

Postpartum depression breastfeeding and antidepressant therapy:

- Antidepressant drug use in postpartum depression and breastfeeding women is very safe.
- Half of the women with PPD are treated with antidepressants.
- Women may benefit from a combination of antidepressants plus psychotherapy, counseling and cognitive behavioral therapy.
- Every woman and infant has a unique system for the metabolism of the drug of choice. These variations require close monitoring in order to achieve adequate control of PPD with lowest dosage and fewest side effects (polymorphism of cytochrome P450).

When choosing an antidepressant treatment:

- Consider woman's prior response to antidepressant if previously taken.
- Anticipate speed to treatment effect and severity of depressive symptoms.
- Monitor for side effects that may vary for each mother and nursing infant.

Postpartum psychosis symptoms and treatment:

- Relatively rare (prevalence 0.1-0.2 percent)
- Risk factors for postpartum psychosis are:
 - History of bipolar disorder
 - Previous history of puerperal psychosis
 - Family history of puerperal psychosis
 - Recent or current history of drug abuse

The most common symptoms are extreme restlessness, agitation, delusions and hallucinations, and suicidal ideation.

Postpartum psychosis is a medical emergency that requires hospitalization and should be treated in conjunction with a psychiatrist.

General Principles of Managing Illness in The Postpartum Period:

- Early identification through a universal screening
- Coordinated care and planned follow-up
- Pharmacotherapy often required for any problem other than mild depression
- Hospitalization for suicidal intent, severe depression, or psychosis
- Involvement of family members at all stages of diagnosis and management

For Postpartum Psychosis:

- Almost all women will require hospitalization for initial stabilization.
- Management will include medications, patient and family education, and reassurance.
- Preferred medication is the atypical antipsychotics due to lower risk of extra-pyramidal symptoms and tardive dyskinesia.
- None of the antipsychotic medications are compatible with breastfeeding.

Close monitoring is advised and most current used medications are:

RISPERIDONE	Risperdal® Consta™; Risperdal® M-Tabs™; Risperdal®
OLANZEPINE	Zyprexa® Zydys®; Zyprexa®
QUETIAPINE	Seroquel®
CLOZAPINE	Clozaril®; FazaClo®
ZIPRASIDONE	Geodon®
ARIPIIPRAZOLE	Abilify®

For Women With Depression and a History of Suspicious Bipolar Disorder:

- Select treatment for depression.
- If antidepressants are used, then potential signs of mania must be monitored.
- If a woman has history of previous treatment for bipolar disorder, then all antidepressants should be accompanied by lithium.
- Lithium is incompatible with breastfeeding.

For Depression:

- Use PHQ-9 score to guide initial management.
- Any woman with elevated PHQ-9 and functional impairment should be encouraged to take mood stabilizers (see attached table) in addition to other therapy recommended.
- Family support and education are important to maintain supported therapy for the woman.