Maternal Mental Health in NM: Native American women and postpartum depressive symptoms

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Maternal Depression Working Group
Topics Today Will Include

• Background on Maternal Depression
• New Mexico PRAMS data about new mothers and postpartum depression symptoms, with special emphasis on American Indian mothers
• April 2008, CDC/New Mexico PRAMS data released showing up to 40% of recently delivered mothers had postpartum depression symptoms

• Fall 2008-2009, Governor’s Women’s Health Office
  – Profile of Women’s Health
  – Reported to the Interim Health & Human Services Legislative Committee
  – January 2009 Reported to Adult Sub-Committee, Behavior Health Planning Council
Baby Blues

- Symptoms appear soon after delivery
- Mothers cry easily or feel stressed
- Less severe than depression, symptoms diminish by end of 2nd week
- Affects up to 80% of new mothers
Maternal Depression

• Common yet often unrecognized, undiagnosed and untreated

• Affects 10-40% during pregnancy or after delivery

• Social risk factors include being unmarried, having unplanned pregnancy, having lower income, or lacking social (especially partner) support

2. O'Hara & Swain, 1996.
New Mexico PRAMS

- Pregnancy Risk Assessment Monitoring System (PRAMS): Ongoing survey of women residing/giving live birth in New Mexico

- New Mexico Department of Health has participated with CDC since 1997
  - sample drawn from live birth registration
  - combined mail and telephone data collection 2-6 months, postpartum
  - Depression Symptom questions added in 2004 (phase V of survey 2004-2008 births)
PRAMS Survey Questions

Q. Since your new baby was born, how often have you felt down, depressed, or helpless?
   – Always, Often, Sometimes, Rarely, Never

Q. Since your new baby was born, how often have you had little interest or little pleasure in doing things?
   – Always, Often, Sometimes, Rarely, Never

Source for variable coding and multistate comparisons:


These questions were based on a two-question Y/N screen (Whooley, Avins, Miranda, et al, 1997).
PRAMS data slides

• Percent of women with live birth 2004-2007 reporting postnatal depression symptoms
• Slides show prevalence of postpartum depression by
  – Purchasing Collaboratives
  – Selected Characteristics of all NM Mothers
  – Selected Characteristics or Risk Behaviors/Experiences among

*NM Native American women*
Postpartum Depression Symptoms
by Behavioral Health Collaborative (county groupings),

<table>
<thead>
<tr>
<th>County Grouping</th>
<th>No PPDS</th>
<th>Yes PPDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Chaves Eddy Lea</td>
<td>76.9%</td>
<td>23.1%</td>
</tr>
<tr>
<td>11 McKinley SanJuan</td>
<td>77.1%</td>
<td>22.9%</td>
</tr>
<tr>
<td>9 Roosevelt Curry</td>
<td>78.3%</td>
<td>21.7%</td>
</tr>
<tr>
<td>3 Dona Ana</td>
<td>79.4%</td>
<td>20.6%</td>
</tr>
<tr>
<td>13 Sandoval Valencia Cibola</td>
<td>79.7%</td>
<td>20.3%</td>
</tr>
<tr>
<td><em><strong>Statewide Average</strong></em></td>
<td>80.3%</td>
<td>19.7%</td>
</tr>
<tr>
<td>2 Bernalillo</td>
<td>81.0%</td>
<td>19.0%</td>
</tr>
<tr>
<td>12 Lincoln Otero</td>
<td>81.1%</td>
<td>18.9%</td>
</tr>
<tr>
<td>8 Colfax Taos Union</td>
<td>81.3%</td>
<td>18.7%</td>
</tr>
<tr>
<td>4 Guadalupe Mora SanMiguel</td>
<td>81.5%</td>
<td>18.5%</td>
</tr>
<tr>
<td>7 Catron Sierra Socorro Torrance</td>
<td>82.3%</td>
<td>17.7%</td>
</tr>
<tr>
<td>10 DeBaca Harding Quay</td>
<td>83.7%</td>
<td>16.4%</td>
</tr>
<tr>
<td>6 Grant Hidalgo Luna</td>
<td>83.8%</td>
<td>16.2%</td>
</tr>
<tr>
<td>1 LosAlamos RioArriba SantaFe</td>
<td>85.5%</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

No PPDS □ Yes PPDS □
Postpartum Depression Symptoms
by maternal age (among all NM women with live birth)

- 15-17 Years: 25.9%
- 18-19 Years: 22.1%
- 20-24 Years: 21.0%
- 25-34 Years: 19.0%
- All Mothers: 19.4%
- 35+ Yrs (n=64)**: 13.2%
Postpartum Depression Symptoms by Race-Ethnicity/Marital Status (among all NM women with live birth)

**BY RACE ETHNICITY:**
- White non-Hispanic (32.4%) - 17.0%
- Hispanic (55%) - 20.2%
- Native American (12.5%) - 25.2%

**BY MARITAL STATUS:**
- Married (50.3%) - 15.8%
- Not Married (49.7%) - 23.6%
Postpartum Depression Symptoms
by poverty-related indicators (among all NM women with live birth)

- Not Enough Food (14%): 36.4%
- On TANF (8%): 32.0%
- On Food Stamps (22%): 28.0%
Native American population in PRAMS

Native American women residing and having a live birth in New Mexico for period 2004-2007

Percent responding: 61% (n=611) representing approximately 12,000 Native women

<table>
<thead>
<tr>
<th></th>
<th>All NM mothers</th>
<th>Native American mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 20</td>
<td>15.8%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Unmarried</td>
<td>50.3%</td>
<td>74.8%</td>
</tr>
<tr>
<td>Unintended pregnancy</td>
<td>44.2%</td>
<td>49.2%</td>
</tr>
<tr>
<td>Income &lt;$10,000 annual</td>
<td>30.8%</td>
<td>46.1%</td>
</tr>
<tr>
<td>Smoked before/during pregnancy</td>
<td>19.7%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Physically abused before/during pregnancy</td>
<td>9.7%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Lacked social support</td>
<td>10.4%</td>
<td>~16%</td>
</tr>
</tbody>
</table>
Prevalence of Postpartum Depression among NM Native American women...

25.2% average
Postpartum Depression Symptoms
by maternal age group

![Bar chart showing the percentage of postpartum depression symptoms by maternal age group: under 20 years (28.03%), 20-24 years (20.56%), 25+ years (26.09%).]
Postpartum Depression Symptoms by marital status (Odds Ratio 1.4; CI 1.29 -1.58)

![Bar graph showing percentage of postpartum depression symptoms by marital status.]

- Married: 20.47%
- Not married: 26.87%
Postpartum Depression Symptoms
by maternal education

- Less than high school: 28.8%
- High school: 26.7%
- More than high school: 19.5%
Postpartum Depression Symptoms
by pregnancy intention

![Bar graph showing the percentage of postpartum depression symptoms by pregnancy intention. Intended pregnancy has 22.5% symptoms, while unintended pregnancy has 28.0% symptoms.](image-url)
Postpartum Depression Symptoms by payer of prenatal care

![Bar chart showing percentage of postpartum depression symptoms for two groups: IHS (w/wo/Medicaid) and Medicaid (no IHS). The chart indicates 25.9% for IHS (w/wo/Medicaid) and 25.8% for Medicaid (no IHS).]
Postpartum Depression Symptoms
by timing of entry to prenatal care

![Bar chart showing the percentage of women with postpartum depression symptoms by timing of entry to prenatal care. The chart indicates that 23.6% of women who had care in the first trimester had symptoms, while 28.7% of women who had care after the first trimester had symptoms.](chart.png)
Postpartum Depression Symptoms
by maternal smoking before or during pregnancy
(Odds Ratio 2.0; CI 1.2-3.4)
Postpartum Depression Symptoms
by physical abuse from partner before or during pregnancy

![Bar chart showing the percentage of postpartum depression symptoms by abuse status. Not abused: 23.2%, Abused: 36.6%]
Postpartum Depression symptoms by family food sufficiency status

![Bar chart showing the percentage of postpartum depression symptoms by family food sufficiency status.]

- 21.6% of women with enough food reported symptoms.
- 39.0% of women with not always enough food reported symptoms.
Postpartum Depression symptoms by breastfeeding initiation (Odds Ratio 0.71; CI 0.64-0.79) or duration
Postpartum Depression symptoms by postpartum support from husband/partner

![Bar graph showing the percentage of women with postpartum depression symptoms by whether they had support from their husband/partner. 36.7% had no support, while 22.0% had support.](image)
Postpartum Depression symptoms by postpartum support from family or friends

32.8

23.3

had support of family/friends

percent
Important limitations & key uses of PRAMS data

LIMITATIONS:
• Data based on mother’s self report (diagnosis not confirmed)
• Actual timing of symptoms could range from 2-6 months in the survey data (since time infant was born). There are no questions about depression prior to pregnancy, a known predictor of pp depression
• Data not adjusted for control variables

KEY USES:
• These data can be used to promote screening and evaluation for selected high risk groups: teens, mothers on Medicaid, women who were abuse or experienced certain stresses or risk behaviors
Take home message(s)

• Between 20-40% Native women appear to be depressed 2-6 months, postpartum (diagnosis/screening data not yet available)

• Compared to all NM women, Native women have higher likelihood of experiencing stressful events associated w/ depression

• Risks help identify where we can support women

• Some things such as social support, breastfeeding may be protective

• Though every woman’s situation is unique, population data help make conclusions and may lead to solutions
Next Steps

• We request the subcommittee's endorsement to make maternal depression a priority area for Medicaid and the Statewide Entity
  – Access for low income women, coverage beyond 60 days postpartum, billing codes for screening, best screening tools, provider training, links with existing systems of care, links with infant mental health, related resources

• Ready to work with you –
  – Department of Health and the Governor’s Women’s Health Office
  – NMDOH American Indian Health Advisory Committee
  – The Departments of OB-Gyn, Family & Community Medicine and Pediatrics at UNM
  – Members of the Maternal Depression Working Group
Maternal Depression –
A Priority for Medicaid & Behavioral Health

• Not many providers screen – Need for screening & follow up care in prenatal, postpartum and pediatric settings
• Risks for mother, child and family when condition goes unrecognized and untreated
• A highly treatable disease
• Considerable system elements to build on, such as case management, home visiting, *promotora* programs
References


Eirian Coronado, MA, Jennifer Hudson, MPH, Dorin Sisneros, AA, and Rebecca Garcia; NM PRAMS Surveillance Report, 2004-05 Births; Family Health Bureau, NM Department of Health
NM PRAMS website: http://www.health.state.nm.us/phd/prams/home.html

Postpartum Support International; website http://postpartum.net/resources/women-mothers/brief
www.mchlibrary.info/knowledgepaths/kp_postpartum.html#Epubs
**www.mchb.hrsa.gov/pregnancyandbeyond/depression

Maternal Depression- Making a Difference Through Community Action: A Planning Guide. Substance Abuse & Mental Health Services Administration (SAMHSA) and Mental Health America. http://www.mentalhealthamerica.net/go/maternal-depression

Postpartum Depression from MedEd, www.mededppd.org

Felicia Mancini, CNM, MPH, MSN, Cristina Carlson, APRN, BC and Leah Albers, CNM, DrPH “Use of the Postpartum Depression Screening Scale in a Collaborative Obstetric Practice” Journal of Midwifery & Women’s Health Volume 52, No. 5, September-October 2007