Preconception Interconception Care Symposium

Postpartum Depression and Domestic Violence

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Objective

• Discuss the health impact of postpartum depression and domestic violence on the preconception/interconception health.
• Identify risk factors
• Describe prevalence and demographic data
• Discuss clinical management
• Discuss patient management

Acknowledgement

• ACOG District IX Interconception Care Advisory Panel
• Sub-committee members for DV and Postpartum depression
  • Sylvia Guendelman, Ph.D, MSW
  • Kay Johnson
  • Robin Johnson, MD, MPH
• March of Dimes

Postpartum Depression
a perinatal mood disorder

• The feeling of loss, hopelessness, anxiety, apathy, worthlessness for a period longer than two to three weeks and interferes with way of life and functioning.
  – Can occur any time within the first year post delivery.
• Distinguished from “postpartum blues” self-limiting and resolved after two to three weeks.

Risk Factors

• # 1 risk factor
  – Untreated depression during pregnancy
    > than 56% of women with postpartum depression have a history of depression before and during pregnancy.
• Other
  – Stress
  – An unintended pregnancy
  – Poor social support
  – Post traumatic birth,
  – Domestic violence
  – Metabolic
  – Drug and alcohol abuse

Postpartum Depression Data

• Incidence in 5%-25% of perinatal women
• Lower income Latino and Black women have higher incidence of postpartum depression*.

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Depression During Pregnancy

Los Angeles Mother and Baby Project Survey
Self-Reported Depression during pregnancy by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>23</td>
</tr>
<tr>
<td>Latino</td>
<td>44</td>
</tr>
<tr>
<td>Black</td>
<td>46</td>
</tr>
<tr>
<td>Asian</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: 2015 L.A. County Department of Public Health, Maternal, Child and Adolescent Health Programs, Los Angeles Mother and Baby Project

Postpartum Depression

Los Angeles Mother and Baby Project self-reported postpartum depression

<table>
<thead>
<tr>
<th></th>
<th>Not depressed</th>
<th>A little depressed</th>
<th>Moderately depressed</th>
<th>Very depressed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48%</td>
<td>35%</td>
<td>12%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: 2015 L.A. County Department of Public Health, Maternal, Child and Adolescent Health Programs, Los Angeles Mother and Baby Project

Health Impact

- Negatively affects bonding and attachment.
- Less likely to breastfeed for a prolonged period of time.
- Abusive behavior toward the baby.
- Behavioral and cognitive issues in early childhood and beyond.

Clinical Management

- Universal Screening at:
  - 2 weeks (phone call or home visitation)
  - 6 Weeks
  - 6 months
  - 1 year

Clinical Management

- Treatment
  - Mild and Moderate depression:
    - Group or individual counseling.
    - Psycho-therapy first line of treatment.
  - Severe:
    - Medications and psycho-therapy.
    - SSRI first line of treatment
Patient Education

Domestic Violence/Intimate Partner Violence

- Domestic Violence - Physical and emotion abuse perpetrated against a women within the context of the intimate relationship.
- 13.6% of Women experience Intimate partner violence.
- US. Prevalence 4% to 8% of pregnant women

Crosses all racial and socio-economic lines
But there are disparities

Risk Factors
- Young maternal age
- An unintended pregnancy
- Depression
- Drug and alcohol use
- Late entry or no prenatal care
- STI/HIV +
- Poor Social Support

U. S Department of Justice

- Black and Native American women have higher rates of intimate partner violence

Physical abuse in 12 months before pregnancy
California data

http://www.cdph.ca.gov/docs/surveys/Pages/StatewideTablesfromthe2006MaternalandInfantHealthAssessment(MIHA)survey.aspx
Physical abuse in pregnancy
California data

http://www.cdph.ca.gov/data/surveys/Pages/StatewideTablefromthe2006MaternalandInfant
HealthAssessment(MIHA)survey.aspx

Health Impact of DV

- Serious bodily injury and death
- Depression
- Psychological emotional distress – PTSD
- Physical and emotional abuse to child and other member’s of the household
- Chronic disease
- Mental illness

Clinical management

RADAR
- Routinely Screen each trimester and at the postpartum visit and during yearly exams and new patient visits
- Ask Direct Questions
- Document Findings
- Assess patient safety
- Referral and resources- have a system in place

DV/IPV Clinical Management

Patient Education

Summary

- Postpartum depression and DV are major public health issues that disproportionately affect the health and well-being of women, children and society.
- DV and postpartum depression have common denominators and common preconception and interconception reproductive outcomes.
Questions ?