

Maternal Depression in Oregon



What is maternal depression?

It 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
- Diminished ability to think or concentrate

How common is maternal depression?

In Oregon, 23 percent of new mothers report that they were depressed during and/or after pregnancy (12 percent during, 5 percent after and 6 percent both).

Who should be screened for maternal depression?

All new mothers should be screened. However, some Oregon mothers are more likely to experience maternal depression, including:

- Teens
- Women with fewer years of education
- Women who have experienced stressful life events, particularly partner-related stress
- Racial/ethnic minorities
- Women who are uninsured
- Women who are insured by Medicaid
- WIC recipients
- Women living in poverty
- Tobacco users

How serious is maternal depression?

Mothers with maternal depression are less likely to engage in healthy parenting behaviors. As a result, mother-infant bonding and attachment are compromised. In extreme cases, mothers have harmed themselves or their babies.

How is maternal depression 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. Maternal depression 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.

What is Oregon PRAMS?

The Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population-based surveillance system of maternal behaviors and experiences before, during and after pregnancy. Oregon PRAMS is a joint research project between the Oregon Department of Human Services and the U.S. Centers for Disease Control and Prevention (CDC). The data presented here are based on 1,890 completed surveys that represent the 49,000 Oregon mothers who gave birth to live infants during 2005.

How did we define maternal depression?

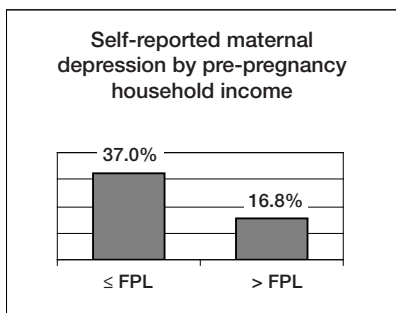
The PRAMS survey asked mothers about two symptoms of maternal depression. A mother was classified as having self-reported maternal depression if she reported (during and/or after pregnancy) that 1) she always or often felt down, depressed or hopeless, and/or 2) she always or often had little interest or pleasure in doing things.

“My daughter was born and I missed almost 12 months of her life because I was severely depressed. There should be a therapist on staff, simply because some may not feel comfortable speaking to the doctor. It should be you see your Ob/Gyn at 6 weeks and then see the therapist!”

- PRAMS mother

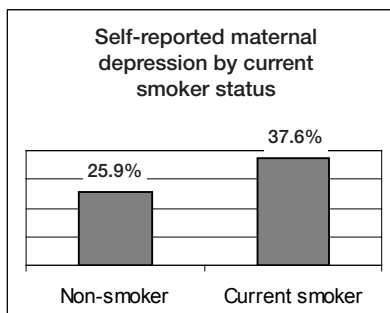


Some maternal characteristics may indicate increased likelihood of reporting depressive symptoms.

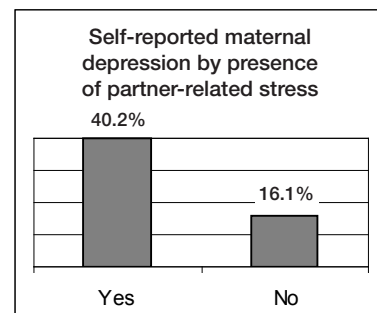


FPL = Federal Poverty Level

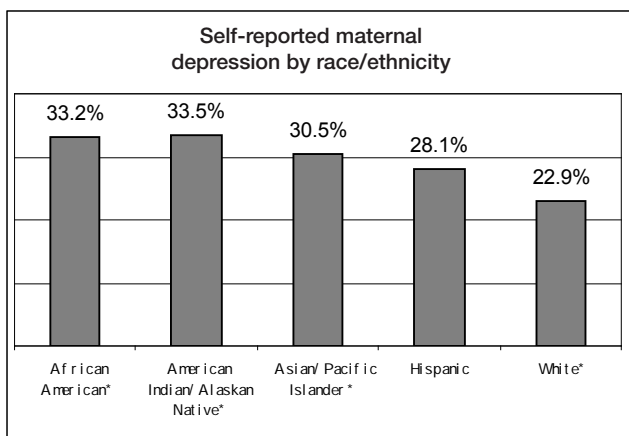
Low-income women were twice as likely to report depressive symptoms than high-income women.



Current smokers were 50 percent more likely to report depressive symptoms than non-smokers.

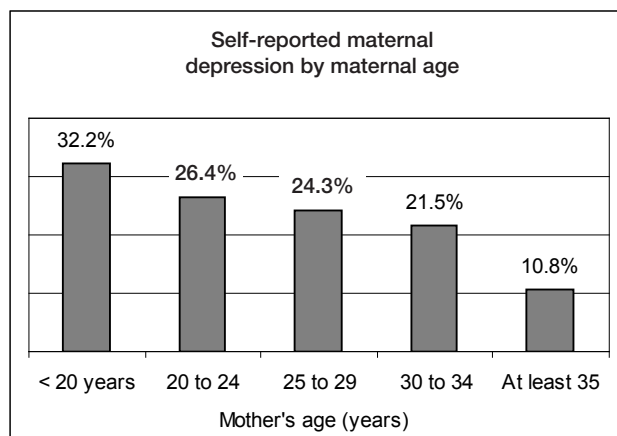


Those who experienced partner stress were twice as likely to report depressive symptoms.



*Non-Hispanic

Racial/ethnic minorities were more likely to report depressive symptoms than white mothers.



Teen mothers were more likely to report depressive symptoms than older mothers.

All associations are statistically significant using a chi-square test ($p < .0001$). More statistical details are available upon request.

Where can women get help?

Mothers are encouraged to discuss symptoms with their health providers. Mothers and families can also get information from the following resources:

- **Postpartum Support International**
www.postpartum.net or 1-800-944-4PPD
- **Postpartum Education for Parents**
www.sbpep.org or 1-805-564-3888
- **Information on prenatal services in your area:**
1-800-311-BABY (In Spanish: 1-800-504-7081)
- **Oregon Department of Human Services Public Health Division**
www.oregon.gov/DHS/ph/pnh

What can providers do?

New mothers should be screened for depressive symptoms periodically during and after pregnancy. More information is available at www.mededppd.org.

For more information about PRAMS:

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