What is postpartum depression?

- DSM-5 diagnosis is classified as Major Depressive Disorder with a specifier of peripartum onset.
- Must meet full criteria for a major depressive episode with an onset in pregnancy or within 4 weeks of delivery.
- In addition to depressive symptoms, PPD is characterized by disinterest in self-care and care of the infant as well as emotional lability (Friedman & Resnick, 2009).
- If left untreated, it can disrupt the mother-infant bond, impair the infant's cognitive and language development, and in extreme cases can lead to suicide and/or death of the infant (Friedman & Resnick, 2009).

What vocational theories can be used to conceptualize women with postpartum depression?

Super's Life-Span, Life-Space

- It would be most relevant to assess and explore how women with PPD view themselves in different roles at that given point in their life. If their role as a mother and even a partner is threatened by PPD, this may change the way that work is viewed within this particular “life-space.” Low self-efficacy could globalize to work self-concept or work role could become idolized creating a conflict between the worker role and homemaker role.
- Since childbearing years fall in the exploration and establishment phases, it would be important to consider the ways in which changes due to PPD are impacting women's career exploration and maintenance. Are negative self-concepts inhibiting exploration? Are PPD symptoms negatively affecting job performance and therefore affecting establishment?

Theory of Work Adjustment

- TWA would argue the importance for women with PPD to fulfill the 6 core values. For example, achievement and status may allow women to re-establish self-efficacy that is most likely lacking in other areas. Fulfilling the value of comfort may help women reintegrate into a lower-stress environment which will reduce likelihood of developing PPD. Autonomy may provide women with PPD a sense of control that they feel they are lacking over their symptomology and personal lives.
- Ensuring that women and their environments are in equilibrium may decrease stress and prevent an increase in symptom severity.

How does postpartum depression affect the world of work?

- Roughly 25% of Americans will develop some type of mental illness throughout their lifetime – half of whom will develop long-term disability (2010 National Survey on Drug Use and Health).
- Approximately 70% of women of child-bearing age are employed (Goetzel et al., 2012).
- Roughly 80% of all women who work during pregnancy return to work within one year even though women are at their greatest risk for developing depression during the year following childbirth (Gayes et al., 2005).
- PPD has been shown to increase absenteeism in the workplace, negatively affect work performance, and raise disability costs for employers (Goodman & Crouter, 2009).

How does the world of work affect postpartum depression?

- Most working mothers return to employment within the first six weeks of the infant's life (six weeks earlier than allotted leave time) due to financial concerns, often exposing them to greater stress and role-conflict (Haines et al., 2008).
- The demands of new motherhood and sleep deprivation coupled with a stressful work environment can put working women at increased risk for PPD (Haines et al., 2008).
- Specific types of jobs that increase risk for PPD include: shift work, jobs with little control over work schedule, jobs with more work-family spillover, and jobs that are perceived as little reward for effort (Tuttle & Garr, 2012).
- Women with PPD often do not disclose their symptoms and/or diagnosis with employers for fear of stigmatization, discrimination, and negative repercussions in the workplace (Pinto-Foltz & Logsdon, 2008).

Relevant Legislation

- Family Medical Leave Act of 1993
  Employers must provide up to 12 weeks of unpaid leave to care for a dependent child.

Clinical Considerations

- Assessment of resources (financial, length of leave, social supports, etc.)
- Consider homemaker and parenting roles as a type of work and explore relationship to those roles
- Explore client’s ideas around disclosure and anticipated consequences of help-seeking
- Assess readiness for certain types of work (physical, social, cognitive, etc.)