

MATERNAL DEPRESSION:

ISSUE BRIEF

VICTORIA C. SMITH

MAY 2009

TABLE OF CONTENTS

- I. OVERVIEW OF MATERNAL DEPRESSION**
- II. ECONOMIC RECESSIONS AND MENTAL HEALTH**
- III. WAYS TO IDENTIFY MOTHERS AFFECTED BY MATERNAL DEPRESSION**
- IV. PROGRAMS THAT ADDRESS MATERNAL DEPRESSION**
- V. POLICIES AND LEGISLATION THAT ADDRESS MATERNAL DEPRESSION**

I. Overview of Maternal Depression

Depression is a significant mental health issue, both in the United States and around the world. Depression is particularly concerning because it adversely affects all facets of an individual's life. Even more alarming is the fact that depression in mothers can lead to negative emotional and mental health outcomes for their children. Maternal depression can occur at all stages of a child's life – from pregnancy to the post-partum stage to later on during childhood.

Peter Daskoch in the *NeuroPsychiatry Reviews* highlights some of the critical outcomes associated with maternal depression.¹ Depression during the pregnancy stage is linked to premature labor and low birthweight.² Pregnant women with depression are also more likely to engage in substance abuse, leading to adverse developmental effects on the fetus.³ Women who are depressed also experience higher levels of stress, and being subjected to such stress during pregnancy may cause impaired learning or abnormal growth of the child later in life.⁴ Furthermore, depression during pregnancy strongly indicates negative parenting behaviors on the part of the mother during the early childhood years.⁵ Finally, “each additional depressive symptom” displayed by a mother “increases the likelihood that [she] will exhibit low levels of positive parenting behaviors.”⁶

For example, mothers who are depressed often experience difficulty when attempting to understand or respond to their babies.⁷ They also may struggle with developing a routine which

¹ Peter Daskoch, “Which is More Toxic to a Fetus – Antidepressants or Maternal Depression?” *NeuroPsychiatry Reviews*, Vol. 2, No. 5, June 2001. *Available at*:

http://www.neuropsychiatryreviews.com/jun01/npr_jun01_antidepressants.html.

² *Id.*

³ *Id.*

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

⁷ Early Childhood Iowa, “Maternal Depression Screening, Referrals, and Care,” Winter 2006, Issue Brief 6, p. 1. *Available at*: <http://www.state.ia.us/earlychildhood/docs/MDIssueBriefFinal.pdf>.

is stable and comfortable for their children.⁸ Moreover, it has been shown that women with maternal depression are more likely to fail to engage in certain critical activities such as fulfilling immunization requirements, using car seats and electrical socket covers, and breastfeeding.⁹ Rather than attending regular childcare visits, they are more inclined to use the emergency room as their primary source of healthcare for their children.¹⁰ Depressed mothers are also less likely to adhere to the back-to-sleep guidelines which help prevent sudden infant death, give their children daily vitamins, or follow health advice designed to manage a child's chronic health condition or disability.¹¹

Consequently, infants of women with depression may be less active, less responsive, and less vocal than their peers. They may also learn to walk more slowly and may be smaller in size.¹² One study has shown that infants of prenatally depressed women suffer significantly more growth retardation, are at a greater risk for being underweight and for stunting, and have more diarrheal episodes per year than babies of mothers without depression.¹³ Young children of depressed women will often display problems interacting socially with peers, with controlling their behavior, and with attention and focus.¹⁴ Toddlers may also imitate the symptoms of their depressed mother. If no treatment is provided, by age three, "these children are often less cooperative, more aggressive, show brain activity that suggests chronic depression, and demonstrate less verbal comprehension."¹⁵

⁸ *Id.*

⁹ *Id.*

¹⁰ SAMHSA and Mental Health America, "Maternal Depression – Making a Difference Through Community Action: A Planning Guide," Dec. 2008, p. 9-10. Available at: www.liveyourlifewell.org/download.cfm?DownloadFile=FEE3FDD9-1372-4D20-C8A6DEBEB6A74C65.

¹¹ *Id.*

¹² "Maternal Depression Screening, Referrals, and Care" at 1-2.

¹³ Atif Rahman et al., "Impact of Maternal Depression on Infant Nutritional Status and Illness: A Cohort Study," *Arch Gen Psychiatry*, Vol. 61, Sept. 2004, p. 946. Available at: <http://archpsyc.ama-assn.org/>.

¹⁴ "Maternal Depression Screening, Referrals, and Care" at 1-2.

¹⁵ *Id.*

In addition, having a mother with depression strongly indicates the development of depression or an anxiety disorder during childhood or adolescence.¹⁶ Such mental health issues impair a child's ability to form healthy relationships, leading to many other behavioral and developmental problems. Interestingly, at least one study has shown that the timing of a mother's depressive episode – whether it occurs after pregnancy or later in the child's life – does not alter a child's risk of depression.¹⁷ Thus, post-partum depression and maternal depression more generally are both equally concerning for a child's mental health development. Finally, while a family history of depression can increase the likelihood of maternal depression, it is important to note that this disorder can affect any woman, regardless of “age, race, income, culture, or education.”¹⁸ However, maternal depression may be a greater concern for women in poverty because they have less access to or cannot afford treatment for mental health issues. Moreover, poverty itself can produce stressful life events which trigger maternal depression in low-income women, affecting their children at a disproportionate rate.¹⁹

II. Economic Recessions and Mental Health

Economic downturns are often linked to negative mental health outcomes, especially for those already dealing with the hardship of poverty. Thus, the current financial crisis in the United States should be of particular concern for those looking to address the issue of maternal depression. In 2008, the World Health Organization (WHO) warned that countries across the

¹⁶ Urmila Parlikar, “Longer Lasting and More Severe Maternal Depression Increases Risk of Child's Depression,” 2004. *Available at:* <http://www.mbmc.org/healthgate/GetHGContent.aspx?token=9c315661-83b7-472d-a7ab-bc8582171f86&chunkiid=33453>.

¹⁷ *Id.*

¹⁸ United States Department of Health and Human Services: Health Resources and Services Administration, “Depression During and After Pregnancy: A Resource for Women, Their Families, and Friends,” 2009. *Available at:* <http://www.mchb.hrsa.gov/pregnancyandbeyond/depression/morethanblues.htm>.

¹⁹ Jane Knitzer, Suzanne Theberge, and Kay Johnson, “Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework,” January 2008, p. 2. *Available at:* http://www.nccp.org/publications/pdf/text_791.pdf.

globe should be prepared to see an increase in mental health problems.²⁰ The director of the WHO's Mental Health and Substance Abuse Department reported that "there is a clear evidence that suicide is linked to financial disasters," and he added that disorders like depression affect twenty-five percent of individuals at some point in life.²¹

Domestically, the United States Department of Health and Human Services launched a website through the Substance Abuse and Mental Health Services Administration (SAMHSA) called "A SAMHSA Guide: Getting Through Tough Economic Times." This site cautions that economic turmoil can lead to negative mental health issues such as anxiety, depression, and substance abuse.²² Moreover, an economic recession often causes workers to be concerned with maintaining their employment status. Unfortunately, this worry affects mothers in particular who "may be unusually hesitant to stay home to care for sick children and other medically needy family members, or to stay home following childbirth long enough to recover fully."²³ In addition, economic crises are also linked to harsher and less responsive interactions between child and mother – a mother who is faced with the stress of economic hardship may react to her children with yelling, abrasive language, or physical discipline.²⁴ Thus, a change in the economy can affect a mother's ability to care for her children comprehensively.

With regards to the current economic crisis, the American Psychiatric Association conducted a national telephone survey of 1,000 women ages 30 to 54 in March 2009. The study

²⁰ CBC News, "Economic Downturn Poses Threat to Mental Health: WHO," Oct. 10, 2008. *Available at:* <http://www.cbc.ca/health/story/2008/10/10/mental-health-economy.html>.

²¹ *Id.*

²² United States Department of Health and Human Services: Substance Abuse and Mental Health Services Administration, "A SAMHSA Guide: Getting Through Tough Economic Times," March 31, 2009. *Available at:* <http://www.samhsa.gov/economy/#warningsigns>.

²³ Heidi Hartmann, "The Impact of the Current Economic Downturn on Women (Testimony Presented to Joint Economic Committee)," June 6, 2008, p. 11.

²⁴ Jacinta Bronte-Tinkew et al., "Food Insecurity Works through Depression, Parenting, and Infant Feeding to Influence Overweight and Health in Toddlers," *American Society for Nutrition*, Sept. 2007. *Available at:* <http://jn.nutrition.org/cgi/content/full/137/9/2160>.

revealed that more than two-thirds of the interviewees had experienced negative effects in their lives due to the economic recession.²⁵ In particular, these women noted that “stress, anxiety, frustration, and other negative mental health indicators” had all increased dramatically since the start of the downturn.²⁶ Fortunately, many of the women responded positively towards questions about receiving care for their mental health problems.²⁷ This piece of data suggests that mothers may be open to participating in programs designed to combat maternal depression.

III. Ways to Identify Mothers Affected by Maternal Depression

Identifying mothers affected by maternal depression is one of the first steps in combating the problem. However, determining which individuals are in need can be difficult, particularly for low-income women who do not interact with health professionals on a regular basis.

SAMHSA has attempted to address substance abuse and mental health issues more generally by publishing potential warning signs of adverse emotional or mental well-being. These include

(taken directly from the SAMHSA website):

- Persistent Sadness/Crying
- Excessive Anxiety
- Lack of Sleep/Constant Fatigue
- Excessive Irritability/Anger
- Increased drinking
- Illicit drug use, including misuse of medications
- Difficulty paying attention or staying focused
- Apathy – not caring about things that are usually important to you
- Not being able to function as well at work, school or home.²⁸

²⁵ American Psychiatric Association, “Women’s Mental Health Hit Hard by Recession, Yet Many Show Resilience and Resourcefulness in Coping with Stress,” May 4, 2009. *Available at:* <http://www.medicalnewstoday.com/articles/148695.php>.

²⁶ *Id.*

²⁷ *Id.*

²⁸ “A SAMHSA Guide: Getting Through Tough Economic Times,” March 31, 2009.

While being able to recognize these characteristics of depression or other mental health disorders is important, a more complete response to maternal depression is also warranted. To this end, the National Center for Children in Poverty (NCCP) at Columbia University has stressed that mental health screenings are vital as a method of early detection.²⁹ NCCP has found that “screening is being done in a variety of settings including pediatricians’ offices, women’s health clinics, and obstetrics/gynecology practices. When the screening is implemented in pediatric practices, it is often part of a child-focused effort to increase developmental screening.”³⁰ While the content of screening questions can differ across these practice settings, NCCP emphasizes that screenings should be readily available and professionals should be prepared to follow-up with mothers.³¹ NCCP also goes on to identify noteworthy screening programs across the country. These are summarized below:

- North Carolina – A pilot project embedded maternal screenings into the more formal services provided for Medicaid-eligible children through the Early Periodic Screening, Diagnosis, and Treatment program. The success of the initial project prompted this approach to be implemented statewide.
- Chicago – The UIC Perinatal Mental Health Project has provided training to more than 3,000 individuals to aid in screening assessments. The program also offers telephone-based consultations for primary care providers who need additional information or guidance. Moreover, this project offers mothers self-care tools to help them deal with depression on a daily basis.
- Southeastern Pennsylvania – The MOMobile program is located in eight sites and sends community health workers into local neighborhoods to target families with infants, new parents, and pregnant women. The program screens newly registered clients for perinatal depression, as well as providing parenting education and general services and support.³²

²⁹ Knitzer et al. at 6-7.

³⁰ *Id.* at 7.

³¹ *Id.*

³² *Id.* at 7-8.

IV. Programs that Address Maternal Depression

Both NCCP and SAMHSA have identified exemplary programs that try to combat the problem of maternal depression. Some of these projects are described below. To address this problem in a truly effective manner, there must be responses from several levels of a state's infrastructure – from the individual to the community to state legislators and policymakers. However, these programs may provide a starting point for states and community leaders looking to change the landscape of maternal depression.

- ROAD: Reaching Out about Depression is a Massachusetts program that provides services to low-income women with depression. There are four primary aspects to the program: Supportive Action Workshop Series, Social Action Events (promoting self-empowerment), Resource Advocacy Teams, and Leadership Development.³³
- Early Head Start is a program which focuses on improving parent and child development in low-income families. Studies have shown that EHS helps women with maternal depression to improve parenting skills and the performance of their children both cognitively and behaviorally.³⁴
- Sister Circles are peer-to-peer support groups which have been proven to decrease depression in Latina and African American women.³⁵ In New York City, the Caribbean Women's Health Association has established a similar support group called the Community Mom's Program which focuses on immigrant women who are pregnant or parenting. The program provides referrals for those with maternal depression, and older community members offer direct support and services.³⁶
- The Louisiana Nurse-Family Partnership Program follows the traditional model of nurse home visitations to new mothers from pregnancy through the second year of life. However, Louisiana enhanced this standard intervention by providing extra training to nurses and adding mental health consultants to the nursing team. These professionals are given specific education regarding infant and maternal mental health risks before being incorporated into the home visiting program.³⁷

³³ "Maternal Depression – Making a Difference Through Community Action: A Planning Guide" at 14.

³⁴ *Id.* at 15.

³⁵ *Id.* at 14.

³⁶ Knitzer et al. at 9-10.

³⁷ *Id.* at 10.

- Every Child Succeeds is a Cincinnati-based program that “embeds cognitive behavioral therapy into three different home visiting models.”³⁸ Specially-trained therapists treat mothers for depression in their homes and work to prevent relapses. Early studies show that effectiveness of this program is comparable to treatment with antidepressants, but the project is still in its pilot phase.³⁹

V. Policies and Legislation that Address Maternal Depression

In 2005, Minnesota passed the Postpartum Depression Education Law. This piece of legislation requires healthcare professions who provide prenatal care to make information about postpartum depression available in their practice.⁴⁰ The law also mandates that hospitals give new parents written information about postpartum depression upon their departure from the hospital after the birth of a child.⁴¹ The state also ensures that mental health professionals are available at pediatric clinics, screening parents for mental health issues in the prenatal, perinatal, and postpartum periods.⁴²

New Jersey passed the Postpartum Depression Law in April 2006. This law mandates that healthcare professionals screen all mothers who have recently given birth and provide education to pregnant women about post-partum depression.⁴³ The legislation also created a statewide perinatal mental health referral network.⁴⁴

Illinois has passed the Perinatal Mental Health Disorders Prevention and Treatment Act, aimed at increasing public awareness about perinatal depression and promoting early detection and treatment. The state’s Department of Healthcare and Family Services is also required by law

³⁸ *Id.* at 9.

³⁹ *Id.*

⁴⁰ “Maternal Depression – Making a Difference Through Community Action: A Planning Guide” at 30.

⁴¹ *Id.*

⁴² *Id.*

⁴³ *Id.*

⁴⁴ *Id.*

to create a plan which addresses improving birth outcomes and perinatal depression.⁴⁵

Furthermore, Illinois has a 24-hour crisis hotline for women with maternal depression and mandates depression screenings for parents and developmental screenings for young children.⁴⁶

The state has issued a specific Medicaid policy for reimbursement of maternal depression screenings as part of its wider initiative addressing mental health issues.⁴⁷

Finally, the Early Childhood Iowa Program has issued some general policy recommendations to be adopted by healthcare and other professionals in that state. To establish a comprehensive system addressing maternal depression, Early Childhood Iowa suggests the following steps of action:

- Increase awareness of maternal depression, including the signs, symptoms, and risk factors. Increasing awareness will help reduce the social stigma associated with depression.
- Promote and reimburse screening for maternal depression at prenatal and well-child visits.
- Address workforce issues related to the treatment of maternal depression. Counselors and other professionals must be trained to recognize and treat maternal depression.
- Assure that services are available to treat maternal depression and that Medicaid and private insurers provide adequate reimbursement for treatment.
- Facilitate effective collaboration between primary care providers and maternal and child mental health providers.
- Remove the limits to number of visits for mental health services that currently exist in many private insurance and Medicaid policies.⁴⁸

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ National Academy for State Health Policy, “Illinois Screening Summary – State Medicaid Policy for Reimbursement of Maternal Depression Screening,” March 28, 2005, p. 1-3. *Available at:* http://www.nashp.org/Files/IL_Screening_Summary_3-4-05.pdf.

⁴⁸ “Maternal Depression Screening, Referrals, and Care” at 2.