PRAMS

Postpartum Depression Fact Sheet

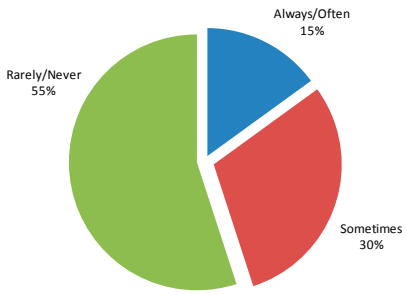
Pregnancy Risk Assessment Monitoring System

Family Health Services Division

Background

Pregnancy and childbirth can be a very rewarding and exciting time, but it can also be a period of severe emotional stress as seen in the estimated 10-20% of women suffering from postpartum depression within six months of delivery.[1] Postpartum depression can be disabling for the mother and limit her ability to care for her new infant resulting in increased use of health care services and more hospitalizations. [2] Additionally, women with postpartum depression are less likely to do basic preventive services such as putting the infant to sleep on the back, attending well child visits, and keeping up to date on immunization coverage.[2] In severe cases of postpartum depression, women may harm themselves, their infants, and others. Fortunately, most cases of postpartum depression, when identified early, can be treated effectively on an outpatient basis.

Self-reported Postpartum Depressive Symptoms, Hawai'i PRAMS 2004-2008



Methods

Two survey questions found in PRAMS have been shown to be highly sensitive of postpartum depression and are recommended clinical screening questions[2,3].

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

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

Self-reported postpartum depression (SRPPD) was defined if a women reported a response of "always" or "often" to either one of these two questions. This identifies women at high risk of having postpartum depression and should receive further evaluation for postpartum depression by a health care provider.

Data Highlights

- About 1 out of 7 women (14.5%) with a recent live birth reported Self Reported Postpartum Depressive Symptoms (SRPPD)
- Among race/ethnicity groups in Hawai'i, women who were Other Pacific Islander, Other Asian, Samoan, Hawaiian, Filipino, and Korean had the highest SRPPD estimates
- Women more likely to report SRPPD were younger, less educated, not married, were Medicaid/QUEST insured, had an unintended pregnancy, smoked and used illicit drugs in pregnancy, reported intimate partner violence, and participated in WIC during prenatal care
- Women that report SRPPD were more likely to use drugs during pregnancy, smoke in the last 3 months of pregnancy, experience intimate partener violence in pregnancy,have a premature delivery, and not breastfeed at least 8 weeks

Self-reported Postpartum Depression

Approximately 15% of mothers in Hawai'i "always" or "often" have symptoms suggestive of postpartum depression (SRPPD). While, 30% "sometimes" had symptoms, and 55% "rarely" or "never" had symptoms.

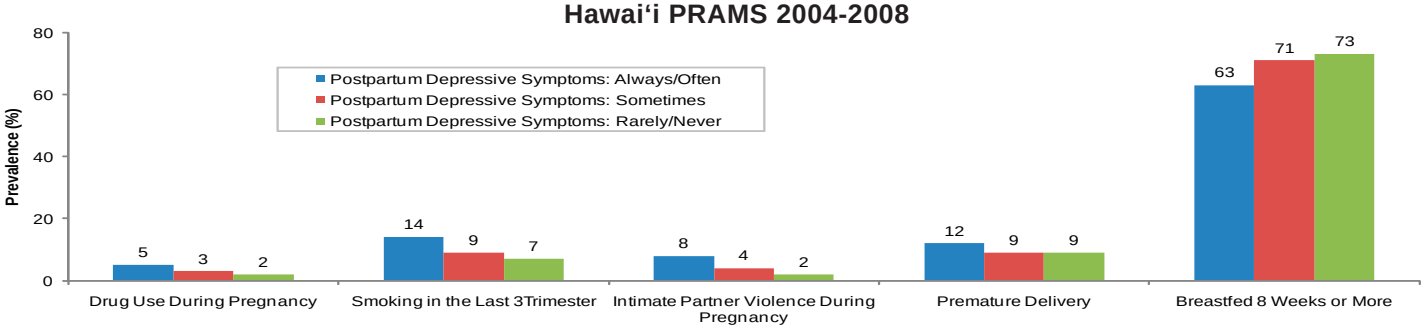
"The most stressful time was 6 weeks after baby was born due to recovery from delivery, overwhelming emotions, difficulty with latching on, and overall fatigue."

–Hawai'i PRAMS Participant

Risk Factors and Outcomes Associated with SRPPD

Mothers that report always/often depressed (SRPPD) were more likely to use drugs, smoke, and suffer intimate partner violence during pregnancy. Also premature delivery and are less likely to breastfeed at lest 8 weeks than those who report symptoms sometimes and rarely/ never. Those that report symptoms "sometimes" were more likely to experience intimate partner violence in pregnancy compared to those that "rarely/never."

Risk Factors and Outcomes Associated with Self Reported Postpartum Depressive Symptoms, Hawai'i PRAMS 2004-2008



Maternal Characteristics Related to SRPPD

All Asian and Pacific Islander groups have much higher estimates than the White population in Hawai'i. Hispanic, Hawaiian, Samoan, other Pacific Islanders, and other Asian women have high estimates. Women more likely to have SRPPD were younger, less educated, unmarried, had Medicaid/QUEST coverage of their recent delivery, had an unintended pregnancy, smoked in the last 3 months of pregnancy, used illicit drugs in pregnancy, experienced intimate partner violence during pregnancy, and participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) during prenatal care. There was less varaiton among women that report symtpoms "sometimes," but there was still some variation.

"More emphasis should be centered towards emotional stability especially during pregnancy. I had difficulty with depression but did not really have an outlet/resource. When I gave birth there was more emphasis on post partum. It would have helped to have the support (emotionally) while I was going through my pregnancy."

"Health care providers should be mandated to screen mothers for postpartum depression/anxiety following the birth of their baby."

–Hawai'i PRAMS Participants

Discussion

In Hawai'i, the overall rate of being at high risk for postpartum depression as assessed with SRPPD is consistent with national estimates. This translates to approximately 3,000 new mothers every year with variation among several racial/ethnic and other socio-demographic characteristics. Several high risk activities that may affect the perinatal period were also related to SRPPD including smoking, illicit drug use, and experiencing intimate partner violence. It is important to note that having Medicaid/QUEST or participating in WIC did not cause the observed differences; as the association likely reflects the populations of women with higher associated risks that these programs serve. To improve health in Hawai'i, it will be important to develop culturally appropriate programs to increase awareness of postpartum depression and its impact on society. The Family Health Services Division provides depression screening services through its Perinatal Support Services and Family Planning programs using different standardized instruments ranging in time from the initial visit to 6 months postpartum.

Those that work with women during and after their pregnancy should be aware of postpartum depression, be able to do a brief assessment, and be aware of appropriate resources so that women with postpartum depression and society can enjoy the rewards and excitement of childbirth and raising a child.

References

1 Miller LJ. Postpartum depression. JAMA 2002 Feb 13;287(6):762-5.

2 Chung EK, McCollum KF, Elo IT, Lee HJ, Culhane JF. Maternal depressive symptoms and infant health practices among low-income women. Pediatrics 2004 Jun;113(6):e523-e529.

3 Berg AO. Screening for depression: recommendations and rationale. Am J Nurs 2002 Jul;102(7):77-80.

4 Lowe B, Kroenke K, Grafe K. Detecting and monitoring depression with a two-item questionnaire (PHQ-2). J Psychosom Res 2005 Feb;58(2):163-71.

Self-Reported Postpartum Depressive Symptoms by Maternal Characteristics, Hawai'i PRAMS 2004-2008

	Sometimes %(95%CI)*	SRPPD Always/Often %(95% CI)
Race/Ethnicity		
White	26.4 (24.5-28.5)	9.0 (7.8-10.4)
Black	26.8 (20.9-33.7)	13.5 (9.3-19.2)
Hispanic	26.6 (20.1-34.4)	14.9 (10.0-21.7)
Hawaiian	28.5 (26.6-30.5)	17.2 (15.6-18.9)
Samoan	32.7 (26.8-39.2)	17.9 (13.4-23.5)
Other Pacific Islander	37.4 (32.6-42.5)	19.7 (16.0-24.1)
Filipino	34.0 (31.9-36.1)	16.2 (14.6-17.9)
Japanese	28.6 (26.0-31.4)	12.2 (10.4-14.3)
Chinese	33.3 (30.7-35.9)	12.6 (10.8-14.5)
Korean	35.5 (31.6-39.6)	16.1 (13.3-19.5)
Other Asian	30.5 (23.8-38.3)	18.4 (13.2-25.1)
Maternal Age		
under 20 years	33.0 (29.4-36.8)	22.4 (19.3-25.9)
20-24 years	31.3 (29.3-33.4)	16.9 (15.3-18.6)
25-34 years	30.1 (28.8-31.4)	12.3 (11.4-13.3)
35 and greater	26.7 (24.7-28.8)	13.8 (12.3-15.5)
Maternal Education		
< High School	32.9 (29.3-36.6)	23.6 (20.5-27.0)
High School	30.5 (28.9-32.1)	16.0 (14.7-17.3)
Some College	30.6 (28.7-32.5)	15.4 (13.9-16.9)
College Graduate	28.2 (26.5-29.9)	8.2 (7.2-9.3)
Marital Status		
Married	29.2 (28.0-30.3)	11.9 (11.1-12.7)
Unmarried	31.6 (29.9-33.3)	19.3 (17.9-20.8)
Health Insurance at Delivery		
Private Insurance	29.3 (28.1-30.4)	11.4 (10.6-12.2)
Medicaid/QUEST	32.1 (30.3-34.0)	20.8 (19.3-22.5)
None	26.3 (19.1-35.1)	12.7 (7.8-19.9)
Intention of Pregnancy		
Unintended	32.9 (31.4-34.5)	18.0 (16.8-19.2)
Intended	27.6 (26.4-28.9)	11.7 (10.8-12.6)
Smoking Last 3 Months of Pregnancy		
Yes	31.8 (28.4-35.5)	23.4 (20.4-26.8)
No	29.7 (28.7-30.7)	13.7 (12.9-14.5)
Illicit Drug Use During Pregnancy		
Yes	32.6 (26.6-39.2)	27.5 (21.9-33.9)
No	29.8 (28.8-30.8)	14.1 (13.4-14.9)
Initimate Partner Violence During Pregnancy		
Yes	37.0 (31.6-42.8)	33.7 (28.4-39.4)
No	29.7 (28.7-30.7)	13.8 (13.1-14.5)
Prenatal WIC Participation		
Yes	31.9 (30.4-33.5)	18.5 (17.2-19.8)
No	28.7 (27.4-29.9)	11.4 (10.5-12.3)
County of residence		
Honolulu	29.5 (28.4-30.7)	14.9 (14.0-15.8)
Hawai'i	30.3 (27.6-33.2)	14.1 (12.1-16.3)
Maui	31.1 (28.2-34.2)	13.7 (11.7-16.1)
Kauai	33.8 (29.4-38.5)	12.4 (9.6-16.0)
Overall	**30.0 (29.1-31.0)**	**14.5 (13.8-15.3)**

*note 95% Cl refers to the 95% confidence interval around estimate.

About the Data

The Hawai'i Pregnancy Risk Assessment Monitoring System (PRAMS) is a self-reported survey of recent mothers conducted by mail with telephone follow-up. It is designed to monitor the health and experiences of women before, during, and just after pregnancy. Every year, about 2,000 women who deliver a live infant are randomly selected to participate.

For More Information Contact:

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