersonal (IPT) or Cognitive Behavioural Therapy (CBT) and non-directive counselling has good evidence for effectiveness and is recommended for mild to moderate PPMD
  - **IPT:** focuses on the changing roles of parenthood and improving relationship dynamics; can help resolve the marital or relationship conflicts that are common among new parents
  - **CBT:** aims to replace negative thought patterns with a more reality-based, positive cognitive style that improves coping skills
  - **Non-directive counseling** promotes a safe, non judgmental, confidential space for women to explore their feelings
- **Antidepressants:** SSRIs are the most frequently prescribed antidepressants with good evidence that they are effective in treating depression and safe to take while breastfeeding
  - For information about safety or risk of drugs during pregnancy and lactation please contact **Motherisk at [www.motherisk.org](http://www.motherisk.org) or call 416 813 6780**
- **Refer to psychiatric consultation or consider hospitalization when patients:**
  - Have psychotic or manic symptoms
  - Endorse suicidal or homicidal ideation
  - Have a history of severe depression or another mental illness
  - Exhibit moderate to severe symptoms and do not respond to the treatment you can provide
  - Need more support and monitoring than you can provide

# Postpartum Mood Disorder Desk Reference

A service provider, a new mother or her family is concerned about the new mother's mood or behaviour

**OR**

The new mother has symptoms of PPD or you identified concerns using the Pass-Can questions

**OR**

The new mother may have a high screening score on a screening scale such as the EPDS, a cut-off score of 11 -12 is recommended

**IF YES**

Is she exhibiting bizarre or unusual behaviours or beliefs (e.g. extremes of mood, especially elation; seeming lack of need for sleep; strange ideas about the baby or harming the baby)?

**IF NO**

**IF YES**

Is she exhibiting suicidal or infanticidal thoughts or behaviours, including fantasies about running away (eg. does she have thoughts of harming her baby; does she have a plan or ideas only)?

**IF NO**

**IF YES**

Do the symptoms impair the new mother's ability to care for herself, the baby or other children (e.g. she is unable to get out of bed or prepare meals)?

**IF NO**

**IF YES**

Have symptoms (the mood or behavioural changes) been present for two or more weeks?

**IF NO**

**IF YES**

Have symptoms resulted in significant disruptions to appetite or sleeping patterns, or are physical symptoms such as racing heart, shortness or breath, dizziness or gastrointestinal disturbances present?

**IF NO**

**IF YES**

## RESOURCES:

**The Best Start Resource Centre's PPMD Campaign**  
www.lifewithnewbaby.ca

**Centre for Addiction and Mental Health Postpartum Depression: A guide for front line health and social service providers**  
http://www.camh.net/Publications/

**Telehealth Ontario**  
1 866 797 0000 / TTY 1 866 797 0007

**Mental Health Service Information Ontario**  
1 866 531 2600 www.mhsio.on.ca/PPMD

**INFO line to find your public health agency: 1 866 532 3161**

1. Refer immediately to emergency psychiatric services or a hospital emergency room for evaluation for postpartum psychosis or severe depression.
2. Until this assessment occurs, ensure that the mother is not left by herself or alone with the baby. Make a referral to child protection services if you are concerned that a child is or may be in need of protection.
3. Follow up in 24 hours to ensure that the assessment has occurred and that a treatment plan is in place.

1. Consider effective treatment options (see list) and begin suitable treatment or combination of treatments or refer to a family doctor or another physician.
2. Follow up in one or two weeks to ensure
  - an assessment has occurred
  - a treatment plan is in place and acceptable to the mother
  - the mother's condition is improving
3. If the new mother has not improved in two weeks or her condition worsens, arrange for possible specialist referral or revise the treatment.

1. Recommend self-care strategies.
2. Assess for any chronic stressors (e.g. inadequate / unsafe housing, social isolation) and refer to social programs as appropriate.
3. Refer to community supports, including new mom's groups or any PPD groups in the area.
4. Provide with emergency mental health telephone hot lines with instructions to call if symptoms worsen.
5. Follow up in approximately two weeks to reassess symptoms.

Adapted with permission from: Postpartum Depression: A guide for front-line health and social service providers, 2005, produced by the Centre for Addiction and Mental Health, authored by Lori Ross, Cindy-Lee Dennis, Emma Robertson Blackmore, and Donna Stewart.



Ontario's maternal, newborn and early child development resource centre  
Centre de ressources sur la maternité, les nouveau-nés et le développement des jeunes enfants de l'Ontario

To order more desk references, call 1 800 397 9567 ext. 2260

Best Start is a key program of the Ontario Prevention Clearinghouse.