

Postpartum Depression

Among Maryland Women Giving Birth 2004-2008



January 2011

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

PRAMS mother

Postpartum depression is an affective mood disorder that usually starts within the first two to three months after a woman gives birth. Symptoms include persistent sadness, feelings of worthlessness, inadequacy or guilt, and somatic symptoms, such as headaches and chest pains.

Depression can have far-reaching consequences for women and their families, including the health and development of their babies.

Prevalence of Postpartum Depression

The 2004 – 2008 Maryland PRAMS survey included the following three questions:

1. *Since your new baby was born, how often have you felt down, depressed or hopeless?*

- Always
- Often
- Sometimes
- Rarely
- Never

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

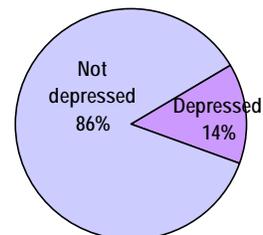
- Always
- Often
- Sometimes
- Rarely
- Never

3. *At any time during your most recent pregnancy or after delivery, did a doctor, nurse or other health care worker talk with you about baby blues or postpartum depression?*

For this report, women who reported always or often feeling down, depressed or hopeless; or always or often having little interest or little pleasure in doing things were considered to be depressed. Those who reported sometimes, rarely, or never feeling down, depressed, or hopeless; or sometimes, rarely, or never having little interest or little pleasure in doing things were considered not depressed.

From 2004 – 2008, 14 percent of mothers in Maryland who had recently given birth had postpartum depression (Figure 1). Sixty-four percent of mothers reported that a prenatal provider had discussed postpartum depression with them during a prenatal visit (data not shown).

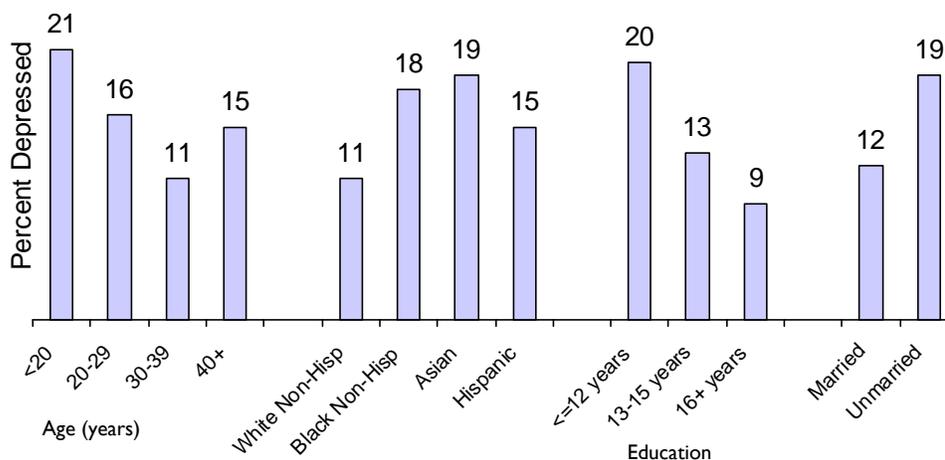
Figure 1. Prevalence of Postpartum Depression Maryland 2004-2008 Births



Prevalence of Postpartum Depression

Depression in the postpartum period varied significantly by age, race, maternal education, and marital status. The level of postpartum depression was highest among mothers who were <20 years of age (21%), Asian (19%), unmarried (19%), and had ≤12 years of education (20%) (Figure 1).

Figure 1. Percent of Women With Postpartum Depression by Age, Race/Ethnicity, Education and Marital Status, Maryland 2004-2008



Factors Associated with Postpartum Depression

Table 1. Factors Associated with Postpartum Depression: Before, During and After Pregnancy, Maryland 2004-2008

Factor	Depressed n=1,202 %
Before Pregnancy	
Unintended pregnancy	19
Physical abuse by current or former partner	32
During Pregnancy	
Initiation of care, 3rd trimester or no care	31
Cigarette smoking, last 3 months	25
Alcohol use, last 3 months, ≥1 drink/week*	24
Binge drinking, last 3 months, ≥1 episode	37
Physical abuse by current or former partner	39
After Pregnancy	
Cigarette smoking, currently	23
Infant hospitalized at birth ≥6 days	20
Infant died	45

*Alcohol use <1 drink/week not shown

The highest rates of postpartum depression were reported by women who stated that their infant died (45%), or that they were physically abused by a current or former partner during the 12 months prior to pregnancy (32%) or during pregnancy (39%). Similarly, 31% of women who initiated prenatal care late (i.e. had their first prenatal care visit in the third trimester or did not have any prenatal care) reported postpartum depression. Women who reported binge drinking (37%), consumption of one or more drinks/week (24%), and smoked cigarettes during the last three months of pregnancy (25%) were depressed postpartum (Table 1).

Breastfeeding

Women who had postpartum depression were less likely to breastfeed their infants. Almost 60 percent of women without postpartum depression breastfed their infants for eight or more weeks, compared to 51 percent of women with depression (data not shown).

Stressors

Table 2. Prevalence of Postpartum Depression Among Women Who Reported Stressors One Year Prior to Delivery Maryland 2004-2008

Factor	Depressed n=1,202 %
Homelessness	30
Separation or Divorce	26
Job Loss, self or partner	24
Pregnancy, Unwanted by partner	29
Unpaid bills	25
Physical fight	40
Jail time, self or partner	35

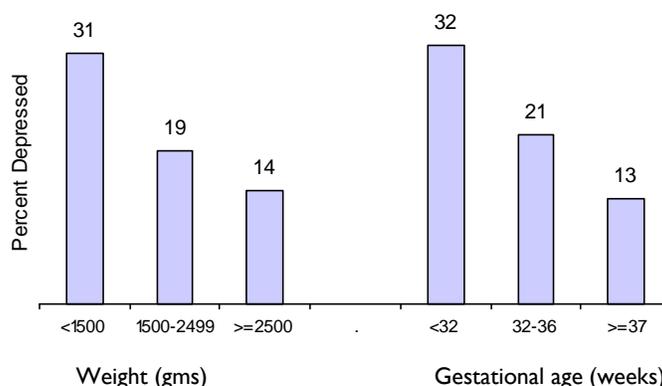
Women who experienced stressful life events during the twelve-month period preceding delivery were likely to be depressed. The rate of depression was highest among women who were involved in a physical fight (40%), spent time in jail or whose partner spent time in jail (35%), and were homeless (30%) (Table 2).

“Please, please educate the health care providers about the seriousness of this debilitating illness [postpartum depression] and the effectiveness of proactive medical care.”

Birth Outcomes

Postpartum depression was most prevalent among mothers who delivered very low birth weight (31%, <1500 grams) and premature (32%, <32 weeks) infants. These rates were more than twice as high as mothers of normal birth weight (14%) or term gestation (13%) (Figure 3).

Figure 3. Prevalence of Depression by Infant Birth Weight and Gestational Age, Maryland 2004-2008 Births



“I was taken to the hospital after having my baby for depression so I think this should be a subject doctors need to discuss.”

Summary

Postpartum depression affects a significant proportion of mothers, and has far-reaching consequences for the health of women, as well as the health of their families. Though postpartum depression affects women of all ages, ethnicities, and socioeconomic levels, it is more common among mothers who are young, Asian, Black non-Hispanic, and unmarried. Factors such as an unintended pregnancy, stressful life events before delivery, physi-

cal abuse before and during pregnancy, late or no prenatal care, smoking during and after pregnancy, and delivering a low birth weight or premature baby are highly associated with postpartum depression. Knowledge about the factors associated with postpartum depression may help health care providers more effectively target new mothers to ensure that all are screened, diagnosed, and treated.

“After my baby was born, the full weight of the depression set in.”

PRAMS Mothers



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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 by mail or by telephone, and responses are weighted to make the results representative of all Maryland births.

This report is based on the responses of 8,074 Maryland mothers who delivered live born infants between January 1, 2004 and December 31, 2008 and were surveyed two to nine months after delivery.

Limitations of Report

This report has several limitations. First, postpartum depression was not determined through clinical diagnosis, but instead through mothers' reports of feeling down, depressed or hopeless; and having little interest or pleasure in doing things. Self-report may overestimate or underestimate the true incidence of depression in Maryland. Second, since mothers complete the PRAMS survey between two and four months after delivery, women who completed the survey early may not yet

have experienced postpartum depression. Additionally, since this is a retrospective survey there may be recall bias. That is, women who experienced postpartum depression may over-report negative factors, while women who did not experience depression may under-report negative factors. Lastly, this report presents unadjusted associations between risk factors and postpartum depression, and as a result causal relationships cannot be determined.

Resources

Mental Health Association of Maryland
Perinatal Depression Initiative
1-800-PPD-MOMS or 1-800-773-6667
Www.healthynewmoms.org



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

Martin O'Malley, Governor; Anthony G. Brown, Lieutenant Governor; John M. Colmers, Secretary

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