

Week Two Discussion: Maternal Mental Health Disorders (MMHDs)

Initial Post

Dr. Morgan and Class,

Natalie is a 32-year-old who gave birth to a healthy baby girl 12 weeks ago. Two years ago, she had a stillborn son. Natalie was initially very excited about the birth of her baby and thrilled to receive attention from extended family and friends. Over the past two weeks, she has become withdrawn, anxious, and feeling very guilty about the fact that this baby survived when her son did not. She has continued to breastfeed but feels “disconnected” from the baby. Natalie’s only contact with health care providers since delivery has been her obstetrician for a 6-week follow-up and her daughter’s pediatrician for the 1-month and 2-month well-baby visits. Natalie’s mental health was not addressed at either visit. She has sought care with the psychiatric mental health nurse practitioner (PMHNP) because she is concerned about her mental health. Natalie has no history of a mental health diagnosis and is anxious about the stigma of seeking treatment for her low mood, especially since her mother-in-law told her that she should have “bounced back” by now.

Identify the appropriate screening tool for Natalie to complete during her first visit and discuss why the selected tool is appropriate for the client.

Natalie has risk factors for developing postpartum depression. Natalie is postpartum by 12 weeks and has a history of a stillborn son. Women who experience childbirth can be diagnosed with postpartum depression within three or twelve months after birth (Hutchens & Kearney, 2020). Natalie's history of a stillborn son puts her at risk of feeling guilty in the weeks and months after experiencing childbirth, which can lead to postpartum depression. The symptoms that Natalie is experiencing include being more withdrawn, anxious, guilty, and feeling disconnected from the newborn over the last two weeks. Without treatment, Natalie’s relationship with the infant is at risk for impaired interaction and attachment, and the infant is at risk for developing difficulties with behavior, sleeping, and eating (Hutchens & Kearney, 2020). This poses problems for the infant during childhood and can cause issues well into adulthood. According to Hutchens & Kearney (2020), adverse childhood experiences can cause negative life outcomes, including poor health and psychosocial outcomes such as adult obesity, cancer, and heart disease. Other negative consequences that can occur if postpartum depression is not treated include maternal suicidality and infanticide (Justesen & Jourdain, 2023). With Natalie’s history and still being within the twelve months postpartum, she needs to be screened for postpartum depression.

Two screening tools come to mind: the Patient Health Questionnaire (PHQ-9) and the Edinburgh Postnatal Depression Scale (EPDS). Both are used to measure depression and are recommended by the U.S. Preventive Services Task Force, American Academy of Family Physicians, American Academy of Pediatrics, and American College of Obstetricians and Gynecologists (Justesen & Jourdain, 2023). EPDS is the screening tool most appropriate for Natalie to complete during her first visit. EPDS is more suitable than the PHQ-9 because it caters to the symptoms of fatigue, sleep disturbances, and appetite differently when compared to the PHQ-9 (Hi Park & Kim, 2023). Most women who are pregnant or have a newborn experience these