Postpartum depression (PPD) can be a devastating maternal mental health issue

What is PPD?

- A major depressive disorder episode[a] that may start during or after pregnancy[1]
- A serious medical illness with symptoms that impact function and may be debilitating[2,3]
- Can have short- and long-term consequences on maternal health, fetal development and longer-term physical and mental health[1]

Common signs and symptoms[4]

- Diminished concentration
- Depressed mood or depression with anxiety
- Feelings of guilt or worthlessness
- Sleep disturbance and fatigue
- Recurrent thoughts of death or suicide
- Changes in weight or appetite
- Feeling slowed down, restless, jumpy or edgy
- Loss of interest in joyful/ pleasurable things

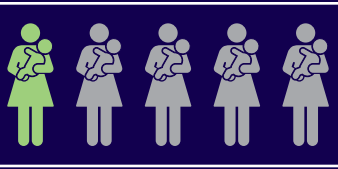
a. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) states symptoms must be present at least 2 weeks and should include at least 5 symptoms

PPD is distinct from the baby blues[3,4,5]

Baby blues	VS	PPD
• Mild symptoms • Peak within first week postpartum • Resolve without treatment within two weeks postpartum • Do not cause functional impairment		• Feelings of extreme sadness, anxiety and fatigue • Symptom onset can occur during pregnancy or postpartum[6,7] • May persist for months or even years • Causes functional impairment

How common is PPD?

- May affect up to **one in five** women who gave birth[8]



- Most common complication of childbearing[9]
- Underdiagnosed in part due to stigma and lack of awareness[10]

Why does PPD require immediate action?

Human costs	Economic costs
Delayed symptom improvement may significantly worsen outcomes for patients and their babies[5]	PPD is estimated to cost **about $150,000 per case** in Canada[12]
Untreated or poorly managed cases may lead to chronic depression in pregnant patients and their partners, maternal self-harm, low birth weight, preterm birth and poor infant development[1]	Maternal mental health problems as a whole cost Canada an estimated **$6.7 billion** in direct and indirect costs – 30% related to the mother and 70% related to the baby[11]
Suicide is the **4th** leading cause of maternal death in Canada[11]	About **⅕** of costs are health and social costs, while almost **⅘** are societal costs including quality of life, loss of work productivity, absenteeism and unemployment[11]

What can be done to manage PPD?

New Canadian clinical practice guidelines recommend first-line therapy of psychoeducation, psychotherapy, pharmacological therapy or a combination.[1,8]

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