

361 Depression (PG/BF/NBF/C)

Description

- Depression diagnosed by provider
- May see appetite changes, increased smoking, and in pregnancy less provider visits & delivery of LBW infant

Assess Readiness for Change: with open ended questions

- “How long have you felt depressed? What medications are you taking? Are you seeing a counselor?”
- “Depression can cause changes in eating. How has your eating been affected?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“The Dr said depression was normal after pregnancy. He didn’t give me medication.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “Depression after delivery can be normal, but not if it affects your ability to cope and function. How are you coping with your depression?” • “What things do you have trouble doing when you are depressed?” <p>*****</p> <p>Postpartum (PPD: postpartum depression)</p>	<ul style="list-style-type: none"> • “You are eligible for WIC because you have depression. How interested would you be in seeking help from a counselor or Dr?” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level <p>*****</p> <p><i>Knowledge: sadness and hopelessness beyond “baby blues” (lasts >2wks and affects ability to function), treated with counseling and medication</i></p>
<p>Record Plan or Goal</p>	<p>Mom feels she is coping and not interested in meds or counseling referral. Re-assess next appointment.</p>	
<p>Unsure →</p> <p>“It’s overwhelming right now. It’s hard to even think about what I’m supposed to be eating.”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “It sounds like it is really hard for you right now. You said you can’t think about eating. How are you doing getting in meals and snacks of some kind?” • “On a scale of 1-10, how desperate do you feel today?” 	<ul style="list-style-type: none"> • Appetite changes common- anorexia, bulimia, wt loss • Medication side effects (weight gain) • Nutrition related treatments: <ul style="list-style-type: none"> ○ Healthy diet & exercise ○ Limit caffeine, alcohol, drugs ○ Get sunlight ○ Assure safety of fad or herbal treatments
<p>Record Plan or Goal</p>	<p>Not on meds or counseling. Encouraged to talk to again Dr as depression seems severe. Re-asses next appointment.</p>	
<p>Ready →</p> <p>“I just started medications. I feel so guilty as I so wanted this baby.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “Postpartum depression isn’t something you cause. It’s treated like any other medical condition. How would you feel about asking someone to come in and help you at home for awhile?” 	<ul style="list-style-type: none"> • “It sounds like you don’t have family support in town I can give you a referral to the public health nurse?” • <i>Knowledge: St John’s Wort not been proven effective & can interfere with medications. Folic acid, omega-3-fatty acids and carbohydrates show promise</i>
<p>Record Plan or Goal</p>	<p>Mom started depression meds. Gave referral to PHN. Mom prefers to stay with three month vs shorter pickup cycle.</p>	
<p>Education Resources</p>	<p>http://www.nimh.nih.gov/health/publications/depression/complete-index.shtml Resource- Depression</p> <p>http://www.womenshealth.gov/faq/depression-pregnancy.cfm Resource- Post Partum Depression</p> <p>http://www.health.state.mn.us/divs/fh/mch/fhv/strategies/ppd/ppdbrochure.pdf Handout- Post Partum Depression</p>	