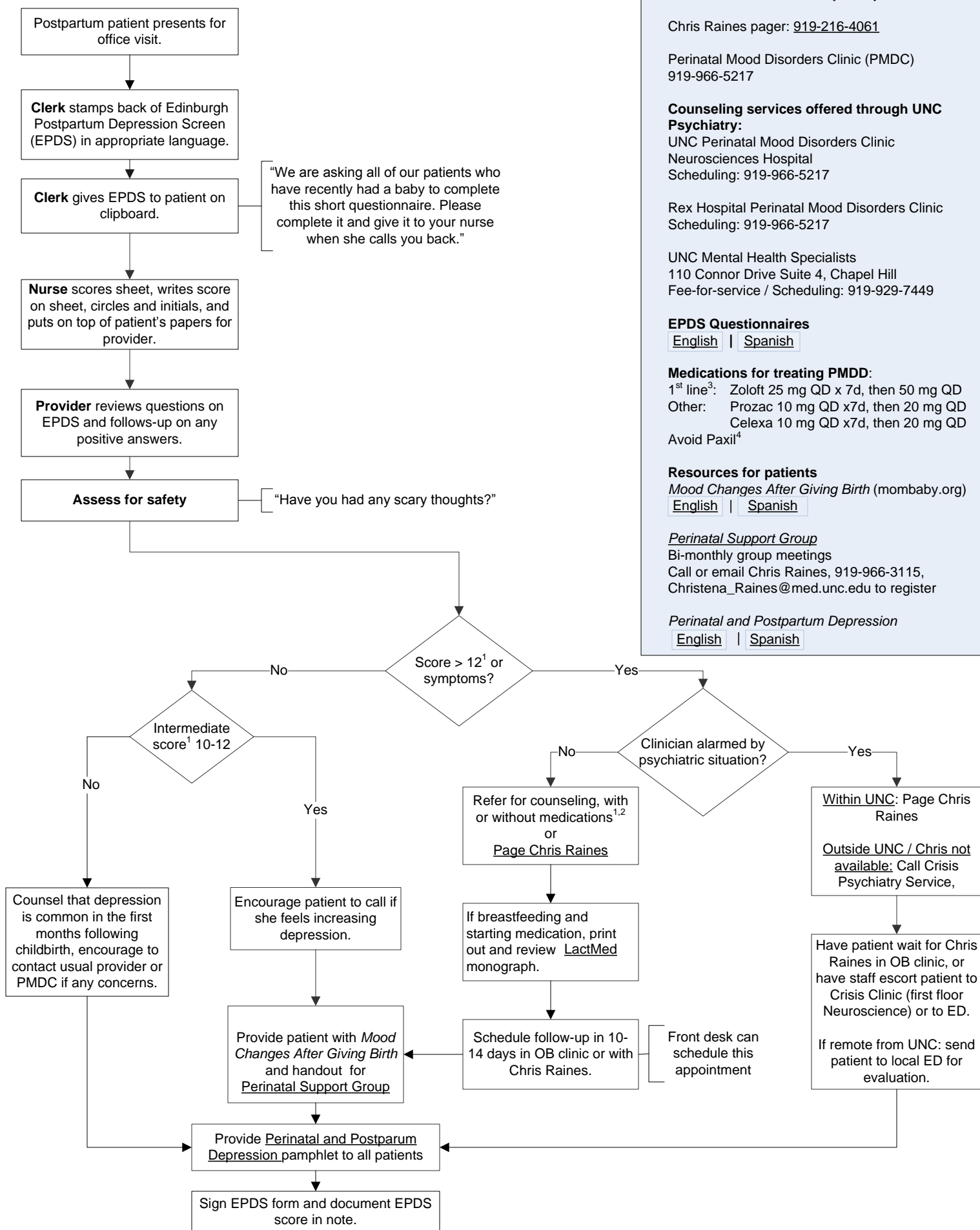




UNC Center for Maternal & Infant Health

Postpartum Depression Screening and Management

Postpartum Depression Screening and Treatment



Important Contact information:
 UNC Crisis Psychiatry Service
 M-F 8-4:30: 919-966-2166 or 919-966-5217
 After hours / weekends: Psychiatry on call team

Chris Raines pager: [919-216-4061](tel:919-216-4061)

Perinatal Mood Disorders Clinic (PMDC)
 919-966-5217

Counseling services offered through UNC Psychiatry:

UNC Perinatal Mood Disorders Clinic
 Neurosciences Hospital
 Scheduling: 919-966-5217

Rex Hospital Perinatal Mood Disorders Clinic
 Scheduling: 919-966-5217

UNC Mental Health Specialists
 110 Connor Drive Suite 4, Chapel Hill
 Fee-for-service / Scheduling: 919-929-7449

EPDS Questionnaires

[English](#) | [Spanish](#)

Medications for treating PMDD:

1st line³: Zoloft 25 mg QD x 7d, then 50 mg QD
 Other: Prozac 10 mg QD x7d, then 20 mg QD
 Celexa 10 mg QD x7d, then 20 mg QD
 Avoid Paxil⁴

Resources for patients

Mood Changes After Giving Birth (mombaby.org)
[English](#) | [Spanish](#)

Perinatal Support Group

Bi-monthly group meetings
 Call or email Chris Raines, 919-966-3115,
 Christena_Raines@med.unc.edu to register

Perinatal and Postpartum Depression

[English](#) | [Spanish](#)

Links

Pregnancy and Depression

<http://www.pregnancyanddepression.com/>

Mother-to-Mother Postpartum Depression Network

<http://www.postpartumdepression.net/>

Raleigh Support Group

<http://www.momssupportingmoms.net/>

Postpartum Depression Online Support Group

<http://www.ppdsupportpage.com/>

Postpartum Depression Online Support Group for Dads

<http://www.postpartumdads.org/>

Postpartum Progress, Rated #1 Postpartum Blog in the nation

<http://postpartumprogress.typepad.com>

References

¹ Gaynes BN, Gavin N, Meltzer-Brody S, Lohr KN, Swinson T, Gartlehner G, et al. *Perinatal depression: prevalence, screening accuracy, and screening outcomes. Evid Rep Technol Assess (Summ) 2005 Feb(119):1-8.*

Gaynes et al reviewed literature regarding appropriate cut-points for the EPDS and other depression screening instruments. With a cut-off of >12, authors found the EPDS has a sensitivity of 91% and a specificity of 95% for major depression. Using a cutoff of 10 for minor depression, the EPDS has a sensitivity of 68% and a specificity of 80%.

The authors also reviewed interventions for preventing or treated postpartum depression, and found that peer support and CBT-based interventions reduced depressive symptoms.

² Rojas G, Fritsch R, Solis J, Jadresic E, Castillo C, Gonzalez M, et al. *Treatment of postnatal depression in low-income mothers in primary-care clinics in Santiago, Chile: a randomised controlled trial. The Lancet 2007;370(9599):1629-37.*

A multicomponent treatment program for PPD was more effective than usual care in a randomized trial among low-income mothers. These results suggest that combining support groups, counseling and pharmacologic treatment may be more effective than any single treatment.

³ *Lactmed. Sertraline.* [cited 10/20/2009]; Available from: <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

Zoloft is the preferred agent in mothers who are breastfeeding. From the LactMed summary:

Because of the low levels of sertraline in breastmilk, amounts ingested by the infant are small and is usually not detected in the serum of the infant, although the weakly active metabolite desmethylsertraline is often detectable in low levels in infant serum. Most authoritative reviewers consider sertraline one of the preferred antidepressants during breastfeeding.

⁴ *Williams M, Wooltorton E. Paroxetine (Paxil) and congenital malformations. CMAJ 2005 November 22, 2005;173(11):1320-1.*

In some studies, Paxil is associated with a higher risk of congenital malformations than other SSRIs. Because of the potential for concerns about drug exposure in a future pregnancy, Paxil is not a preferred agent for treatment of mood disorders among women of childbearing age.

Revised April 22, 2010.

Notification to Users

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.