

Healthy Moms, Healthy Kids:

A Series on Maternal and Child Health in Colorado

Maternal Depression

Pregnancy and childbirth can be sources of excitement and joy for many new parents, but for some women, the hormonal fluctuations and lifestyle changes associated with pregnancy and being a new mother can feel overwhelming. Although up to 85 percent of mothers may experience mood changes (sometimes referred to as the “baby blues”) for a short period of time after giving birth due to changes in hormone levels, for some women, troubling symptoms may persist for months, warranting a more serious diagnosis of depression.^{1,2} In the 12 months following childbirth, women are 50 percent more likely to experience an episode of major depression.³ Furthermore, between seven and 12 percent of expectant mothers experience depression at some point during their pregnancy.⁴ Depression not only interferes significantly with a mother’s mental, physical and emotional well-being, it can have a number of detrimental effects on children’s healthy development as well. Efforts to identify and treat maternal depression in its early stages are critical to ensuring the long-term health and safety of Colorado’s mothers and their children.

Defining Maternal Depression

The term maternal depression encompasses a broad spectrum of conditions, ranging from prenatal depression to postpartum depression or psychosis. Maternal depression can vary widely in intensity, and symptoms may appear at any time during pregnancy or up to a year after giving birth. When symptoms intensify or persist for more than one month after childbirth, a woman may be diagnosed with postpartum depression. Affecting approximately 10 percent of child-bearing women, postpartum depression is often characterized by a sad or depressed mood, agitation, irritability, overwhelming anxiety, negative thoughts toward the baby and fatigue, among other symptoms.⁵

Risk Factors

A woman’s risk for developing maternal depression can depend on a number of factors, including previous depressive episodes or a family history of depression. Other risk factors include the occurrence of stressful events such as a job loss or illness, the lack of a spouse, partner or supportive social network, financial stressors and substance abuse.⁸ Statistics also show that women under the age of 20 are particularly susceptible to developing postpartum depression. Even women without these risk factors, however, can experience maternal depression as a result of common realities associated with being a new mother, including lack of sleep or hormonal changes.⁹

“Maternal Depression” is one in a series of six briefs published by the Colorado Children’s Campaign addressing maternal and child health topics titled *Healthy Moms, Healthy Kids: A Series on Maternal and Child Health in Colorado*. Other topics in the series include domestic violence, healthy pregnancies, family structure and teen motherhood, social determinants of health and nutrition. We wish to thank Kaiser Permanente for its generous support of this project.



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Consequences of Maternal Depression for Mother and Child

Early identification and treatment of maternal depression are crucially important to both maternal and child well-being. Not only does depression diminish a woman's quality of life, but the effects of long-term exposure to maternal depression on children are well-documented and significant. Research indicates that children whose mothers suffer from chronic depression are at risk for a variety of adverse long-term outcomes, including antisocial behavior, poor academic performance and chronic behavioral problems at home and at school.^{10,11}

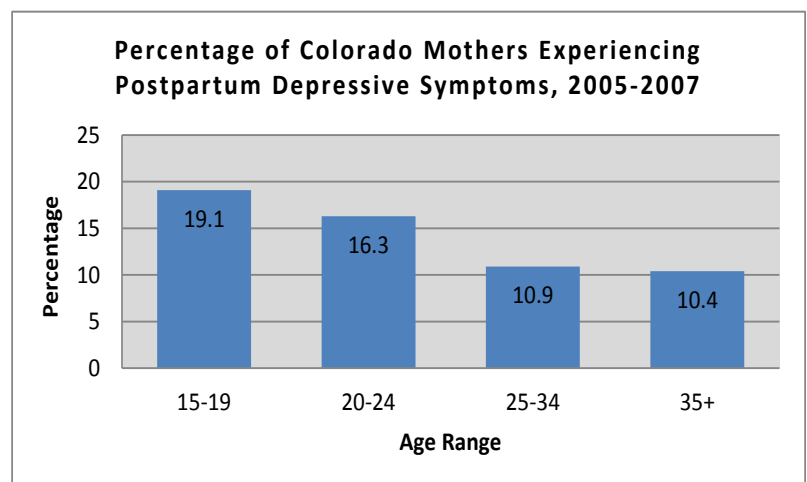
Depression can have a major impact on a mother's parenting skills and her ability to foster a secure mother-child bond. Studies show that mothers dealing with depression are less likely to engage in positive child safety and child development practices, such as using electric outlet covers and car seats and are more likely to employ harsh disciplinary methods with their children.¹² Furthermore, the emotional unavailability that often goes hand-in-hand with depression may cause depressed mothers to limit their interactions with their children to those that are negative-based, like responding to crying, while failing to respond to opportunities for positive interaction.¹³ Because children are already developing important social and emotional skills at this early age, they may learn that negative interactions are the best way to attract attention from their caregivers, setting them up for behavioral problems later in life.

Research also suggests that infants with depressed moms may be less likely to engage in daily activities and may avoid interactions with their caregivers, which can have detrimental effects on their physical, emotional and language development.¹⁴ Even at age three, children of depressed mothers demonstrate poorer performance than children of non-depressed mothers on measures of school readiness, including verbal comprehension and language skills.¹⁵ These children also can have a more difficult time developing trust, relating to others and finding motivation to learn, all of which are basic skills needed to take advantage of early learning settings and programs.¹⁶

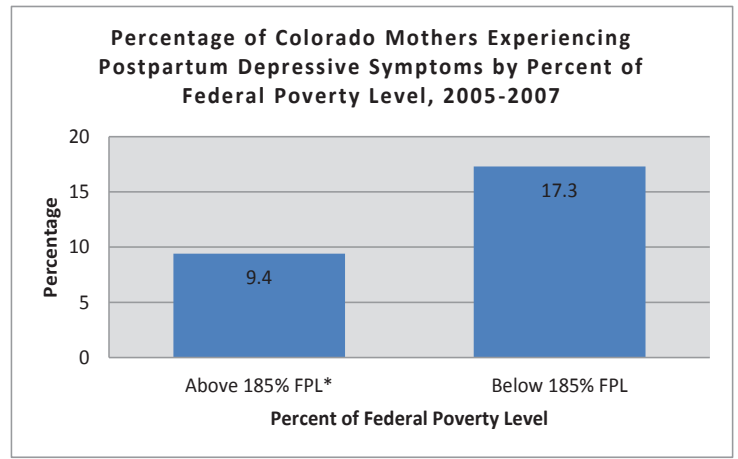
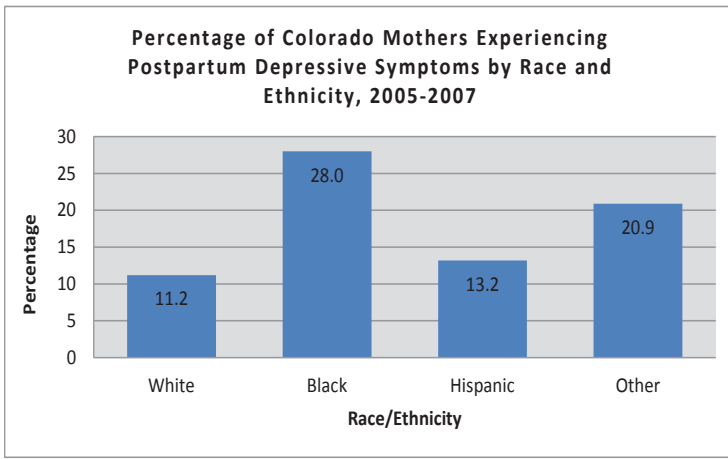
Although mother-child interactions during the first few years of a child's life are integral to healthy development, maternal depression may begin to impact a child's development before he or she is even born. Research suggests that mothers who experience high, constant levels of stress and anxiety early in their pregnancies are more likely to have children that exhibit behavioral problems including attention deficit disorder, hyperactivity, depression and aggression later in life, even after accounting for other influential factors like birthweight, parental education or smoking during pregnancy.¹⁷ These damaging effects can have long-term consequences for a child's well-being, as research shows that older children who had mothers who were depressed during their early years of development faced increased likelihood of needing special education, being held back one or more grades and dropping out of school.¹⁸

Maternal Depression in Colorado

A 2009 Colorado Department of Public Health and Environment report entitled *Postpartum Depressive Symptoms among Colorado Women* provides insight into risk factors and prevalence of postpartum depression among women in Colorado. Utilizing data from the Pregnancy Risk Assessment Monitoring System (PRAMS), responses from 5,798 women between 2005-2007 were analyzed to provide a comprehensive profile of maternal depression in Colorado. According to this report, nearly 10,000 Colorado women per year – more than one in 10 women giving birth – reported experiencing postpartum depressive symptoms.



Significant differences were observed in the prevalence of postpartum depressive symptoms based on the mother's race, ethnicity, age, educational attainment and income, among other factors.¹⁹ Young, minority and low-income mothers in Colorado were significantly more likely to report experiencing symptoms of postpartum depression, as were unmarried women and those with less than a high school education.



Maternal Depression: Best Practices

Building Awareness

Unfortunately, stigma around mental health issues still exists and can be even greater for women who fear that speaking out about their condition may result in losing custody of their child. Educating new and expectant mothers and their families about the signs and symptoms of maternal depression is key to creating awareness of the problem and reducing stigma. Prenatal, perinatal and well-child checkups present strategic opportunities for health care providers to conduct screenings, referrals and follow-up assessments of new mothers and educate them about common warning signs associated with maternal depression. In addition to these clinical settings, early childhood programs, home visitation programs and offices that administer benefits through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) present additional opportunities to reach out to new mothers and their families with information about maternal depression and offer links to treatment resources in the community.

Encouraging the Use of Screening Tools

Although postpartum depression is one of the most common complications associated with pregnancy and childbirth, fewer than half of the cases in the United States are recognized.²⁰ Efforts to improve health care providers' understanding of the importance of screening for maternal depression at multiple points throughout pregnancy, as well as after childbirth, are essential to ensuring the condition is identified and treated in its early stages. Integrating a short, validated screening tool, such as the two-question screener developed by the U.S. Preventive Services Task Force, into routine prenatal, postpartum or well-child visits is a simple, effective practice that can assist health care providers in detecting maternal depression.²¹ To achieve this, primary health care providers must first be educated and trained about the prevalence and symptoms of maternal depression.

Prioritizing At-Risk Populations

Although depression affects women from all racial, ethnic and socioeconomic backgrounds, some women are more likely to develop postpartum depression than others. Since young, low-income and minority women represent particularly high-risk populations, programs to screen and treat these groups are of particular importance. Colorado's Prenatal Plus Program, which targets Medicaid-eligible pregnant women and encourages healthy lifestyle choices during pregnancy, addresses maternal depression among high-risk women with a protocol that includes education and regular screening for maternal depression during pregnancy and up to 60 days after giving birth. For women who indicate that they have experienced postpartum depressive symptoms, the program provides referrals to mental health treatment services and programs in the community.²² Programs like this are key to helping caseworkers and other providers recognize depression among high-risk groups and ensuring that women receive appropriate treatment that will benefit themselves and their children.



Expanding Access to Treatment

Even when mothers are diagnosed with some form of maternal depression, many of them face significant obstacles in receiving treatment, such as financial limitations, lack of health insurance or a shortage of programs or services in their community that are designed to address maternal depression. As a result, many mothers may feel like they are forced to cope with the challenges associated with depression on their own. Seeking to address this problem, Mental Health America of Colorado offers a support group through its A Mother's Wings program for mothers experiencing symptoms of depression free of charge. Increasing the number of community supports like these can go a long way in ensuring mothers who are diagnosed but are unable to afford treatment can access resources to help them overcome their depression.

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End Notes

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