

## **NR 603 Week 2 PPD Management Plan**

Diagnosing PPD occurs when five depressive symptoms become present for at least two weeks. When considering PPD, at least one depressive episode has occurred since the beginning of the pregnancy or within four weeks of delivery (Mughal et al., 2022).

Symptoms include depression or loss of interest in addition to; worthless or guilt, loss of energy, suicidal ideation or recurrent thoughts of death, loss of interest or pleasure throughout the day, appetite or weight changes, psychomotor retardation, or agitation, or observed or subjective depression (Mughal et al., 2022).

### **Management Plan:**

#### **A. Primary Diagnosis:**

Post-Partum Depression is the primary diagnosis discussed in my case study this week. Postpartum depression (PPD) is a condition 1:7 women face, or 6.5-20% (Mughal et al., 2022). PPD is a form of severe depression that affects daily function and requires treatment. Women with PPD may experience despair, sadness, anxiety, and irritability (Hollier, 2018).

Risk factors for PPD can be a history of depression or anxiety, having a risky pregnancy such as an emergency C-section, preterm infant, or umbilical cord prolapse, to name a few examples (Mughal et al., 2022). Social risk factors may include lack of support system, domestic violence, sexual, physical, or verbal abuse, lifestyle risk factors such as poor eating habits or poor sleeping habits, and lack of exercise or physical activity (Mughal et al., 2022).

#### **B. Recommended diagnostic testing based on clinical practice guidelines.**

Per clinical practice guidelines PPD screening may be completed 2-6 months after delivery, and there are several different depression screening tools. Still, the most common is the Edinburg Postnatal Depression Scale or Patient Health Questionnaire 9 (PHQ-9). The Edinburg