POSTPARTUM DEPRESSION

Maternal / Newborn Health • Mental Health Nursing

NCLEX 2026 | Clinical Judgment | Priority Care

1 DEFINITION & OVERVIEW

What It Is

Major depressive episode beginning during pregnancy or within 4 weeks after birth (DSM-5), though symptoms may appear up to 12 months postpartum.

Prevalence

Affects ~10–20% of postpartum women. One of the most common complications of childbirth — yet frequently under-screened.

Why It Matters

Impairs maternal-infant bonding, affects child development, and untreated PPD can progress to suicide or infanticide. Screening saves lives.

2 PATHOPHYSIOLOGY (SIMPLIFIED)

Rapid ↓ in estrogen & progesterone after delivery → **Disruption in serotonin, norepinephrine, dopamine** → **HPA axis dysregulation (↑ cortisol)** → **Mood dysregulation + fatigue** →

Worsened by sleep deprivation & psychosocial stress → **Depressive symptoms persist > 2 weeks**

KEY RISK FACTORS

Hx depression/PPD | Family Hx | Unplanned pregnancy | Traumatic birth | Poor support | Financial stress | NICU infant | Abuse history | Teen mother | Hx of IPV

3 SIGNS & SYMPTOMS — COMPARE THE 3

BABY BLUES — Normal

Onset: Day 2–3 • Resolves < 2 wks

- Mild mood swings / tearfulness
- Anxiety, irritability
- Fatigue (common)
- Feels overwhelmed at times
- **STILL able to care for self & baby**
- Self-limiting — NO treatment needed

POSTPARTUM DEPRESSION — Clinical

Onset: ≤ 4 wks • Up to 1 YEAR • > 2 wks duration

- Persistent sadness / hopelessness
- Anhedonia (no pleasure)
- Difficulty bonding with infant
- Excessive guilt / worthlessness
- Sleep & appetite disturbances
- Fatigue, poor concentration
- **Impairs daily functioning**

RED FLAG: Thoughts of self-harm or harming baby

POSTPARTUM PSYCHOSIS — EMERGENCY

Onset: Usually < 2 wks postpartum

- Hallucinations (esp. COMMAND)
- Delusions (often about baby)
- Confusion / disorganized thought
- Rapid mood swings
- Paranoia
- Inability to sleep

HIGH RISK: suicide & infanticide — PSYCHIATRIC EMERGENCY

4 💚 PRIORITY NURSING INTERVENTIONS

🚨 **PRIORITY #1 — SAFETY FIRST: Assess for suicidal/homicidal ideation at EVERY visit. If psychosis suspected → NEVER leave mother alone with infant.**

🔎 ASSESS

- ✓ **Screen** with Edinburgh Postnatal Depression Scale (EPDS)
- ✓ **Ask directly** about SI/HI — including thoughts toward baby
- ✓ Assess mother-infant **bonding** & interaction
- ✓ Evaluate support system & risk factors
- ✓ Monitor sleep, appetite, energy, mood

🚨 ENSURE SAFETY

- ✓ **Do NOT leave** mother alone with infant if harm ideation or psychosis
- ✓ Remove harmful objects from environment
- ✓ 1:1 observation if high risk
- ✓ **Immediate psychiatric referral** for SI/HI
- ✓ Notify provider; initiate safety plan

💬 COMMUNICATE

- ✓ Use **therapeutic, open-ended** questions
- ✓ **Validate**: "This is a medical illness, not a failure"
- ✓ Encourage expression of feelings — NO judgment
- ✓ Avoid minimizing ("You'll feel better soon")
- ✓ Include partner/family in teaching

🌱 PROMOTE RECOVERY

- ✓ Administer prescribed **SSRIs**; monitor response
- ✓ Encourage rest, nutrition, hydration
- ✓ Promote mother-infant bonding activities
- ✓ Connect to support groups (PSI, local groups)
- ✓ Schedule **close follow-up** & therapy

5 💊 PHARMACOLOGY

SERTRALINE (Zoloft) — SSRI 1st LINE

Mechanism: Blocks serotonin reuptake → ↑ synaptic serotonin

Side Effects: GI upset, headache, insomnia, sexual dysfunction, ↑ suicidal ideation (esp. first 2 wks), serotonin syndrome

Nursing: PREFERRED in breastfeeding (low transfer). Full effect in **2–4 wks**. Do NOT stop abruptly. Monitor SI closely early on.

BREXANOLONE (Zulresso)

Mechanism: GABA-A receptor modulator (allopregnanolone analog)

Route: IV infusion over **60 hours** — inpatient only

Nursing: First FDA-approved drug specifically for PPD. Rapid onset. Monitor for **sedation & LOC changes**; continuous pulse ox; REMS program.

ZURANOLONE (Zurzuvae)

Mechanism: GABA-A modulator (oral)

Route: Oral, once daily × **14 days**

Nursing: Newer FDA-approved oral option (2023). Rapid onset (days, not weeks). Caution: CNS depression, dizziness, drowsiness — avoid driving.

FOR POSTPARTUM PSYCHOSIS

Antipsychotics: haloperidol, olanzapine, risperidone

Mood stabilizers: lithium (⚠️ NOT in breastfeeding)

ECT may be used in severe / treatment-resistant cases.

Nursing: Inpatient psychiatric admission is typically required. Maintain safety & seizure precautions.

6 ⚠️ NCLEX TEST TRAPS

❌ **Confusing baby blues & PPD**
✅ **Baby blues < 2 wks, no impairment. PPD > 2 wks + impairs function.**

❌ **Treating psychosis like PPD**
✅ **Postpartum psychosis = PSYCHIATRIC EMERGENCY → hospitalization.**

❌ **Picking "therapeutic communication" when SI/HI present**
✅ **SAFETY always precedes therapeutic talk when harm ideation exists.**

❌ **"Don't worry — you'll feel better soon"**
✅ **Validate feelings. Never minimize or dismiss.**

❌ **Expecting SSRIs to work immediately**
✅ **Takes 2–4 weeks. Monitor for INCREASED SI in first 2 weeks.**

❌ **Assuming all SSRIs are safe in breastfeeding**
✅ **SERTRALINE is preferred. Avoid fluoxetine (long half-life).**

❌ **Screening only once postpartum**
✅ **Screen at EVERY postpartum & well-baby visit up to 1 year.**

❌ **Leaving mom alone with infant if she voices harm**
✅ **Ensure 1:1 supervision / do NOT leave alone with infant.**

7 📚 PATIENT EDUCATION

🩺 **PPD is a medical illness** — not a personal failure or weakness.

💊 **Take medication as prescribed.** Don't stop when you feel better — relapse is common.

⏳ **SSRIs need 2–4 weeks** for full effect. Be patient and consistent.

📞 **CALL IMMEDIATELY** for thoughts of harming self, baby, or worsening mood.

🚫 **Avoid alcohol** — worsens depression & interacts with SSRIs.

😴 **Sleep when baby sleeps.** Rest is medicine for recovery.

🥦 **Regular nutrition + hydration + gentle exercise** support mood.

👨‍👩‍👧 **Accept help** from family/friends. Teach partner warning signs.

🗣️ **Attend therapy & support groups** (Postpartum Support International — PSI).

📅 **Keep all follow-up visits** — PPD is highly treatable with care.

8 🧠 MEMORY BOOSTERS

📝 "SIG E CAPS" + Depressed Mood (MDD Criteria)

S Sleep changes	**I** Interest loss	**G** Guilt
E Energy low	**C** Concentration ↓	**A** Appetite changes
P Psychomotor Δ	**S** Suicidal thoughts	**+** Depressed mood

≥ 5 symptoms × 2 weeks = MDD / PPD

⏰ The Postpartum Timeline

- 🔵 **Baby Blues:** Days 2–14 • Mild • SELF-LIMITING
- 🟠 **PPD:** > 2 wks → up to 1 year • TREATABLE
- 🔴 **Psychosis:** < 2 wks typically • EMERGENCY

⚡ **The "2-Week Rule"**
Any depressive symptoms lasting > 2 weeks postpartum → SCREEN & ESCALATE.

💞 The "4 H's" of PPD Risk Factors

H	H	H	H
HISTORY	**HORMONES**	**HELP (lack of)**	**HARDSHIP**
Personal/family depression	Rapid estrogen/prog drop	Poor social support	Stress / trauma / NICU