

RHODE ISLAND PRAMS NEWSLETTER

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Perinatal Depression



PRAMS

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Women who have a difficult time during pregnancy are more likely to have poor birth outcomes, such as premature births and low birth weight babies.

According to PRAMS respondents who gave birth during 2002-2003, approximately one in five women reported having a hard time during their pregnancy (20.1%) or were depressed in the months after their delivery (19.2%). Women who described the time during their pregnancy as hard (defined as moderately hard, very hard, or one of the worst times of their lives), were more likely to have a baby with low birth weight (less than 2,500 grams) or preterm (before 37 weeks gestation), than women who described the time during their pregnancy as happy.



What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a confidential survey to learn more about Rhode Island mothers' experiences before, during, and after pregnancy – information that is not routinely available from other sources. The goal is to collect and use information to improve the health of Rhode Island mothers and infants by reducing low birth weight and preventable health problems.

Each month, about 175 women who recently gave birth are selected by computer to receive the PRAMS survey. Rhode Island PRAMS surveys all mothers who deliver a low birth weight baby (<2500 grams).

Rhode Island is one of 39 states currently participating in PRAMS. The Centers for Disease Control and Prevention (CDC) provides funding for PRAMS.

The PRAMS data contained in this report reflects Rhode Island resident births for 2002 and 2003. A total of 2,947 women completed the survey; the weighted response rate for both years was 71.7%. *For more information about Rhode Island PRAMS program, visit <http://www.health.ri.gov/family/prams>.*

Pregnancy Experience

Figure 1 shows that 10.5% of babies born to women who had a hard time during pregnancy were low birth weight compared to 6.3% born to women who had a happy time during their pregnancy ($p < .0001$). Similarly, 12.1% of babies born to women who had a hard time during pregnancy were preterm compared with 7.5% born to women who had a happy time during their pregnancy ($p < .0001$).

The percentage of women who reported having a hard time during pregnancy varied significantly ($p < .0001$) by infant's birth weight, intendedness of pregnancy, marital status, household income, and health insurance.

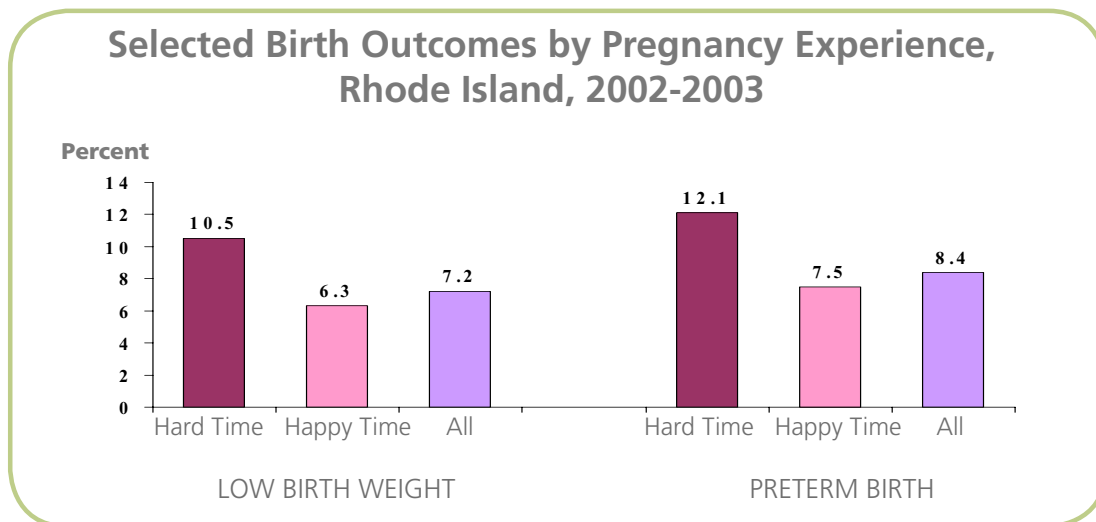


Figure 1

Figure 2 shows that women who had low birth weight babies (29.5%) were 1.5 times more likely to have had a hard time during pregnancy compared to women who had normal weight babies (19.4%) ($\geq 2,500$ grams). Women whose pregnancy was unintended were more than twice as likely to have had a hard time during their pregnancy (29.4%) compared to women whose pregnancy was intended (14.8%). Teenagers were more likely to have had a hard time during pregnancy (28.9%) compared to women age thirty or older (17.8%) ($p < .01$).

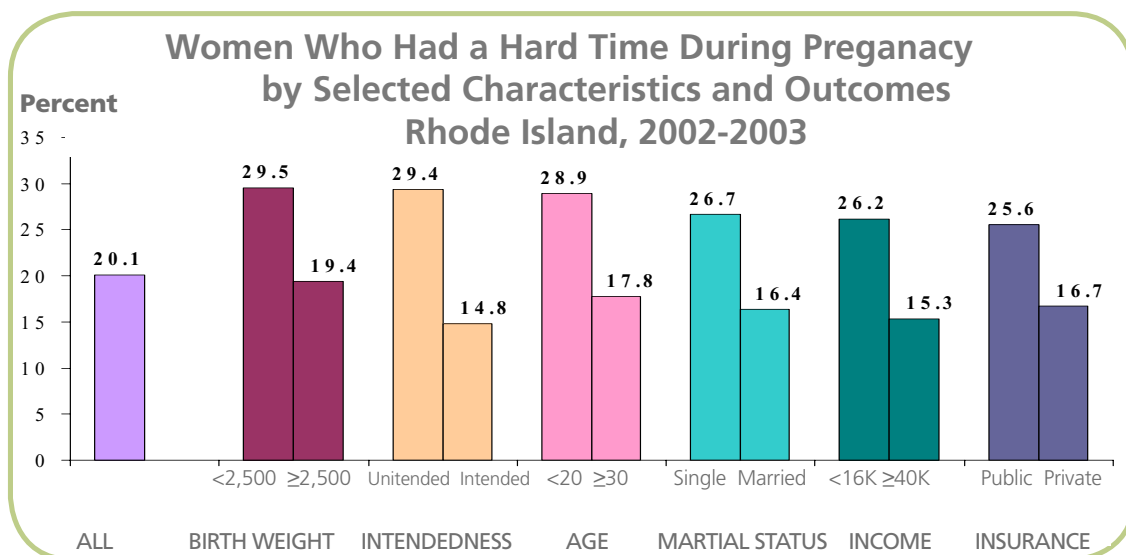


Figure 2

Postpartum Depression

Women who had a hard time during their pregnancy were more than twice as likely to have postpartum depression (37.6%) than women who had a happy time (14.5%). Women with low birth weight babies (29.2%) and/or household incomes of less than \$25,000 (24.1%) were more likely to have postpartum depression than their counterparts ($p < .0001$).

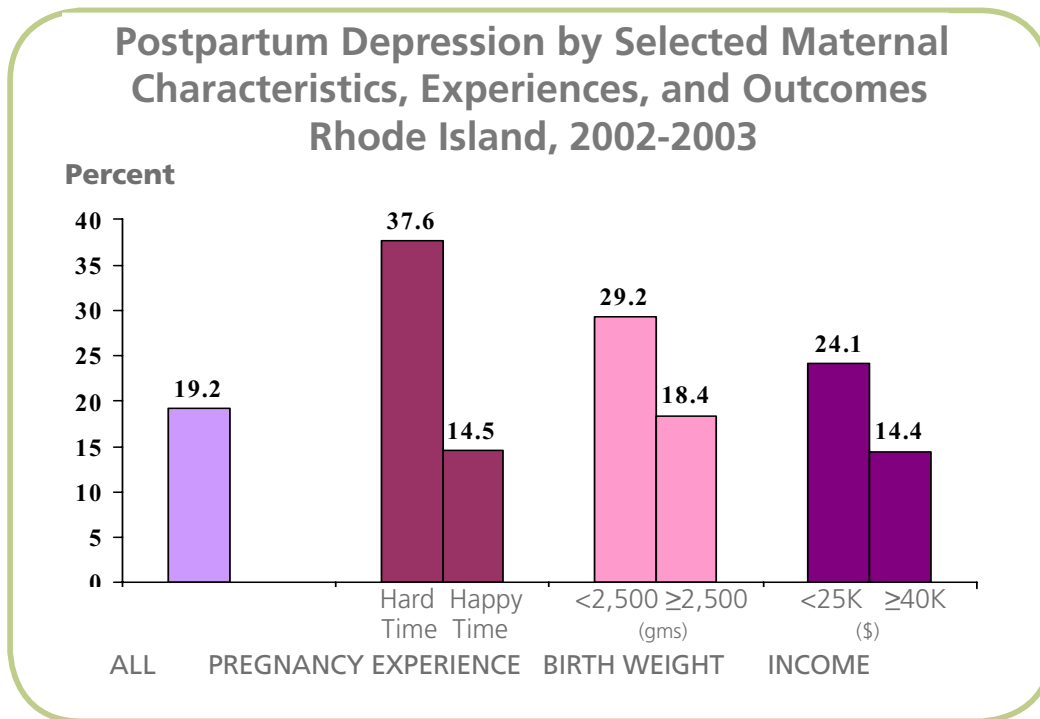


Figure 4

Another factor that may impact postpartum depression is how easy the mother feels it is to calm her baby. Among respondents, 8.3% reported that it was somewhat or very difficult to calm their babies when crying or fussing. More than one-third (34.7%) of mothers with inconsolable infants also reported postpartum depression compared to 17.4% of women who said it was easy to calm their babies ($p < .0001$). Women were more likely to report difficulty calming their babies if the baby was of low birth weight (11.2%) ($\leq 2,500$ grams) than if the baby was of normal birth weight (8.1%) ($\geq 2,500$ grams).

Stress

Stress during pregnancy can impact a woman's pregnancy experience and postpartum depression. PRAMS asks women about things that happened during the 12 months before their baby was born such as, illness of a family member, separation/divorce from husband/partner, a move to a new address, job loss, fight/argument, bills that couldn't be paid, etc. Nearly one in three respondents (31.5%) indicated that the greatest stressor was moving to a new address the year before they gave birth. More than one in four respondents (27.5%) indicated they had argued with their partner more than usual or had a close family member become very sick. Approximately, one in five respondents had bills they could not pay or had someone very close who died.

Stress, Continued

The frequencies of these stresses vary by insurance coverage. Women who had public insurance (Rtte Care/Medicaid) were more likely to report experiencing the stresses described above than women with private insurance. For example, 38.6% of women with public insurance had moved to a new address compared with 23.7% of those with private insurance. Women with public insurance were three times more likely to have problems paying bills (36.2%) compared with women with private coverage (11.9%).

Although only 1.4% of respondents with private insurance were homeless during the 12 months before they gave birth, those with public insurance were 9 times more likely to be homeless (13.1%). Women with public insurance were five times more likely to have been in a physical fight (7.5%) than women with private insurance (1.5%).

Stress During the 12 Months Before Delivery Rhode Island, 2002-2003

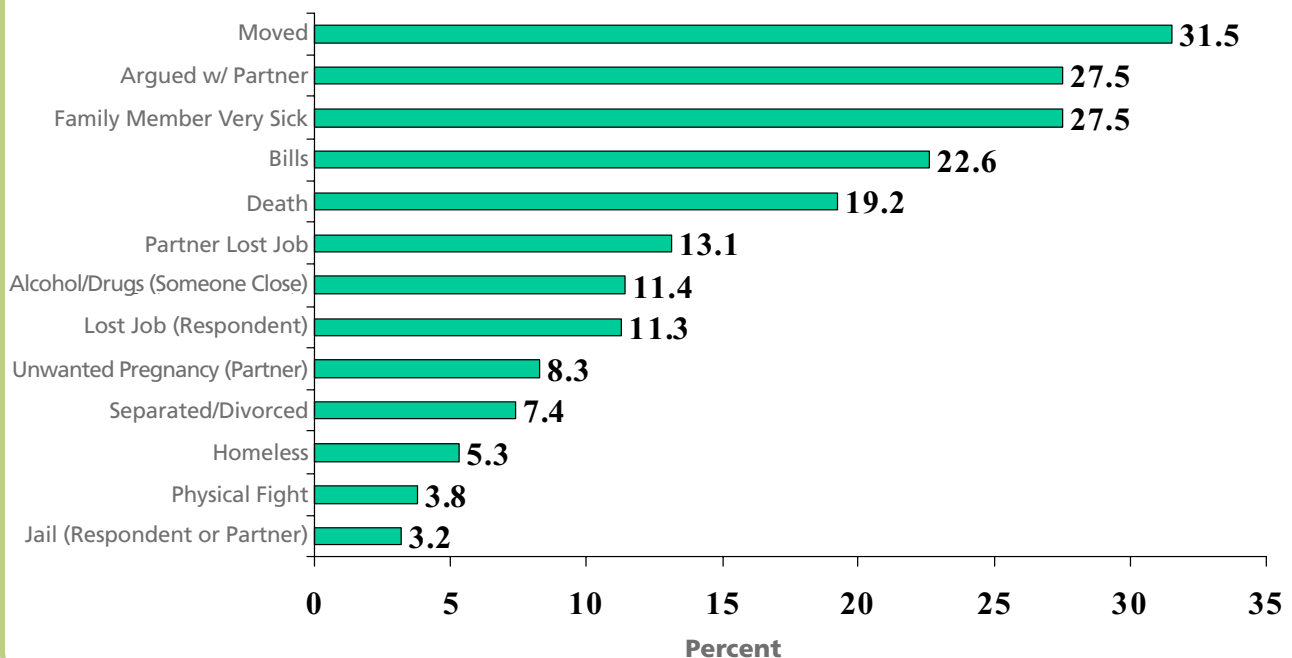


Figure 4

Many of the respondents had multiple stresses. Although 26% did not have any of the stresses, 43.1% had 1-2, 26.4% had 3-5, and 4.5% had 6 or more. Women who experienced five or more of the stresses were more likely to have a hard time during their pregnancy (47.7%) than women who did not have any stresses (7.7%). Similarly, 37.9% of women who experienced five or more stresses during the 12 months before their baby was born, were depressed after the delivery compared with 8.6% of women who did not have any of the stresses.

Number of Stresses During the 12 Months Before Delivery, Rhode Island 2002-2003

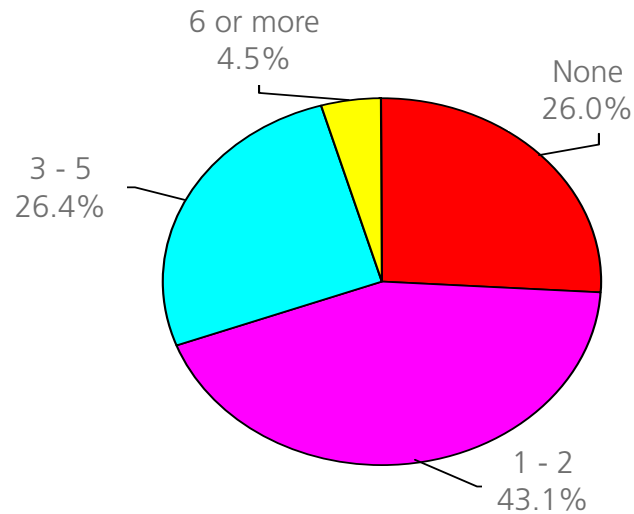


Figure 5

Conclusion

Economics, preterm birth, insurance coverage, and the intendedness of the pregnancy are some of the factors that can contribute to perinatal depression. Women that experience perinatal depression are more than twice as likely to have postpartum depression.

A women's attitude about her pregnancy can impact the amount of prenatal care she receives, whether she uses tobacco and/or alcohol during pregnancy, all of which can affect the birth outcome. Additionally, women without supportive partners or social support may be more likely to experience depression, isolation, and the inability to bond with their infant. In turn, these issues can impede the healthy development of the infant. Population-based data are needed to evaluate the problem, gain support for the issue, and help develop community services.

Early identification, education, and appropriate treatment of perinatal depression may result in improved maternal and child health outcomes.

Rhode Island PRAMS - a rich picture of recent mothers' experiences.

MAKE HEALTH PART OF YOUR FAMILY
RHODE ISLAND DEPARTMENT OF HEALTH

**For more information about the
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