Postpartum Depression & Chronic Pelvic Pain W/Hx of Substance Use

Case

Sherry, a very depressed 35-year-old African American woman, is referred to the outpatient clinic 4 months after giving birth to her third child. She states she has two boys and the newest is a girl. She talks with a flat affect when describing her lack of motivation and interest in being a mother. She also expresses concern over recurring thoughts of seeing herself drop her baby, and she cries as she discusses it, stating, “I would never hurt my baby. Why do I keep having images of dropping her down the stairs or in the bathtub? It is so distressing.”

Sherry states that it has been difficult to get out of bed in the morning, and showering/hygiene has been poor. She presents to the appointment wearing leggings, an oversized shirt, very messy hair wrapped in a scarf, and house slippers. She reports her husband is upset because he wants things to get back to "normal." She also expresses fear of letting others hold her baby, as she has similar images of dropping the baby during transfer to the other person.

She reports no complications during pregnancy or delivery, but states she was much more emotional this pregnancy but is unsure why. She reports she is breastfeeding and that this is the only piece of motherhood she feels she is coping well with. She cries more as she discusses missing her life before the third baby, and how her other two children were such good babies. She states, “This one…she just never sleeps. I can’t get any rest. I am so tired.” She struggles a great deal to transition to taking care of three children versus two and expresses she “is a failure” and things are never going to be “normal” again. She has decided not to return to her job as a financial advisor and, instead, has decided to stay home full time.

Her husband does accompany her to the clinic, but she reports to the session alone, leaving him and the baby in the waiting room.

She discloses that she has a past history of substance abuse: after a back injury she became addicted to her opioid pain pills and attended rehab. She has been clean for 8 years now.

Vitals:
BP: 132/76
T: 98.2
R: 18
HR: 74
Height: 5'9"
Weight: 166 lbs

Consent to treat was signed by the patient.

Expert Answer

Additional Subjective:

- Be sure your initial assessment and interview are comprehensive.
- Review the initial interview template:
- Focus on current
- Mood, Sleep, Motivation, etc. SIGECAPS
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Additional Objective:
Edinburgh Postnatal Depression Scale

Psychiatric Diagnosis:
- Anxiety Disorder, unspecified (F41.9) DSM p. 233
- Major Depressive Disorder with peripartum onset (F32.9) DSMV p. 186

Medical Diagnosis:
- Encounter for Screening Maternal Depression (Z13.23)
- Postpartum Depression (F53.0)
- Pelvic and perineal pain (R10.2)

Note: Avoid pain medication prescribing for this patient at this time. Also, note that research shows that there is a correlation between chronic pelvic pain and anxiety and stress particularly in women and in the postpartum period.

Brooks, T., Sharp, R., Evans, S., Baranoff, J., & Esterman, A. (2020). Predictors of Depression, Anxiety and Stress Indicators in a Cohort of Women with Chronic Pelvic Pain. *Journal of pain research*, *13*, 527-536. https://doi.org/10.2147/JPR.S223177 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7071858/

Rationale:
She is still in the postpartum period and noticed a significant difference in her mood after the birth of this baby. She also notes pelvic pain that has not subsided with OTC medications and stretching exercises.
Meets criteria for all diagnoses listed based on DSMV and other diagnostic references.

Treatment Plan, Medication Rx:
Zoloft initiate at 50 mg. Increased by 50 mg as needed. Therapeutic range for optimal effect is usually between 50-150 mg with a max of 200mg.

Zoloft is a great first option to consider. There are others as well. Start with an SSRI that can address both depression and anxiety. Then look for one that is compatible with breastfeeding as not to interfere with the protective factors that breastfeeding offers both mother and baby.

Review the resource for medication choices:
http://www.asianamericanmentalhealth.org/wp-content/uploads/2018/10/Pharma-Tx-of-PMADS-Meltzer-Brody-2018.pdf

Rationale:
Non-Pharmacological Tx: Psychotherapy is always first line treatment even when combined with pharmacological treatment. Psychotherapy with a counselor specializing in postpartum depression and anxiety: Great options include Solution Focus Based Therapy, Feminist Therapy, Narrative Therapy, CBT Therapy, and others. This will be covered more thoroughly in MN 661.

Education:
Self-care prioritization during the postpartum period can be a challenge. Offer resources.

https://fhop.ucsf.edu/sites/fhop.ucsf.edu/files/wysiwyg/CanadianWomen%27sHealth_Self-care%20Program.Postpartum%20Depression%20and%20Anxiety.pdf

Be sure to help mom plan simple goals to navigate her days until medication begins working non her sx. Such as a block schedule of “have to dos” and tips for asking for help so she can rest.

Discuss sleep schedules for her, baby.

Incorporate dad into planning.

Educate mom on taking medication as prescribed and that it may take up to 2-8 weeks before she notices remarkable differences in her symptoms.
Educate mom on side effects of medications; gastrointestinal effects, etc.

Educate mom that this medication can be taken while breastfeeding and that breastfeeding is an important factor in keeping her and baby healthy as it is protective and decreases her risks and the severity of depression as well as other health benefits. The benefits for baby are a long list that you can review as well.

Educate mom and dad on when to contact the clinic if sx worsen.

Educated mom and dad on suicide prevention hotline.

Referral:
Psychotherapy with a counselor specializing in postpartum depression and anxiety
Postpartum doula for home care help if you have a local list
Pelvic Dysfunction/Pelvic Floor Physical Therapist

Follow-up:
2 weeks after initiation of medication and from this initial assessment to do a medication and sx follow-up.