



Please fill out this screening questionnaire for postpartum depression for us to review with you. You will also be given this questionnaire at 6 weeks at your OB/GYN and again with us at the two-month visit. If you have a concerning score, we ask that you allow us to share this with your doctor and below are some resources in our community for postpartum depression. It's always better to intervene early!

Please feel free to take a copy of this page and the resource page with you, or you can download from our website.

Anxiety is a common characteristic of mothers' feelings both during and after pregnancy and is very common in postpartum depression. Additionally, depression can effect up to 20% of pregnant woman. Along with "baby blues" and postpartum depression and anxiety disorders there is also psychosis, obsessive-compulsive disorder and PTSD. Fathers may also develop postpartum depression.

Why screen?

Postpartum depression is common (8%-25%) and in some populations may include close to 50% of all new mothers! It is the most common cause of infant toxic stress in the United States. There are significant and highly detrimental effects to developing infants (Table 1). Screening helps assess the baby's environment and to establish a positive helpful relationship with the family.

Table 1. Effects of Postpartum Depression on Infants

Decreased breastfeeding	Mental health concerns
Failure to thrive	• Social withdrawal
Developmental delay	• Fussy, irritable
• Cognitive deficits	• Poor self control, impulsivity
• Less language stimulation	• Anxiety/depression
• Less play time	• Attachment disorders
• Less reading stimulation	• Aggression
• Less engagement with mother	Poor safety: car seats, plug covers, sleep
School problems	Over/under use of health care and ER
Sleep problems	Difficulty managing health conditions

Assessing the risk factors for postpartum depression should be part of every well visit (Table 2). Maternal history of mood disorders and/or anxiety is an important risk factor and should be carefully assessed.

Table 2. Risk Factors for Postpartum Depression

Psychosocial Risk Factors	Maternal behavior (observed or expressed by mother, father, grandparents)
• Poverty	• Depressed affect
• Maternal chronic illness	• Sleeping more or trouble sleeping
• History of depression, anxiety, mood disorder, substance abuse	• Lack of enjoyment of usual activities/avoidance of usual activities
• Adolescent pregnancy	• Withdrawal from family
• Social isolation	• Neglect of newborn or other children
• Stressful life events, miscarriage	• Questions reflecting self-doubt/ severe anxiety
Infant behavior	• Inaccurate expectations of behavior and/or development
• Decreased activity	• Punitive child rearing attitudes or discipline
• Increased crying	• Irritable/disruptive in office/frequent visits
• Poor feeding	Infant risk factors
• Failure to thrive	• Prematurity
• Sleeping problems	• Congenital problems
• Increased accidents	• "Vulnerable child" syndrome
	• Fussy temperament



Postpartum Resources

Austin Area Websites

<https://www.pphatx.org/who-can-help>

<https://anybabycan.org/contact-us/>

<https://justmind.org/counseling-services-austin-tx/postpartum-depression-counseling/>

National Websites

www.postpartum.net

<https://www.acog.org/patient-resources/faqs/labor-delivery-and-postpartum-care/postpartum-depression>

<https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression>

Books

- This Isn't What I Expected: Overcoming Postpartum Depression by Karen Kleinman
- Pregnancy Blues: What Every Woman Needs to Know About Depression During Pregnancy by Shaila Misri
- Down Comes the Rain by Brooke Shields
- The Mother to Mother Postpartum Depression Support Book by Sandra Poulin
- Postpartum Depression for Dummies by Shoshana Bennett, PhD
- The Postpartum Husband: Practical Solutions for living with Postpartum Depression by Karen Kleinman
- Tokens of Affection: Reclaiming Your Marriage After Postpartum Depression by Karen Kleinman and Amy Wenzel
- Sleepless Days: One Woman's Journey Through Postpartum Depression by Susan Kushner Resnick

If you feel you are in danger of harming yourself or your child, please seek help immediately by dialing 9-1-1, or using one of the options below.

National Suicide Hotline: 1-800-273-TALK (8255)

Crisis Text Line: Text CONNECT to 741741 in the United States

PSI Warmline (English and Spanish) 800-994-4PPD (4773)