MATERNAL DEPRESSION FACT SHEET

Pregnancy can be a joyful time in a woman’s life, but it can also be a stressful one.

WHY SCREEN FOR DEPRESSION?
- Maternal depression affects approximately 12% of pregnant women and up to 24% of low-income women.
- Depression is one of the most common complications both during and after pregnancy.
- Women suffering from maternal depression do not recognize that they have an illness; therefore seek no medical assistance and go undiagnosed.
- Women who experience a depressive episode have a 25-50% chance of the depression recurring.
- Depression has profound consequences on maternal and child health, including:
  - Maternal non-compliance with medical treatment
  - Maternal self-neglect
  - High risk for preterm delivery and low birth weight baby
  - Inability to bond and care for infant
  - Negative emotional, cognitive, and behavioral impact on infants that can lead to emotional and learning disabilities in children

WHAT ARE THE RISK FACTORS?
- History of maternal depression
- Family or personal history of depression and bipolar illness
- History of physical, emotional, or sexual abuse
- Substance abuse
- Complications during pregnancy and childbirth
- Lack of social support, single mothers, teens
- Stressful life events such as: loss of loved one, loss of job, miscarriage, and domestic violence

SYMPTOMS OF DEPRESSION:
Any of these symptoms during and after pregnancy that last longer than 2 weeks:

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<thead>
<tr>
<th>Feeling restless or irritable</th>
<th>Feeling worthless and guilty</th>
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<td>Feeling sad, hopeless and overwhelmed</td>
<td>Little interest or pleasure in activities</td>
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<tr>
<td>Excessive crying</td>
<td>Withdrawal from friends and family</td>
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<td>Having no energy or motivation</td>
<td>After pregnancy, signs of depression may also include being afraid of hurting the baby or self and not having any interest in caring for the child</td>
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<td>Eating too little or too much</td>
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<td>Sleeping too little or too much</td>
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<td>Trouble focusing, making decisions</td>
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“BABY BLUES”
begins days after childbirth and normally goes away within two weeks.

PERINATAL OR MATERNAL DEPRESSION

This type of depression needs to be evaluated and treated by a licensed mental health professional. Counseling, medication, and support groups can help.

WHAT CAN YOU DO AS A CPSP PROVIDER?
- Screen all pregnant women for depression at the first visit, at least once each trimester, and postpartum*
- Use a validated screening tool such as the PHQ-9
- Refer to a licensed mental health professional in the patient’s community immediately after a score of moderate/severe to severe
- Call your CPSP Psychosocial Consultant, Paula Binner, LCSW, at (213) 639-6424 for questions and training on maternal depression and use of the PHQ-9

*Depression Screening is Reimbursable Through CPSP

DEPRESSION CAN BE SUCCESSFULLY TREATED!