

Background

Around 9% of pregnant women and 10% of postpartum women may experience depression. To facilitate diagnosis and care:

- ✓ **Screen** all women at least once during the perinatal period, using a validated tool
- ✓ Conduct a **full assessment** of mood and emotional well-being at the postpartum visit
- ✓ **Refer** those who screen positive for a formal diagnosis, and treatment if needed

Source: ACOG

Study Questions

- How many mothers felt that they needed treatment or counseling for postpartum depression, but did not get it?
- What were the reasons for not getting counseling or treatment?

Methods

- Analyzed weighted data from 2017-2018 Kansas Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a population-based survey of mothers who have recently had a live birth.
- 95% confidence intervals (95% CIs) and Chi-square tests (significance level of 0.05) calculated in SUDAAN, version 11

Contact information:

Kansas PRAMS
KDHE.PRAMS@ks.gov
<http://www.kdheks.gov/prams>

Our Mission:

To protect and improve the health and environment of all Kansans

Prevalence of not getting treatment or counseling for postpartum depression, despite a perceived need, as reported by Kansas women with a recent live birth (N = 1,920)*

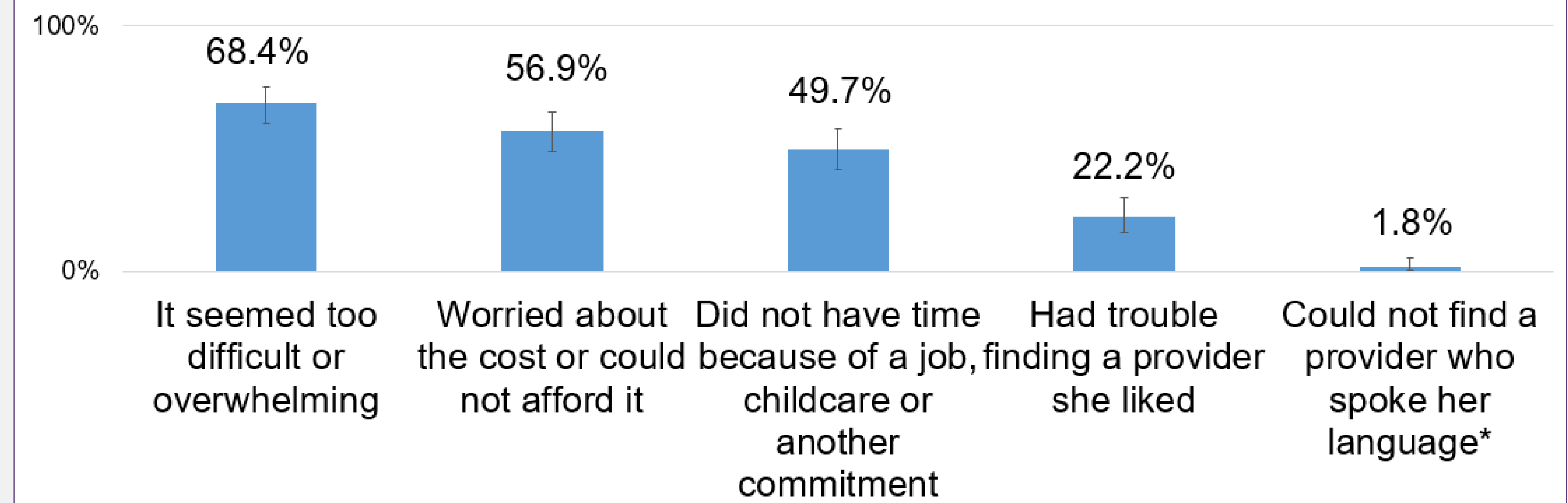
Characteristic	Weighted %	95% CI
All	15.2	13.2 - 17.5
Age, years [†]		
<20	18.9	10.8 - 30.9
20-24	18.6	13.8 - 24.6
25-34	15.1	12.5 - 18.0
35+	9.0	5.5 - 14.3
Race/ethnicity		
Non-Hispanic White	14.2	12.0 - 16.8
Non-Hispanic Black	24.5	15.7 - 36.1
Hispanic	15.0	9.3 - 23.1
Non-Hispanic Other/Multiracial	18.3	11.0 - 29.0
Education, years		
<12	16.2	10.1 - 25.0
12	16.6	12.4 - 21.9
>12	14.6	12.3 - 17.4
Marital status [†]		
Married	11.2	9.2 - 13.6
Other	22.4	18.2 - 27.2
WIC status during pregnancy [†]		
Enrolled	21.5	17.0 - 26.9
Not enrolled	12.6	10.5 - 15.0
Postpartum health insurance status [†]		
Private	12.9	10.7 - 15.6
Medicaid	24.1	18.4 - 30.9
None	15.0	9.9 - 22.2
Indicated as having postpartum depressive symptoms [†]		
No	10.9	9.0 - 13.1
Yes	42.1	34.2 - 50.4

* Unweighted sample size

[†] Statistically significant association (p-value < 0.05).

Significantly different estimates are indicated in **purple** and **green** font.

Reasons for not getting treatment or counseling, among those who reported not getting treatment or counseling for postpartum depression



* May be statistically unreliable (relative standard error > 30%). Error bars represent 95% confidence intervals.

Results

- **15.2%** of mothers reported not getting treatment or counseling for postpartum depression, despite a perceived need.
 - **42.1%** among mothers with postpartum depressive symptoms
- Prevalence varied by age, marital status, WIC status during pregnancy, and postpartum health insurance status
- Prevalence also varied by postpartum checkup attendance:
 - **24.5%** among women who did not have a postpartum checkup (95% CI: 16.8%, 34.3%)
 - **14.1%** among women who did (95% CI: 12.1%, 16.4%)
- Among those who went for a postpartum checkup and were asked if they were feeling down/depressed during the visit, **15.0%** did not get treatment or counseling for depression, despite a perceived need (95% CI: 12.7%, 17.6%).

Conclusions

- Future strategies to increase screening for depression should account for common **barriers** to seeking care (e.g., cost, difficulty).
- Screening women for depression during well-child visits may help reach mothers who **do not attend** a postpartum checkup.
- Increasing screening during WIC visits may also help link more women to care, as **more than 1 in 5 women** who were enrolled in WIC during pregnancy reported not getting counseling/treatment for depression even though they thought they needed it.