



Postpartum Depression Factsheet (December 2021)

Pregnancy Risk Assessment Monitoring System

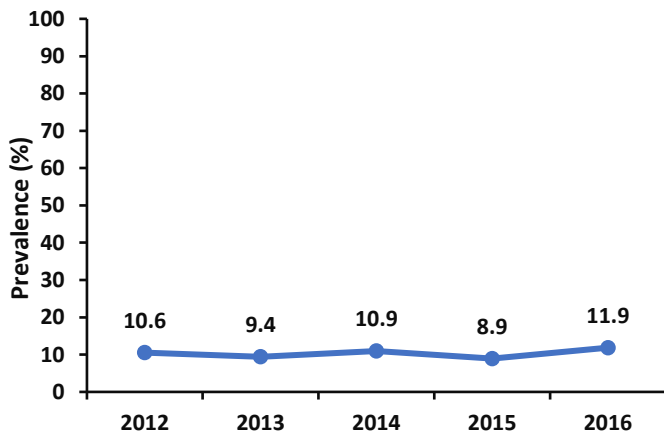
Postpartum Depression

According to the Centers for Disease Control and Prevention (CDC), about 1 in 9 women experience postpartum depression (PPD), which is one of the most common mental health disorders that occur after childbirth, with symptoms including sadness, loss of interest, feelings of hopelessness, and worthlessness.¹ PPD limits the ability of the woman to care for her new infant resulting in increased use of health care services and more hospitalizations. This has detrimental effects on the newborn and the mother's life.² Women with postpartum depression are less likely to do basic preventive services such as putting the infant to sleep on the back, attending well-child visits, and keeping up to date on immunization coverage. In severe cases of PPD, women may harm themselves, their infants, and others.

Trends over Time

In 2016, 11.9% of mothers in the State of Hawaii "always" or "often" had symptoms suggestive of postpartum depression. There appears to be an increase in the estimates of PPD symptoms from 10.6% in 2012 to 2016, but estimates were not significantly different across the five-year span.

Postpartum Depression Over Time, 2012-2016



Data Source

Data from a total of 6,648 respondents were analyzed from the 2012-2016 Hawaii's Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based surveillance system for maternal behaviors before, during, and after pregnancy. 2012-2016 aggregated data were used in this analysis as there was no Hawaii PRAMS data collection for 2017-2018. 2019 data were not included in the analysis as only half a year of data was available.

Data Highlights

- In 2012-2016, approximately 10.3% of women with a recent live birth had postpartum depression symptoms .
- Women more likely to have postpartum depression symptoms were Native Hawaiian, Filipino, or Other Pacific Islander; those under 20 years old, had Medicaid/Quest insurance or were uninsured before pregnancy; those with unintended pregnancy or not sure of their pregnancy intentions, those who experienced intimate partner violence, or those who smoked in the last 3 months of pregnancy.
- Preterm delivery, infants with low birthweight, and infant hospital stay were significantly associated with postpartum depression symptoms in mothers. Breastfeeding was less common among mothers who always/often had postpartum depression symptoms.

Based on 2012-2016 data, approximately 10.3% of mothers in Hawaii "always" or "often" had symptoms suggestive of postpartum depression, while 27.2% "sometimes" had symptoms, and 62.4% "rarely" or "never" had symptoms.

Maternal Characteristics Related to Postpartum Depression Symptoms

In Hawaii, mothers who were more likely to report being always/often depressed were Native Hawaiian, Filipino, or Other Pacific Islander; those under 20 years old; those who had Medicaid/Quest insurance or were uninsured before pregnancy; those with unintended pregnancy or not sure of their pregnancy intentions; those who experienced intimate partner violence before or during pregnancy; or those who smoked in the last three months of pregnancy (Table 1). There were no significant differences in the estimates of postpartum depression among residents of different counties.

Perinatal Risks and Outcomes Associated with Postpartum Depression Symptoms

In Hawaii, the rate of preterm delivery (defined as <37 weeks) was 13.3% for mothers who always/often had postpartum depression symptoms, which was significantly higher than those who rarely/never had symptoms (Figure 1). The rate of low birthweight infants was also significantly higher for mothers who always/often had symptoms (10.5%), compared to those who rarely/never had symptoms (6.3%).

Moreover, infants with prolonged hospital stay (six or more days) appeared to be associated with postpartum depression symptoms in mothers, with significantly higher rates of infant hospital stay for those who always/often had symptoms (8.6%), compared to those who rarely/never had symptoms (5.1%). Breastfeeding eight or more weeks was less common among mothers who always/often had postpartum depression symptoms (71.1%), compared to those who rarely/never had symptoms (80.0%).

Table 1. Bivariate associations of postpartum depression with selected maternal characteristics, Hawaii PRAMS 2012 to 2016

	Prevalence (%)	95% CI*
Maternal Race		
White	6.5	4.9-8.1
Native Hawaiian	12.0	10.2-13.9
Filipino	11.1	8.7-13.4
Japanese	10.5	7.3-13.6
Other Pacific Islanders	14.3	9.6-19.0
Other/Unknown	10.5	7.7-13.2
Maternal Age (years)		
Under 20	18.3	12.8-23.8
20-34	10.0	8.9-11.1
35-52	9.7	7.5-11.9
County of Residence		
Honolulu	9.8	8.5-11.1
Hawaii	12.3	10.6-13.9
Maui	10.8	9.2-12.5
Kauai	12.0	10.3-13.8
Health Insurance Prior to Pregnancy		
None	14.3	9.5-19.0
Medicaid/Quest	13.5	11.4-15.6
Military	5.6	3.6-7.6
Private Insurance	9.8	8.5-11.1
Pregnancy Intendedness		
Intended Pregnancy	8.5	7.3-9.7
Unintended Pregnancy	12.3	10.3-14.4
Not Sure	12.3	9.7-14.8
Intimate Partner Violence		
No	9.7	8.7-10.6
Yes	31.3	22.7-39.8
Smoking in the last 3 months of pregnancy		
No	9.7	8.7-10.7
Yes	20.9	15.2-26.6

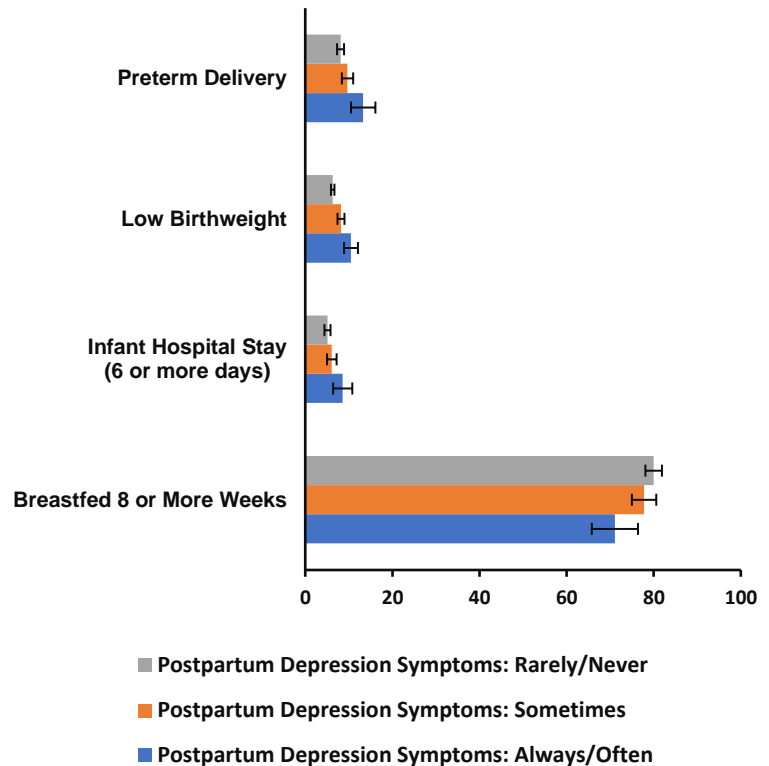
* 95% CI refers to the 95% confidence interval around estimate.

Discussion

Pregnancy and childbirth can be a very rewarding and exciting time, but it can also be a period of severe emotional stress. About 1 in 9 women experience postpartum depression, which is one of the most common mental health disorders that occur after childbirth, but little is known about the risk factors for postpartum depression in Hawaii. The 2012-2016 PRAMS data showed that maternal race and age, insurance status, unintended pregnancy, experience of intimate partner violence before or during pregnancy, and smoking during pregnancy were associated with postpartum depression symptoms.

To reduce postpartum depression rates in Hawaii, it is important for prenatal care providers to evaluate for signs

Figure 1: Perinatal Risks and Outcomes Associated with Postpartum Depression Symptoms, Hawaii PRAMS 2012-2016



and symptoms of depression as well as other risk factors. Improving knowledge of appropriate referral services is needed to help reduce the impact of postpartum depression in women. Increasing awareness of disparities in postpartum depression among Asian and other Pacific Islander populations and providing additional care are crucial to help reduce the occurrence of postpartum depression symptoms.

About the PRAMS Data

The Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS) is a self-reported survey of recent mothers conducted by mail with telephone follow-up. It is designed to monitor the health and experiences of women before, during, and just after pregnancy. Every year in Hawaii, about 2,400 women who deliver an infant are randomly selected to participate. **Race** is singly coded based on the mother's self-report from the birth certificate.

Suggested Citation:

Fok, CCT, Awakuni, J, Shim, M. "Postpartum Depression Factsheet" Honolulu, HI: Hawaii State Department of Health, Family Health Services Division; September 2021.

References

- Centers for Disease Control and Prevention. Depression Among Women. <https://www.cdc.gov/reproductivehealth/depression/index.htm>. (accessed September 20, 2021).
- O'Hara M, McCabe J. Postpartum depression: Current status and future directions. *Annual Review of Clinical Psychology*. 2013;9:379-407.