



SCREENING FOR AND MANAGING POSTPARTUM DEPRESSION IN RURAL GEORGIA

KRISTIN YATES DO FACOG



CASE STUDY

- 18 y/o female presents to the ER complaining of chest pain. She recently gave birth via c section at 34 weeks due to PPROM.
- VSS, cardiac work up is negative
- What do we do next?

GEORGIA PPD FACTS

- Prevalence: 12.5%
- High-Risk Groups: Mothers aged 14 to 18, those with low socioeconomic status, and African American, Hispanic, or uninsured mothers. Notably, 55% of mothers living at or below the federal poverty level reported experiencing depressive symptoms.

GEORGIA PPD FACTS

- Approx 40% of live births in GA were to African American/Hispanic women
- 14% of GA population live at/below poverty level
- Mental health conditions (PPD, PP psychosis) are the 4th leading cause of maternal mortality in GA

BABY BLUES OR PPD?

	Baby Blues	Postpartum Depression
Definition	Transient emotional state	Serious and prolonged mental health condition that requires medical attention
Onset	2-3 days after delivery	Anytime in the first year PP, often between 1 and 3 months PP
Duration	2-3 weeks (spontaneous resolution)	Months (requires treatment for resolution)
Symptoms	Mood swings, crying "for no reason", mild anxiety, irritability, trouble sleeping, overwhelm	Intense sadness/hopelessness, fatigue with an inability to perform daily functions, anhedonia, severe anxiety/obsessive thoughts, SI/HI, physical symptoms

COULD IT BE PPD?

Many women feel shame about feeling anxious/depressed.

The presenting complaint may be insomnia, chest pain, abdominal pain, headaches, weight changes.

Administer PPD screen to everyone who has been pregnant in the last year.

EPDS

- Edinburgh Postnatal Depression Scale (EPDS) Calculator
- Make it a routine, "we give this to everyone"

WHAT TO DO

- Support with childcare (tell mom she isn't supposed to do everything by herself)
- Sleep is necessary
- Medication AND therapy
- Refer to Ob/Gyn for mood check
- National Maternal Mental Health Hotline: Call or Text 1-833-852-6262

MEDICATIONS

- SSRI (Sertraline, Fluoxetine, Citalopram) or SNRI (Venlafaxine)
- Safe while breastfeeding
- Side effects: mild nausea, decreased libido, headache
- Symptoms won't improve immediately, meds take 4 weeks for max effect
- Start with low dose and increase after 2 weeks

SUPPORT AND RESOURCES

- Postpartum Support International (www.postpartum.net)
- Georgia Hope www.gahope.org
- Synergy Therapy <https://www.synergyetherapy.com/online-therapy-in-georgia>
- Perinatal Health Partnership www.dph.georgia.gov/healthy-pregnancy/php

CASE STUDY

- 18 y/o female presents to the ER complaining of chest pain. She recently gave birth via c section at 34 weeks due to PPRM.
- VSS, cardiac work up is negative
- What do we do next?



QUESTIONS/COMMENTS

THANK YOU!

