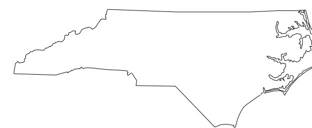
Statistical Brief



State Center for Health Statistics www.schs.state.nc.us/SCHS/ **June 2002**

Postpartum Depression: Who Gets Help?

Results from the Colorado, New York, and North Carolina PRAMS Surveys 1997-1999

by Harry Herrick

Introduction

Previous studies estimate that about 10 to 15 percent of mothers suffer from postpartum depression, yet for many of these mothers their depression remains unrecognized and untreated.[1-3] The few studies that have examined help-seeking among mothers with postpartum depression show that the majority of these mothers do not seek help from any source and only about 20 percent consult a health professional.[4] The reluctance of mothers to acknowledge their emotional difficulties after childbirth, or mistaken beliefs about the cause of their depression, are some of the reasons why many mothers choose not to seek help.[5-6]

Little is known about the characteristics of mothers who seek help for postpartum depression (PPD). To help bridge this gap in our understanding, this study uses survey data obtained from 14,860 randomly selected live births from three states: Colorado, New York (excluding New York City), and North Carolina.

We describe the prevalence of PPD and help-seeking among selected demographic groups. We explore the extent to which help-seeking is related to (1) support for the mother and her baby, (2) a difficult or anxious time during pregnancy, and (3) access to private medical care. We anticipated that the rate of help-seeking would be higher among mothers with higher levels of support, among mothers with psychological distress beginning in pregnancy, and among mothers who received prenatal and postnatal care from a private physician.[7-9]

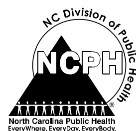
Methods

The sample was obtained from the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a state-based survey of mothers with a recent birth. Funded by the Centers for Disease Control and Prevention (CDC), the PRAMS data collection protocol (mail with telephone follow-up) and sampling methodologies are standardized so that survey data may be aggregated across states. Colorado and North Carolina initiated PRAMS in 1997, New York in 1996. All three states elected to measure postpartum depression in the survey. By combining PRAMS data from these states over a three-year period (four years for New York), we had a sufficiently large sample for conducting an analysis of help-seeking among mothers who reported being depressed after birth.

In PRAMS, postpartum depression is measured on a five-point scale ranging from "not at all depressed" to "very depressed and had to get help." The PPD study group consisted of mothers who reported being very depressed or very depressed and got help. The latter group defined the subset of help-seekers.

Three study factors were examined. Measures of support included prenatal support (i.e., partner wanted the pregnancy) and postnatal support (i.e., mother had someone to talk to about her problems after delivery and someone to help care for the new baby). Early psychological distress was defined as mothers with PPD who *also* reported that the time during their pregnancy was "a very hard time" or "one of the worst times of my life." Use of private medical care was defined as mothers who reported having most of their prenatal or well-baby visits in a private physician's office.

The results are presented in Tables 1 and 2. For each of the study variables we show the total percentage of mothers who were very depressed and the percentage of these mothers who got help for their depression. These percentages are weighted to represent the states' annual birth populations. In both tables, we tested for significant differences in the percentages of mothers with PPD and the percentages of those who got help, with the lowest level of the indicator serving as the reference group. All study results were analyzed with the SUDAAN software, intended for the analysis of complex survey designs.



Statistical Brief No. 24
North Carolina
Department of Health and Human Services
Division of Public Health

Results

Demographic characteristics

The proportion of mothers who reported being very depressed after delivery varied significantly by age, race, education, marital status, and single adult household status (Table 1). The occurrence of PPD among teenage mothers (< 20 yrs.) was more than 2½ times that for older mothers (30+ yrs.). The occurrence of PPD among African American mothers (11.4%) was more than twice that of white mothers (4.9%). Across all demographic categories, PPD was highest among mothers from single adult households (12.3%).

When examining help-seeking, the results show that the oldest mothers (30+ yrs.) who were very depressed were almost 2½ times as likely as the youngest mothers (< 20 yrs.) to seek help: 37.2 percent of older mothers versus 15.3 percent of younger mothers. Help-seeking among mothers with the highest levels of education (post high school or college) was significantly higher than that reported among mothers with less than a high school degree. Help-seeking also varied significantly by birth history; 28.5 percent of mothers with a previous birth sought help, compared to 18.2 percent of mothers with a first birth.

Study factors

The results varied by study factors. The percentage of mothers who were very depressed was 4.9 percent for those whose partners or husbands supported the pregnancy, compared to 13.1 percent for mothers whose partners did not want the pregnancy (Table 2). Similarly, the incidence of PPD for mothers who had someone to talk to about their problems after delivery, or had someone to help care for the new baby (postnatal support), was less than half that of mothers who did not have these support systems. The rate of help-seeking was found to be significantly higher only among the women in the two postnatal support categories.

With regard to the pregnancy experience, mothers who viewed their pregnancy as one of the happiest times of their life, or a happy time with few problems, had the lowest occurrence of PPD (3.3%) of any group examined in this study. For mothers who reported having a moderately hard time, PPD rose to 7.2 percent, while for mothers who reported that their pregnancy was very hard (early psychological distress), the level of PPD was 24.4 percent – the highest of any group. Help-seeking was also highest among this same group of mothers (31.5%), followed by those who had a happy time during pregnancy (22.4%), and lowest among mothers who had a moderately hard time during pregnancy (14.9%).

Table 1. Percentage of mothers who were very depressed and percentage of these mothers who got help, by selected demographic characteristics

Results from the Colorado, New York, and North Carolina PRAMS Surveys (1997-1999)

Maternal Demographic Characteristics	No. of mothers	No. very depressed	% very depressed[wt]	% of those very depressed who got help[wt]
Total sample *N*	14,860	1,041	5.8	24.4
Age				
Less than 20 years	1,674	183	**10.1**	15.3†
20 to 29 years	7,159	536	**6.5**	20.8
30 or more years	6,027	322	3.9†	**37.2**
Race				
White	12,509	764	4.9†	25.9
African American	1,880	243	**11.4**	23.0†
Education				
Less than high school	2,391	265	**9.3**	16.1†
High school graduate	4,563	394	**7.1**	24.0
Post high school/college	7,795	373	3.7†	**31.0**
Marital status				
Married	10,861	593	4.2†	26.4
Unmarried	3,999	448	**9.7**	22.2†
Birth history				
Previous live birth	8,094	593	6.0	**28.5**
First birth	6,743	448	5.4†	18.2†
Single adult (18+ yrs.) household				
Yes	1,098	148	**12.3**	25.8
No	13,762	893	5.2†	24.0†

[wt] Weighted percentages
†Reference group
Boldface indicates statistical significance ($p < 0.05$).

Table 2. Percentage of mothers who were very depressed and percentage of these mothers who got help, by selected study factors

Results from the Colorado, New York, and North Carolina PRAMS Surveys (1997-1999)

Study Factors	No. of mothers	No. very depressed[wt]	% very depressed	% of those very depressed who got help[wt]
Pre- and postnatal support				
Partner wanted pregnancy	13,149	806	4.9†	23.4†
Partner did not want pregnancy	1,542	226	**13.1**	28.2
Someone to talk to about problems‡	8,912	561	5.7†	**23.6**
No one to talk to about problems	857	144	**13.7**	10.0†
Someone to help care for new baby‡	8,730	557	5.5†	**23.5**
No one to help care for new baby	1,021	143	**13.1**	12.9†
Pregnancy experience				
Very happy time – few problems	10,453	423	3.3†	22.4
Moderately hard time	2,300	200	**7.2**	14.9†
Very hard time – worst time	1,660	389	**24.4**	**31.5**
Use of private medical care				
PNC* care/private doctor's office	10,145	609	4.7†	**32.9**
PNC care/other	4,259	378	8.2	13.6†
WBC** care/private doctor's office	10,717	657	4.8†	26.8
WBC care/other	4,143	384	8.5	20.7†

wt Weighted percentages
‡Data available for North Carolina and Colorado only
* Prenatal care
** Well-baby care
†Reference group
Boldface indicates statistical significance ($p < 0.05$).

The occurrence of PPD was less than 5 percent for mothers who received prenatal or postnatal (well-baby) care from a private physician, while PPD was more than 8 percent for those who did not receive care from a private doctor. Only use of a private doctor for prenatal visits was found to be significantly associated with help-seeking.

Discussion

Higher rates of help-seeking among mothers with PPD were associated with several inter-related demographic characteristics. Those most likely to seek help included older mothers (30+ yrs.), those with a post-high school education, and those with a previous live birth. We might expect older, more educated mothers to be more proactive in dealing with their depression than younger mothers.

The results of this study suggest several public health target groups. In particular, we found that teen mothers (<20 yrs.) and mothers with less than a high school education had not only high rates of PPD, but also very low rates of help-seeking.

Partner support for the pregnancy was not associated with help-seeking among mothers with PPD. However, the availability of postnatal support (maternal confidant and help for the baby) for the mother once the baby has arrived was strongly associated with help-seeking. Mothers who had no one to talk to about their problems after delivery had a high rate of PPD (13.7%) and a low rate of help-seeking (10.0%).

We found that help-seeking was higher among mothers who reported having a very hard time during pregnancy, compared to those who reported having a moderately hard time. The mental suffering and need for help may be highest among mothers whose depression extends from the prenatal period through the postpartum period.

We found that use of a private doctor for prenatal care was associated with higher help-seeking among mothers with PPD. This suggests that the mother's relationship with her obstetrician may be an important factor in the help-seeking process. In addition, the women who receive care from a private physician may be older and more educated than those who do not.

Several potential limitations to this study should be considered. For some of the factors we investigated (e.g., postpartum support), the sample sizes were small, reducing the reliability of the estimates. Our assumption that the severity of depression was similar among women who reported being "very depressed" and those who reported being "very depressed and had to get help" may not have been entirely true. For some mothers among the latter group, the depth of their depression may have driven their need for help.

Implications for further study

Among the study mothers who sought help, we do not know who provided the help or what types of help were received. Presumably, some of these mothers contacted their obstetricians or mental health professionals; others may have reached out to family members, friends, or co-workers. We need to know more about the sources of help and the factors that facilitate help-seeking. The PRAMS Survey could be a useful means for gathering this type of information.

References

1. Georgiopoulus AM, Bryan TL, Wollan P, Yawn BP. Routine screening for postpartum depression. *Journal of Family Practice* 2001;50(2):117-122.
2. Steiner M. Perinatal mood disorders: position paper. *Psychopharmacology Bulletin* 1998;34(3):301-306.
3. Zelkowitz P, Milet TH. Screening for post-partum depression in a community sample. *Canadian Journal of Psychiatry* 1995;40(2):80-6.
4. Whitton A, Warner R, Appleby L. The pathway to care in post-natal depression: women's attitudes to post-natal depression and its treatment. *British Journal of General Practice* 1996; 46(408):427-428.
5. McIntosh J. Postpartum depression: women's help-seeking behaviour and perceptions of cause. *Journal of Advanced Nursing* 1993;18(2):178-184.
6. Pedersen CA. Postpartum mood and anxiety disorders: a guide for the nonpsychiatric clinician with an aside on thyroid associations with postpartum mood. *Thyroid* 1999;9(7):691-697.
7. Mootz M. Attitudes toward health in social networks: their influence on physician utilization. *Patient Counseling and Health Education* 1982;4(1):44-49.
8. Rickwood DJ, Braithwaite VA. Social-psychological factors affecting help-seeking for emotional problems. *Social Science and Medicine* 1994;39(4):563-572.
9. Jimenez AL, Alegria M, Pena M, Vera M. Mental health utilization in women with symptoms of depression. *Women and Health* 1997;25(2):1-21.

Acknowledgements: For their helpful contributions and support of this study, the author thanks Paul Buescher and Ziya Gizlice from the State Center for Health Statistics; Patty Dietz from the Centers for Disease Control and Prevention; Chris Wells from the Colorado PRAMS Project; and Anne Rodigan-Garcia from the New York PRAMS Project.

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