



Postpartum Depression

Depression is more than just feeling “blue” or “down in the dumps” for a few days. It’s a serious illness that involves the brain. With depression, sad, anxious, or “empty” feelings don’t go away and interfere with day-to-day life and routines. These feelings can be mild to severe. The good news is that most people with depression get better with treatment.

Postpartum Depression - Depression after childbirth is called postpartum depression. Hormonal changes may trigger symptoms of postpartum depression. In the first 24 hours after childbirth, hormone levels quickly return to normal. Researchers think the big change in hormone levels may lead to depression. Low levels of thyroid hormones can cause symptoms of depression. A simple blood test can tell if this condition is causing the symptoms.

About 13 percent of pregnant women and new mothers nationwide have depression. Depression is a common problem during and after pregnancy

Untreated depression during pregnancy has been proven to lead to higher rates of lower birth weights, pre-term labor (depression doubles the risk) and increased use of alcohol and drugs to self-medicate.

With the recent availability of survey data from Pennsylvania’s Pregnancy Risk Assessment Monitoring System (PRAMS), analysis on self-reported postpartum depression in Pennsylvania is underway.

Based on the combined 2007 and 2008 Pennsylvania datasets, postpartum depressive symptoms were more likely reported in the following demographics:

Race-ethnicity: The highest percentage of PA respondents with postpartum depressive symptoms is within the Black, non-Hispanic category with 21.3% indicating symptoms. That is followed next by the Other, non-Hispanic category with 18.4% indicating symptoms. That is then followed next by the Hispanic category with 17.7%, and then finally the White, non-Hispanic category with 9.1%. See Figure 1

Maternal Age: The highest percentage of PA respondents with postpartum depressive symptoms is within the age category less than 20 years of age (26.6%). That is significantly higher than those responding with symptoms in both the 20-29 category (12.4%), and the 30+ category (7.5%).

Maternal Education: The highest percentage of PA respondents with postpartum depressive symptoms is within the category of less than 12 years of education (20.9%). That is higher than those responding in the category of 12 years (18.2%), and significantly higher than those in the category of greater than 12 years of education (6.8%).

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a collaborative surveillance project between the Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health. PRAMS collect Pennsylvania-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS data is intended to be representative of Pennsylvania women residents whose pregnancies resulted in live births.

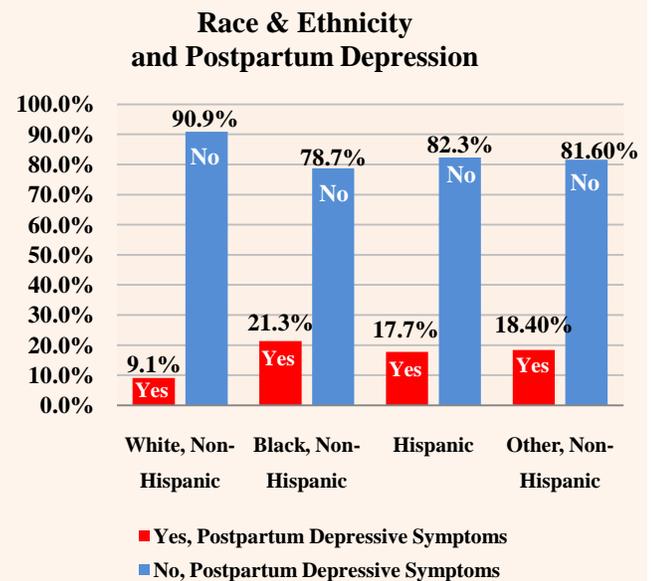


Figure 1. Postpartum Depressive Symptoms and Race & Ethnicity
Significance Level: 99% Source: PA PRAMS 2007 & 2008 dataset



There’s no single cause for postpartum depression. Physical, emotional and lifestyle factors may all play a role. Certain factors have been identified as increasing one’s risk of depression during and after pregnancy:

- A personal history of depression or another mental illness
- A family history of depression or another mental illness
- A lack of support from family and friends
- Anxiety or negative feelings about the pregnancy
- Problems with a previous pregnancy or birth
- Marriage or money problems
- Stressful life events
- Young age
- Substance abuse



Pregnancy Risk Assessment Monitoring System

A survey for healthier mothers and babies in Pennsylvania

Pregnancy Intendedness and Postpartum Depression

There is a question within the PRAMS survey that addresses the *intendedness* of Pregnancy. Mothers with newborns were asked to think back to just before the time they got pregnant and indicate how they felt about becoming pregnant. Possible answers included: I wanted to be pregnant sooner, or later, or then, or never. Results show that 41.7% of these mothers are within the two categories, “later,” or “did not want to be pregnant (never).” See figure 2.

Sooner	Then	Later	Never	Total
17.0%	41.3%	32.4%	9.3%	100%

41.7%

Figure 2. Pregnancy Intent
Source: PA PRAMS 2007& 2008 dataset

In examining the data on that combined population (Later + Never), we see that of that group’s total weighted sample size of 91,790 mothers, 17,385 (or, 18.9%) indicated *Yes* to having postpartum depressive symptoms. In comparison, 9,402 (or, 7.3%) of the 129,540 mothers in the remaining population (Sooner + Then) indicated *Yes* to having postpartum depressive symptoms. See Figure 3.

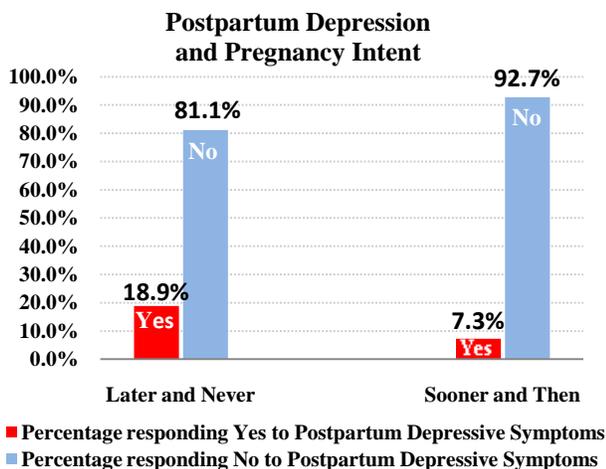


Figure 3. Postpartum Depression and Pregnancy Intent
Significance Level: 99% Source: PA PRAMS 2007 & 2008 Dataset

Summary of the Data

The combined 2007 & 2008 PA PRAMS dataset clearly shows that a significantly higher percentage of new mothers within the following distinct categories reported having postpartum depressive symptoms:

- Black, non Hispanic
- Younger (Less than 20 years of age)
- Less Education (<12 years of school)
- Unintended Pregnancies

Agenda for Action

Targeting at-risk populations of postpartum depression, and implementing services and interventions designed to minimize its impact is imperative for policy makers within effective maternal and child health programs.

In Guidelines for Perinatal Care, the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend that

- Pregnant women be educated about Postpartum Depression during the third trimester.
- Obstetricians/gynecologists consult with their patients about their risk for psychiatric illness during the postpartum period

The Pennsylvania Department of Health supports initiatives designed to raise awareness about postpartum depression, decrease stigma associated with it, and increase screening for it. The Department has funded training of practitioners, medical personnel, and community social service providers in an effort to advance this goal. Additionally, through the Healthy Baby Line (800-986-BABY) the Department provides information and referral on resources for postpartum depression. The PA Department of Health continues to support the Pennsylvania Perinatal Partnership (PPP) – a collaboration of PA Healthy Start Projects and Maternal and Child Health Programs – in their efforts to improve women’s and children’s health outcomes in PA through education, advocacy and collaboration.

Potential barriers to accessing mental health care – health insurance, childcare, transportation, stigma, language, awareness, and resources – represent ideal focal points for addressing postpartum depression, and thus improving the health of mothers and babies.

Resources & Contacts:

The PA Department of Health, Maternal and Child Health Services
Contact: Giselle Hallden, Public Health Program Administrator, Phone: 717-772-2762

The Centers for Disease Control and Prevention (CDC) – PRAMS and Postpartum Depression Fact Sheet:
<http://www.cdc.gov/reproductivehealth/ProductsPubs/PubsPRAMS.htm>

Sources

Womenshealth.gov – sponsored by the National Women’s Health Information Center, U.S. Department of Health and Human Services Office on Women’s Health:
<http://www.womenshealth.gov/faq/depression-pregnancy.cfm#>

PA Prams 2007 Data Set – Source: PONDER (PRAMS On-Line Data for Epidemiologic Research). PONDER is a Web-based query system that allows users to design analysis by choosing from an indexed list of variables

American Academy of Pediatrics and American College of Obstetricians and Gynecologists. *Guidelines for Perinatal Care*, 5th ed. Washington, DC: American Academy of Pediatrics, 2002

The Centers for Disease Control and Prevention (CDC) -- PRAMS and Postpartum Depression Fact Sheet:
<http://www.cdc.gov/reproductivehealth/ProductsPubs/PubsPRAMS.htm>