

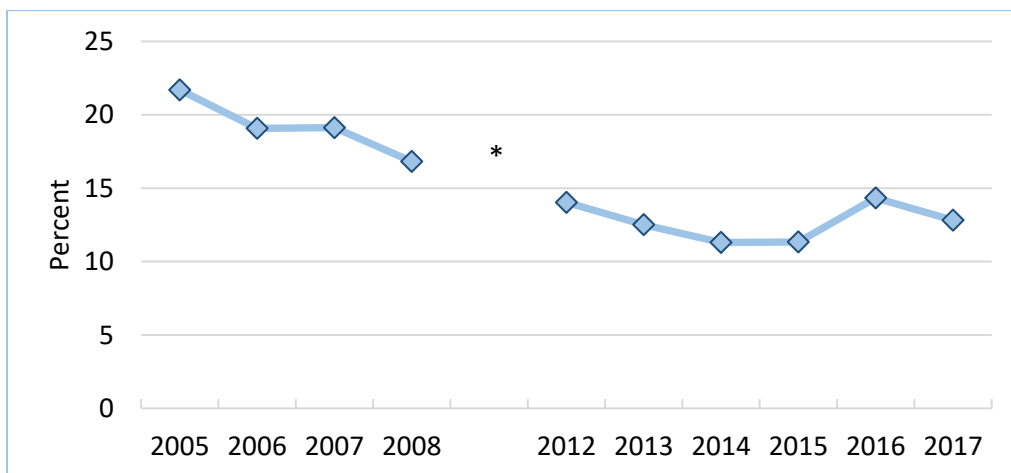


## Postpartum Depression - New Mexico PRAMS

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Maternal depression (also called postpartum depression) affects about 1 in 9 women in the U.S. Women with postpartum depression<sup>1</sup> experience extreme sadness, anxiety, and exhaustion.<sup>2</sup> These feelings are more intense and last longer than those of “baby blues,” which is the worry, sadness, and fatigue many women experience shortly after having a baby.<sup>1</sup> Postpartum depression may be caused by the sudden drop in the levels of the hormones estrogen and progesterone following delivery.<sup>3</sup> In addition, sleep deprivation, lack of partner support, being overwhelmed with a new baby, previous history of depression, poor health for mom or baby, and stressful live events may contribute to postpartum depression. Maternal depression can negatively impact the mother’s health and her ability to care for her child even as they grow beyond infancy. Among women giving birth from 2015 to 2017, 12.8% (or over 1 in 8 women) of women who recently gave birth in NM experienced postpartum depression. Postpartum depression declined 41% from 2005 through 2017.

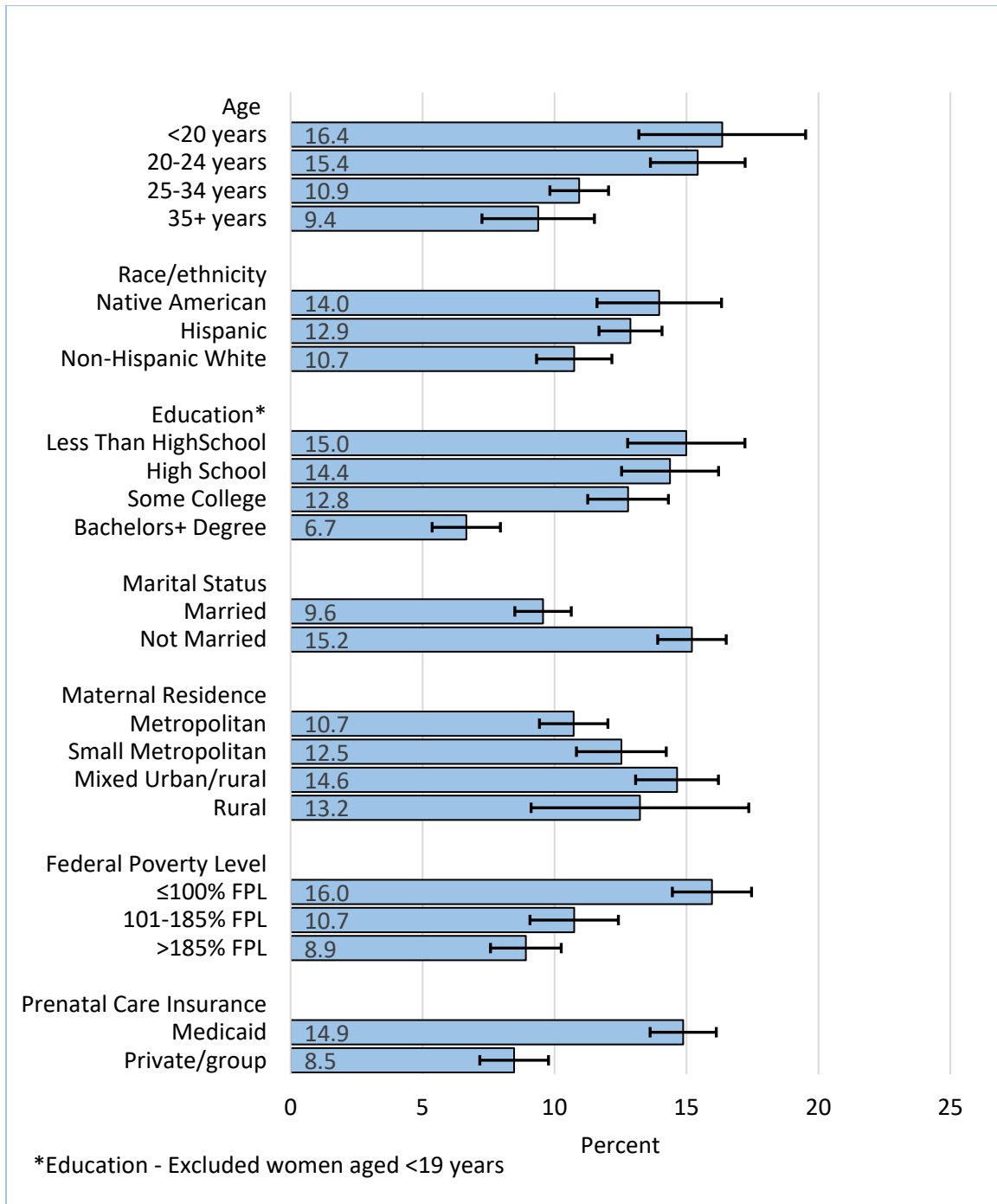
Figure 1. Percentage of Women with Postpartum Depression, NM PRAMS, 2005-2008 and 2012-2017



\*Survey question on postpartum depression was different during 2009-2011

Postpartum depression was defined as responses of “often” or “always” to two questions: “Since your baby was born, how often have you felt down, depressed, or hopeless?” and “Since your new baby was born, how often have you had little interest or little pleasure in doing things?”.

Figure 2. Prevalence of Maternal Postpartum Depression by Maternal Demographics, NM PRAMS, 2013-2017



Mothers most likely to experience postpartum depression were under the age of 24 years, not married, had a household income at or below federal poverty level, or had Medicaid for prenatal care. Women with a bachelor’s degree or higher were less likely to experience postpartum depression than mothers with some college or high school or less education.

Figure 3 Prevalence of Postpartum Depression by Risk Factors, NM PRAMS, 2013-2017

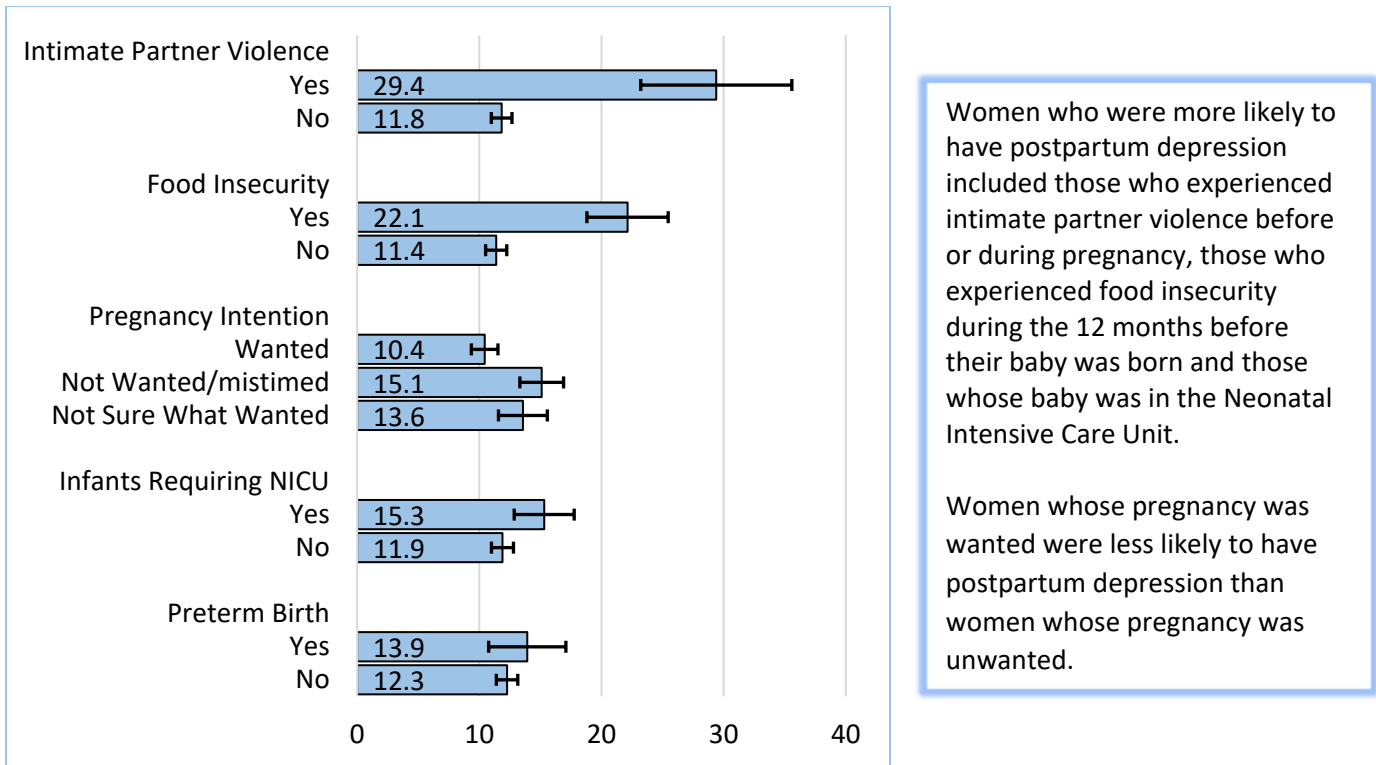
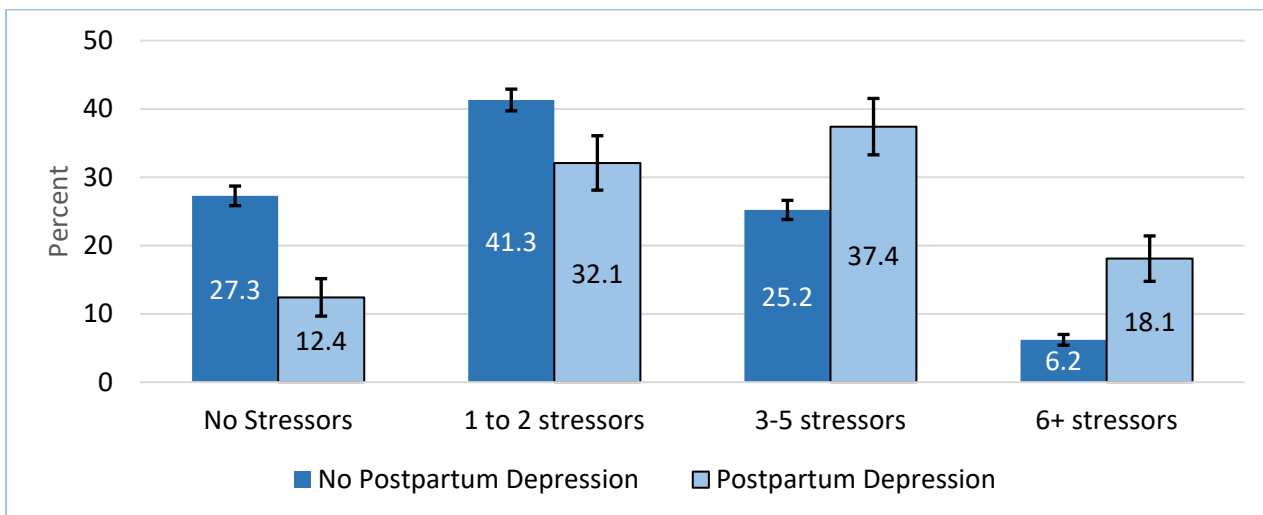


Figure 4. Prevalence of Postpartum Depression by Number of Stressors, NM PRAMS 2012-2015

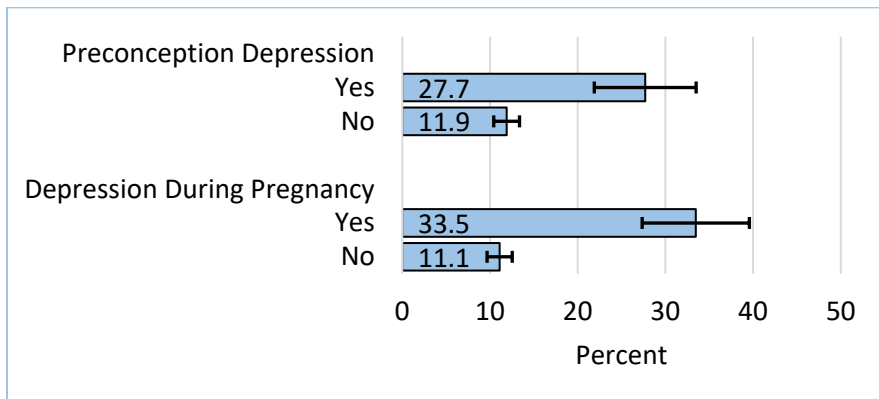


- Women who experienced postpartum depression were three times more likely to have six or more stressors during the 12 months before their baby was born than women without postpartum depression. Stressors include partner stress (e.g., divorce), financial stress (e.g., lost job), traumatic stress (e.g., close person had drug or alcohol problem) and emotional stress (e.g., close family member was very sick).

**Prenatal Counseling** - Approximately 75% of mothers during 2012-2015 indicated that a health care provider had discussed what to do if they felt depressed during pregnancy or after their baby was born during a prenatal care visit. A higher percentage of mothers who were depressed before becoming pregnant received

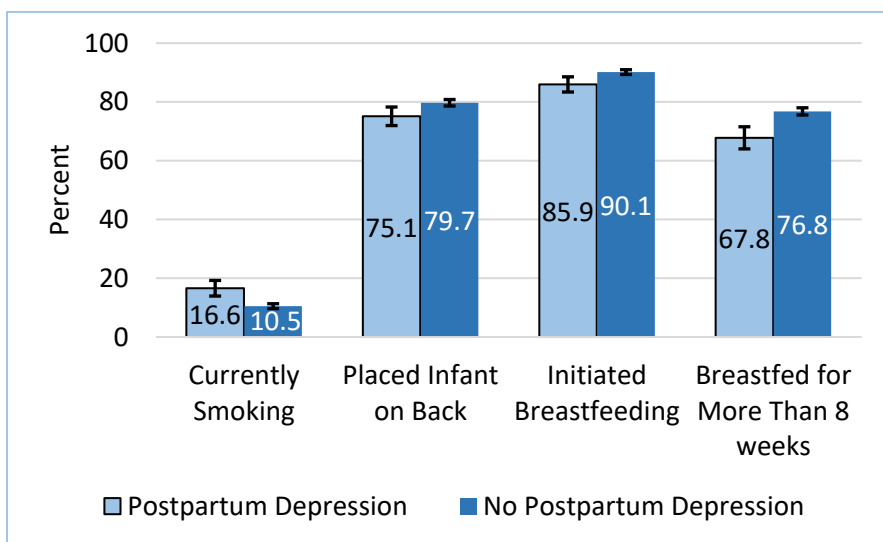
counseling on depression (78.2%) than mothers who were not depressed before becoming pregnant (75.1%). Mothers who reported postpartum depression were less likely to have received counseling on depression (68.4%, 95% CI: 64.3-72.6) than mothers who indicated they were not depressed (76.2%, 95% CI: 74.8-77.6).

Figure 5. Prevalence of Postpartum Depression by History of Depression, NM PRAMS, 2016-2017



Women with a previous history of depression, either during the three months before pregnancy or during pregnancy, were more likely to experience postpartum depression.

Figure 6. Prevalence of Postpartum Maternal Behaviors by Postpartum Depression Status, NM PRAMS 2013-2017



Postpartum depression can lead to unhealthy postpartum maternal behaviors.

Women who had postpartum depression were more likely to be currently smoking, less likely to place their infant on their back, less likely to initiate breastfeeding and less likely to breastfeed for more than 8 weeks than mothers without postpartum depression.

**Recommendations:** The American Congress of Obstetricians and Gynecologists recommends that all women receive at least one screening for depression during the perinatal period.<sup>4</sup> The American Academy of Pediatrics recommends additional screening for depression during the 1-, 2-, 4-, and 6-month well-child visits.<sup>5</sup> **New Mexico Pregnancy Risk Assessment Monitoring System (NM PRAMS)** is an ongoing public health surveillance system of maternal behaviors and experiences before, during and shortly after pregnancy. NM PRAMS provides information that is representative of NM resident women who have given live birth in NM. The surveillance system is sponsored by the Centers for Disease Control and Prevention and the NM Department of Health. PRAMS is New Mexico’s best source of representative birth population data.

**References**

1. <https://www.cdc.gov/reproductivehealth/depression/index.htm>
2. <https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml>

3. <https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression>
4. <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co757.pdf?dmc=1&ts=20181024T2023437995>
5. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Recommendations.aspx>