ADOLESCENT POSTPARTUM DEPRESSION: NURSE PRACTITIONER
ROLES TO INCREASE RESILIENCY AND SOCIAL SUPPORT

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To the Faculty of Washington State University:

The members of the committee appointed to examine the College of Nursing and Washington State University requirements and manuscript of ELIZABETH G. MARTIN find it satisfactory and recommend that it be accepted.

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ACKNOWLEDGEMENTS

I would like to acknowledge my family for their ongoing support and encouragement. Without my husband Tyson’s continuing understanding of long study hours and constant encouragement in achieving my goals, this accomplishment would not have been possible.

I would like to thank the faculty and staff at the College of Nursing for their ongoing contribution to my education and to the profession of nursing. All of my instructors played an important role to my education. My clinical site preceptors were very helpful in increasing my knowledge and understanding of the nurse practitioner’s role and played an important role in my education.

School contacts and community service resources in the communities of Spokane, Tacoma, and Seattle, Washington were very helpful in my resources. I would like to thank all of them for their time and cooperation in talking to me about adolescents with postpartum depression.

Finally, I would like to thank my committee members Margaret, Denise, and Louise for their valuable time and feedback in regards to reviewing my manuscript. All of your feedback was very helpful and appreciated in the development and outcome of my manuscript.
The prevalence of postpartum depression (PPD) is higher in the adolescent population compared to adults. The purpose of this manuscript is to increase nurse practitioners' awareness of PPD in adolescent mothers. Risk factors for PPD, adolescent development, resiliency, and strategies to promote protective factors to reduce the incidence of PPD are described. This manuscript provides information surrounding treatment and referral options. It also identifies roles and responsibilities for the nurse practitioner in meeting this vulnerable population’s needs in primary care. Awareness of community resources is essential to the nurse practitioner’s role in achieving the optimum plan for the adolescent. Additional research on adolescent PPD is needed to develop prevention and treatment guidelines which are specific to this population's needs.
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Adolescent Postpartum Depression: Nurse Practitioner Roles to Increase Resiliency and Social Support

Introduction

Women in the postpartum period are vulnerable to the possibility of experiencing postpartum depression (PPD) although it is more prevalent among adolescent mothers. While the prevalence of PPD is 13% in adult women, it is estimated to increase to 48% in adolescent mothers. This is a 35% difference between the two populations and PPD may affect nearly half of adolescent mothers. Adolescent mothers are faced with many social, economic, and developmental challenges including financial support, staying in school, and obtaining child care while trying to care for an infant. Meeting these challenges is likely to be more difficult for the adolescent compared to more mature, and often more financially stable adults who already completed their education. Adolescents also face many developmental changes and emotional challenges as they grapple with being a mother. The nurse practitioner may be the primary caretakers of these young mother-infant dyads.

Recent statistics show teenage pregnancy increasing nationwide, especially in Mississippi, New Mexico, and Texas. Pregnancies have also peaked in the general population to 4,317,000 in 2007. Teenage pregnancy has increased by three percent in 2006 and 2007 after declining from 1991 to 2005. With the recent increase in teen pregnancies, it can be expected that the prevalence of PPD will also increase. With an estimated 48% of adolescent mothers developing PPD, with over 268,800 teenage pregnancies in the United States in 2006, just over 129,000 adolescents may have experienced PPD. This is an alarming number with little research aimed at treating and supporting the adolescent population with PPD.

Many adolescents are predisposed to PPD due to identifiable risk factors associated with their chronological age and emotional/social development. There have been many studies on
different risk factors that lead to PPD with adult women, but few specifically aimed at the identification of and/or treatment for the adolescent population. Nurse practitioners are in a position to screen adolescent mothers in the post partum period when depressive symptoms may occur after obstetrical care is complete. Evaluation of factors that will protect adolescents from developing PPD is also important.

The purpose of this manuscript is to increase nurse practitioners' awareness of PPD in adolescent mothers. Risk factors for PPD, adolescent development, resiliency, and strategies to promote protective factors to reduce the incidence of PPD are described. Community resources are identified in several Washington State urban communities as case examples of referral resources for this at risk population. Information about treatment and referral options and the role and responsibilities for the nurse practitioner are proposed.

Review of the Literature

There are few studies addressing adolescents with PPD. Searches in the CINHAL and PubMed databases using key words "adolescent" and "postpartum depression" yielded many results for PPD in general but limited results pertaining only to the adolescent postpartum population. Using the specified key words, CINHAL identified 31 articles. Using MeSH to search PubMed there were 249 results, of which there were only 22 articles pertaining specifically to the adolescent postpartum population.

Risk Factors for PPD

There are a number of risk factors that increase the likelihood of postpartum depression: life stress; lack of social support; prenatal anxiety/depression; low socioeconomic status; unplanned pregnancy; marital dissatisfaction; low self esteem; and having an infant with a
challenging temperament. Many adolescent mothers will have most or all of these risk factors for postpartum depression.

Use of known risk factors exist for adolescent PPD can guide the nurse practitioner during the assessment process. Srisaeng stresses the importance of identifying pregnant adolescents with low self esteem and who have endured highly stressful and negative life events that may indicate risk for PPD. Reid & Meadows-Oliver concluded that stress, social support, feelings of isolation, lower feelings of maternal self-efficacy, and low self esteem where all important risk factors in predicting adolescent PPD. Another study concluded that strong predictors of adolescent postpartum depression are perceived low social support from family/friends, and having low self esteem at six weeks postpartum. In another study, perceived stress was the strongest predictor of adolescent PPD with many of the adolescent mothers having been victims of violence. Depressive symptoms increased among postpartum adolescents if there was conflict with the infant’s father and decreased if there was support from the infant’s father. Identifying teenagers with high stress and conflict and low support are important risk factors to find in adolescents in the postpartum period.

Adolescent Development

During the adolescent period, teenagers are striving to develop their own identity. Adolescence and motherhood compounds the dual roles when they may not be ready socially, cognitively, or developmentally. Understanding normal developmental tasks for adolescents is essential in grasping the increased difficulties an adolescent PPD has in achieving a healthy development. Each phase of development has a specific task to achieve which then becomes the basis for the next phase of development. According to Erik Erikson's theory of development, by the age of 12 a child should pass through the industry stage gaining competence and setting
the basis for the next stage.\textsuperscript{10} Erikson’s theory states that achieving a positive identity is an important developmental task for all adolescents for their self esteem and self awareness.\textsuperscript{11} Identity formation stems from a number of characteristics from parents, social group, ethnicity, religion, and other group influences.\textsuperscript{10} Identity confusion can cause regression but it is an important process in proper identity formation.\textsuperscript{12} An adolescent develops fidelity which is an important strength gained through proper identity formation.\textsuperscript{12}

Once identity formation is achieved, the adolescent’s identity has stability and continuity to resist change in times of great stress.\textsuperscript{10} The adolescent with PPD would find it very difficult to gain a positive self identity. Adolescents need support systems with adult role models who have stable identities and are themselves able to uphold socio-cultural and moral standards of behavior in order for these adolescents to develop these skills.\textsuperscript{10} Failure for an adolescent to gain a self identity has negative consequences which include feelings of loosing grip on reality, fragmented, disorganized, low self esteem, the inability to complete educational goals, and acting out sexually.\textsuperscript{10} Reasonably, a new baby would make it difficult for an adolescent to achieve a positive identity while trying to assume the role of mothering, increasing her risk of PPD.

Resiliency

Resiliency is an important concept in providing care during adolescent pregnancy and in the postpartum period. Resiliency permits an adolescent to become competent, confident and caring.\textsuperscript{11} Bernard explains that resiliency is an entity which all youth should possess to be successful and have healthy development.\textsuperscript{11} Many different factors make a person resilient including personal strengths and environmental factors embedded in family, schools, and communities.\textsuperscript{11} Personal strengths such as social competence, problem solving, autonomy, and sense of purpose are important for resiliency development (Table 1). Resilient personal strengths
can help guide someone through a difficult set of circumstances.\textsuperscript{13} Support embedded in the family, community, and school is important in surrounding the adolescent with a positive environment to overcome stresses in life (Table 2). Henderson illustrates that resiliency validates developmental theories such as Erikson's which stresses that individuals have the innate ability for growth and development.\textsuperscript{14} People working with adolescents can build on attitudes that increase resiliency which are positive attitudes, focusing on personal strengths, and surrounding each person with elements identified on the resiliency wheel (Figure 1).

Studies have been conducted to determine how to increase resiliency in adolescents. Spencer-Curtis investigated adolescents' beliefs and perceptions of support systems by studying them in an alternative high school.\textsuperscript{15} The study concluded that healthy family connectedness and effective coping skills are the most important factors in maintaining resiliency. A study found that 5\textsuperscript{th} grade female girls increased their resiliency by gaining better coping skills and building positive self concepts through group work.\textsuperscript{16} The group of 5\textsuperscript{th} grade females learned about physical, emotional, and cognitive development as they entered puberty. In these groups they were able to discuss issues in a safe setting and connect with others going through the same issues. Many found it beneficial and more effective compared to individual counseling.\textsuperscript{16} Engel discussed that CBT can help increase resiliency in children and found that children with confidence, self efficacy and preparedness were resilient.\textsuperscript{17} These children could use insight, independence, relationships, initiative, humor, creativity, and morality to help buffer stress.\textsuperscript{17}

There have been several strategies proposed to help increase resiliency in adolescent mothers. Simeonsson lists several protective environmental factors that are secondary prevention strategies for teen mothers which include education, parenting skills, and counseling.\textsuperscript{18} In order for the adolescent mother to get a basic high school education it is helpful
to have on-site child care, vocational learning available, and increased availability of low-cost high-quality child care for mothers who work or go to school. Adolescent parents also could benefit from parent training including child development, alternatives to physical discipline, and ideas of games to play with babies. Counseling including family therapy, individual therapy, and peer-led support groups could be helpful in fostering resiliency. Carr and Vandiver studied 76 youth offenders and found that offenders with protective factors were less likely to be repeat offenders. Risk and protective factors have been identified among adolescent suicide attempts. In this study, protective factors such as family connectedness, emotional well-being, and high grade point average were found to be resilient personal and environmental factors.

Screening for PPD

Screening of all adolescent mothers for PPD during each encounter with them is essential. A meta-analysis recommends using a combination of the Edinburgh postnatal depression scale (EPDS) and the Center for Epidemiologic Studies Depression Scale for screening adolescents (CES-D). The CES-D has been found to be helpful in identifying postpartum depression in the general population and is a simple 20 item instrument. It has also been used to screen adolescents with generalized depression. The EPDS is a 10 item instrument made specifically to screen for postpartum depression. This scale is widely used for screening for PPD. There are many more screening tools for PPD but there is no perfect one to screen adolescents with PPD. One study found that the three questions in the EPDS pertaining to anxiety were just as effective in screening adolescents for PPD as the full ten question EPDS.

Prevention and Interventions for PPD

There are varying research reports on the helpfulness of prevention strategies for PPD in the prenatal period. Prenatal education interventions have been be unsuccessful in the prevention
of PPD in the general population. In one study, there was no significant difference in the rate of PPD among adolescents who were offered a parenting program at 32 and 36 weeks gestation. Postnatal intervention has been successful in the prevention and treatment of PPD. A meta-analysis of studies of interventions concluded that the most effective intervention is intensive professional postpartum support. In contrast, one study found that cognitive behavioral therapy (CBT) could be useful in preventing PPD if given in the prenatal period.

Several effective interventions exist in the treatment of PPD in the general population. Pharmacological therapy from the antidepressant fluoxetine alone or in conjunction with CBT were equally successful in treating PPD. Another intervention proposed to treat postpartum depression was the NURSE program developed by Schel and Driscoll. NURSE is an acronym describing simple interventions such as Nutritional needs, Understanding, Rest and Relaxation, Spirituality, and Exercise. Griffiths and Barker-Collo found that postnatal women had less symptoms of anxiety, depression, and improved attitudes towards mothering after eight weeks of CBT sessions. CBT was effective at reducing depressive symptoms and increasing marital satisfaction.

CBT has also been shown to be useful for adolescents with depression in general. CBT has been shown to result in rapid remission rates of up to 60% for adolescents with depression. This is higher than other forms of psychotherapy including systemic-behavioral family treatment, and nondirective supportive therapy. CBT works by challenging irrational thoughts, behaviors, retraining one’s thinking and in return helps the patient have better coping skills through problem solving. Adolescents receiving CBT drastically reduced depression within three months of therapy compared to adolescents in a community psychotherapy group which took a year to
provide the same results.\textsuperscript{28} A meta-analysis found that CBT used by non-mental health professionals to have equal or greater effects when compared to therapists.\textsuperscript{29}

Community Resources for Adolescent Mothers in Washington State

A review of community resources reveals a number of services available to adolescent mothers (Table 3). As an example of available options, several helpful resources were identified in the Washington State communities of Seattle, Spokane, and Tacoma. In Spokane, there is an in-school child care service offered at a very affordable price at public Havermale High school which makes it easier for mothers to attend and complete high school (S. Lovdem, oral communication, October 2008). The Seattle School District offers several onsite health clinics in schools where students have access to primary care (J. Lewis, oral communication, November 2008). All three communities have programs that follow the teen mother for the first two to three years postpartum and provides a variety of different support services, including in home visits, support for breastfeeding, and health care services to fit the individual's needs. PPD has been identified in schools by on-site mental health counselors. Students were referred for further professional counseling and health services (C. Buckman, oral communication, November 2008). No known national public educational program identified focused on prevention and treatment of adolescent PPD (T. Hansen & M. OConnell, oral communication, October 2008). There could be very similar resources in many communities to help provide support to postpartum adolescents.

Recommended Roles and Implications for the Nurse Practitioner

Nurse practitioners play an important role in primary health care of adolescent mothers. These professionals can screen, assess risk and protective factors, refer, sometimes treat and counsel, and work collegially with other community specialists. Screening adolescent mothers at each primary care or counseling encounter is essential due to the high probability they may have
depressive symptoms. The National Guideline Clearinghouse recommends that screening can take place anytime in the first 12 months postpartum and also recommends the EPDS as the screening survey of choice.\textsuperscript{30}

It is important for the nurse practitioner to identify risk factors as well as protective factors that make the postpartum adolescent resilient. Nurse practitioners can identify risk and resilient factors, address the adolescent's personal strengths, and offer advice of protective community/environmental factors that can assist these young women in stressful situations and help them be successful in school and motherhood.

Referral of a teen mother to these vital resources identified in Table 3 with or without PPD is important to their success in achieving their complex goals of development which is often made more difficult by early motherhood. Awareness of programs available in individual communities is beneficial to this population of practitioners working with teen mothers. Schools with onsite child care, alternative schools, tutoring programs, and support groups for these young mothers provide additional support in this experience.

A provider may choose to treat adolescents diagnosed with PPD with anti-depressant medications, but care is improved with supplemental referral to mental health services for further counseling and monitoring of the individual. If a referral to mental health is not possible due to insurance constraints or lack of availability, close monitoring and follow up is essential to the mother's safety and security. CBT can provide better coping skills for adolescents to increase resiliency and be successful despite the challenges of teenage pregnancy. During each office visit primary care provider can counsel these adolescents using the concepts of CBT to help them gain awareness of important coping skills. Differences in rural and urban area availability of
counseling opportunities need to be assessed, and if necessary, refer to a larger community for necessary support. In all instances, nurse practitioners can recommend techniques to the young mother such as journaling thoughts and feelings, goal setting, and close follow up appointments along with healthy lifestyle changes such as diet and exercise. Providers may also play an important role in the primary prevention of further pregnancies and possible PPD through birth control prescriptions.

Interdisciplinary communication with community resources, especially schools, will help improve identification and continuity of care. School nurses and counselors can play an important role in identifying PPD in adolescents if they are aware of the high prevalence of PPD. School based clinics in schools like the one available in the Seattle School District would helpful in the screening, diagnosing, referrals and possible treatment of PPD. Nurse practitioners need to share this knowledge with other health care providers and disciplines to ensure that adolescent mothers get all the services and guidance needed in the post partum period to increase their support systems and resiliency. Nurse practitioners can help create and promote teen mother support groups to provide a community support. Working with schools and other professionals to surround adolescents with PPD with protective factors may promote and accelerate their treatment.

Continuing education and review of research will be important to maintain familiarity with evidence based practices to identify and treat postpartum depression in this population. Further research of adolescent PPD will be important in guideline development to help screen, treat, and monitor adolescent PPD appropriately.
Conclusion

Increasing nurse practitioner awareness of the high likelihood that an adolescent will experience PPD is important to assure screening, referral to the appropriate support and counseling services, and treatment so that adolescents can be successful mothers. It is important to identify the adolescent's stage of development and identify the resilient factors available to the individual whether they are personal, family, or other supportive factors. More investigation into helpful treatment strategies for the adolescent postpartum depression is essential. The development of a treatment guideline will be important to insure that adolescents with PPD are being treated appropriately. Nurse practitioners can help increase community awareness by sharing information on adolescent PPD in schools and other primary care clinics is important in recognizing adolescents who may need treatment or more resources.
References


10. Murray RB, Zentner JP, Yakimo R. *Health promotion strategies through the life span*. 8th


Table 1: Resilient Personal Strengths

| Social Competence: Communication, empathy/caring, compassion, altruism, and forgiveness |
| Problem Solving: Planning, flexibility, resourcefulness, critical thinking incite |
| Autonomy: Positive identity, internal locus of control initiative, self-efficacy mastery, adaptive distancing resistance, self-awareness mindfulness, humor |
| Sense of Purpose: Achievement motivation, educational aspirations, special interest, creativity, imagination, optimism, hope, faith, spirituality, sense of meaning |
Table 2: Environmental Factors Supporting Resiliency

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<td>Spousal support</td>
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<tr>
<td>High Expectations</td>
<td>Mother’s support</td>
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<tr>
<td>Opportunities to participate and contribute</td>
<td>Living arrangements</td>
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<td>Authoritative parenting style as child</td>
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<th>Communities: *</th>
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<td>Alternative schools: Havermale, Barker: Caring Environment. In school daycare Tutor</td>
<td></td>
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<tr>
<td>Women Infants and Children state funded insurance Obstetrician or Primary Care Mental health</td>
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* Input from author related to PPD
| Table 3: Review of Social Support Systems in Several Washington State Communities |
|---------------------------------|---------------------------------|---------------------------------|
| **Seattle**                     | **Spokane**                     | **Tacoma**                      |
| **Child Care**                  | No school based known.¹         | Havermale HS with childcare minimum $15/month² | No school based known.⁹ |
|                                 | Can get outside daycare with Medicaid. |                                  | Can get outside daycare with Medicaid. |
| **School Systems**              | On site health clinic (Scobey Health Center) provides primary care, access to NP's for Rx, Mental Health counselors¹ | Mental Health counselors on site³ Refer to outside mental health services if PPD suspected⁴ | Childcare training program within school onsite daycare.⁹ |
|                                 | Low pregnancy rate¹             | Home Hospital teaching program: helps postpartum teens with homework first 6 wks postpartum⁵ | On site counselors refer PPD to outside mental health providers.⁹ |
| **Community**                   | Nurse Family Partnership: Connects to services up to 2-3 yrs¹ | **General Field Nursing Services:** First Steps (185% poverty level)-follows mother during pregnancy to 2 months-1st birthday⁷,⁸ Vanessa Beham Crisis Nursery Childbirth and Parenting Alone (CAPA) mother has to be single⁷ | Nurse Family Partners: Follows teen for first 3 yrs postpartum.⁹ |
Some classes through Child Protective Services (hard for young teens to access these services due to transportation)

<table>
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<th>Obstetrician or Primary Care Provider</th>
<th>Medication Treatment, Mental health referral</th>
<th>Same</th>
<th>Same</th>
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<tr>
<td>Spousal/Family Support</td>
<td>Increase family support of paternal and infant’s father</td>
<td>Same</td>
<td>Same</td>
</tr>
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</table>

*No national public educational program focused on prevention and treatment of adolescent PPD* \(^{10,11}\)

1. J. Lewis, oral communication, November 2008-Manager of school nurses-Seattle district
2. S. Lovdern, oral communication, October 2008-day care provider at Havermale
3. S. Smith, oral communication, September 2008-assistant principal at Havermale
4. A. Rochele, oral communication, October 2008-school counselor Havermale
5. K. R. McCay, oral communication, October 2008-school nurse for Spokane school district
6. S. Perkins, oral communication, November 2008-ICN faculty school nurse
7. P. Slider, oral communication, November 2008-Martin Lutheran Nursing Center (community resource)
8. P. Pakpreo, oral communication, September 2008-Adolescent specialist
9. C. Buckman, oral communication, November 2008-Tacoma district school counselor
10. T. Hansen-Turton, oral communication, October 2008-National Nursing Center Consortium
11. M. OConnell, oral communication, October 2008-National Nursing Center Consortium
Table 4: Nurse Practitioners Role in Adolescent PPD

- Be aware of prevalence
- Screen all adolescent mothers
- Identify risk factors
- Build on present resilient factors
- Know referral and support systems in community for referral options
- Understand treatment options
- Close surveillance and follow up
- Increase community awareness
- Inter-disciplinary teamwork with schools, community, mental health, and primary care
Figure 1: Resiliency Wheel

THE RESILIENCY WHEEL

- Provide Opportunities for Meaningful Participation
- Increase Prosocial Bonding
- Set Clear, Consistent Boundaries
- Teach "Life Skills"
- Provide Caring & Support
- Set and Communicate High Expectations
- Build Resiliency in the Environment
- Mitigate Risk Factors in the Environment
Figure 3: Edinburgh Postnatal Depression Scale

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

5. I have felt scared or panicky for no very good reason
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6. Things have been getting on top of me
   - Yes, most of the time I haven’t been able to cope at all
   - Yes, sometimes I haven’t been coping as well as usual
   - No, most of the time I have coped quite well
   - No, have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

8. I have felt sad or miserable
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

9. I have been so unhappy that I have been crying
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10. The thought of harming myself has occurred to me
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never
Figure 3: Primary Care Provider Guideline for Adolescent Postpartum Depression

Each encounter with adolescent mother within 12 month postpartum period

**Screen (EPDS)**

- +PPD
  - Medications?
  - Refer for Counseling (CBT)

- -PPD

ASSESS SUPPORTIVE AND PROTECTIVE FACTORS

**Environmental**
1. School
2. Family
3. Community

**Personal Traits**
1. Social Competence
2. Problem Solving
3. Autonomy

BUILD ON PROTECTIVE FACTORS

IDENTIFY RISK FACTORS

1. Increased Perceived Stress
2. Lack of Social Support
3. Prenatal Anxiety/Depression
4. Low SES
5. Unplanned Pregnancy
6. Low Self Esteem
7. Feelings of Isolation
8. Low Maternal Self Efficacy
9. Conflict with Infant's Father

USE SUPPORTIVE/PROTECTIVE AND REFERRALS TO DECREASE RISK FACTORS

CLOSE SURVEILLANCE AND FOLLOW UP

REFERRAL TO COMMUNITY RESOURCES