



Maternal Mental Health in Nebraska

Maternal Child Health Topics in Nebraska

Depression and anxiety are serious conditions that may last for weeks or months at a time.

Maternal depression and anxiety are associated with adverse outcomes during pregnancy and adverse events for children.^{1,2,3} Women experiencing mental health issues benefit from referrals provided during prenatal care visits.

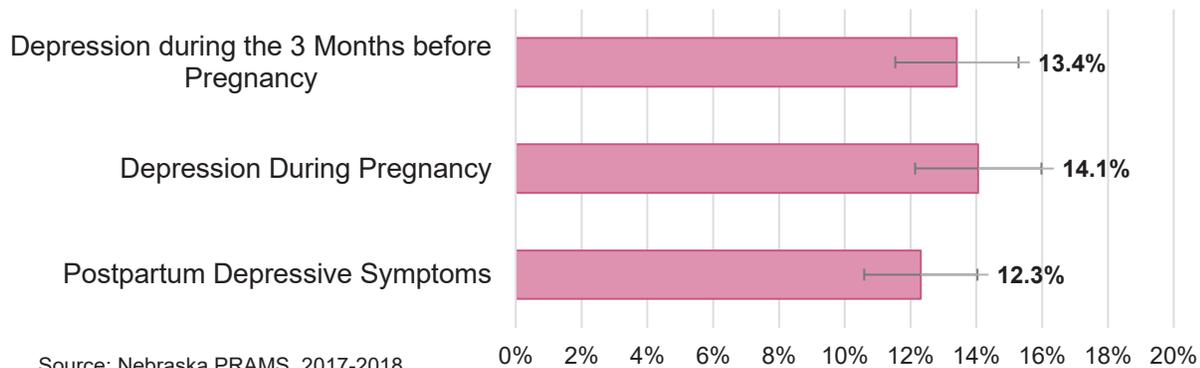
Regardless of income, race, appearance, etc., all women have the potential to experience these issues—even if they don't identify as being depressed or anxious. Assessing risk and providing critical referrals for care can provide women with opportunities to safely prepare their world for their new baby.

Critical opportunities for mental health screenings and referrals:

- Prenatal care visits
- Postpartum visits
- Pediatric visits

The American College of Obstetricians and Gynecologists (ACOG) recommends universal screening for depression for all women, both as a part of routine gynecological care and during the perinatal period.⁴ The American Academy of Pediatrics (AAP) recommends screening for postpartum depression at 1, 2, 3, and 6 months post-delivery. ACOG's Committee Opinion also adds that women at high risk of depression – for example, those with a history of depression or anxiety – warrant especially close monitoring.⁵

Maternal Depression Before, During, and After Pregnancy



Maternal Mental Health National Goal

Healthy People 2020 Objective⁶

MICH-34—(Developmental) Decrease the proportion of women delivering a live birth who experience postpartum depressive symptoms.



In this fact sheet, depression data before, during, and after pregnancy are presented, the connection between depression and health is described, screening tools for clinicians are recommended, referral resources are provided, and a call to action is encouraged.



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The Impact of Depression and Anxiety on Health

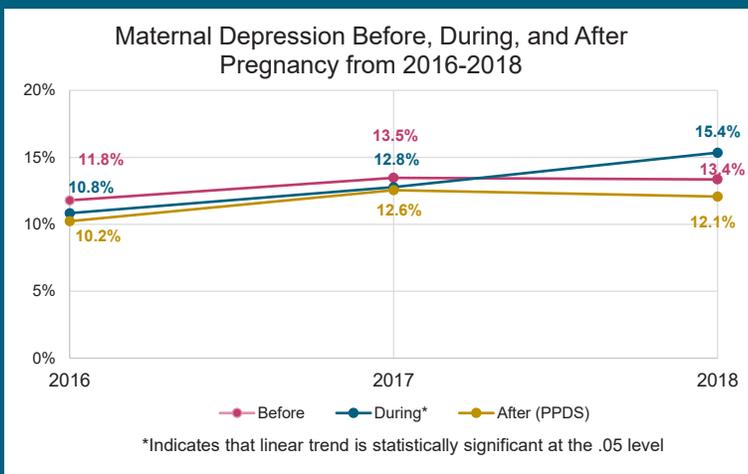
Elevated levels of depression and anxiety symptoms during pregnancy contribute to the risk of preterm birth and low birth weight.⁷ Experiences during a mother's pregnancy impact a child's health. Breastfeeding duration is associated with postpartum depression and depressive symptoms—mothers who experience postpartum depression reported shorter breastfeeding duration.⁸

Additionally, stressful life events experienced in the 12 months prior to delivery increase a women's likelihood of having a preterm birth, low birth weight baby, and symptoms of postpartum depression.^{9,10}

There are effective treatment options for perinatal depression and anxiety.¹¹



Maternal Depression Over Time



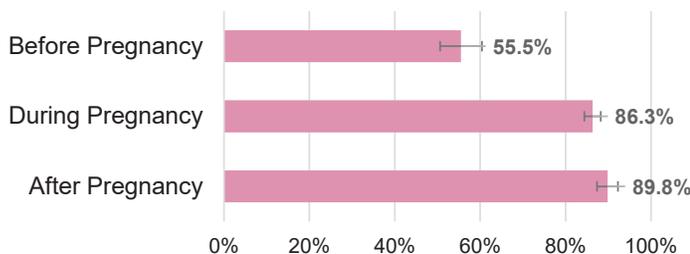
Women's report of depression during pregnancy increased between 2016-2018. Reports of depression from new mothers before and after pregnancy were stable for the same period (2016-2018).

The increase in the prevalence of depression means that, in 2018, an additional 1,098 women in Nebraska had depression, compared to the number that would have had depression if the increase hadn't occurred.

Source: Nebraska PRAMS, 2017-2018

Screening for Depression and Anxiety

Mother's Report of Screenings for Depression Before, During, and After Pregnancy



Source: Nebraska PRAMS, 2017-2018

Call to Action

- All women should be screened for depression and anxiety before, during, and after pregnancy.
- Providers can use referral resources on Page 3 to encourage women to seek treatment for depression & anxiety.
- Screening tools may spur conversation with patients. Tools exist to facilitate these conversations (see links on Page 4).



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Screening Tools for Depression and Anxiety

Screenings should be done with adequate systems in place to ensure accurate diagnosis, effective referrals and treatment, and appropriate follow-up are available to all women.³ The screening tools listed here are recommended by ACOG to be used to screen for perinatal depression, are available in Spanish, and are short to administer.⁴

Screening Tool	Number of Items	Minutes to Complete	Spanish Available	Includes Anxiety
Edinburgh Postnatal Depression Scale (EPDS)	10	Less than 5	Yes	Yes
Patient Health Questionnaire 9 (PHQ-9)	9	Less than 5	Yes	

The EPDS includes anxiety symptoms, which are a prominent feature of perinatal mood disorders, but excludes constitutional symptoms of depression, such as changes in sleeping patterns, which can be common in pregnancy and the postpartum period. The PHQ-9 includes these symptoms in their screening instrument, reducing their specificity for perinatal depression. Another potential preliminary screening tool for depression and anxiety is the PHQ-4, a positive PHQ-4 screen warrants use of an additional screening tool.

NEW In 2019, the HRSA-supported Women’s Preventive Services Guidelines released clinical recommendations for screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum.¹² This recommendation requires most health insurance plans to cover this screening without cost sharing.

Referral Resources for Positive Screenings

Resource	Contact Information	Target Population
Healthy Mothers, Healthy Babies Hotline	Dial 2-1-1 www.ne211.org	All Nebraskans
Nebraska Rural Response Hotline	1-800-464-0258 https://imneb.org/imn-programs/farming/rural-response-hotline/	Rural residents—including farmers and ranchers
Nebraska Behavioral Health Network of Care	Contact information for each Region is listed at: http://portal.networkofcare.org/Sites/nebraska/mh	Residents throughout Nebraska
Nebraska Family Helpline	1-888-866-8660 http://dhhs.ne.gov/Pages/Nebraska-Family-Helpline.aspx	All Nebraskans
Reproductive Psychiatry at Nebraska Medicine	402-552-6007 https://www.nebraskamed.com/reproductive-psychiatry	Perinatal women and their families

- Available services vary by location and change over time. These resources will have the most up-to-date information about appropriate services and a continuum of care for referrals in your patient’s area.
- Service providers should develop a plan for referring women to treatment before implementing a screening policy.
- A women’s health can be severely impacted by anxiety and depression before, during, and after pregnancy. ***Providing referrals for care may be life saving.***



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Effective Prevention and Treatment of Perinatal Mood Disorders

Systematic reviews of potential interventions to prevent perinatal depression³ and treat mental disorders during pregnancy¹¹ have found support for behavioral, systems-level, and body-oriented interventions. Interventions with sufficient evidence of effectiveness include:

Prevention and Treatment	Prevention	Treatment
Counseling-based interventions, in particular depression-focused cognitive behavioral therapy (CBT) and interpersonal therapy (IPT)	Health system-level interventions, including home visiting as a standard component, are effective in health care setting internationally but not yet tested in the United States. Physical activity or educational approaches reported some positive findings but lacked robust evidence bases.	Body-oriented interventions (like yoga and/or massage therapy) and acupuncture

Explore Resources to Support Women’s Mental Health

- <https://www.womenshealth.gov/mental-health/good-mental-health/steps-good-mental-health>
- <https://www.psychiatry.org/psychiatrists/practice/professional-interests/women/womens-mental-health>
- <https://www.nichd.nih.gov/ncmhhep/materials>

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Featured Data Sources

Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population-based surveillance system of maternal behavior and experiences before, during, and shortly after pregnancy. The data presented in this publication are based on 3,875 completed surveys representing Nebraska mothers who gave birth to live infants between 2016-2018. PRAMS data is self-reported.

For more information, visit www.dhhs.ne.gov/PRAMS