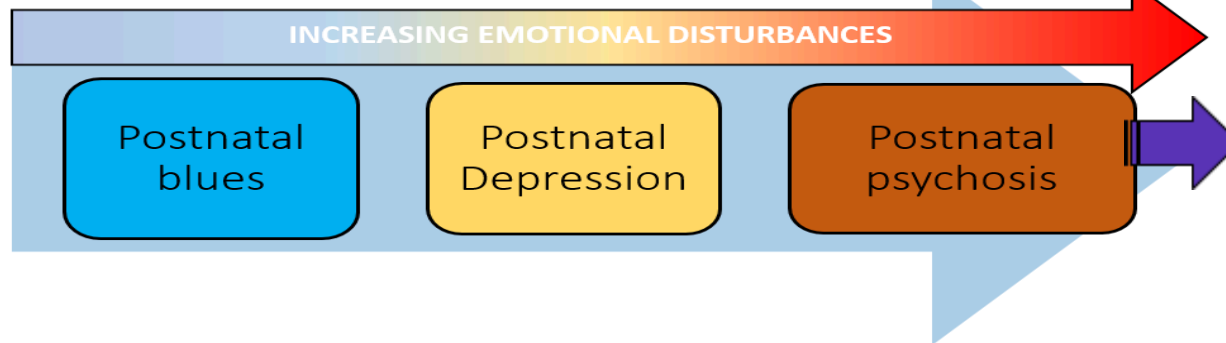




RECOGNIZED IN 700 BC
 MORE MEDICAL ATTENTION WAS GIVEN IN THE 1970's
 A COMMON MOOD DISORDER APPEARING IN THE DIAGNOSTIC & STATISTICAL MANUAL OF MENTAL DISORDERS in 1994

www.nhs.uk/postnataldepression

TREATMENTS

PSYCHOLOGICAL THERAPY

COGNITIVE BEHAVIOURAL THERAPY (CBT)

INTERPERSONAL THERAPY (IPT)

SUPPORTIVE INTERVENTIONS

OTHER THERAPIES
Family or Relationship Therapy

SUPPORT NETWORK

TALK TO FAMILY AND FRIENDS

JOIN PARENT SUPPORT GROUPS

CONNECT WITH OTHERS ONLINE (SELF REFERRAL)

SELF-HELP STRATEGIES FOR POST-PARTUM DEPRESSION



www.nhs.uk/mental-health/conditions/post-natal-depression/overview



SYMPTOMS OF POSTPARTUM DEPRESSION



Childbirth Sleep Deprivation Sadness
 Emotional Mother Postnatal
 Disorders Risks Severe Factors
POSTPARTUM DEPRESSION
 Mood Stress Cause Bipolar
 Worry Diagnosis
 Low Energy Irritability
 Psychosis Medication PPD
 Research Debilitating Vulnerable
 Father Extreme Support Family

NHS choices

Not how you were expecting to feel?



About **one in 10** women develop depression after their baby is born

Signs of postnatal depression

Constantly feeling sad or low
 Feeling like you can't cope
 Not being able to enjoy anything
 Not feeling interested in your baby

If you think you may be depressed, talk to your midwife, health visitor or GP. They're there to help.

Visit NHS Choices for more advice on postnatal depression

ICD - 11

CODE : 6E20

Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms

A syndrome associated with pregnancy or the puerperium commencing within about 6 weeks after delivery that involves significant mental and behavioural features, most commonly depressive symptoms.

The syndrome does not include delusions, hallucinations, or other psychotic symptoms.

The symptoms are not a manifestation of another medical condition (e.g a brain tumour) and are not due to the effects of a substance or medication on the central nervous system for example

- Benzodiazepines (including withdrawal effects)
- From stimulants

The disturbance results in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. If functioning is maintained , it only through significant additional effort.

If the symptoms meet the diagnostic requirements for a specific mental disorder (e.g. Mood Disorder, an Anxiety or Fear - Related Disorder, Obsessive Compulsive Disorder, Adjustment disorder, that diagnosis should also be assigned.

If the symptoms do not meet the diagnostic requirements for a specific mental disorder, the presentation can be described using codes from the section on Mental or Behavioural Symptoms, signs or clinical Findings.

Additional Clinical Features

This diagnosis may be assigned regardless of whether biological factors related to pregnancy, childbirth or the puerperium are known to be etiologically related to the syndrome.

- Common presentations of Mental or Behavioural Disorders Associated with pregnancy, Childbirth or the Puerperium, without psychotic symptoms include:

- **DEPRESSIVE SYMPTOMS:**

These may include depressed mood, excessive crying, difficulty bonding with baby; withdrawing from family and friends, loss of appetite or eating much more than usual, inability to sleep or sleeping too much, overwhelming fatigue or loss of energy; reduced interest and pleasure in usually enjoyable activities, intense irritability and anger, fears of not being a good mother, feelings of worthlessness, shame, guilt or inadequacy; diminished ability to think clearly, concentrate or make decisions; thoughts of harming oneself or the baby.

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Mind.org.uk

Information obtained from online reading at www.uwtsd.co.uk/library
Psychopathological Classifications, reading material obtained from ICD on moodle slides.

Images obtained from www.wikipedia.co.uk

Images obtained from google images

BSC HEALTH & SOCIAL CARE

BMHP 6029

Psychopathological Classifications

Component 1
Academic Poster
Student: 2224032
Nadia Khan