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Maternal Mental Health in Alaska

Background

Maternal depression is a debilitating condition that adversely affects women and families. Frequently, though, it is under-recognized and under-treated in obstetric-gynecological and primary care settings. When left undetected or inadequately treated, a persistent or chronic depressive course may result.[1] This may have a greater negative impact on the behavioral and cognitive development of children than short-term depression.[2]

Methods

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based, randomized survey completed by about 18% of mothers delivering a live-born infant in Alaska. The Childhood Understanding Behaviors Survey (CUBS) was initiated in Alaska in 2006 as a two-year follow-up to PRAMS. In 2004, mothers responded to PRAMS at an average infant age of 3.6 months. These same mothers later responded to CUBS at an average child age of 28.5 months.

During 2004–2007, PRAMS measured depressive symptoms since delivery with two questions. The first asked, "…how often have you felt down, depressed, or hopeless?" (depressed mood). The second asked, "…how often have you had little interest or little pleasure in doing things?" (anhedonia). We classified mothers who said "always" or "often" to either question, or "sometimes" to both, as experiencing symptoms of maternal depression (SMD). CUBS asked similar questions about symptoms during the previous six months.

Results

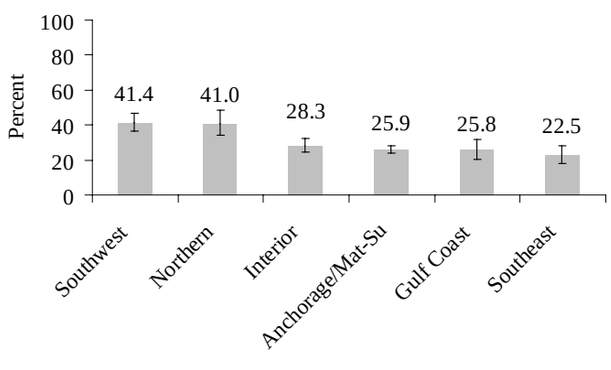
During 2004–2007, 9.2% of postpartum women reported always or often having a depressed mood since their baby was born, and 9.2% reported always or often having anhedonia. SMD was reported by 27.1%. There was no significant trend in the prevalence of SMD. Experience of SMD varied significantly by maternal residence region (p-value < 0.000, Figure 1). These differences were driven primarily by differences in reporting anhedonia.

Among the women who reported postpartum SMD in 2004, 46.0% also reported SMD on the CUBS survey two years later. The majority of women (68.4%) did not report SMD during either time period (Figure 2).

Discussion

The prevalence in Alaska of self-reported postpartum SMD has been stable over time and almost half of women with postpartum SMD continue to report symptoms two years later.

Figure 1. Percent of Women that Delivered a Live-Born Infant in Alaska between 2004 and 2007 who Reported Symptoms of Maternal Depression by Region of Residence



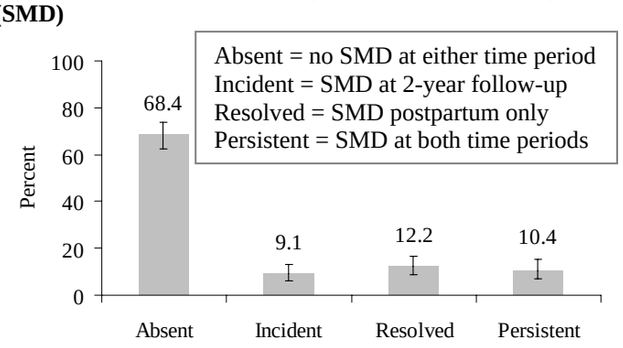
Interventions to diagnose or treat maternal depression may help to prevent later sequelae, including major depression, chronic disease, alcohol abuse and suicide, as well as negative impacts on child development.[1,3]

Primary care providers have a critical role in recognizing maternal depressive symptoms. Some programs show promising results for treating depression or anxiety through short visits at primary or community care clinics, which improves access and reduces stigmatization.[3] Evidence-based treatments for postpartum depression include individual and group psychotherapy, supportive counseling, and antidepressant medications.[1] Recognizing women who have increased risk of depression due to known risk factors may help target screening efforts. Risk factors include young age, inadequate social support, poor quality partner relationships, low education, prior sexual or physical abuse, and high anxiety.[1,2,3] Recent findings related to persistent SMD in Alaska will be published soon.[4]

Recommendations

1. Providers of postpartum, newborn, and pediatric care should screen for maternal depression and refer women for more detailed mental health assessments as appropriate. Health care provider resources are available at: http://www.mededppd.org
2. Most major medical associations recommend the Edinburgh Postnatal Depression Scale (EPDS) for depression screening, available at:http://www.aap.org/sections/scan/practicingsafety/Toolkit_Resources/Module2/EPDS.pdf
3. The 4-item Patient Health Questionnaire for Depression and Anxiety was recently developed and validated,[5] and may be easier to integrate into clinical settings; available at: http://www.epi.alaska.gov/mchepi/prams/PHQ4.pdf
4. Information on local support and resources for women with postpartum depression can be found by calling (907) 261-2065, (907) 261-6853, or 1-800-944-4773, or available at: http://postpartum.net

Figure 2. Percent of Women that Delivered a Live-Born Infant in Alaska in 2004 who Reported Absent, Incident, Resolved, and Persistent Symptoms of Maternal Depression (SMD)



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