

Postpartum Depression

Postpartum depression affects 8% to 15% of women and may appear at any time in the first year after delivery.¹ If untreated, postpartum depression can be disabling for the mother and limit her ability to care for her new infant, resulting in negative effects on her child and other family members.

Symptoms of Postpartum Depression²

- Sadness, depression or a feeling of hopelessness
- Problems eating or sleeping
- Problems focusing and making decisions
- Feeling overwhelmed
- Anxiety, panic, or a feeling of being “out-of-control”
- Upsetting thoughts or worries that won’t go away
- Difficulty bonding with the baby
- Fear of harming self or the baby

Risk Factors²

- Personal or family history of depression, anxiety, bipolar disorder or substance abuse
- Recent or ongoing stress or loss; financial, trauma or relationship problems
- History of medical problems, such as diabetes or hypertension
- High-risk pregnancy or birth complications
- Little or no support from partner/spouse, family or community
- Violence in the home

Is it just the Baby Blues?

Typically, the “baby blues” occur within the first 10 days of giving birth and go away within one or two weeks. Postpartum depression is a more serious condition requiring attention from a health care provider.

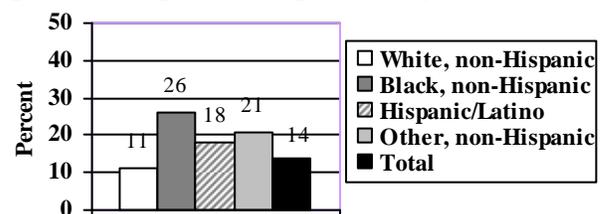
Wisconsin mothers who had a recent live birth were asked these questions in the PRAMS Survey:

- 1) **Since your new baby was born, how often have you felt down, depressed or hopeless?**
- 2) **Since your new baby was born, how often have you had little interest or little pleasure in doing things?**

Postpartum depression was defined by a response of “always” or “often” to either one of these questions. In 2007 and 2008, 14% of new mothers in Wisconsin met this definition of postpartum depression (Figure 1).

- Black mothers were more than twice as likely to report symptoms of depression (26%) as white mothers (11%).
- Hispanic mothers were also more likely to report symptoms of depression (18%), compared to white mothers (11%).
- Young mothers under age 20 had significantly higher than average rates of postpartum depression, as did mothers living in households with annual incomes below \$10,000 (Table 1). Unmarried mothers and mothers with high school or less education were also more likely to report depression symptoms.

Figure 1: Postpartum Depression by Race/Ethnicity



Source: 2007-2008 PRAMS, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

Comments from Wisconsin mothers

- “[I felt] frustrated mostly overwhelmed.”
- “I just try not to think about it.”
- “The first couple of months after my baby’s birth I always felt [depressed].”
- “I believe that the hardest part of having my daughter was the first days back at home. I was in pain and wouldn’t eat because I was so worried.”
- “I think healthcare providers and family members should watch closely for postpartum depression.”



What Moms Tell Us -- *Wisconsin* PRAMS

Table 1. Postpartum Depression by Maternal Characteristics, 2007-2008

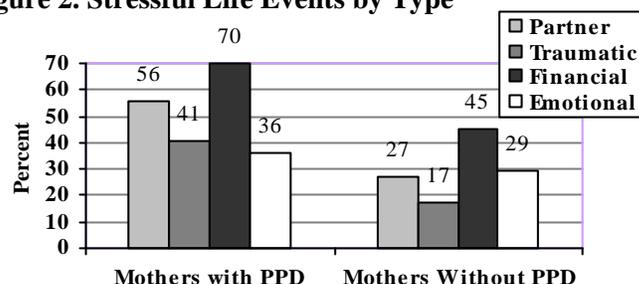
	Percent	C.I. [±]
Total	14%	(2)
Maternal Age		
Under 20 years	32	(8)
20-24 years	16	(4)
25-34 years	11	(2)
35 and greater	12	(4)
Maternal Education		
Less than High School	20	(4)
High school	19	(4)
Some College	13	(3)
College Graduate	6	(2)
Marital Status		
Married	10	(2)
Not married	22	(3)
Health Insurance at Delivery		
Private Insurance or Employer	10	(3)
Medicaid	20	(3)
Uninsured (Personal Income)	10	(2)
Pregnancy Intention		
Intended	10	(2)
Unintended	21	(3)
WIC Participation		
Yes	22	(3)
No	8	(2)
Income		
Less than \$10,000	30	(5)
\$10,000 – \$49,999	14	(3)
\$50,000 or more	7	(2)

Source: 2007-2008 PRAMS, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

Stressful life events are known to be risk factors for postpartum depression. Mothers who reported symptoms of depression had an average of 3.2 stressful life events during the year prior to their baby's birth, while non-depressed mothers had an average of 1.6 stressful events. Only 14% of mothers with depression had no stressful life events in that year, compared to 34% of mothers who were not depressed.

Seventy percent of depressed mothers reported stressful financial events in the year prior to their baby's birth (Figure 2). The proportions who reported stressful life events in each of four categories were significantly higher than among mothers without depression.

Figure 2. Stressful Life Events by Type



Source: 2007-2008 PRAMS, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

Partner-related—The respondent separated or divorced from her husband/partner, she argued more than usual with her husband/partner, or her husband/partner said he didn't want her to be pregnant.

Traumatic—The respondent was homeless, she was involved in a physical fight, she or her husband/partner went to jail, or someone close to her had a problem with drinking/drugs.

Financial—The respondent moved to a new address, her husband/partner lost his job, she lost her job, or she had a lot of bills she couldn't pay.

Emotional—A very sick family member had to go into the hospital or someone close to the respondent died.

About Wisconsin PRAMS

Prepared in the Division of Public Health, Wisconsin Department of Health Services. Wisconsin PRAMS is a statewide survey conducted by mail with telephone follow-up. It is designed to monitor the health and experiences of women before, during, and just after pregnancy. Every year, almost 1,900 women who delivered a live infant are randomly selected to participate. The 2007-2008 combined data file includes 2,059 mothers who responded to the surveys. The combined response rate was 55%.

<http://dhs.wisconsin.gov/births/prams/index.htm>

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References:

¹U.S. Department of Health and Human Services, Administration for Children and Families (2002), *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*.

²Maternal and Child Health Unit, Bureau of Community Health Promotion, Division of Public Health, Wisconsin Department of Health Services (2010), *More Than Just the Blues (P-40033; rev. 8/10)*.

Help Is Available

- Mothers should talk with a health care provider
- Wisconsin Maternal and Child Health (MCH) Hotline - (800) 722-2295, 24-hour information resource
- MCH website at www.mch-hotlines.org
- Postpartum Support International - (800) 944-4773

