



MATERNAL DEPRESSION FACT SHEET

Pregnancy can be a joyful time in a woman's life, but it can also be 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 may not recognize that they have an illness; therefore they may not seek 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:
 - o Maternal non-compliance with medical treatment
 - Maternal self-neglect
 - High risk for preterm delivery and low birth weight baby
 - o Inability to bond and care for infant
 - o 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 or 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:

- Feeling restless or irritable
- Feeling sad, hopeless and overwhelmed
- Excessive crying
- Having no energy or motivation
- Eating too little or too much
- Sleeping too little or too much
- Trouble focusing, making decisions

- Feeling worthless and guilty
- Little interest or pleasure in activities
- Withdrawal from friends and family
- 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

"BABY BLUES"

begins days after childbirth and normally goes away within two weeks.

PERINATAL OR MATERNAL DEPRESSION

can occur anytime during pregnancy and up to one year after childbirth.

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 <u>immediately</u> after a score of moderate/severe to severe
- Call your CPSP Psychosocial Consultant, Laura Villa, LCSW, at (213) 639-6423 for questions and training on maternal depression and use of the PHQ-9.



* Depression Screening is Reimbursable Through CPSP

Depression Can Be Treated!