

PERINATAL DEPRESSION

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Burden of Depression in Women

Depression is the leading cause in the world of lost years of healthy life among women (*World Health Organization*).



Prevalence of Perinatal Depression

Estimated Prevalence of Perinatal Depression

Source (ILL21): Agency for Healthcare Research and Quality





Risk Factors for Depression Pregnancy to One Year Postpartum

Sociodemographic Variables

- Younger age
- Lower SES

Clinical Variables

- Past history of depression
- High levels of stress and life changes
- Past history of substance abuse, domestic violence
- Hormonal changes during pregnancy



Consequences of Perinatal Depression

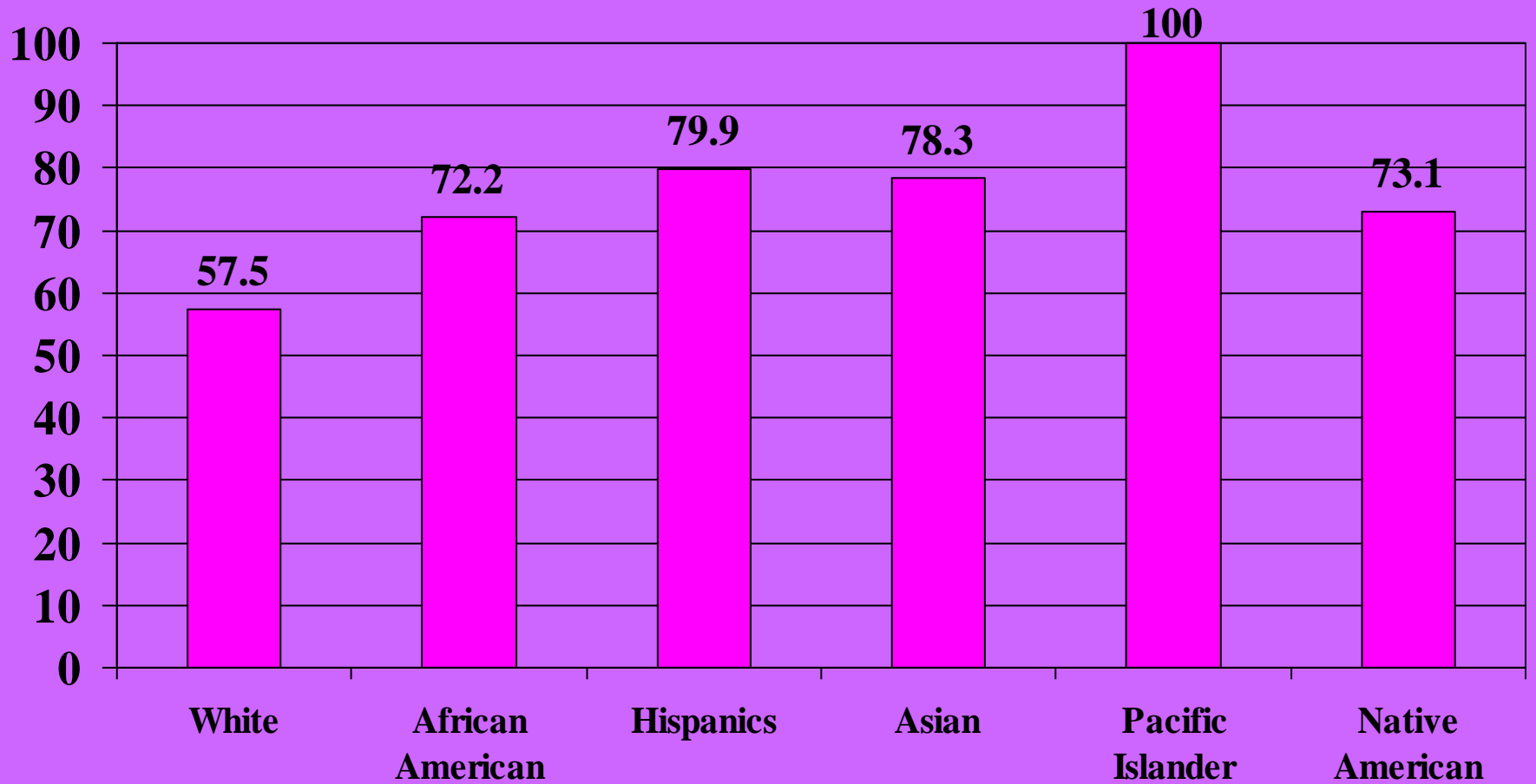
- **Inadequate parenting practices including child safety, follow through on preventive health care for self and children (McLearn, 2006)**
- **Increased medical visits for self and children (Beck, 1999)**
- **Spiraling lost of self esteem due to increased feelings of inadequacy in parent role; recent research indicates relationship to fraternal depression (Freed, 2005)**
- **Problem in school readiness, family discord and other child behavioral problems (Casey, 2005)**
- **Impact on employment and future economic mobility (Corcoran, 2004)**



Detection of Depression

Only half of depressions in primary care patients are detected and even fewer perinatal depressions are detected

PERCENTAGE OF MOTHERS WITH SEVERE DEPRESSION WHO DID NOT TALK TO DOCTOR OR COUNSELOR





MCHB Division of Healthy Start and Perinatal Services

2000

- Surgeon Generals Report on Mental Health
- Innovative Approaches to Promoting Positive Health Behaviors in Women *(3 grants funded)*
 - **Employ creative ways to outreach and engage women such as Promotora and peer-based interventions**
 - **Areas of focus included (but not STD/HIV prevention, mental health (depression), smoking cessation**



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2000

- American College of Obstetricians and Gynecologists (ACOG) Provider Partnership's
 - 12 State Action Learning Labs on Depression
- Summit on Women and Depression



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2001

- Screening And Intervention For Depression During Pregnancy
38 Projects funded in high risk communities



MCHB Division of Healthy Start and Perinatal Services

2002

- Safe Motherhood Interagency Work Groups Identifies Perinatal Depression as common issue: Agency for Healthcare Research and Quality commissioned to prepare Evidence-Based Practice Center Report on Perinatal Depression
- All 97 Healthy Start projects begin screening for depression

2005

MCHB supported AHQR Perinatal Depression Report released. Findings include:

- Depression occurs throughout pregnancy, not just postpartum: *Major depression: prevalence is 3-5% during pregnancy and 2-6% in 12 months after delivery*
- Accurate and feasible screening measures are available
- More information about treatment effects on perinatal outcomes is needed
- More research is needed on the rates of perinatal depression among racial and ethnic groups in the U.S. population



MCHB Division of Healthy Start and Perinatal Services

2003

- Bright Futures for Women's Health and Wellness Perinatal Subcommittee
 - Maternal Emotional Well-being and Adaptation
 - Tools for Consumers, Providers and Communities
 - Anticipatory education on factors associated with increased maternal stress and poor adaptation during the perinatal and parenting periods.



MCHB Division of Healthy Start and Perinatal Services

2003

- Healthy Start Technical Assistance Contracts for Perinatal Depression

2004

- Women's Behavioral Health Systems Building (2 grants funded)



MCHB Division of Healthy Start and Perinatal Services

2004

- Earmark for Perinatal Depression
 - 4 State Systems Development Planning Grants on Behavioral Health in Children/Adolescence
 - 5 State Perinatal Depression Grants to Develop Statewide Public Health Campaign
 - Planning National Public Health Campaign



MCHB Division of Healthy Start and Perinatal Services

2005

- Earmark for Perinatal Depression
 - 4 State Systems Development Planning Grants on Behavioral Health continued
 - 5 Additional State Perinatal Depression Grants funded
 - National Public Health Campaign Work Group Planning Meeting



Perinatal Depression Grantees

2004

- Illinois
- Indiana
- Massachusetts
- New York
- Virginia

2005

- Arkansas
- Connecticut
- Maryland
- Nebraska
- Washington D.C.



Grantee Accomplishments

- **5 states provided training via grand-rounds (6) workshops (27), presentations (34), and summits (4), reaching over 2,000 health care professionals and providers. (AR, CT, IL, IN, MD, MS)**
- **3 states developed a Public Awareness Campaign, including one specifically targeting low-literacy, multi-lingual populations of women (AR, MD, MS).**
- **4 states created and distributed media kits, fact sheets, brochures (AR, IL, MD, NY)**
- **3 states developed a total of 791 PSAs, both television and radio ads, posters, etc. (AR, CT, IN, MD, NY).**
- **4 states held a total of 23 Focus Groups (CT, MD, MS, NE).**



Grantee Accomplishments

- **3 States Coordinated/Collaborated with local agencies creating partnerships and providing grants (IL, MD,MS,NE)**
- **3 states provided maternal depression screening resources to info lines and community based programs (CT,IL, NY).**
- **3 states developed provider guidelines and/or education packets (AR,IL,MD).**
- A self-study, e-learning course was developed and an interactive map and online support groups are being developed (IN).

State Websites for Providers and Consumers

- Online training for providers funded through the VA state depression grant: <http://www.perinataldepression.org>
- Online training and information for consumers and providers by the Mental Health Association of MD: <http://www.healthynewmoms.org/home.html>
- Online Information for consumers including a screening tool by the IN state depression grant <http://somethingsnotright.org>



Grantee Accomplishments

- 4 community-based sites were selected to pilot an innovative, replicable and sustainable model to enhance the detection and management of perinatal depression; one site offered facilitated group activities to strengthen social connections among women (MS).
- Addition of LCSW Depression Case Manager to staff (AR).
- Depression screening and referral to in-home mental health services to reduce the stigma of seeing a mental health provider (D.C.)
- “House parties-” community-based support groups which were based on a traditional Afro-centric approach (D.C.).



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2006

Earmark for Perinatal Depression:

- Focused on prevention and early intervention services for maternal and infant mental health
- 6 state perinatal depression grants awarded
IA, IL, KY, LA, MA, PA

Services for Maternal and Infant Mental Health

- Targeting perinatal depression and other mental health problems e.g. PTSD, OCD
- Maternal and infant mental health services-mother/infant dyad
- Comprehensive, coordinated service system including linkages to other MCHB-funded projects

2006 State Grants for Perinatal Depression



- Growing research base for linking maternal and infant mental health
- Infant mental health: health social and emotional development.
- Depressed mothers often have limited capacity to interact appropriately with their infants.
- Result: impaired social/emotional development and attachment disorders (McLearn Minkovitz et al., 2006; Whitaker, Orzol and Kahn, 2006)



Six Grantees: Two year grants

- Four state agencies: IA, KY, LA, MA.
- Two designees.
- Two states, IL and MA, had grants in pervious cycle
- Year One Funding-Over \$1,000,000



2006 Grantee Themes

- Collaboration and coordination with other state and community-based agencies; building infrastructure (All six states: IA, IL, LA, KY, MA, PA).
- Provider training workshops: train-the-trainer models and cross-training of mental health and infant mental health specialists.
- Integrating infant mental health into perinatal services and home visits (all six).
- Serving low-income and at-risk women with depression and other mental health problems (all six).
- Utilizing a variety of innovative and evidence-based models (all six).

- Incorporating fathers and grandparents into services (LA,MA).
- Piloting a one-stop “Parents’ Clinic” with comprehensive services (IL).
- Use of a hotline to provide consultation to Ob/GYNs on managing psychotropic medications for pregnant and post-partum women and recommendations on treatment regiments (IL,PA).
- Outreach and education to address stigma and barriers to seeking care (MA).



Multilingual Public Health Campaign

Goals of the Initiative

- Reduce stigma associated with perinatal depression
- Increase number of women and families who seek treatment
- Increase number of providers who can recognize symptoms of perinatal depression
- Provide screening for perinatal depression; refer and treat as indicated





Multilingual Public Health Campaign

Primary messages of educational materials:


- Recognition of perinatal depression
- Why it is important to seek help
- How young mothers can obtain help from local maternal and child health providers

front cover

Depression During and After Pregnancy





**A Resource for Women, Their Families
and Friends**




back cover

Depression During and After Pregnancy
A Resource for Women, Their Family and Friends



The information in this booklet is not a substitute for personal medical advice, attention, diagnosis or treatment. If you have questions or concerns about your health or the health of your baby, consult your health care professional.



U.S. Department of Health and Human Services
Health Resources & Services Administration
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Additional Copies can be obtained from the
HRSA Information Center 1-888-Ask-HRSA

- What's Perinatal Depression?
- What Are Its Causes?
- "It's More Than The Baby Blues"
- Who's At Risk?
- Types Of Perinatal Depression



Booklet Topics

- Symptoms of Perinatal Depression
- How Do I Know If I Have It?
- What Can I Do If I Have It?
- How Does It Affect My Baby And My Family?
- Where To Go For Help



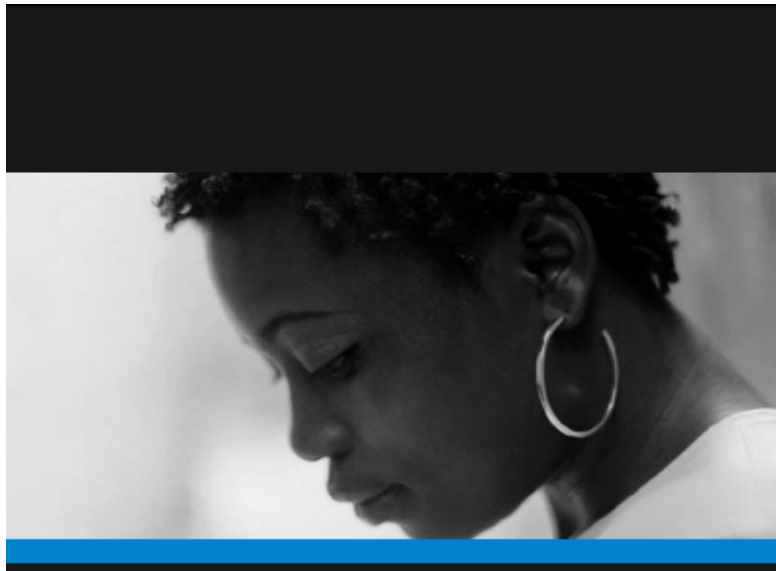
"I have trouble eating and sleeping. I feel lonely, sad, and don't have the energy to get things done. Sometimes I don't even want to hold my baby. If this is supposed to be the happiest time of my life, why does everything feel so wrong?"

For many mothers, the experience of pregnancy and childbirth is often followed by sadness, fear, anxiety and difficulty making decisions. Many women have difficulty finding the energy to care for themselves, their infants, and their families. Some even have feelings about harming themselves and their children.

If this sounds like you or someone you know, there are two important things you should know.

You are not alone.
Help is near.



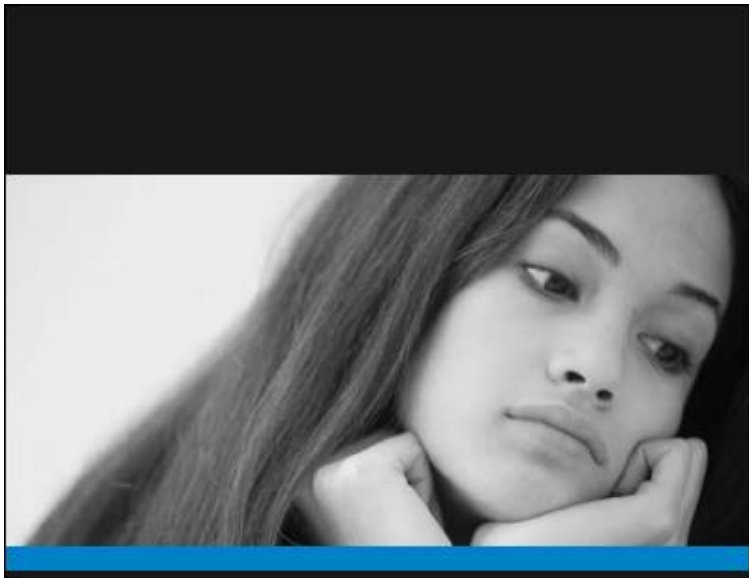


Did things change after you became pregnant? Are things different than you expected as a new mother? Are you tired, anxious, sad, and confused? This booklet will begin to explain the possible causes for your feelings—and more importantly—how to find the help you need.

Depression during or after pregnancy refers to a broad range of physical and emotional struggles that many women face. You may have heard this called the “Baby Blues,” Postpartum Depression, Maternal Depression, Prenatal Depression, Postnatal Depression or Perinatal Depression. In this booklet, we will call it **Perinatal Depression**.

Perinatal Depression can be mild, moderate or severe. It can occur during pregnancy or within a year after the end of your pregnancy. Without treatment, symptoms may last a few weeks, months, or even years. In rare cases, the symptoms are severe and indicate potential danger to the mother and baby. **In all cases, help is available.**





“Everybody expects me to be the perfect mother, but I just can’t do it. Sometimes I feel like I can’t even care for my baby.”

What Causes Perinatal Depression?

There are a number of reasons why you may get depressed. As a woman, your body undergoes many changes during and after pregnancy. You may experience mood swings. A new baby will change your sleeping schedule and your lifestyle. In addition, there are many pressures to be the perfect mother.

Some women have family members with depression, some women have had depression in their own past, and for some women, the cause is unclear. But for every woman who suffers Perinatal Depression, the causes are as unique as she is.

Perinatal Depression – It’s More Than the Baby Blues

Many new mothers experience the Baby Blues. This is a very common reaction during the first few days after delivery. Symptoms include crying, worrying, sadness, anxiety, mood swings, trouble concentrating, difficulty sleeping, and not feeling yourself.

The Baby Blues is not the same as Perinatal Depression and does not require medical attention. With time, patience, and the support of family and friends, symptoms linked with the Baby Blues will usually disappear within a few days or within one to two weeks. If they don’t, it may be a sign of a bigger problem, and you should seek medical help.



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