

Postpartum Depression Care Plan

Patient Information

Name:

Age:

Contact Details:

Emergency Contact Information:

Date of Childbirth:

Childbirth Complications (if any):

Symptoms:

Please describe the symptoms you are experiencing. Include details about your mood, energy levels, sleep patterns, appetite, and feelings towards the baby.

Screening and Diagnosis:

Your healthcare provider will use a standardized screening tool like the Edinburgh Postnatal Depression Scale (EPDS) to quantify symptoms.

Medical History:

Do you have a history of depression or other mental health issues? Is there a family history of mental health problems?

Medication:

Please list any current medications and their dosages. If antidepressants are prescribed, note your reactions to the medication here.

Therapy:

If you are undergoing therapy (like CBT or IPT), how frequent are the sessions? Please share any progress or concerns.

Self-Care:

Describe your daily routine, including diet, exercise, and sleep patterns.

Education:

Do you have any concerns or questions about postpartum depression, its symptoms, and treatment options?

Breastfeeding:

If you are breastfeeding, describe your routine and any difficulties you may be experiencing.

Support System:

Can you tell us about your support system? This could be your partner, family, friends, or other close individuals.

Follow-up:

Your healthcare provider will schedule regular follow-up appointments to monitor your condition.

Emergency Plan:

You and your healthcare provider should prepare an emergency plan if your symptoms worsen or you experience suicidal thoughts.

Additional Questions:

1. How has your mood been lately? Can you describe your highs and lows?
 2. Have you been having difficulty bonding with your baby?
 3. How are you coping with your new responsibilities as a mother?
 4. How is your relationship with your partner or other family members?
 5. Are you getting enough sleep? How is the quality of your sleep?
 6. How is your appetite? Have you noticed any changes in your eating habits?
 7. Are you experiencing any anxiety or panic attacks?
 8. Have you been having any thoughts about hurting yourself or your baby?
 9. What activities or hobbies used to bring you joy?
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This document is intended to facilitate discussion between you and your healthcare provider and assist in developing a comprehensive and individualized care plan. It does not replace professional consultation.