PRAMS and...

Postpartum Depressive Symptoms

Spring 2008

What is postpartum depression (PPD)?[1] PPD is a depressive disorder characterized by

- feelings of sadness,
- hopelessness,
- diminished interest or pleasure in activities,
- changes in weight and appetite,
- sleeping too little or too much,
- restlessness and irritability,
- feelings of worthlessness or guilt, and
- diminished ability to think or concentrate.

How common is PPD? Nationwide, PPD is estimated to occur among 10%-15% of mothers who have recently given birth.[2]

How is PPD different from the "Baby Blues"? The symptoms are similar, but Baby Blues typically occur within days of giving birth and go away within a few days or a week, without intervention.

PPD may appear at any time in the first year after delivery. Symptoms are more severe than the blues and do not resolve on their own.

How serious is PPD? Mothers with PPD are less likely to engage in healthy parenting behaviors, compromising mother-infant bonding and attachment. In extreme cases, mothers have harmed themselves or their babies.

What is Nebraska PRAMS?

The Nebraska Pregnancy Risk Assessment Monitoring System is an ongoing population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. Nebraska PRAMS is a joint research project between the Nebraska Department of Health and Human Services and the United States Centers for Disease Control and Prevention (CDC). The data presented in this fact sheet are based on 3,579 completed surveys that represent 51,363 Nebraska mothers who gave birth to live infants during the years of 2004 and 2005.

How did we define "at risk" for PPD? The PRAMS survey asked mothers about two symptoms of PPD. A mother was classified "at risk" for PPD if she reported that she always or often felt down, depressed or hopeless, OR if she always or often had little interest or pleasure in doing things.[3]

Are Nebraska mothers "at risk" for PPD? Yes. In Nebraska, about 1 in 7 (14%) or an estimated 3,579 new mothers per year were at risk for PPD during 2004 and 2005, based on PRAMS data.

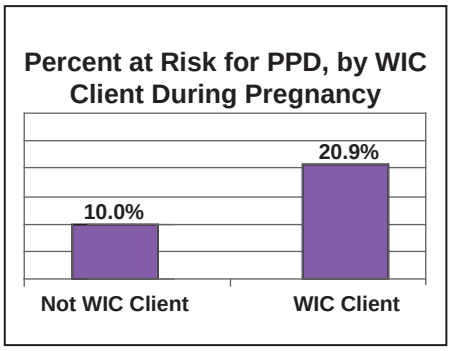
Who should be screened for PPD? All new mothers should be screened for PPD. However, some Nebraska mothers are particularly "at risk" for PPD:

- teens
- those with fewer years of education
- those who experienced stressful life events
- racial/ethnic minorities
- uninsured
- insured by Medicaid
- WIC recipients
- those living in poverty
- tobacco users

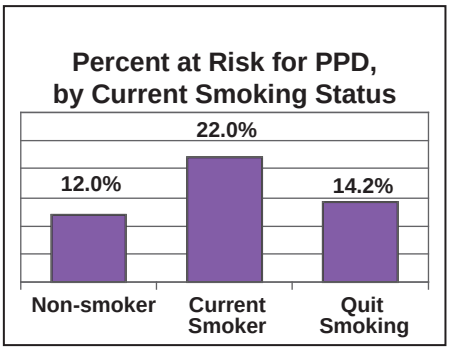
"It would be helpful to teach new moms about post partum depression. That is difficult to deal with during the first few weeks following birth."

PRAMS Mother

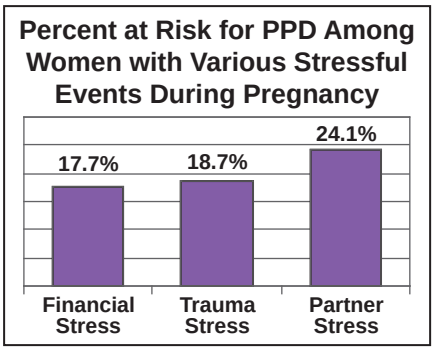
Some identifiable characteristics of mothers can signal to providers an increased risk for postpartum depression (PPD).
All associations are statistically significant using a Chi-square test (p<.0001). More statistical details are available on request.



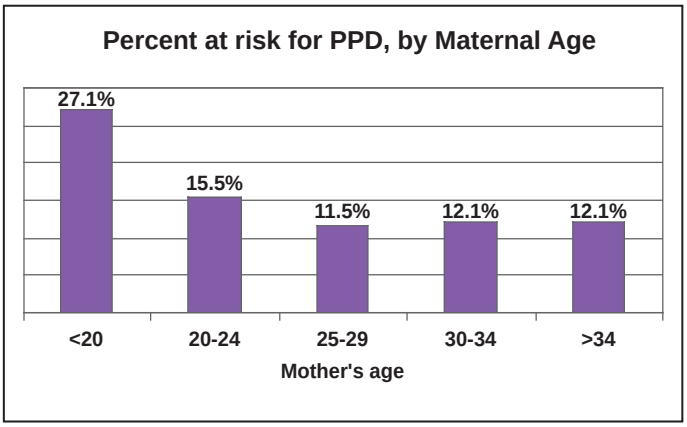
Those participating in WIC during pregnancy are twice as likely to have symptoms of PPD.



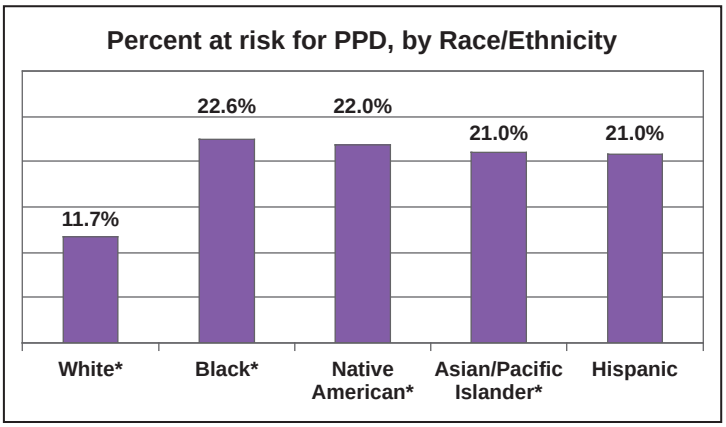
Those who are current smokers are more likely to have symptoms of PPD than non-smokers or mothers who quit smoking.



Those who have experienced stressful events during pregnancy are more likely to have symptoms of PPD than others.[4]



Teen mothers are more than twice as likely to be at risk for PPD as mothers who are over 25 years of age.



PPD is approximately twice as prevalent or common among racial/ethnic minority groups as white mothers. (=Non-Hispanic)*

Who can help? Anyone who has contact with new mothers should be aware that PPD is not rare in Nebraska. Symptoms of depression may signal a serious problem.

Where can women get help? Mothers are encouraged to speak with their physicians. Another resource is the Nebraska Healthy Mothers, Healthy Babies Helpline 1-800-862-1889. The hotline is staffed by nurses who will help determine what services are needed and where they can be obtained. Mothers and families can also get information from the www.dhhs.ne.gov/MomsReachOut website.

What can providers do to help? Providers are encouraged to screen new mothers at their postpartum visit or other well-woman visits. Provider training is available through the Nebraska Department of Health and Human Services at:

www.dhhs.ne.gov/PerinatalDepression. Providers can also use the Nebraska Resource and Referral System to search by county for resources to assist mothers: http://nrrs.ne.gov/usersearch/.

References

1. National Women's Health Information Center, *Depression During and After Pregnancy Frequently Asked Questions 2005.*
2. O'Hara & Swain, *Int Rev Psychiatry 1996.* 8:37-54.
3. Centers for Disease Control and Prevention. *Prevalence of Self-Reported Postpartum Depressive Symptoms* – 17 States, 2004-2005. MMWR 2008;57:361-366.
4. Ahluwalia, Merritt, Beck & Rodgers, *Multiple Lifestyle and Psychosocial Risks and Delivery of Small for Gestational Age Infants* 2001 Vol. 97, No. 5, Part 1

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