POSTPARTUM FATIGUE

Most women experience fatigue in the weeks and months after childbirth – perhaps nature’s way of ensuring new mothers rest to improve recovery and reduce exposure to infection. For some, however, fatigue may be severe, impacting a woman’s mood and ability to meet the demands of new motherhood. Successful interventions may be most feasible in women for whom fatigue is linked to conditions amenable to evidence-based intervention.

Examples of Fatigue Amenable to Evidence-Based Interventions

One common cause of fatigue is anemia, and postpartum women are among those most likely to be anemic, especially low income women. An evidence-based intervention to reduce postpartum fatigue would include nurses reinforcing the need for iron supplementation during pregnancy and after delivery. In addition, a new mother could be tested for anemia at the 6 week postpartum visit, or sooner if she reports a high level of fatigue during a new baby visit or during a nurse-initiated phone call in the first weeks after delivery. Those anemic could be treated, before fatigue has a chance to interfere with maternal-infant bonding or other important goals of new motherhood.

A second common cause of fatigue is infection and, again, postpartum women are particularly susceptible. Educating women before discharge to report even subtle signs of infection may be an effective evidence-based intervention to reduce fatigue, as would phoning women in the first weeks after delivery who are at high risk of infection including those delivered surgically or who have a predisposing condition such as obesity, smoking, or diabetes or who experienced long labors, internal fetal monitoring, manual removal of the placenta, catherization during labor, or who are breastfeeding. At the 6-week visit, careful screening for infection would allow for initiation of therapy.

Thyroid dysfunction is often associated with fatigue, and again, the postpartum period is a particularly likely time for its development. Those at high risk include women with diabetes or a history of autoimmune disease. Hypothyroidism typically is not tested for postpartum. A telephone call in the first weeks after childbirth to gather report of extreme fatigue may identify women who need further evaluation. Similar questions at each subsequent visit are important, since hypothyroidism peaks towards the end of the first postpartum year. To differentiate between relatively common postpartum symptoms and hypothyroidism, women should be asked about symptoms more specifically associated with hypothyroidism including dry skin, hoarseness, goiter, fluid retention, and constipation. Anyone diagnosed would be a candidate for therapy.

Research Strategies

Research to test whether diagnosing and treating these conditions actually reduce the development of postpartum fatigue, would include well-controlled studies where postpartum women are provided education about fatigue prior to hospital discharge, are queried about excessive fatigue in the first few weeks postpartum, and are tested for anemia and thyroid disease and screened for infection at the 6-week postpartum visit. The percentage diagnosed with one of these conditions could be compared to historic controls. Follow up studies to identify rates of fatigue, depression and maternal satisfaction in women identified and treated compared to previous statistics, could indicate whether early detection impacted maternal functioning.
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