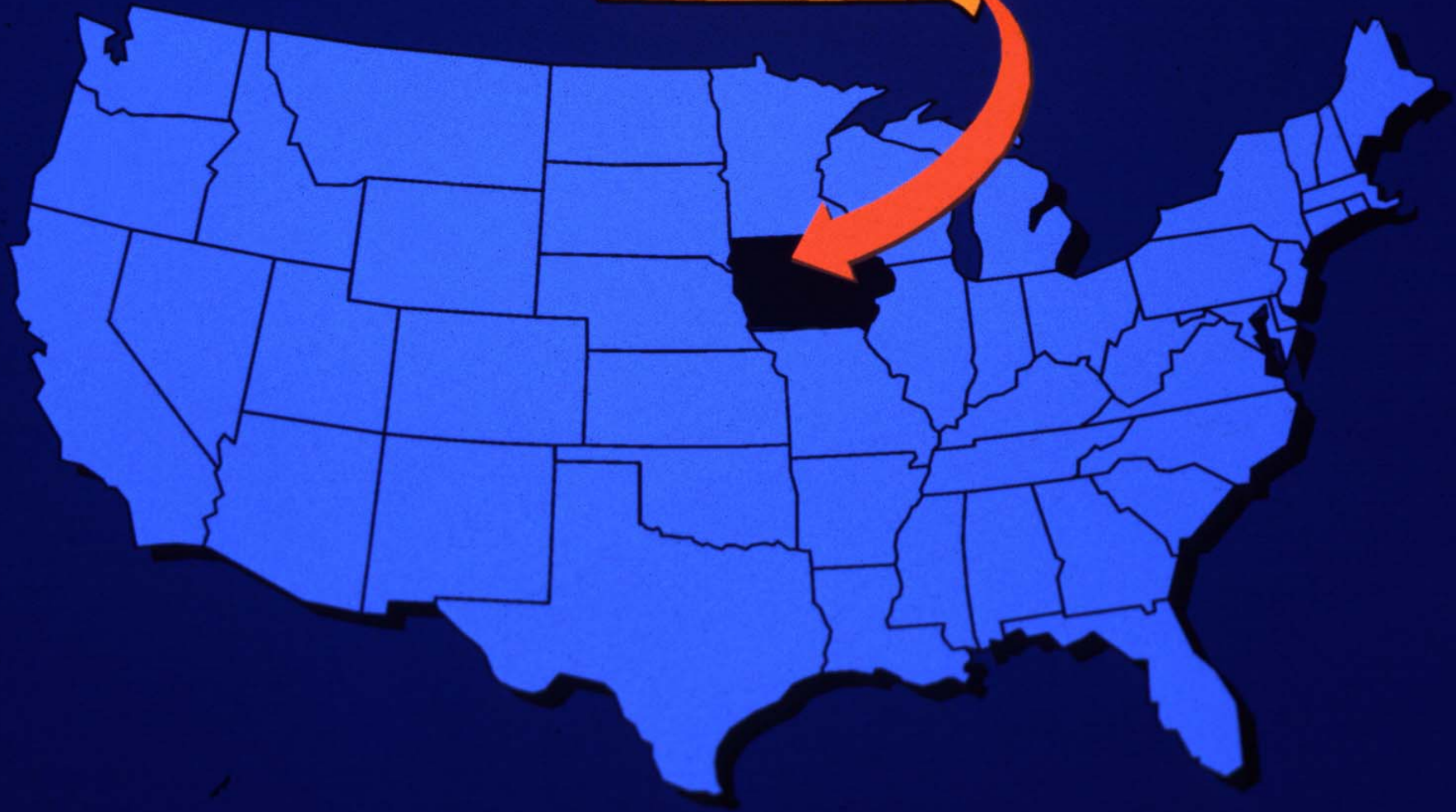


# Prenatal and Postpartum Depression: Current Research and Initial Findings from a Healthy Start Program

Michael W. O'Hara  
University of Iowa

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# Burden of Depression in Women

DALY – The Disability Adjusted Life Year

- One DALY is one lost year of healthy life.
- Depression is the leading cause in the world of lost years of healthy life among women (World Health Organization).

# Leading Causes of DALYs Worldwide Among Women – 2000 (Age 5 and above)

Disorder	% of total DALYs
1. Unipolar Major Depression	9.4
2. Ischemic Heart Disease	5.6
3. Cerebrovascular Disease	5.0
4. Tuberculosis	3.8
5. Chronic Obstructive Pulmonary Disease	3.8
6. HIV	3.3
9. Self-Inflicted Injuries	2.3

# Hospitalization for Depression

- In the United States, depression is the leading cause of non-obstetric hospitalizations among women aged 18-44.
- In the year 2000, 205,000 women aged 18-44 were discharged with a diagnosis of depression.
- Seven percent of all hospitalizations among young women were for depression.

Media Portrayals May be Unrealistic





# Prevalence of Depression in Pregnant and Postpartum Women

	Pregnancy	Postpartum
■ O'Hara et al., 1984	9.0%	12.0%
■ Watson & Elliott, 1984	9.4%	12.0%
■ O'Hara et al., 1990	7.7%	10.4%
■ Evans et al., 2001	13.6%	9.2%
■ O'Hara & Johnson, 2002		11.8%

# Maternal Depression and Child Health

- Prenatal Effects
- Postpartum Effects

# Stress/Anxiety/Depression and Maternal Health

- Intrapartum Complications
  - ◆ Findings mixed
- Specific Maternal Complications
  - ◆ Pre-eclampsia – both anxiety and depression (Kurki et al., 2000)
  - ◆ Longer labor

# Stress/Anxiety/Depression and Fetal Neonatal Health

## ■ Preterm Delivery

- ◆ Anxiety/stress/depression related to preterm delivery and lower gestational age (Hedegaard et al., 1993; Lou et al., 1994; Rini et al., 1999)

## ■ Low Birth Weight

- ◆ Depressive symptoms in 2<sup>nd</sup> trimester related to low birth weight in low SES women (Hoffman & Hatch, 2000)

# Prenatal Stress/Anxiety/Depression and Child Health

## ■ Unscheduled Acute Care Visits

- ◆ Prenatal depression and anxiety linked to child's physical health (Hanna et al., 1997; Goldman & Owen, 1994).

## ■ Child Behavior Disorders

- ◆ Prenatal anxiety related to child disruptive behavior disorders (Allen et al., 1998).

# Impact on Children of Maternal Postpartum Depression

- Parental Interaction with Children
  - ◆ More Hostile, Irritable, and Less Positively Engaged
- Problems in Cognitive and Social Development
  - ◆ Boys are at risk for slowed cognitive development
  - ◆ Boys and girls may show less social competence
- Increased Risk for Psychological problems
  - ◆ Depression
  - ◆ Acting out, particularly by boys

# Barriers to Identification in the Community

- Lack of self-recognition
- Lack of education among primary care health professionals
- Lack of education among mental health care professionals
- Inconsistent with cultural and media images

# Barriers to Treatment in the Community

- All the barriers to identification
- Minimumization of problem by health and mental health care professionals
- Little consensus on appropriate treatments
- Access
- Affordability

# The Federal Response

- Competition in 2001 among Healthy Start grantees
  - ◆ Identify depressed women being served as part of traditional Healthy Start case management
  - ◆ Link depressed women to community services
  - ◆ Educate case managers, providers, and members of the community

# Des Moines Healthy Start

- Project Director: Clarice Lowe, MSW
- Project Area: 20 square miles in central Des Moines (5 zip code zones)
- Race/Ethnicity
  - ◆ White 79%
  - ◆ Black 12%
  - ◆ Hispanic 3%
  - ◆ Other 6%

# Necessary Tasks

- **Identify screening tool**
- Establish depression threshold
- Determine screening frequency
- Refine referral mechanisms

# Assessment of Depression: The Edinburgh Postnatal Depression Scale

- Developed in the United Kingdom by John Cox and colleagues
- Brief – only 10 items
- Acceptable to women and applicable to pregnancy and postpartum period
- Sensitive to depression
- Good for first stage screening
- Used around the world in translation

# Stems of all 10 EPDS Items

- I have been able to laugh and see the funny side of things.
- I have looked forward with enjoyment to things.
- I have blamed myself unnecessarily when things went wrong. (3)
- I have been anxious or worried for no good reason. (2)
- Things have been getting on top of me. (1)

## Stems of all 10 EPDS Items (cont)

- I have felt scared or panicky for no very good reason.
- I have been so unhappy that I have had difficulty sleeping.
- I have felt sad or miserable. (4)
- I have been so unhappy that I have been crying.
- The thought of harming myself has occurred to me.

# EPDS – English, Spanish, and Vietnamese (Item #1)

I have been able to laugh and see the funny side of things.

- 0 As much as I always could.
- 1 Not quite so much now.
- 2 Definitely not so much now.
- 3 Not at all.

# EPDS – English, Spanish, and Vietnamese (Item #1)

He podido reír y ver el lado bueno de las cosas:

- 0 Tanto como siempre
- 1 No tanto ahora
- 2 Mucho menos
- 3 No, no he podido

# EPDS – English, Spanish, and Vietnamese (Item #1)

Tôi đã có thể cười vui và thấy được phần hài hước của những chuyện khôi hài.

- 0 Vẫn như trước.
- 1 Ít hơn
- 2 Chắc chắn là ít hơn
- 3 Hoàn toàn không.

# Necessary Tasks

- Identify screening tool
- **Establish depression threshold**
- Determine screening frequency
- Refine referral mechanisms

# Depression Threshold

EPDS > 11

# Necessary Tasks

- Identify screening tool
- Establish depression threshold
- **Determine screening frequency**
- Refine referral mechanisms

# Screening Frequency

- Pregnancy admission
- 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> trimesters
- Childbirth
- 3, 6, 9, 12, 18, and 24 months postpartum

# Necessary Tasks

- Identify screening tool
- Establish depression threshold
- Determine screening frequency
- **Refine referral mechanisms**

# Referral Mechanisms

- Staff MA level bilingual clinician (could not find)
- Consultant bilingual psychologist
- Community mental health center
- Public hospital
- Private practice clinicians who accept Medicaid
- Problem - Undocumented clients

# More Necessary Tasks

- **Educate case managers**
- **Educate supervisors**
- **Educate professional community**
- **Educate consortium**
- **Educate consumers**

# Education Programs

- 15 Agencies provide case managers to serve Healthy Start clients
- Educational and professional backgrounds are diverse
- Experience is quite diverse
- Few have mental health training or experience

# Examples of Education Programs

- Overview of depression during pregnancy and the postpartum period
- Case management for women with depression
- Detection of depression in women and talking to women about depression
- Medical management of depression and anxiety
- Case management with severely depressed and suicidal women

# More Necessary Tasks

- Educate case managers
- Educate supervisors
- **Educate professional community**
- Educate consortium
- Educate consumers

# Education of Professional Community

- Professional workshops on Interpersonal Psychotherapy for perinatal depression
  - ◆ 2 one day introductory workshops in Des Moines
  - ◆ 1 two day introductory workshop in Iowa City
  - ◆ 1 four day workshop with follow-up supervision in Iowa City
- Survey of mental health professionals to determine interest in further education programs

# More Necessary Tasks

- Educate case managers
- Educate supervisors
- Educate professional community
- **Educate consortium**
- **Educate consumers**

# And Even More Necessary Tasks

- Implement and sustain screening program
- Insure that women who reach threshold on tool or who otherwise are at risk receive further assessment or treatment referral
- Continue to build capacity in the community
- Undertake public information campaign about perinatal depression

# Initial Findings – CY 2002

## ■ Activity

- ◆ Nine 2-hour training sessions for case managers
- ◆ Four professional workshops
- ◆ Presentation to consumers

# Final Thoughts