

The Role of State Public Health in Perinatal Depression

Overview

Perinatal depression is a condition that describes a wide range of physical and emotional changes or mood disorders that occur either during pregnancy or within the first 12 months following delivery. Perinatal depression in its mildest form, commonly called “baby blues,” afflicts up to 80 percent of new mothers. Severe depression during the late pregnancy or postpartum periods may affect as many as 20 percent of new mothers.¹

Perinatal depression is a significant public health concern because research indicates that depression is the leading cause of disease-related disability among women, and since pregnant women are particularly prone to depression, pregnancy and new motherhood may greatly increase the risk of depressive episodes among women.² Additionally, perinatal depression can negatively impact the cognitive and emotional development of infants and cause strain on families as well.

Though the prevalence rate of perinatal depression is relatively high, it is frequently unrecognized and untreated in most primary health care settings.³ State public health agencies can play an important role to address perinatal depression and can partner with other national and statewide agencies to increase awareness and support.

Federal Role

The Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB) launched a postpartum depression initiative in 2002 and is collaborating with the National Institute of Mental Health, the Substance Abuse and Mental Health Services

Administration, the American College of Obstetricians and Gynecologists, Healthy Start, and other partners in the development of screening and referral programs. In 2004, MCHB awarded Perinatal Depression grants to five states in the amount of \$250,000 to raise awareness about perinatal depression and promote mental wellness for mothers and families.

In the past few years, several bills were introduced in Congress to provide research and services for individuals with postpartum depression and psychosis. However, no legislative action has been taken to date.⁴

State Public Health Agency Role

State public health agencies typically work with a variety of state and national partners to implement programs and educate the public. State public health agencies can address issues related to perinatal depression by:

- Making information about perinatal depression available to the public.
- Encouraging depression screening for all pregnant women and new mothers in public health settings, and providing referrals as appropriate.
- Strengthening partnerships with mental health and other social service agencies around perinatal health issues.

Quick Facts About Perinatal Depression⁵

- ❖ There is a seven-fold increase in the risk of psychiatric hospitalization for women following childbirth.
- ❖ Serious consequences can occur as a result of perinatal depression, including, in the worst cases, suicide, infanticide and non-accidental injury to the child.
- ❖ Perinatal depression may negatively impact the cognitive and emotional development of children up to age five.
- ❖ Children of depressed mothers see their primary care physicians more often and have higher rates of prescription medications and hospitalizations than children of non-depressed mothers.

- Providing follow-up care, including home visits and peer support services, to women diagnosed with perinatal depression.
- Working with providers to encourage depression screening and follow-up as a routine part of primary care and obstetrical visits.

State Initiatives

Several state public health agencies have launched statewide programs to address issues around perinatal depression:

- The Virginia Department of Health, in partnership with several state universities, received a MCHB grant to alleviate perinatal depression in the state by launching a project called “The 3 Ps of Perinatal Depression: Perinatal Health, Provider Education and Public Awareness.” The goal of this project is to develop a web-based curriculum to enable providers to identify depressed women and refer them for treatment.⁶
- The Texas Legislature passed a bill in 2003 that requires providers, hospitals, and birthing centers that offer prenatal care services to provide women with a current resource list of professional organizations that provide postpartum counseling and assistance to parents. This resource list is maintained by the Texas Department of Health.⁷
- The Pennsylvania Department of Health, Healthy Start, and local Title V projects collaborated to form the Pennsylvania Perinatal Partnership, which is funded by the state Title V Agency to provide for activities such as educating the general public and populations being served on mental health and perinatal depression issues; developing services that address the needs of the population; and creating strategies to eliminate barriers between physical and behavioral health systems of care.

Conclusion

State public health agencies have an important role in collaborating with national and statewide partners to ensure access to mental health information and services for pregnant women and new mothers. State public health agencies are taking steps to address issues related to perinatal depression and can continue to build momentum on these efforts by expanding depression screening and referral to improve the overall health of women, children, and families.

References

¹ *Information on Perinatal Depression*. University of Illinois at Chicago, Department of Psychiatry. 2002.

www.psych.uic.edu/clinical/HRSA/perinatal.htm.

² Gaynes BN, Gavin N, Meltzer-Brody S, et al. *Perinatal Depression: Prevalence, Screening Accuracy, and Screening Outcomes*. Summary, Evidence Report/Technology Assessment: Number 119. AHRQ Publication Number 05-E006-1, February 2005. Agency for Healthcare Research and Quality, Rockville, MD.

www.ahrq.gov/clinic/epcsums/peridepsum.htm.

³ *Information on Perinatal Depression*. University of Illinois at Chicago, Department of Psychiatry. 2002.

www.psych.uic.edu/clinical/HRSA/perinatal.htm.

⁴ *Melanie Blocker-Stokes Postpartum Depression Research and Care Act*. Office of Legislative Policy and Analysis. 2005. <http://olpa.od.nih.gov/legislation/108/pendinglegislation/postpartum.asp>.

⁵ *Postpartum Depression and House Bill 341*. Blue Cross and Blue Shield Association, Health Care Service Corporation. 2005. www.bcbstx.com/provider/postpartum.htm.

⁶ Zoller, M. *Virginia Department of Health Receives \$250,000 Grant to Alleviate Perinatal Depression*. Virginia Department of Health. 2005. www.vdh.state.va.us/news/PressReleases/2004/110404Perinatal.asp.

⁷ *Pregnancy, Parenting and Depression*. Division for Family and Community Health Services, Texas Department of State Health Services. October 2004. www.dshs.state.tx.us/mch/default.shtm

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