Postpartum Depression (PPD)

Expert opinions vary regarding the timing of onset of PPD symptoms. PPD is not the same as the “baby blues.” PPD is a serious medical condition that can pose risks to the mother, child, and their family.

Postpartum Depression (PPD)

In the United States, estimates of mothers with self-reported symptoms of PPD in 2018 varied by state from 9.7% to 23.5%, with an overall prevalence of 13.2%.

PPD Is One of the Most Common Medical Complications During and After Pregnancy

The risk of PPD in women with a history of depression has been shown to be higher when compared to women without a history of depression.

Anxiety Can Be a Prominent Symptom of PPD and has been associated with more severe disease outcomes. This may manifest as:

- Intrusive and/or obsessive thoughts about the newborn
- Maladaptive anxiety-related behaviors such as:
  - Frequent checking
  - Self-assurance
  - Distraction
## Postpartum Depression (PPD)

### PPD Can Affect Maternal Outcomes

- Women with PPD may present with mood, cognitive, social, and somatic symptoms.
- PPD may impair a mother's overall function, including the ability to:
  - Care for their baby and assume other responsibilities.
  - Care for their own physical needs.
  - Perform household chores.

- Women experiencing depressive symptoms during pregnancy may have an increased risk of preterm birth and/or an infant with low birth weight.
- Suicidality during or after pregnancy may be related to mental health conditions.

### PPD Symptoms Have Been Associated with the Following Impacts on Child Care and Developmental Outcomes

- Women with PPD may present with physical, behavioral, and mental impacts on the child.
- Mothers with PPD may have increased risk of physical and mental health problems, including depression, anxiety, and sleep disorders.
- Mothers with PPD may experience difficulties with daily activities, such as feeding, bathing, and dressing the baby.
- Mothers with PPD may have difficulty bonding with their baby.

### Women May Fall Out of the Perinatal Care Cascade

6.6%

Based on a 2016 review of the PPD literature, only 6.6% of women with PPD received adequate treatment approaches, and 50%-70% of PPD cases may have gone undiagnosed.

### Stigma and Discrimination

Stigma and discrimination were frequently cited as deterrents to seeking help from a professional source.

### Implementing Routine Screening Policies for PPD Can Lead to Improved Screening Rates

6.6%

Implementing routine screening policies for PPD can lead to improved screening rates, better connection to care, increased identification of depression, better connection to care, and reduced duration or severity of depressive symptoms.

### Mothers With PPD Have Been Shown to Have Higher Healthcare Costs, More Outpatient Visits, and Higher Prescription Painkiller Use

- Mothers with PPD may experience higher all-cause healthcare costs paid by the insurer than mothers without PPD ($19,611 vs $15,410, respectively; p<0.01).
- Mothers with PPD may make an average of 11 more outpatient visits and use more prescription painkillers during their first year postpartum than mothers without PPD.

### Households of PPD mothers experienced 22% higher medical costs postpartum than those of mothers without PPD.

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*No studies included patients with a confirmed clinical diagnosis of PPD. All patients were identified using a screening tool, such as the Edinburgh Postnatal Depression Scale, rather than a diagnostic tool.

References: