

CDC's Division of Reproductive Health works to improve mental health among women of reproductive age

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Many women of reproductive age experience poor mental health. This fact sheet describes how CDC's Division of Reproductive Health works to improve the mental health of women of reproductive age through surveillance and research. It describes important findings on rates of treatment and diagnosis, risk factors for poor mental health, outcomes for women and infants, and more.

Age 15-44 is considered "reproductive age."



Better diagnosis and treatment can improve mental health among women of reproductive age.

Why is CDC's Division of Reproductive Health studying this issue?

- Poor mental health can
 - » Damage family relations and social life.
 - » Prevent a woman from functioning at school, at home, or at work
- Poor mental health is associated with substance use
- Poor mental health may put women at risk for future chronic disease, such as diabetes and heart disease
- Poor mental health may cause problems with
 - » Pregnancy
 - » Maternal-infant bonding
 - » Maternal functioning
 - » Infant and child health and development
- Depression and anxiety are common among this group. So are other mental health issues.
 - » This is true for pregnant, postpartum, and nonpregnant women age 15-44.

What is CDC's Division of Reproductive Health doing to address mental health among women of reproductive age?

We seek to develop public health strategies for addressing mental health among women of reproductive age. Below is a snapshot of our work.

We study this group by conducting routine national and state-based surveillance on their:

- Depression and other mental health conditions.
- Diagnosis and treatment of mental health conditions.

We do this by analyzing data from the Pregnancy Risk Assessment Monitoring System (PRAMS), the Behavioral Risk Factor Surveillance System (BRFSS), Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health, National Survey on Drug Use and Health (NSDUH), and other sources. We create optimal screening questions for postpartum depression and anxiety for the PRAMS (www.cdc.gov/PRAMS).

We conduct epidemiologic studies to identify risk factors and health conditions associated with depression, anxiety, and poor mental health among this group.

We monitor both reproductive health and infant outcomes among women with depression and anxiety through surveillance and epidemiologic studies.

What is CDC’s Division of Reproductive Health doing to address mental health among women of reproductive age? (continued)

We assist states with state-based surveillance on depression among women of reproductive age. We compile and disseminate information on the mental health of this group to the scientific community, states, CDC partner organizations, and the public.

We publish reports and systematic reviews, make presentations, and maintain a web site (<http://www.cdc.gov/reproductivehealth/Depression/>).

What has CDC found?

Depression and other mental health issues are common among women of reproductive age.

Data from the 2005-2009 NSDUH show that about 1 out of 10 women of reproductive age had at least one major depressive episode in the past year.



Data from the 2006 and 2007 BRFSS show that more than 14% of nonpregnant U.S. women 18-44 years of age had current major or minor depression. The data also show that 3% had current serious psychological distress.

Among a group of pregnant women in Washington and Oregon, about 1 out of 10 (9%) women in the group had a diagnosed mental health condition.

Among a group of pregnant women in Washington and Oregon, mental health was one of the top 3 types of maternal complications during pregnancy.

Data from the 2009 PRAMS show that the percentage of women in 29 states with self-reported postpartum depressive symptoms ranged from 8% in Illinois to 20% in Arkansas.

Treatment

Only half of depressed pregnant (50%) and nonpregnant (54%) women receive treatment. Common barriers to treatment among pregnant and nonpregnant U.S. women are cost (55%), opposition to treatment (42%), and stigma (26%).

Prescription medicine and counseling are two treatments.

For those women who do receive treatment, prescription medication is the most common form for both pregnant (40%) and nonpregnant (47%) women, followed by counseling (36% for both pregnant and nonpregnant women).

Certain groups of women are at higher risk of poor mental health.

For nonpregnant women 18-44 years of age, risk factors for major depression include:

- Older age
- Less education
- Being unmarried
- Inability to work or being unemployed
- Lower income

We know that some groups are less likely to receive a diagnosis of depression than other groups.

Those least likely to receive a diagnosis are:

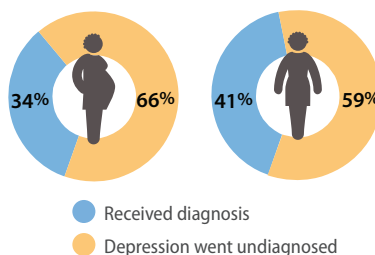
- Younger women (65%)
- African American women (73%)
- Hispanic women (68%)
- Women from other nonwhite racial and ethnic groups (68%)
- Uninsured women (66%)

What Keeps Women of Reproductive Age from Getting Treatment for Mental Health Conditions?

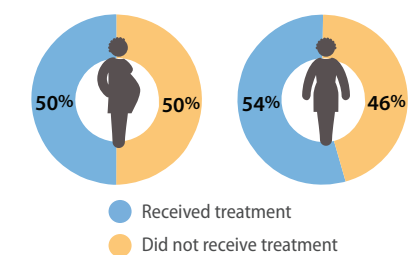


Common barriers to treatment among pregnant and nonpregnant U.S. women are cost (55%), opposition to treatment (42%), and stigma (26%).

DIAGNOSIS among Pregnant and Non-Pregnant Women with Depression



TREATMENT among Pregnant and Non-Pregnant Women with Depression



Depression often goes undiagnosed.

In a U.S. sample of women, two-thirds (66%) of past-year depression in pregnant women and 59% of past-year depression in nonpregnant women went undiagnosed.

Women with frequent mental distress have unique health behaviors and health environments.

- Among low-income women, those with frequent mental distress were found to be more likely to use less effective forms of contraception.
- Women with frequent mental distress are more likely to smoke and to be overweight or obese.
- Women with frequent mental distress have less social support before becoming pregnant.

Depressed women are at increased risk of chronic disease and substance use.

- Among U.S. women with major depression, most (89%) have one or more chronic physical conditions or risk factors, such as diabetes, smoking, binge or heavy drinking, obesity, and physical inactivity.
- Women who quit smoking during pregnancy are almost two times as likely (1.8 times) to start smoking again during the postpartum period if they experienced postpartum depressive symptoms.
- A higher percentage of women with current major (18%) or minor (18%) depression or a past diagnosis of depression (20%) reported binge or heavy drinking compared to women with no history of depression (15%).

Postpartum depression is associated with depression before or during pregnancy.

About half (54%) of women with postpartum depression had depression diagnosed before or during pregnancy.

We can point to additional risk factors for postpartum depressive symptoms.

Postpartum depressive symptoms are associated with:

- Young maternal age
- Partner-related stress or physical abuse
- Traumatic or financial stress
- Tobacco use during pregnancy

Postpartum depression or anxiety affects infants' health.

In an insured population, infants of mothers with postpartum depression or anxiety had more sick/emergency visits and an increased risk of hospitalization than infants of mothers with no depression or anxiety.

What is the direction of future work by the CDC's Division of Reproductive Health?

- Evaluating ways to get depressed women diagnosed and treated.
- Examining ways to integrate mental health services into routine healthcare for women of reproductive age.

For further information, please visit
http://www.Depression/reproductive/address_here
or <http://www.address/here>

Definitions

Depression:

- Minor Depression: 2-4 symptoms out of the 9 below, with at least one symptom being #1 or #2
- Major Depression: at least 5 symptoms out of the 9 below, with at least one symptom being #1 or #2
 1. Depressed mood
 2. Markedly diminished interest or pleasure in all, or almost all, activities
 3. Significant weight loss when not dieting or weight gain
 4. Insomnia or hypersomnia
 5. Psychomotor agitation or retardation
 6. Fatigue or loss of energy
 7. Feelings of worthlessness or excessive or inappropriate guilt
 8. Diminished ability to think or concentrate, or indecisiveness
 9. Recurrent thoughts of death, suicidal ideation, or a suicide attempt

Frequent Mental Distress:

- Reporting that mental health, including stress, depression, and problems with emotions, was not good for at least 14 days out of the previous month.

Serious Psychological Distress:

- Based on a score of at least 13 on the Kessler-6 (K-6) screening instrument, which assesses frequency of the following feelings in the past 30 days: nervous, hopeless, restless or fidgety, so depressed that nothing could cheer you up, everything was an effort, and worthless. A score of at least 13 is correlated with severe mental illness.