



Maryland PRAMS

Focus on Postpartum Depression

May 2006

“I became very depressed and my doctors did not seem to take my depression seriously. It was all I could do to want to get up in the morning. All these emotional circumstances were beyond my control.”

PRAMS Mother

Postpartum depression is a clinical depression that occurs among new mothers within a year after delivery. It is one of the most common disorders experienced by mothers after childbirth and also one of the most under-diagnosed. Untreated, depression can affect the emotional well-being of the mother and her relationship with her family. The inability to bond well with her infant can result in the development of learning and behavioral problems later in life. In its most severe form, depression can threaten the life and safety of the mother and her family.

For the purpose of this report, women who reported they were moderately depressed (11.6 percent of responses), very depressed (5.8 percent) or very depressed and had to get help (2.1 percent) were considered to be depressed; women who reported that they were not depressed at all or a little depressed were considered not to be depressed (Figure 1).

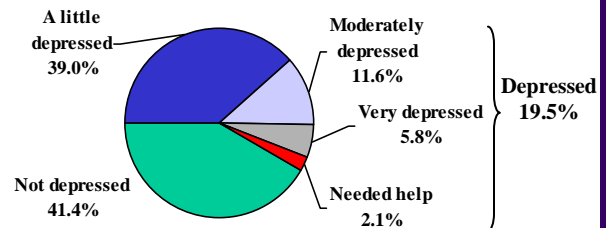
Overall, one out of every five new mothers in Maryland reported feeling at least moderately depressed during the postpartum period. At an average of 75,000 births annually, this rate would represent 15,000 new mothers in Maryland who report being depressed each year.

The 2001-2003 Maryland PRAMS survey included the following question:

In the months after your delivery, would you say that you were:

- Not depressed at all
- A little depressed
- Moderately depressed
- Very depressed
- Very depressed and had to get help?

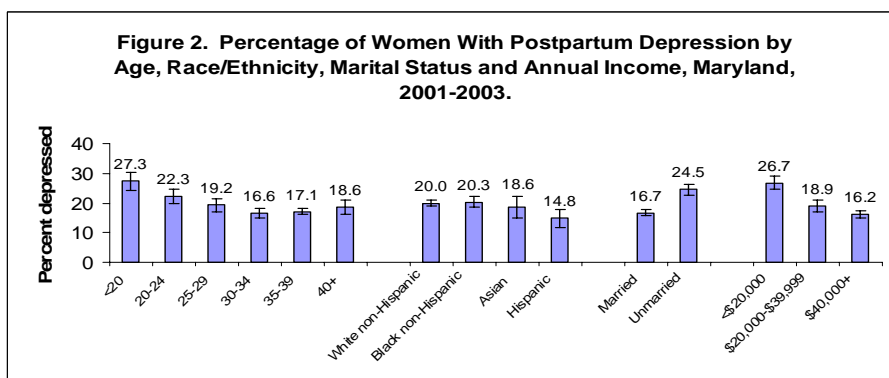
Figure 1. Level of Self-Reported Postpartum Depression, Maryland 2001-2003



Factors Associated with Postpartum Depression

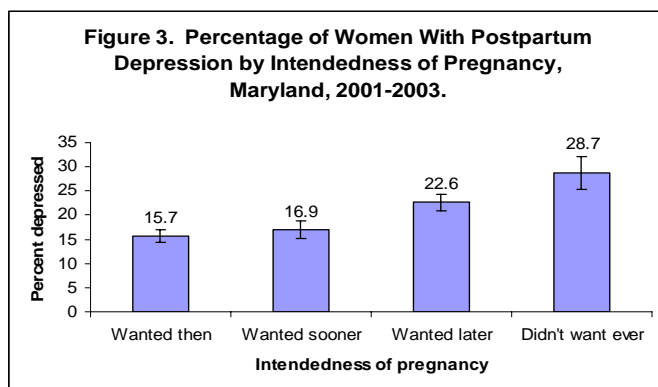
The percentage of women who reported that they were depressed during the postpartum period varied significantly by maternal age, marital status and income,

with the level of postpartum depression highest among mothers who were young, unmarried, and had an annual household income of less than \$20,000. The percentage



of women with postpartum depression did not differ significantly by race and ethnicity (Figure 2) or level of education (data not shown).

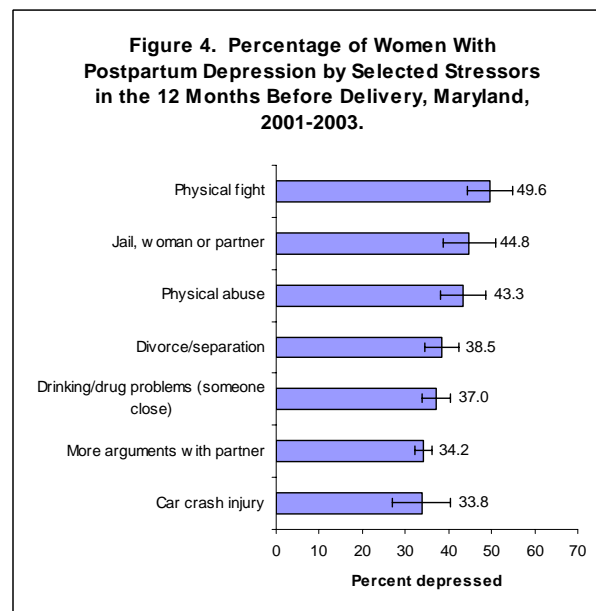
Women whose pregnancies were intended (i.e., they wanted the pregnancy then or sooner) had lower rates of depression than those whose pregnancies were unintended (i.e., they wanted a pregnancy later or did not want a pregnancy ever) (Figure 3). Nearly 29 percent of women who never wanted to become pregnant were depressed in the postpartum period.



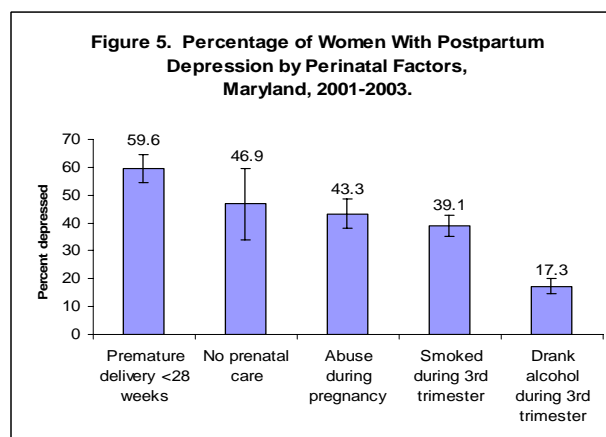
Women who experienced stressful life events in the 12-month period preceding delivery (Figure 4) were more likely to report that they were depressed in the postpartum period, and the likelihood of postpartum depression increased with the number of stressful events. A total of 11.5 percent of women who experienced no stressful events reported being depressed, compared with 16.8 percent of women who experienced one or two stressful events, 27.0 percent of women who experienced three to five stressful events, and 52.6 percent of women who experienced six or more stressful events. The rate of depression was highest among women who were involved in a physical fight (49.6 percent) in the 12 months preceding delivery (Figure 4). In addition to the stressors shown in Figure 4, unpaid bills, a pregnancy unwanted by the partner, homelessness, incarceration of the mother or her partner, the death of someone close, moving to a new address, or having a family member hospitalized in the twelve months prior to delivery were shown to be associated with reported postpartum depression.

Women who experienced one or more of the complications included in the PRAMS survey (kidney/bladder infection, placental problem, premature rupture of the membranes, diabetes, hypertension, preterm labor, multiple gestation, vaginal bleeding, and incompetent cervix) were more likely to be depressed in the postpartum period than women with no medical complications. Approximately 23 percent of women with one or more of these medical complications

during pregnancy were depressed, compared with 13.5 percent of women with no medical complications. The rate of reported depression associated with these medical factors ranged from 16 percent to 30 percent, figures that were generally lower than the rates of depression associated with the non-medical stressors shown above.



Nearly 60 percent of women who delivered their infants prior to 28 weeks of gestation reported they were depressed during the postpartum period. Nearly half of all women who received no prenatal care, 43.3 percent of women who were physically abused during pregnancy and 39.1 percent of women who smoked during the third trimester of pregnancy reported being depressed. Women who drank alcohol during the third trimester were less likely to report being depressed in the postpartum period than women who did not drink during this period (17.3 percent vs. 19.6 percent) (Figure 5).



Impact on Infant Care

Women who reported postpartum depression were less likely to breastfeed their infants and place their infants to sleep on their backs – both of which are factors with proven health benefits for infants. While 58 percent of women who did not report being depressed breastfed their infants for eight or more weeks,

only 46 percent of women who reported being depressed did so. Similarly, a higher percentage of mothers who did not report depression placed their babies to sleep on their backs (65 percent) than mothers who reported postpartum depression (59 percent).

“...(while depressed) I feared the well-being of my baby, my own health, and the well-being of my other children and my husband.”

PRAMS Mother

Limitations of Report

The major limitation of this report is that determination of postpartum depression was based on the mother’s self-reporting of the existence and severity of her depression, and not on a clinical diagnosis. This may make the estimation of level of depression higher or lower than the actual rate. In addition, since mothers may complete the PRAMS survey any time between two and eight months after delivery, mothers who completed the survey early may not yet have

experienced postpartum depression. Also, in any retrospective survey, there may be recall bias. In this case, this may result in over-reporting stressful events among depressed mothers and under-reporting of stressful events among mothers who were not depressed. Finally, this report presents only basic associations between risk factors and postpartum depression; interrelationships among variables are not described, and could explain some of the findings of this report.



Summary

Postpartum depression is a common disorder that affects women of all races and ethnicities. Although postpartum depression is more common among mothers who are young, unmarried and of low socioeconomic status, it occurs among all groups of women. Factors such as absence of prenatal care, physical abuse, smoking, medical complications and stressful life events during pregnancy, as well as birth of a premature infant all appear to be associated with postpartum depression. The single factor most highly correlated with postpartum depression

was the delivery of an infant at less than 28 weeks gestation; 60 percent of these women were depressed in the postpartum period.

Treatment for postpartum depression is very effective and can make a significant difference in the quality of life for affected mothers and their families. Knowledge of factors associated with postpartum depression will help target public health efforts to ensure that new mothers are screened, diagnosed and treated.

“Postpartum depression was hard for me. I felt scared and alone. I cried a lot. Finally three months later (after treatment), I feel like my old self again.”

PRAMS Mother



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PRAMS Methodology

Data included in this report were collected through the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance system established by the Centers for Disease Control and Prevention (CDC) to obtain information about maternal behaviors and experiences that may be associated with adverse pregnancy outcomes. In Maryland, the collection of PRAMS data is a collaborative effort of the Department of Health and Mental Hygiene and the CDC. Each month, a sample of 200 Maryland women who have recently

delivered live born infants are surveyed and responses are weighted to make the results representative of all Maryland births.

This report is based on the responses of 4,380 Maryland mothers who gave birth during the years 2001-2003, and whose infants were alive at the time of the survey. Mothers whose infants had died were excluded from study since a high rate of depression would be expected among this group.

Resources

Maternal and Child Health Library
Knowledge Path: Perinatal Depression
www.mchlibrary.info/knowledgepaths/kp_

Mental Health Association of Maryland
800-572-MHAM (800-572-6426)
www.mhamd.org

Depression After Delivery
www.depressionafterdelivery.com

Postpartum Support International
(805) 967-7636 — www.psi.net

DRADA (Depression and Related
Affective Disorders Association)
(703) 610-9026/888-288-1104
www.drada.org

Family Mental Health Foundation
800-PPD-MOMS (800-773-6667)
www.fmfh.org

"About Postpartum Depression"
Maryland Department of Health
and Mental Hygiene, 11/2004
Available in English, Spanish, Korean,
Chinese, Vietnamese, Russian, French
[www.fha.state.md.us/mch/pdf/
PostPartumBrochure.pdf](http://www.fha.state.md.us/mch/pdf/PostPartumBrochure.pdf)

"Women and Depression Across
the Lifespan"
Maryland Department of Health
and Mental Hygiene, 4/2005
Available in English, Spanish



Maryland Department of Health and Mental Hygiene
Center for Maternal and Child Health • Vital Statistics Administration

Robert L. Ehrlich, Jr., Governor; Michael S. Steele, Lieutenant Governor; S. Anthony McCann, Secretary

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