

Vermont PRAMS Data Brief

Postpartum Depression and Health Behaviors

This is a report on the Pregnancy Risk Assessment Monitoring System (PRAMS), a survey conducted on a sample of Vermont women with live births during calendar years 2004-2006.

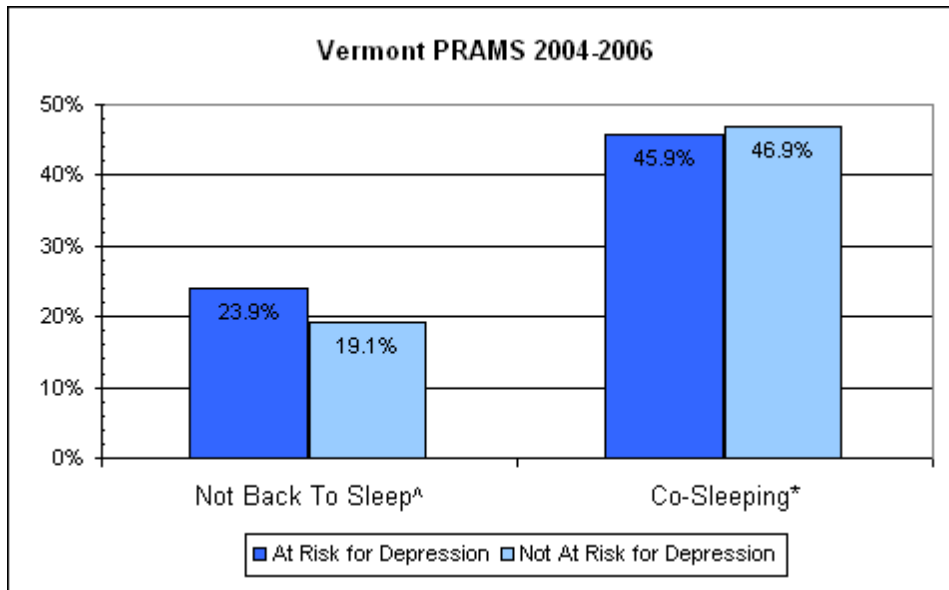
The topic for this report is postpartum depression and its impact on health behaviors. Since 2004, PRAMS has asked two questions which can be used to gauge a woman's risk for postpartum depression:

Since your new baby was born, how often have you felt down, depressed or hopeless? (Always, Often, Sometimes, Rarely, Never)

Since your new baby was born, how often have you had little interest or little pleasure in doing things? (Always, Often, Sometimes, Rarely, Never)

Mothers were considered to be at risk for postpartum depression if they answered *Always* or *Often* to either question. From 2004-2006, 12.1% of mothers' answers indicated that they may be at risk for postpartum depression using this definition. Depression in the postpartum period can have important consequences for the health of mothers and infants. Mothers who are depressed postpartum may be less likely to practice the healthiest behaviors for themselves and their infants. A recent [MMWR article](#) focused on risk factors and demographics associated with risk for postpartum depression. What follows is a look at the relationship between postpartum depression risk and various postpartum health behaviors.

Infant Sleep Environment and Postpartum Depression Risk.

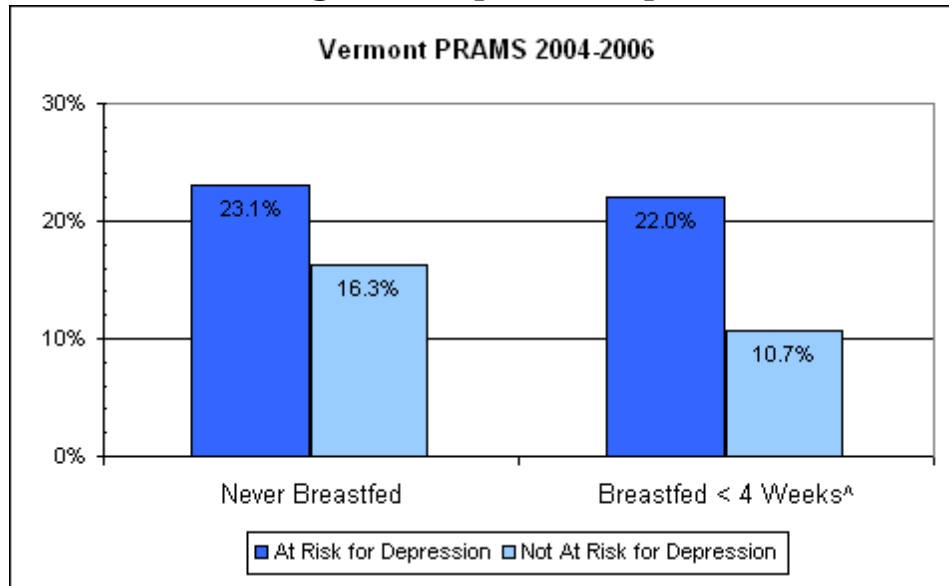


[^] Baby most often put to sleep on side or stomach.

^{*} Baby always or often sleeps in same bed with someone else.

Mothers at risk for postpartum depression are 1.25 times less likely to put their baby to sleep on his or her back. There is no difference in co-sleeping habits between the two groups.

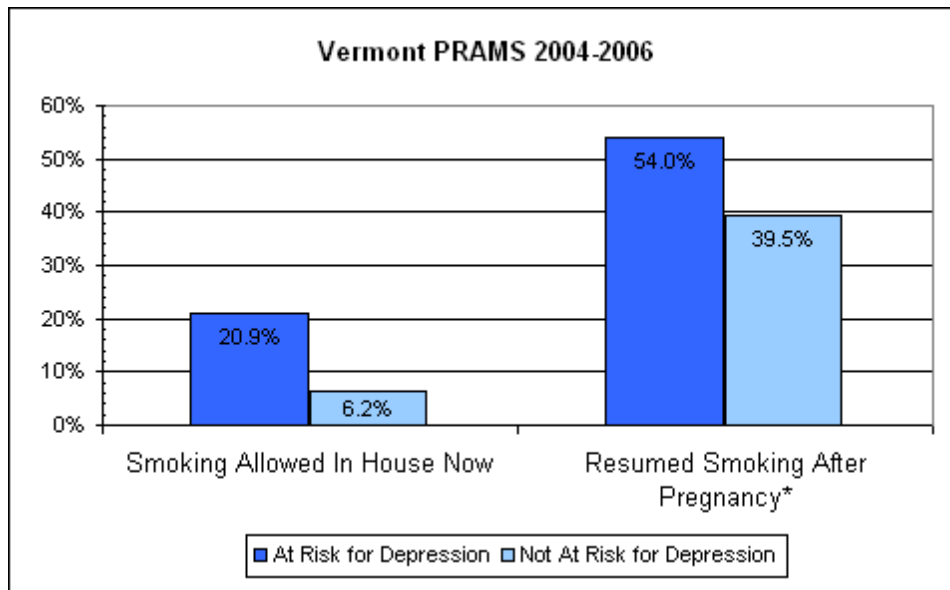
Breastfeeding and Postpartum Depression Risk.



[^] Includes only mothers who initiated breastfeeding.

Mothers at risk for postpartum depression are less likely to have initiated breastfeeding. Among women who initiate breastfeeding, mothers at risk for postpartum depression are more than twice as likely to cease breastfeeding before their baby is 4 weeks old.

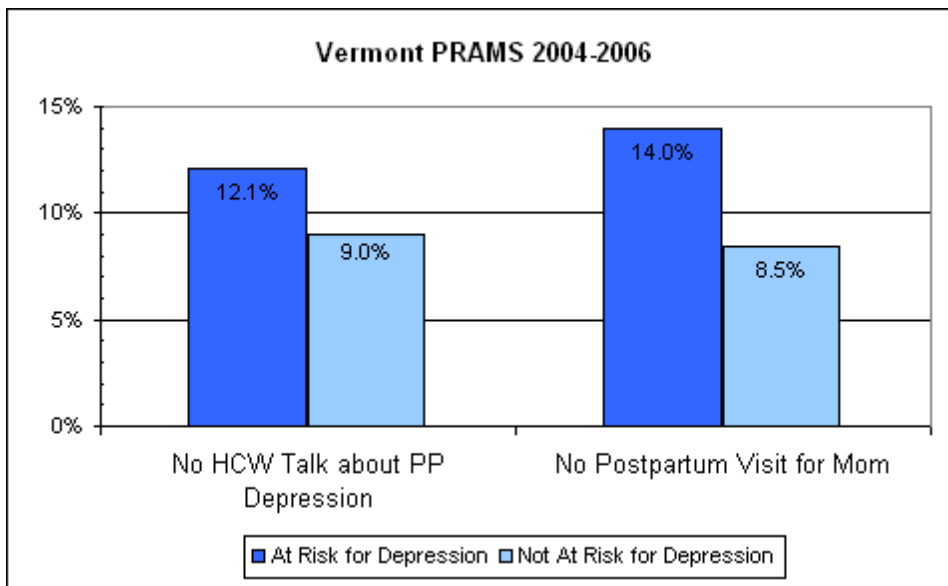
Smoking and Postpartum Depression Risk.



^ Includes only mothers who smoked prior to pregnancy and did not smoke during the last trimester of their pregnancy.

Mothers at risk for postpartum depression are more than three times as likely to allow smoking in the home. Mothers at risk for postpartum depression who quit smoking during pregnancy were more likely to resume smoking after pregnancy, although this result was not statistically significant.

Maternal Health and Postpartum Depression Risk.



Mothers reporting to be at risk for postpartum depression were less likely to have received counseling from a health care worker about postpartum depression during their pregnancy, although this result was not statistically significant. Fourteen percent of mothers at risk for depression did not have a postpartum checkup for themselves, making them 1.65 times more likely to go without a checkup than mothers not at risk for depression.

Summary Table – Postpartum Depression Risk and Health Behaviors.

	At Risk for Depression?		Relative Risk**	95% CI	
	Yes	No		Lower	Upper
Baby Not Put To Sleep on Back	23.9%	19.1%	1.25	1.02	1.54
Co-Sleep Always/Often	45.9%	46.9%	0.98	0.87	1.11
Never Breastfed	23.1%	16.3%	1.42	1.15	1.76
Breastfed < 4 Weeks^	22.0%	10.7%	2.05	1.57	2.68
Smoking Allowed In House Now	20.9%	6.2%	3.36	2.61	4.33
Resumed Smoking After Pregnancy*	54.0%	39.5%	1.37	0.99	1.89
No HCW Talk about PP Depression	12.1%	9.0%	1.34	0.99	1.83
No Postpartum Visit for Mom	14.0%	8.5%	1.65	1.24	2.20

*Includes only mothers who smoked prior to pregnancy, but indicated they did not smoke in the 3rd trimester.

^ Includes only mothers who initiated breastfeeding.

** Relative risks in bold indicate mothers at risk for depression are significantly more likely to practice less healthy behaviors.

Mothers at risk for postpartum depression are at increased risk for unhealthy postpartum behaviors. These mothers are significantly less likely to put their baby to sleep on it’s back, more likely to cease breastfeeding before their baby is four weeks old, and more likely to allow smoking in the home. They may also be more likely to co-sleep with their infant and to resume smoking if they quit during pregnancy.

Women who are at risk for postpartum depression were 1.65 times less likely to have a postpartum checkup for themselves, making them less likely to have their depression diagnosed and treated. However, nearly all (98.6%) of the mother’s surveyed are bringing their infants in for well-baby checkups. Thus, a public health strategy may be to educate pediatric care providers to be on the alert for signs of depression in the mothers of the infants in their practice.

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