

Quality of Life

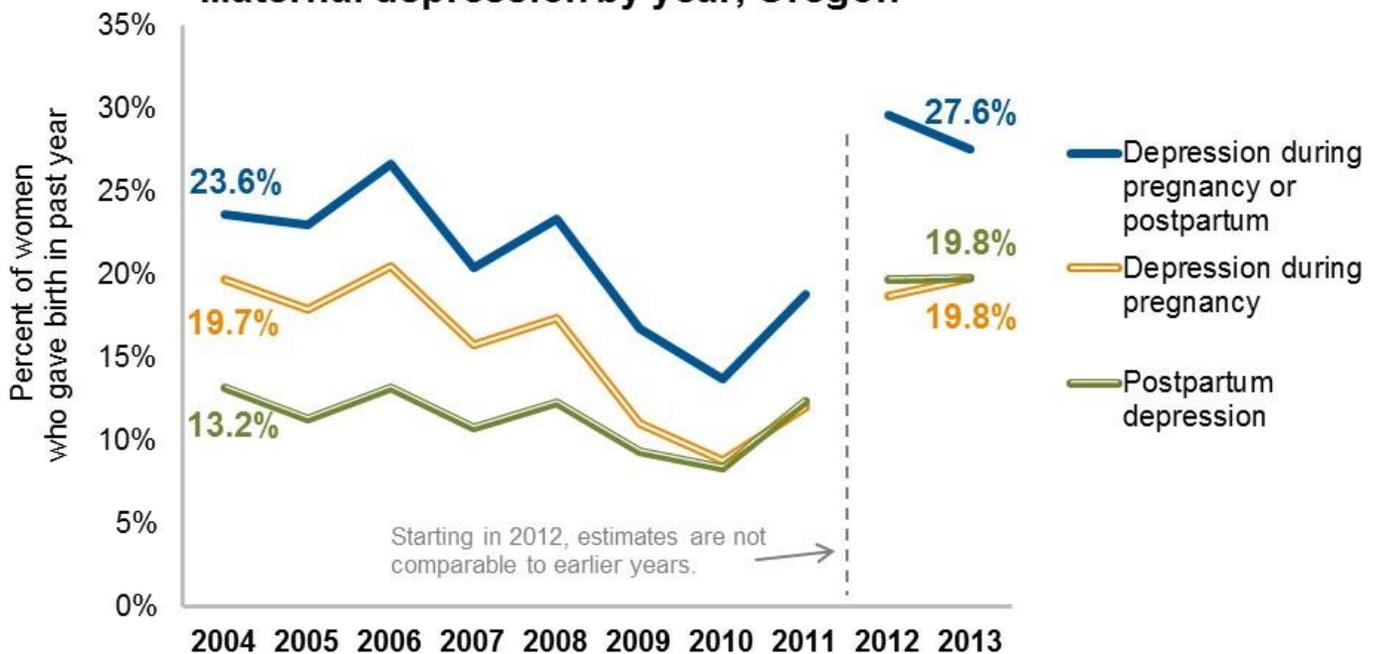
Maternal depression

Maternal depression (depression during pregnancy or after the baby’s birth) adversely affects women, their infants, children, and families. Untreated maternal depression can impact a mother’s ability to care for herself, relate to others, bond with her infant, and parent her older children. Children of depressed mothers are at risk for serious health, developmental, emotional, behavioral and learning problems that can last for many years.

In Oregon, more than one in four new mothers (27.6%) report symptoms of depression either during pregnancy or after the birth of their baby (Figure 1). Forty-eight percent of these women were still depressed when their child was two years old.¹

FIGURE 1

Maternal depression by year, Oregon



Source: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS)

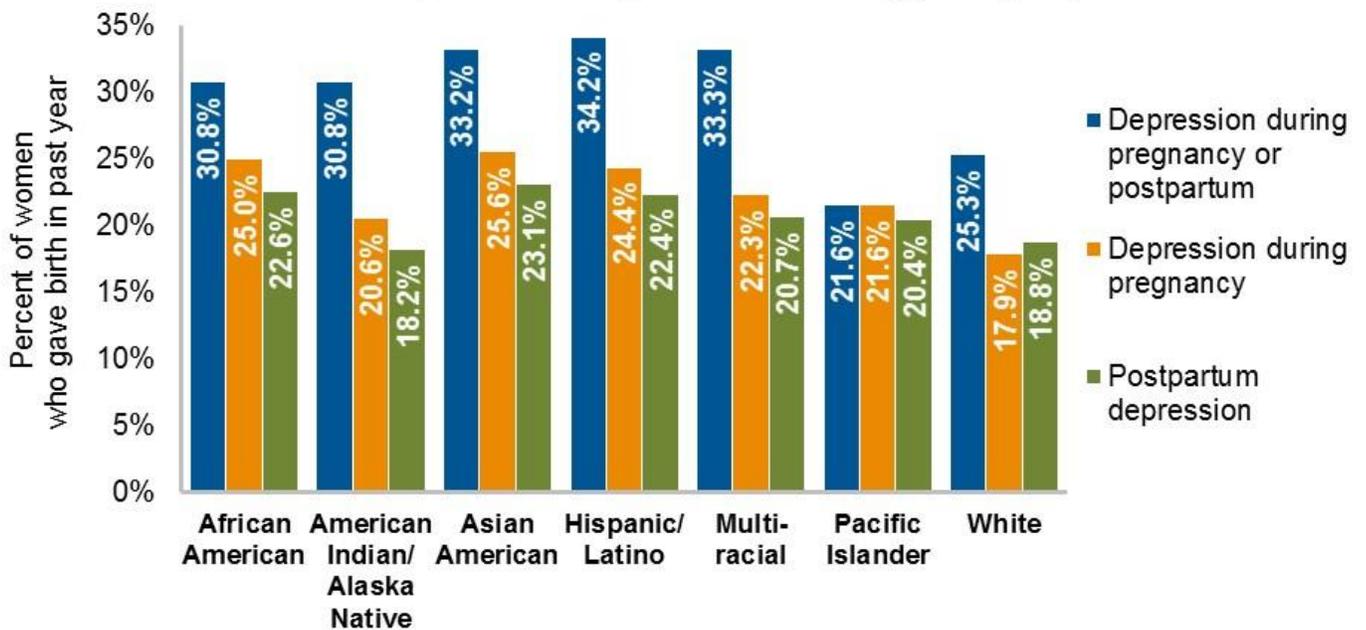
¹ [Maternal Depression in Oregon, 2010](#)

In 2013, symptoms of depression during pregnancy were reported by 19.8% of new mothers in Oregon. In that same year, 19.8% of new mothers reported symptoms of depression after their baby was born.

The proportion of women reporting maternal depression symptoms was higher amongst women of color (except for Pacific Islander) than white women (Figure 2). Knowing this can guide policies to improve outreach, screening, and treatment for women in these groups.

FIGURE 2

Maternal depression by race/ethnicity, Oregon, 2013



Notes: All other groups exclude Hispanic ethnicity

Source: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS)

Screening for prenatal and postpartum depression is key in identifying women who may be experiencing this disorder. There is good evidence that maternal depression can be accurately identified using brief standardized depression screening instruments, and that treatment improves the outcome for the woman and her family. It is recommended that women be screened for depression during and after pregnancy, regardless of risk factors for depression, and that pediatricians screen mothers for postpartum depression at baby’s one-, two-, and four-month visits. In Oregon, public health home-visiting programs such as the Nurse-Family Partnership can also screen and support women affected by maternal depression.

Additional Resources: [Oregon PRAMS, American College of Obstetricians and Gynecologists: Screening for Maternal Depression](#)

About the Data: Data source is the Oregon Pregnancy Risk Assessment Monitoring System (PRAMS). Maternal depression is defined as reporting symptoms of depression during and/or after pregnancy among women who gave birth in a calendar year.

For 2009-2011, women were asked 3 questions (“felt down, depressed or sad,” “felt hopeless,” and “felt slowed down” about depression during and after pregnancy. Each question was scored from 1 (Never) to 5 (Always). The minimum score was 3; the maximum score was 15. Women who scored more than 9 points for “during” and/or “after” pregnancy were counted as having been depressed.

For 2012-2013, women were asked 2 questions (“felt down, depressed or hopeless”, and “had little interest or little pleasure in doing things”) about depression during and after pregnancy. Each question was scored from 1 (Never) to 5 (Always). The minimum score was 2; the maximum score was 10. Women who scored more than 5 points for “during” and/or “after” pregnancy were counted as having been depressed.

Because of the change in the way the survey questions were asked in 2012, the proportion of women with depression prior to 2012 cannot be directly compared with those in 2012 and after.

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Date Updated: August 24, 2016

[Oregon State Health Profile](#)

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