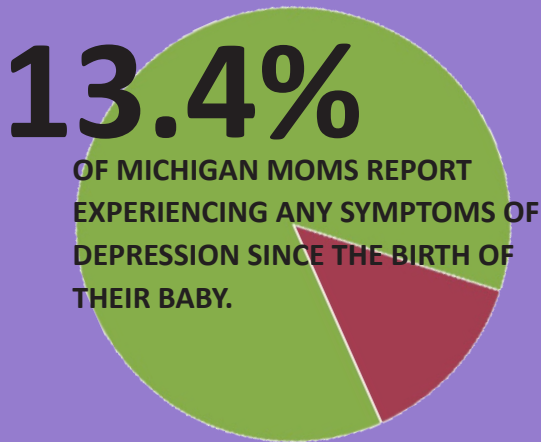


PREGNANCY-RELATED DEPRESSION

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In order to serve and support Michigan mothers who are suffering from pregnancy-related depression, we must begin with knowing how many women are affected. A review of over one-hundred published studies identified 28 that were similar enough to compare. These studies reported maternal depression rates at various timepoints during pregnancy and shortly after birth between 6.5% and 12.9% (1). The screening instrument, self or clinician report, and diagnostic criteria also varied. Such variation makes it difficult to determine how many women are affected and if some groups of women have a greater risk of experiencing pregnancy-related depression. Left untreated, depression can lead to emotional suffering, negative affect, marital conflicts and diminished attachment to the newborn (2). Having a mother with pregnancy-related depression increases an infant's risk for impaired cognitive, emotional, and social functioning. (2). In addition, it can also contribute to unhealthy postpartum maternal behaviors such as smoking (3), breastfeeding cessation (4), using unsafe infant sleep practices (4), and missing postnatal care visits (5). People often think of pregnancy-related depression as beginning only after a baby is born (i.e. postpartum depression), but a woman can experience onset of perinatal depression during pregnancy or up to one year after birth.

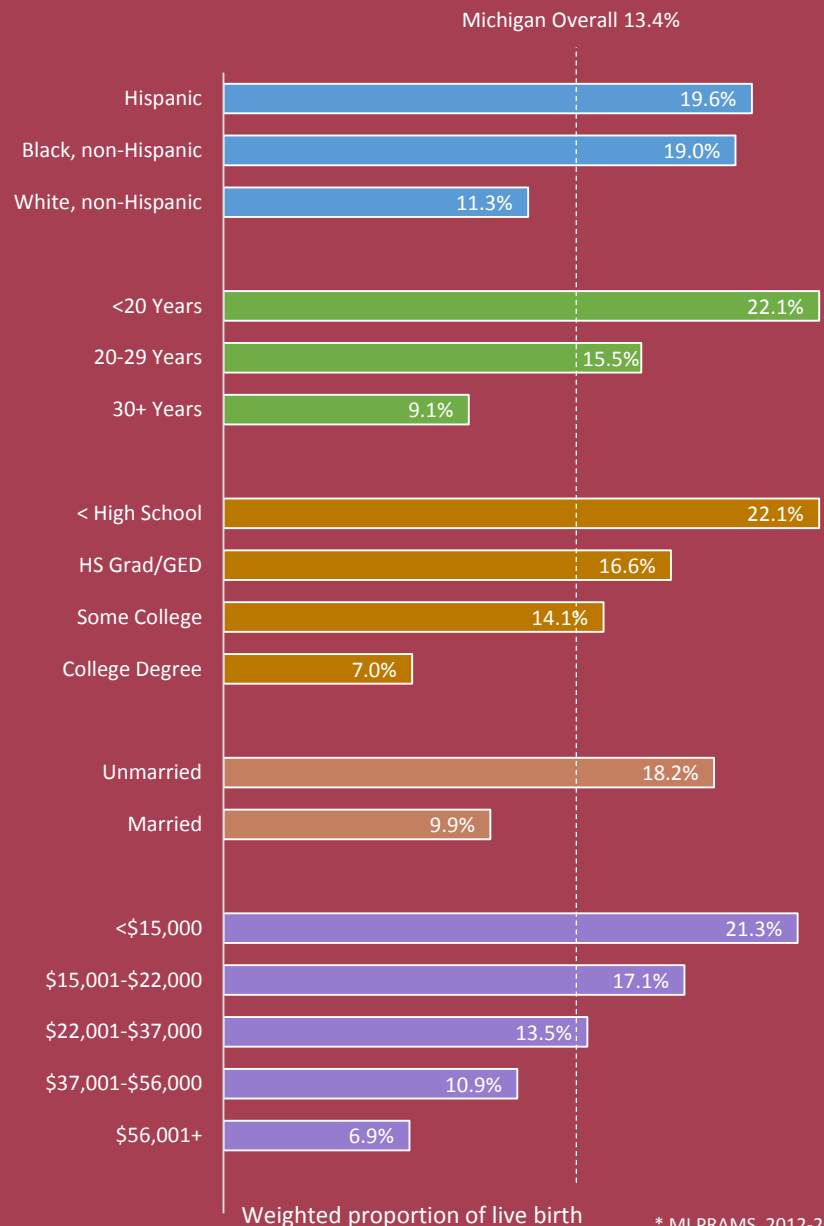


“The worst part was the postpartum depression [I] experienced and no one prepared [me] for that.”
—PRAMS MOM, 2013

MOMS' EXPERIENCES VARY

- The frequency of symptoms of depression following birth varies by a mother's race and ethnicity, age, education, marital status, and household income (Figure 1).
- Non-Hispanic black and Hispanic moms are almost twice as likely to experience depression symptoms as non-Hispanic white moms.
- Mothers who do not finish high school are more than three times as likely to experience depression symptoms as those with a college degree.
- Mothers with a family income of \$22,000 or less are more likely to experience depression symptoms after the birth of their baby compared with mothers in higher income groups.

FIGURE 1. PERCENTAGE OF MICHIGAN MOMS EXPERIENCING POSTPARTUM DEPRESSION SYMPTOMS*



* MI PRAMS, 2012-2015

PROVIDERS ARE MISSING OPPORTUNITIES TO TALK TO EXPECTING MOMS ABOUT DEPRESSION

- 78.8 percent of Michigan moms report having a conversation with their prenatal healthcare provider about what to do if they feel depressed during pregnancy or after her baby is born.
- Having prenatal talks about depression symptoms with every expecting mom is beneficial since over one in five (22.2%) Michigan moms report never having a discussion and no group of moms is without pregnancy-related depression risk.

“ I had a very experienced, well- respected doctor, and felt he gave very good care and listened attentively to all my concerns, but certain information he didn't cover specifically because I think he assumed I already knew it... The one thing I wish he had given me more information on was support services for post-partum anxiety/ depression. I brought up during pregnancy that I was struggling with anxiety. He wrote me a letter clearing me to take a pregnancy yoga class, but didn't steer me toward any support services. I was offered the services... after delivery, and am now attending the post-partum support group, which has been very helpful.”

—PRAMS MOM, 2013

SOME MOMS ARE NOT RECEIVING RECOMMENDED FOLLOW-UP CARE

Michigan moms experiencing postpartum depression symptoms are about twice as likely to report missing their postpartum checkup (16.1%) than are Michigan moms who did not report postpartum depression (8.3%).

NEW MOMS EXPERIENCE DEPRESSIVE SYMPTOMS IN UNIQUE WAYS

Among Michigan moms with symptoms...

41.3%

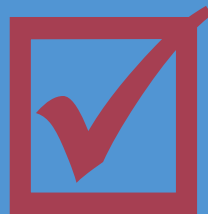
feel little pleasure in doing things

29.9%

feel down, depressed or hopeless

28.8%

feel both symptoms



TAKE ACTION

The American Council of Obstetrics and Gynecology (ACOG) recommends that individualized prenatal care should include development of a **postpartum care plan** that includes guidance on how to **recognize depression** and what to do if a mom feel depressed following birth. ACOG further recognizes the “**fourth trimester**” as a critical time when healthcare providers should work to ensure **no mom misses her recommended three week postpartum follow up** and that every mom is **screened for postpartum depression and anxiety** using a validated instrument. Additionally, providers should refer for or **confirm attendance** at mental health-related appointments.

“ This was my 4th child, so many things were assumed by medical staff, etc. Postpartum depression was evident and took 8+ weeks to overcome without medication.” - PRAMS MOM, 2016

SELECTED MATERNAL MENTAL HEALTH RESOURCES FOR PROVIDERS

Optimizing Postpartum Care, ACOG Committee Opinion updated in May 2018 <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care>

Extensive county, Michigan and national Perinatal Mood Disorders Resources, Michigan Maternal and Infant Health Program (MIHP) https://www.michigan.gov/documents/mihp/PD_Resources_Consumers_HC_Providers_Aug_14_2015_497527_7.pdf

Patient Safety Bundle on Maternal Mental Health: Depression and Anxiety, Council on Patient Safety in Women's Health Care <https://safehealthcareforeverywoman.org/patient-safety-bundles/maternal-mental-health-depression-and-anxiety/>

Free materials ordering, toll-free hotlines and links to treatment locators, National Institutes of Health (NIH) National Child and Maternal Health Education Program <https://www1.nichd.nih.gov/ncmh/ep/initiatives/moms-mental-health-matters/moms/Pages/default.aspx>

Short Postpartum Depression Video for Patients, NIH <https://www.youtube.com/watch?v=zbUI2hZNIKY>

Since 1987, Michigan PRAMS and the Centers for Disease Control and Prevention (CDC) have been telling the stories of Michigan's mothers and babies by collecting and disseminating population-based data on maternal attitudes and experiences before, during and after pregnancy that is not available from other sources.

To access or collaborate on Michigan PRAMS data, email MIPRAMS@michigan.gov.
Learn more about Michigan PRAMS and access this and other reports at <http://Michigan.gov/PRAMS>

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METHODOLOGY NOTES

Michigan's Pregnancy Risk Assessment Monitoring System (MI PRAMS) is an annual population-based survey of new mothers, that assesses behaviors and experiences around the time of pregnancy. MI PRAMS is a collaboration between the Centers for Disease Control and Prevention (CDC) and the Michigan Department of Health and Human Services (MDHHS). MI PRAMS operations are housed within the Maternal and Child Health Epidemiology Section, a part of the Division of Lifecourse Epidemiology and Genomics.

MI PRAMS utilizes a mixed-mode methodology in order to gather information from women selected to participate in the survey. This combination mail/telephone survey methodology is used to maximize response rates. This brief uses data for the 2012-2015 birth year collected by the Michigan State University Office for Survey Research, MDHHS, and the Bloustein Center for Survey Research at Rutgers University.

MI PRAMS surveys approximately 1-2 percent of resident mothers who have delivered a live born infant in Michigan within each calendar year. MI PRAMS uses a random sample stratified by birthweight (low and normal birthweight), race (Black and non-Black) and region (Southeast Michigan counties and all other counties). In 2012 and 2013 there were additional strata for Black mothers in Wayne and Kent Counties. From 2012 to 2015, there was an additional stratum for Black mothers in Calhoun county. This brief reports on Phase 7 of the PRAMS survey and includes responses from 7257 mothers spanning birth years 2012 to 2015. Weighted response rates by year were 61% in 2012, 60% in 2013, 57% in 2014 and 55% in 2015. The Phase 7 question topic map can be found at: http://www.michigan.gov/documents/mdch/MI_PRAMS_Topic_Map_366719_7.pdf

ANALYTIC DEFINITIONS

For the purposes of this analysis, a mom was defined as "experiencing postpartum depression symptoms" if she answered that since her new baby was born she "always" or "often" felt down, depressed or hopeless (Q67) and/or that she "always" or "often" had little interest or little pleasure in doing things (Q68).

ANALYSIS QUESTIONS

Other than demographic items, the analysis in this brief used the following Michigan PRAMS phase 7 questions for birth years 2012-2015:

During any of your prenatal care visit, did a doctor, nurse or other healthcare worker talk to you about any of the things listed below? What to do if I feel depressed during my pregnancy or after my baby is born. (No, Yes)

Since your new baby was born have you had a postpartum checkup for yourself? (No, Yes)
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Since your new baby was born, how often have you felt down, depressed or hopeless? (Always, Often, Sometimes, Rarely, Never)
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Since your new baby was born, how often have you had little interest or little pleasure in doing things? (Always, Often, Sometimes, Rarely, Never)
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SUGGESTED CITATION

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