VERMONT
DEPARTMENT OF HEALTH

Maternal Depression Work Group

Perinatal mood and anxiety disorders (PMAD) — depression and anxiety during and following pregnancy — can have serious impacts on maternal health and well-being and long-lasting impacts on children's cognitive, behavioral, and academic development.

New findings contradict the longstanding view that symptoms begin only within a few weeks after childbirth. In fact, depression often begins during pregnancy and can develop any time in the first year after a baby is born. Recent studies also show that the range of disorders women face is wider than previously thought. In the year after giving birth, studies suggest, at least one in eight and as many as one in five women develop symptoms of depression, anxiety, bipolar disorder, obsessive-compulsive disorder or a combination. In addition, predicting who might develop these illnesses is difficult. While studies are revealing clues as to who is most vulnerable, there are often cases that appear to come out of nowhere.

Depression in pregnancy can be missed because symptoms like trouble sleeping and moodiness also occur in pregnant women who are not depressed, coupled with significant social stigma. In a 2013 study, the largest screening of women for postpartum depression to date, Dr. Katherine L. Wisner, a professor of psychiatry and obstetrics and colleagues at Northwestern University found that 14 percent of 10,000 women had depression four to six weeks after birth, but that for a third of them it actually started during pregnancy.

Previous depression puts women at greatest risk of maternal mental illness. Having immediate relatives with bipolar disorder also increases vulnerability. Financial strain, isolation, breast-feeding difficulties or unplanned pregnancy can also increase risk. Studies indicate that maternal stress may undermine women's ability to bond with or care for their children, and that children's emotional and cognitive health may suffer as a result. PMAD can impact birth outcomes (poor nutrition, preterm birth, low birth weight, spontaneous abortion) to cognitive development and behavioral challenges in infancy, toddler, and school age children into academic problems in adolescence.

The Vermont Department of Health's Nurse Family Partnership program screens all prenatal and postpartum clients for symptoms of PMAD. The findings have been stunning: more than 50% of women have screened at-risk for PMAD prior to delivery (in the 3rd trimester). While all clients are referred back to primary care for further assessment and treatment, lack in knowledge and treatment options have left many clients without proper care.

This finding, coupled with national and state data, led Maternal and Child Health (MCH) to convene a statewide maternal depression work group in December 2013 (also identified in the 2014-2015 MCH strategic plan as a priority objective). After a series of brainstorming sessions, a needs assessment survey and review of other state strategies, the work group arrived at the following recommendations:

- Increase capacity of Vermont's health care providers to educate, screen, diagnose, and treat perinatal mood and anxiety disorders
- Increase capacity of Vermont's mental health to diagnose, and treat perinatal mood and anxiety disorders
- Identify and support innovative financing options to support the screening, diagnosis, and treatment of perinatal mood and anxiety disorders
- Vermonters have access to comprehensive perinatal mood and anxiety disorders educational information and support and treatment options

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