Postpartum depression or psychosis and return to work

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Postpartum depression, like major depression, presents with symptoms that can impair a woman's ability to resume regular activities, such as employment. These symptoms include fatigue, psychomotor retardation, and difficulties with concentration or attention. Preeclampsia, gestational hypertension, postpartum haemorrhage, or premature membrane rupture are associated with an increased risk of postpartum depression,[1] so a woman's ability to return to work can be impaired by both psychiatric and obstetric factors. Employment is helpful to people with severe mental disorders and reduces costs of running mental health services in the long term.[2]

Postpartum depression affects up to 20% of mothers,[3] with higher prevalence in low-income and middle-income countries than in high-income countries. Low socioeconomic status and low social support increase the risk of postpartum depression;[3] helping women return to work can therefore promote recovery and save long term service costs. A 2014 analysis estimated that, in the UK, postpartum depression costs health and social care services £1688 per case.[4]

Postpartum psychosis, a type of brief psychotic disorder, can likewise impair occupational ability, because delusions, disorganised speech, hallucinations, and catatonic or disorganised psychomotor behaviour can reduce attention, concentration, logical processing, and other forms of cognitive executive functioning. Postpartum psychosis affects 0·1–0·2% of women within 2 weeks of childbirth,[4] and a 2014 analysis estimated that it costs UK health and social care services £24 302 per case.

Across a range of mental disorders, only 56% of service users in the UK receive return-to-work support from the mental health service.[5] Common forms of psychiatric treatment for these disorders present an opportunity to integrate informational support about returning to work with regular treatment. Psychiatrists need to advise patients about whether or not they are ready to resume employment and how best to cope with the occupational impairments linked to their symptoms or medication.

Returning to work can reduce social isolation and financial strain, and also maintain feelings of self efficacy and identity, thus reducing the risk of the development of chronic postpartum depression or psychosis. However, without the right advice, women could find combining employment, childcare, and treatment for postpartum depression or psychosis highly stressful and consequently experience a delayed recovery. I therefore encourage psychiatrists to advise their patients about the benefits and risks of resuming employment.

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