

## **The Role of the Nurse in Postpartum Mood and Anxiety Disorders**

### **Position**

Health care facilities that serve pregnant women, new mothers and newborns should have routine screening protocols and educational mechanisms for staff training and client education related to postpartum mood and anxiety disorders.

### **Background**

Postpartum depression (PPD) is a catchall phrase for many emotional symptoms associated with pregnancy and childbirth. The literature has described several postpartum anxiety disorders: postpartum obsessive compulsive disorder; postpartum panic disorder; and post-traumatic stress disorder due to childbirth. Postpartum mood disorders include: postpartum psychosis; bipolar II disorder, the postpartum depression impostor; and postpartum depression.

Postpartum mood and anxiety disorders affect the whole family. The mother-infant relationship is often adversely affected. A mother's postpartum mood and anxiety disorder can negatively influence her infant's cognitive, social and emotional development; in some cases this impact may extend into early and middle childhood. Depressive symptoms are also associated with early cessation of breastfeeding. Additionally, the relationship between the father/partner and mother may be strained.

Postpartum depression, specifically, is a non-psychotic depressive episode that begins in the postpartum period, includes at least two weeks of depressed mood or loss of interest in almost all activities, and at least four of the following symptoms: changes in appetite or weight, sleep, and psychomotor activity; decreased energy; feelings of worthlessness or guilt; difficulty thinking, concentrating or making decisions; or recurrent thoughts of death or suicidal ideation, plans or attempts.<sup>1</sup> Incidence rates for major and minor postpartum depression combined are estimated at up to 14.5%.

### **Role of Nurses**

Registered nurses and members of the multidisciplinary health care team working with pregnant women and new mothers can optimize the level of service they provide postpartum women by:

- Obtaining knowledge about the distinctions among postpartum mood and anxiety disorders to differentiate postpartum depression from other mental health illnesses occurring after birth;
- Familiarizing themselves with the risk factors associated with postpartum mood and anxiety disorders, including prenatal depression, child care stress, life stress, lack of social support, prenatal anxiety, maternity blues, marital dissatisfaction, history of previous depression, difficult infant temperament, low self-esteem, low socioeconomic status, unplanned/unwanted pregnancy, single marital status, preterm birth and multiple births;
- Recognizing the symptoms for the spectrum of postpartum mood and anxiety disorders ranging from "baby blues" to life-threatening postpartum psychoses;
- Gaining a thorough knowledge of the screening methodologies that help identify women at risk for developing postpartum mood and anxiety disorders;
- Being knowledgeable about the range of treatment options available for the variety of postpartum mood and anxiety disorders;

- Providing women and their families/support systems with resource materials that include appropriate referral information for the treatment of postpartum mood and anxiety disorders;
- Educating women about the myth that equates motherhood with total happiness and fulfillment;
- Encouraging women to engage in a dialogue with a health care provider about any negative feelings they may be experiencing during pregnancy or after the birth of a child.

Nurses serve a vital role in maximizing the health and health care experiences of pregnant women and new mothers. New mothers often perceive the following nursing themes to be caring and helpful in their diagnosis and recovery:

- Having sufficient knowledge about postpartum mood and anxiety disorders that result in a quick, correct diagnosis.
- Using astute observations and intuition that lead to an awareness that something might be wrong with a mother
- Providing hope that the mothers' postpartum mood or anxiety disorder will end
- Sharing valuable time
- Making the appropriate referrals so that mother is started on the right path to recovery
- Making an extra effort to provide continuity of care for the mother
- Understanding what the mother is experiencing

### **Screening and Treatment**

Screening mechanisms for potential risks for postpartum mood and anxiety disorders should begin during a woman's prenatal care. In fact, screening should not be limited to the postpartum or prenatal periods but should be available for women across the lifespan with incorporation possible in annual well women care visits. Health care providers can prepare women and their families with information on risk factors by educating them on the symptoms, providing valuable educational materials, and arranging for follow-up mechanisms, including phone calls and/or home visits to track their progress after giving birth.

A significant factor in the duration of postpartum mood and anxiety disorders is the length of delay to adequate treatment. Many new mothers are reluctant to admit that they are not experiencing motherhood's idealized standard of perfection, complicating the ability to express all of their feelings – including negative emotions – about their role as mothers.

While postpartum depression usually appears in the first three months postpartum, it can occur any time during the first 12 months after delivery; therefore, screening mechanisms should be available in all health care facilities where new mothers typically may be – including obstetric, neonatal and pediatric settings. Even if a new mother screens negatively for PPD in the early postpartum months, she may develop PPD sometime later the first year after the birth of her baby.

Extreme postpartum mood disorders such as postpartum psychosis can be life threatening for mothers and newborns; therefore, the importance of appropriate screening and early intervention strategies cannot be overstated. If a woman is contemplating her death or contemplating harming her infant, immediate formal mental health interventions are necessary.

### **Public Policy**

AWHONN supports the implementation of legislation and public health initiatives that would raise awareness – among both the general public and health care providers – of the risks and symptoms associated with postpartum mood and anxiety disorders, as well as the available treatment options. Additionally, AWHONN

encourages federal and private health insurance plans to provide appropriate treatment options to women suffering with postpartum mood and anxiety disorders.

Finally, because the causes are complex and not fully understood, AWHONN advocates for additional federal research funding to study the range of postpartum mood and anxiety disorders.

This position statement was based on an AWHONN Symposium: Postpartum Mood and Anxiety Disorders: Case Studies, Research and Nursing Care, Beck, C.T. (2008). Washington, D.C.

*Approved by the AWHONN Board of Directors, 1999; revised and reaffirmed, June 2008*

<sup>1</sup> American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders, DSM-IV (4<sup>th</sup> ed.)/Washington, D.C.: Author.