Department of Public Health
Cheryl Bettigole, MD MPH
Health Commissioner

CHART

Depression among Pregnant & Postpartum Philadelphians

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Depression and stress during and after pregnancy can greatly impact the health of the pregnant person and their infant. High levels of stress during pregnancy have been associated with an increased risk of adverse birth outcomes, including preterm birth (giving birth before 37 weeks) and low birthweight (infant weighs less than 5 pounds, 8 ounces).[1] Additionally, perinatal depression (depression that occurs during pregnancy or up to a year postpartum) creates personal suffering and, if untreated, can negatively impact the infant's socioemotional and cognitive development.[2] Screening pregnant and postpartum people for depression using validated screening tools is an effective means of identifying birthing people with depressive symptoms who may benefit from treatment.[3]

The Philadelphia Pregnancy Risk Assessment Monitoring System (PhillyPRAMS) is a population-based surveillance initiative that surveys a random sample of Philadelphia residents who recently had a live birth to understand their experiences before, during and shortly after birth. PhillyPRAMS started in 2018 and includes data on perinatal depression and sources of stress for birthing people. This issue of CHART uses data from the 2018-2020 PhillyPRAMS to explore depression before, during, and after pregnancy for Philadelphia residents.

KEY TAKEAWAYS

Fewer Philadelphians are asked about postpartum depression by their healthcare providers (77%) than in a national sample (87%).

About 45% of birthing people with diagnosed postpartum depression report not having any treatment for their depression.

Financial-related stressors are the most commonly reported source of stress before delivery.

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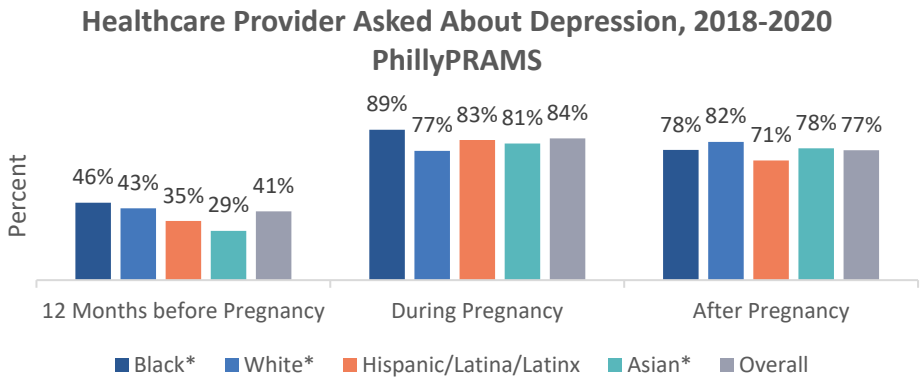
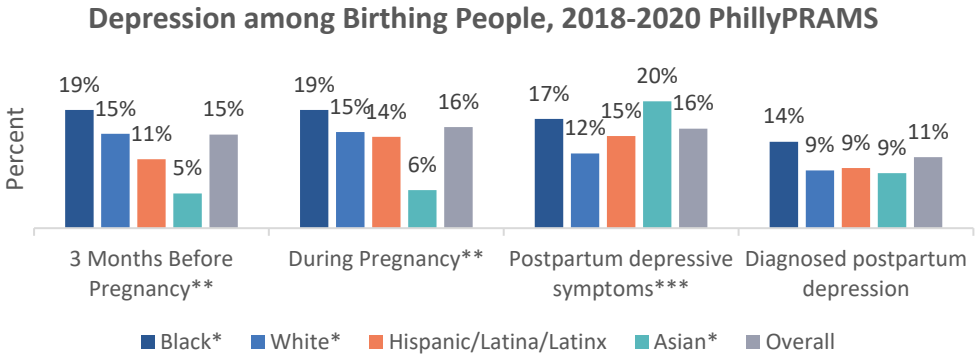


*Non-Hispanic/Latina/Latinx

- On average, respondents reported that healthcare providers asked about depression during or after pregnancy at higher rates than before pregnancy.
- Rates of being asked about depression during and after pregnancy were consistent across all racial and ethnic groups.
- Fewer Philadelphians reported being asked about depression in the postpartum period (77%) as compared to a national sample using PRAMS data (87.4%).[4]

Asian birthing people reported the highest rate of experiencing PDS (20%) but only 9% report a diagnosis of depression.



*Non-Hispanic/Latina/Latinx
**Respondent reported depression as health condition
***Postpartum depressive symptoms are defined as "always" or "often" feeling down, depressed, or hopeless or having little interest or little pleasure in doing things they usually enjoyed since delivery.

- More Philadelphians reported experiencing postpartum depressive symptoms (PDS) (16%) than in a national sample of PRAMS data (13.2%).[4]
- Asian birthing people reported the lowest rates of depressive symptoms before (5%) and during pregnancy (6%) but the highest rates of PDS (20%). The high rate of PDS in Asian populations is consistent with the literature.[4]
- Compared to the rate of PDS, fewer people are diagnosed with postpartum depression. This difference is especially true among Asian birthing people.

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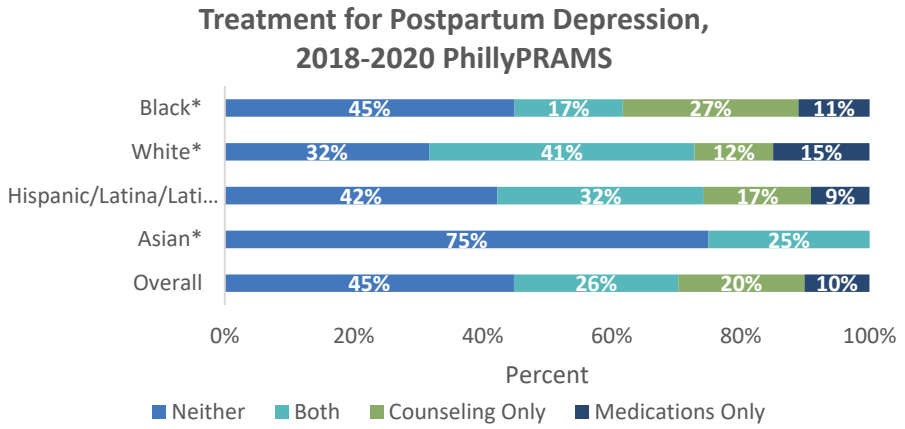
Forty-five percent of birthing people with diagnosed depression reported not having any treatment (medication, counseling, or both) for their postpartum depression.



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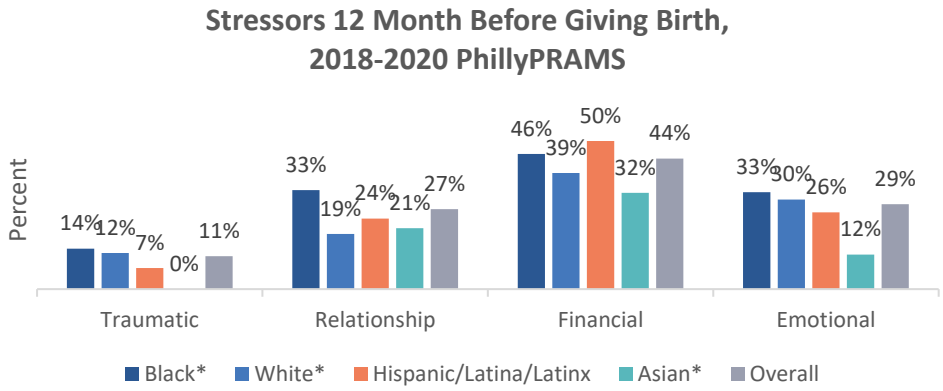
- Of those diagnosed with postpartum depression, 45% reported not receiving any treatment for their depression (defined as either counseling or medication).
- Of those diagnosed with postpartum depression, White people had the highest percent of engaging in some type of treatment (counseling, medications, or both) for their postpartum depression as compared to people of other races & ethnicities.
- Asian birthing people had the highest percentage (75%) of people not engaged in any treatment for their postpartum depression.

Financial stressors are the most common stressor reported 12 months before giving birth.



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- Nearly half (44%) of birthing people in Philadelphia experience financial stress 12 months before giving birth. Financial stressors include moving to a new address, birthing person lost job, partner lost job, cut in hours or pay, and difficulty paying bills.
- Hispanic/Latina/Latinx birthing people reported the highest rate of experiencing financial stressors before the birth of their new baby.
- About 1 in 3 birthing people experience relationship or emotional stress before giving birth.
- For more information on how stressors were categorized visit CDC Report "Stressful Events Experienced by Women in the Year Before Their Infant's Birth – United States, 2000-2010.

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WHAT CAN BE DONE

The Health Department is:

- Working with the Philadelphia Maternal and Infant Health Community Action Network to create holistic mental health initiatives in Philadelphia, including piloting a program of guaranteed income supports during pregnancy and the Newborns and Neighbors peer support program.
- Offering home visiting support during pregnancy and postpartum through Philly Families CAN.
- Providing in-home therapy during pregnancy and postpartum for participants in the Healthy Start and MOM Parents as Teachers programs.
- Working with Community Behavioral Health to offer support services for birthing people enrolled in case management programs.

Healthcare providers should:

- Follow American College of Obstetrician and Gynecologists[5] and American Academy of Pediatrics guidelines[6] to screen for postpartum depression using a validated tool during prenatal, postpartum, and infant well child visits.
- Develop models of integrated care and warm hand-off systems for perinatal mental health resources.
- Refer patients to culturally competent supportive resources during the perinatal period such as home visiting programs via Philly Families CAN.

People can:

- Speak with their provider about treatment and support options if they are experiencing stress or depression during pregnancy or the postpartum period.
- Reach out to Philly Families CAN to receive in-home support during pregnancy and the postpartum period.

Lawmakers can:

- Increase funding to train and develop more perinatal behavioral health professionals.
- Revise privacy laws to remove communication barriers between physical health and behavioral health providers.
- Reduce barriers to integration of physical and behavioral health for pregnant and postpartum people.

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RESOURCES

Department of Behavioral Health and Intellectual disability Services/Community Behavioral Health:
The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) along with Community Behavioral Health (CBH) supports a number of high-quality behavioral health and behavioral health/maternal health integrated programs with a full range of treatment and community options for mothers and their children.
Call Member services 888-545-2600 for more information about these programs and access to these services.

National Maternal Health Hotline
24/7, Free, Confidential Hotline for Pregnant and New Moms in English and Spanish
Call or text 1-833-9-HELP4MOMS (1-833-943-5746)

Postpartum Support International
Anyone can call or text this free helpline to get basic information and support.
https://www.postpartum.net/
In English or en Espanol
1-800-944-4773
Text in English
1-800-944-4773
Text en Espanol
1-971-203-7773

Philadelphia Healthy Start Program
Provides free in-home therapy, home visiting, breastfeeding support, and case management during pregnancy and up to 18 months postpartum for those in eligible zip codes.
https://www.phila.gov/programs/healthy-start/

For more information on City of Philadelphia resources during pregnancy and the postpartum period, visit www.phillylovesfamilies.com

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