



PRAMS MOnitor

Postpartum Depression

Missouri Pregnancy Risk Assessment Monitoring System

2011

An estimated 14% of Missouri women reported having postpartum depression symptoms.

What is Missouri PRAMS?

Missouri PRAMS is an ongoing, population-based survey designed to identify and monitor select maternal experiences, attitudes and behaviors that occur before, during and shortly after pregnancy among women delivering a live-born infant. PRAMS collects information from women through a mailed survey with telephone follow-up for those who do not respond.

This fact sheet includes data from 2007 and 2008 combined. In Missouri, 2,741 women with a live birth in 2007-2008 responded to the survey with a weighted response rate of 64 percent.

What is Postpartum Depression?

Depression after having a baby can range from “baby blues” to postpartum depression (PPD). Baby blues usually last a few days or weeks, but PPD symptoms are more severe and last longer. PPD can actually interfere with daily life and caring for the baby. Symptoms of PPD may include:^{1,2}

- Sadness
- Loss of interest in activities
- Changes in eating, sleep and energy
- Problems in thinking, concentrating and making decisions
- Feelings of worthlessness, shame or guilt
- Irritability and anger
- Withdrawal from family and friends
- Feeling disconnected from the baby
- Feelings of inadequacy as a mother
- Thoughts of harming the baby or having negative thoughts that someone will take or harm the baby
- Thoughts that life is not worth living

An estimated 10-15 percent of mothers are affected by PPD in the year after delivery.³ Previous studies have found that young maternal age, partner-associated stress, traumatic

or financial stress, physical abuse, delivery of a low birth weight infant, and tobacco use during pregnancy were associated with PPD.^{4,5} PPD is associated with not breastfeeding, earlier weaning and may affect maternal-infant relationships as well as infant behaviors.^{4,6-10}

The PRAMS survey asks two questions that were used to determine whether or not a woman experienced PPD symptoms. Women were considered as having symptoms if they answered “Always” or “Often” to either of the following questions.

“Since your new baby was born, how often have you felt down, depressed or hopeless?”

“Since your new baby was born, how often have you had little interest or little pleasure in doing things?”

Postpartum Depression in Missouri

Socio-Demographic Characteristics

An estimated 14 percent of Missouri women reported PPD symptoms. Figure 1 shows PPD symptoms were more common among women who were:

- Younger
- Less than high school educated
- Non-Hispanic Black
- Unmarried
- Covered by Medicaid for delivery

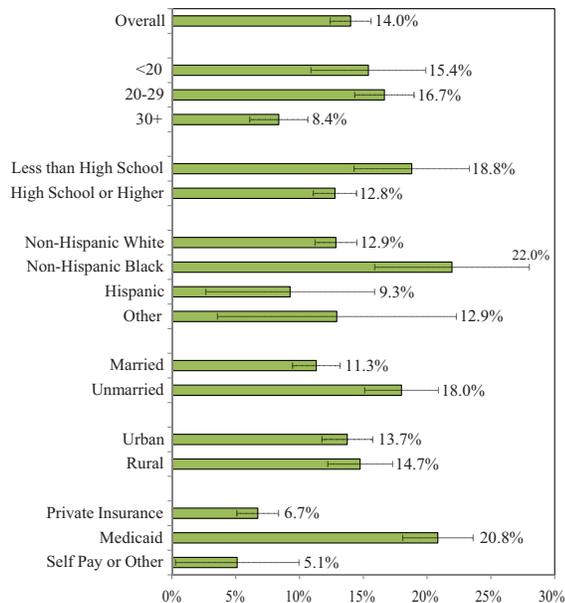


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* Confidence Intervals: In the figures throughout this factsheet, 95% Confidence Intervals are used. The 95% Confidence Interval (CI) reflects the range of values for which there is 95% confidence that the true value falls within the range, which is shown in the figures as error bars with a lower confidence limit and an upper confidence limit.

Figure 1. Percent of women with postpartum depression symptoms

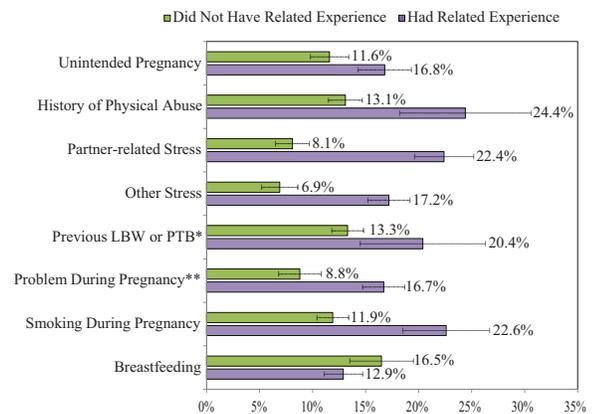


Maternal Experiences and Postpartum Depression

Certain maternal experiences may be associated with PPD symptoms. Figure 2 shows that a higher percentage of women with each experience had PPD symptoms compared to women who did not have the experience. Worthy of noting is that almost three times more women with partner-related stress or other types of stress had PPD symptoms. PPD symptoms were approximately two times more common among women with a history of partner-related physical abuse or who had health problems during pregnancy.



Figure 2. Percent of women with postpartum depression among those who did or did not have select related experiences



*LBW: low birth weight (<2500g); PTB: preterm birth (<37 weeks gestation)
 **Problems during pregnancy include any of the following: high blood sugar that started before or during pregnancy, vaginal bleeding, kidney or bladder infection, severe nausea/vomiting/dehydration, incompetent cervix, high blood pressure, problems with the placenta, preterm labor, premature rupture of membranes, blood transfusion, or hurt in a car accident.

Help for Postpartum Depression

Seeking help for PPD is an important step to getting better. Although depression can go away without treatment, it can also get worse if a woman decides not to speak with someone about the feelings she is having. The PRAMS survey asks women “Since your new baby was born, did you seek help for depression from a doctor, nurse or other health care worker?”

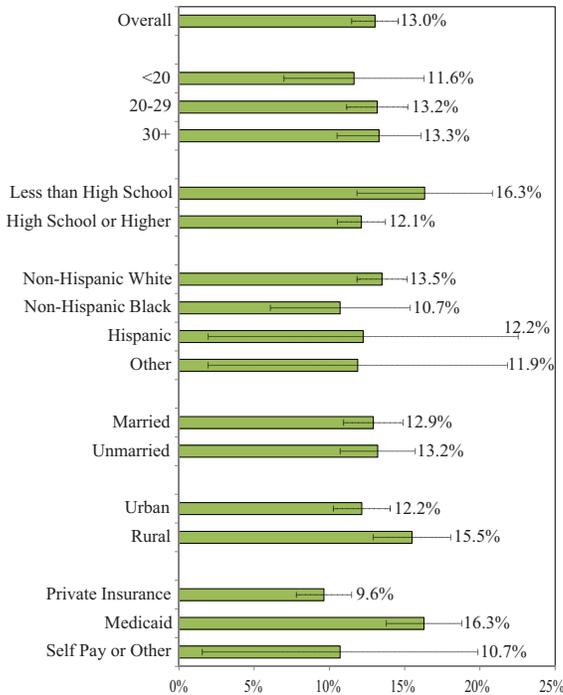
Overall, 13 percent of Missouri women sought help for postpartum depression from a health care provider. Figure 3 shows seeking help for PPD was more common among women who were:

- 20+ years of age
- Less than high school educated
- Non-Hispanic White
- Living in a rural area
- Covered by Medicaid for delivery

The percentage of women who sought help may be compared to the percentage of women with PPD symptoms in each socio-demographic category. In some groups, the percentage of women who sought care was actually higher than the percentage who said they always or often had the symptoms described. This could happen for two reasons: 1) the two questions used to determine if women had PPD symptoms is not an exhaustive list of symptoms, so women may have had other PPD symptoms and sought care, 2) women may have sought care even if they had these symptoms rarely or sometimes. There are notable differences in the percentage of women with PPD and the per-

centage who sought care by age, race/ethnicity and marital status. This difference is especially large for race/ethnicity where Non-Hispanic Black women had the highest prevalence of PPD but the lowest prevalence of seeking care.

Figure 3. Percent of women who sought help for postpartum depression symptoms



Discussion

Findings

Approximately one in seven Missouri women with a recent live birth reported having postpartum depression symptoms with higher proportions among certain socio-demographic groups. Many experiences that women had around pregnancy were related to postpartum depression. The percent of women who sought help for postpartum depression also varied by socio-demographic group although those groups with the highest percentage who sought help were not necessarily those with the highest percentage who had PPD symptoms.

Limitations

- PRAMS data are all self-report.
- Some women may recall certain experiences better than other women.
- Not everyone who is sent the PRAMS survey responds, so we do not know how the answers of those who did not respond may differ from those who did respond.

- These results do not consider multiple factors simultaneously related to PPD. For example, a higher percentage of women who smoked during pregnancy had PPD compared to women who did not smoke. However, compared to older women, younger women had a higher percentage of smoking and PPD. Therefore, smoking may not be as strongly related to PPD if age is taken into account.

Recommendations

- Women with PPD symptoms should be encouraged to seek help from a health care provider.
- The American College of Obstetricians and Gynecologists (ACOG) states that screening for PPD is beneficial to women and their families and should be strongly considered by providers.¹¹
- Providers should be familiar with PPD screening tools.
- Identification of high risk groups for PPD may help providers and related programs develop targeted screening and intervention.
- Screening for PPD should occur in various settings including primary care visits and well-child visits in addition to the postpartum checkup.
- ACOG recommends that providers have a referral process in place and that women with PPD receive follow-up evaluation and treatment, if indicated.¹¹



Identification of high risk groups for PPD may help providers and related programs develop targeted screening and intervention.

Missouri Mothers Say:

“I honestly believe that all mothers should have some type of help after pregnancy because of depression. I needed help and did not know how or where to seek help. I think this is very vital to the well-being of the mother and child.”

Acknowledgments

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Helpful Resources

Missouri Department of Health and Senior Services: Perinatal & Postpartum Depression

The following website has information about perinatal and postpartum depression for pregnant women, new moms, family and friends, and health care providers.

<http://health.mo.gov/living/families/women-health/perinataldepression/index.php>

