

# Postpartum Depression

## PRAMS DATA (Pregnancy Risk Assessment Monitoring System)

■ Prevalence of self-reported postpartum depression among 7 states:

	None	Low to Moderate	Severe
<b>Utah</b>	<b>31.0%</b>	<b>62.3%</b>	<b>6.7%</b>
North Carolina	42.2%	49.4%	8.5%
Washington	41.0%	53.8%	5.1%
Alaska	39.8%	54.9%	5.4%
Louisiana	40.8%	50.3%	8.9%
Maine	41.4%	50.8%	7.7%
New York	44.6%	48.9%	6.5%



# Incidence of Depression

- Each year, 15% to 20% of adults in the United States experience a major depression
- The incidence among women is twice that of men and peaks between 18 to 44 years of age - the childbearing years



# Postpartum Depression Risk Factors

- Family history of mood disorder
- Client history of mood disorder prior to pregnancy
- Anxiety/depression during pregnancy
- Previous postpartum depression
- Baby blues following current delivery
- Child-care difficulties: feeding, sleeping, health
- Marital conflict
- Stressful life events
- Poor social support



# Postpartum Depression in Utah (1999-2001)

- 23.6%% of PRAMS respondents indicated that in the months after delivery they were moderately to very depressed



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# Characteristics of Utah Women with Postpartum Depression (mod.-severe)

Education:		
	< 12 years	28.1%
	<b>12 years</b>	<b>29.2%</b>
	13-15 years	21.9%
	≥ 16 years	16.9%
Age of Mother:		
	≤19 years	27.2%
	20-29 years	25.1%
	30-39 years	17.8%
	<b>≥ 40 years</b>	<b>40.2%</b>
Marital Status:		
	Married	21.7%
	<b>Other</b>	<b>33.5%</b>
Household Income:		
	< \$15,000	26.9%
	<b>\$15,000-\$35,000</b>	<b>28.4%</b>
	\$35,000-\$50,000	23.1%
	≥ \$50,000	16.4%

Intendedness of Pregnancy:		
	Intended	20.7%
	<b>Unintended</b>	<b>29.1%</b>
Physical Abuse:		
	No Abuse	22.7%
	<b>Abuse reported</b>	<b>41.4%</b>
Sources of Support:		
	No Support	38.8%
	Support	23.5%



# Consequences of Postpartum Depression

- Negative impact on the infant 's social, emotional and cognitive development
  - 2 month old infants of mothers with depression had decreased cognitive ability and expressed more negative emotions during testing



# Screening for Depression

## Is Important because woman may...

- Be unable to recognize she is depressed
- Believe her symptoms are “normal” for new moms
- Feel she is going crazy and fears her baby will be taken from her
- Fear being labeled a “bad mother” if she admits her maternal experience does not meet society’s picture of bliss



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# Screening Tools

- There are several tools available:
  - Edinburgh Postnatal Depression Scale
  - The Mills Depression & Anxiety Checklist
  - The Center for Epidemiological Studies Depression Scale (CES-D)
  - Others, often on various websites for mental health



# Edinburgh Postnatal Depression Scale

- **Designed for home or outpatient use**
- **Consists of 10 questions**
- **Can be completed in approx. 5 minutes**
- **Reviews feelings the previous 7 days**
- **Scored 0-3 depending on symptom severity**
- **Depending on study, cut off is 13 - 9 points**



# Perinatal Depression Treatment Options

- Pharmacological intervention
- Counseling, individual and/or group
- Support groups



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# Prescription Products to Treat Perinatal Depression

- Use of selective serotonin reuptake inhibitors (SSRIs) may be indicated for both non-nursing and nursing mothers
- Have low incidence of infant toxicity and adverse effects during breastfeeding
- Decisions regarding use while breastfeeding must be on a case by case basis



# Counseling

- Know referral sources in your locale, especially those that:
  - accept Medicaid
  - utilize a sliding fee
  - will develop a payment plan with the client
  - offer free counseling
- Be familiar with indigent drug programs available through various pharmaceutical manufacturers

