

ADDRESSING

Maternal Depression

The effects of a mother's depression can spread like ripples on the surface of a pond. Maternal depression affects not only a woman herself, but also her family, friends, and coworkers. Of particular concern is maternal depression's link to problems in children's health, mental health, and development.

PREVALENCE OF MATERNAL DEPRESSION

Women may suffer from depression before they become pregnant, they may experience depression for the first time during pregnancy or after childbirth, or they may develop depression while raising their children. For about 10 percent of mothers, depression first strikes during pregnancy, while an estimated 10 percent to 20 percent of new mothers will experience postpartum depression that begins within a year of childbirth and continues for months or longer (Wessel 2000). A small number of new mothers (approximately 1 in 1,000) will suffer from postpartum psychosis, which is characterized by severe psychiatric symptoms that can include hallucinations and delusions.

NOT JUST THE "BABY BLUES"

Many new mothers experience feelings of sadness, irritability, and anxiety that start shortly after the birth of their babies and subside relatively quickly. Although these so-called baby blues are unpleasant, they are transient and, unlike chronic or postpartum depression, are not associated with negative outcomes for women or their children.

The prevalence of chronic depression among women is higher during the childbearing years than it is at other stages of life. Among mothers of young children, estimates of the prevalence of depression range from 12 percent to 50 percent (Gurian 2003). This compares to estimates of 10 percent to 25 percent for the general adult population (Wessel 2000). The peak age of occurrence for depression among women is between 18 and 29 years old – the prime childbearing years – and rates for women remain high through the age of 44.

IMPACT OF MATERNAL DEPRESSION ON CHILDREN

Like other mothers, mothers suffering from depression want the best for their children. But common symptoms of depression, such as anxiety, sadness, fatigue, and poor concentration, can

affect parenting ability and the relationship between a mother and her child. As a result, maternal depression is associated with a range of poor outcomes for children, including difficulties in mastering age-appropriate developmental tasks, problems in social and emotional adjustment, and deficits in cognitive functioning (Gurian 2003). For example, infants with depressed mothers may have difficulties forming emotional bonds with caregivers and may be less responsive to others, less active, fussier, and slower to walk or vocalize (Center for Disabilities and Development 2000). Toddlers with depressed mothers may exhibit attention problems and poor self-control, while for school-age children and adolescents, maternal depression is associated with school problems and low self-esteem.

Children of depressed mothers are also at higher risk of developing mental disorders themselves (Wessel 2000). In young children, this may manifest as the development of behaviors or symptoms that mimic those of the mother. School-age and adolescent children face an elevated risk of developing depression or anxiety disorders.

TREATMENT OF MATERNAL DEPRESSION

Chronic depression in mothers and postpartum depression can be effectively treated. While research is not yet definitive, it appears that many antidepressant medications can be safely prescribed to mothers suffering from depression, even if they are pregnant or nursing (Gjerdingen 2003). In addition, counseling and other interventions can help ameliorate the symptoms of depression in many women. One study has shown that if remission of maternal depression is achieved within six months of a child's birth, negative effects on the child can be averted (Center for Disabilities and Development 2000).

Family environments and the availability of support also make a difference. Mothers who experience difficulties in their primary relationships, financial strains, or inadequate social support are more likely to suffer from depression (Gurian 2003). Addressing these factors may create environments where recovery is more likely.

OPPORTUNITIES FOR GRANTMAKERS

There are many ways that health grantmakers can address maternal depression and its consequences for women, children, and families. For many grantmakers, work on maternal depression is taking place within the context of larger early childhood mental health initiatives, while others are focusing specifically on the problem of maternal depression. The following examples

highlight some of the approaches available to grantmakers.

➤ **Educating women about maternal depression** – Although maternal depression is relatively common, many women do not recognize the signs or know that help is available. To address this problem, the Missouri Foundation for Health provided support to one of the state's *Healthy Start* programs for a women's wellness initiative. (*Healthy Start* is a federally funded program aimed at improving birth outcomes by ensuring access to adequate prenatal care.) The women's wellness initiative is based on the premise that to have healthy babies, mothers need to be healthy, too, both physically and mentally. Through the wellness program, women receive depression screening, educational materials, access to peer support programs, and assistance in seeking further assistance for mental health problems when needed.

➤ **Promoting screening and treatment for maternal depression** – Like the women they serve, health providers too often fail to recognize the signs of maternal depression. Working through its *Assuring Better Child Health and Development* program, The Commonwealth Fund in New York is providing funding to the Medicaid programs in Illinois, Minnesota, and Utah for projects that include the development of protocols for screening parents of young children for mental health problems. Illinois will develop a training curriculum and toolkit on early childhood mental health and maternal depression for pediatricians and family physicians. In Minnesota, parents will receive mental health screening as part of prenatal care appointments, during home visits after the birth of a child, and as part of subsequent primary care visits. In Utah, screening will occur in pediatricians' offices.

The Brandywine Health & Wellness Foundation is supporting efforts to improve mental health screening and counseling for Spanish-speaking populations in Chester County, Pennsylvania, including pregnant and parenting women who are uninsured or underinsured. Through grants to a local *Healthy Start* program and a family counseling agency, the foundation is increasing the availability of bilingual prenatal and postpartum support and counseling to the county's Latino mothers.

➤ **Integrating mental health services into programs serving pregnant and parenting women** – An efficient way of identifying and treating women with or at risk for maternal depression is to provide mental health services in health care settings that already serve pregnant and parenting women. The New York Community Trust provided a grant to New York City's largest provider of prenatal care to low-income women to conduct the planning necessary to offer mental health services at eight reproductive health care centers. The centers serve mainly a minority and immigrant population and currently provide care to over 230,000 women each year.

➤ **Increasing the availability of peer support for mothers who are experiencing depression** – Peer support groups can help depressed mothers by providing opportunities to share experiences, gain insight, and get practical advice on dealing with the stresses of parenting. The Gulf Coast Community

For more information about postpartum depression and peer support, consult the Web sites of Depression After Delivery at www.depressionafterdelivery.com and Postpartum Support International at www.postpartum.net.

Foundation of Venice provided a grant to a Florida *Healthy Start* coalition to fund a weekly support group for pregnant women and new mothers, thereby increasing the availability of social and practical support for women at what can be a particularly stressful time of life.

➤ **Supporting research on maternal depression** – Much work remains to be done to understand the causes of maternal depression and the most effective means for preventing and treating it. The Robert Wood Johnson Foundation is among the funders supporting research on maternal depression, funding a landmark study on the factors influencing pediatricians' recognition of depressive symptoms in mothers with young children. Among the findings of the study were that women want an open dialogue about stress and depression with their children's pediatricians, but worry about being judged harshly by the doctor or being reported to a social service agency. These and other findings from the study are being used to design programs that address barriers to identification, referral, and treatment.

The Hogg Foundation for Mental Health in Texas has also supported research on mental health issues in mothers. The foundation has provided funding for an evaluation of a model program providing in-home services to mothers with chronic mental illness or substance abuse problems and has also sponsored research on depression and drug abuse among teen mothers.

SOURCES

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This Issue Focus is supported by a cooperative agreement with the U.S. Department of Health and Human Services' Maternal and Child Health Bureau (MCHB), which administers the Title V Maternal and Child Health Services Program. In partnership with state Title V programs, MCHB works to ensure the health of women and children, including children with special health care needs.