Utah Health Status Update:

Postpartum Depression

June 2007 Utah Department of Health

Background

Accounts in the medical literature indicate that 10–20% of women suffer from postpartum depression (PPD) after childbirth. The onset of PPD usually occurs within 12 weeks after delivery; if it is not detected early and is left untreated symptoms can last 1–2 years.[1-2]

There are a variety of interventions available to treat PPD, such as education, support, therapy, and medication.[3] However, these interventions are disappointingly under used. The Healthy People's 2010 goal is to increase the percentage of adults with recognized depression who receive treatment to 50% (current measure 23%). This objective (18-9b) is not limited to women experiencing postpartum depression, but certainly includes them.

Risk Factors

PPD is a debilitating illness that affects women of all sorts. However, higher rates of PPD are reported among women who:

- have lower levels of education
- are of race other than white
- are unmarried
- are on Medicaid
- have a lower socioeconomic status
- have an unintended pregnancy
- experience abuse
- experience significant life stressors
- have a history of depression

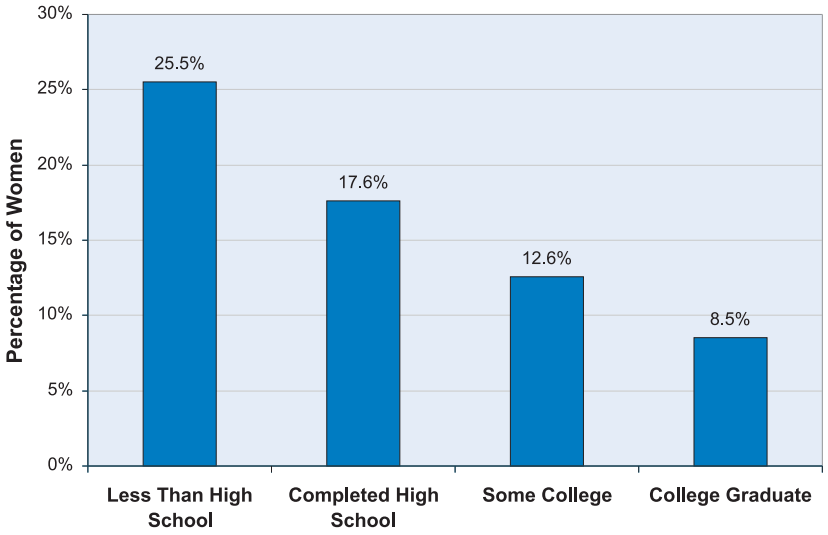
Utah Data

Utah PRAMS (Pregnancy Risk Assessment Monitoring System) 2004 data indicate that 14.7% of Utah women who delivered a live birth reported PPD. A quarter (25.5%) of women with less than high school education reported PPD (an estimated 1,666 Utah women annually), compared to 8.5% of women who completed college (~1,109 women) .

Of the women who reported PPD, 39.5% reported seeking help for the depression. Women who had a history of seeking help for depression during pregnancy were the most likely to seek help postpartum (72.8% vs. 24.9%).

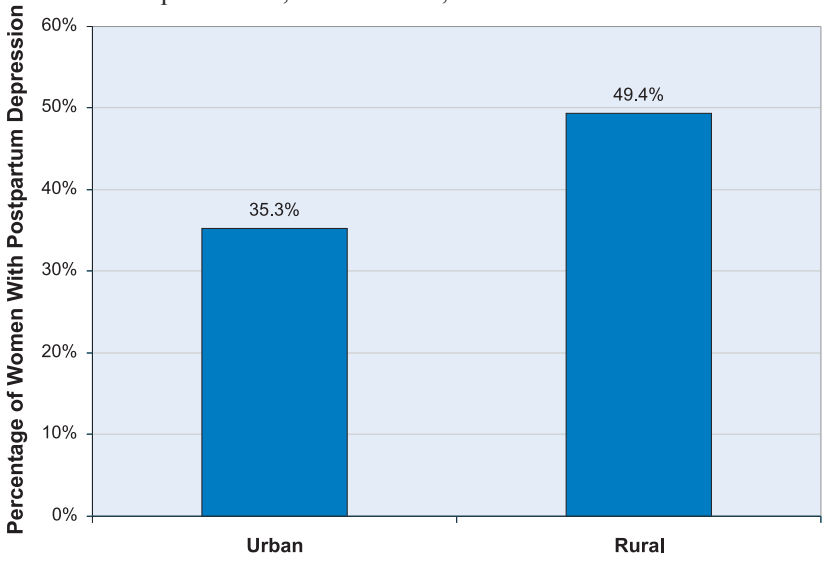
PPD by Mother's Education

Figure 1. Percentage of women who reported postpartum depression by maternal education, Utah PRAMS, 2004



Women With PPD Who Sought Help, Urban vs. Rural

Figure 2. Percentage of women who sought help by urban/rural residency, women who reported PPD, Utah PRAMS, 2004



Women who lived in rural communities had higher rates of seeking help for their depression (49.4% vs. 35.3%). This is surprising as access to health care services in rural Utah has been considered to be a barrier to rural residents receiving health care for other health care concerns.

Non-White women had higher rates of reporting PPD compared to White women (26.6% vs. 14.0%), and lower rates of seeking help for the depression (8.3% vs. 43%). Reluctance to seek help may be

explained by cultural barriers or lack of financial resources, including adequate insurance coverage to pay for mental health care.

Conclusion

PPD is a debilitating illness that affects women of all ages, education levels, races, and ethnicities. The challenge is to reduce the gap between women who experience PPD and those who receive help for it. Public health interventions such as media campaigns and educational materials may be helpful in increasing awareness among all women, especially high risk groups regarding PPD. Also, as PPD is reported in all population segments perhaps universal screening for PPD should be incorporated into Obstetric and Gynecology, Family Medicine, and Pediatric practices because of the frequent contact these medical professionals have with postpartum women. Furthermore, well-established referral services within these practices may facilitate health care providers knowing what resources are available for women suffering from PPD. These efforts may have an impact on the proportion of women who are clinically diagnosed with PPD and receive treatment.

Services

Maternal and Child Health Library: *A virtual guide to MCH information*
Knowledge Path: Postpartum Depression
http://mchlibrary.info/KnowledgePaths/kp_postpartum.html

The Macarthur Initiative on Depression and Primary Care at Dartmouth & Duke
http://www.depression-primarycare.org/

References

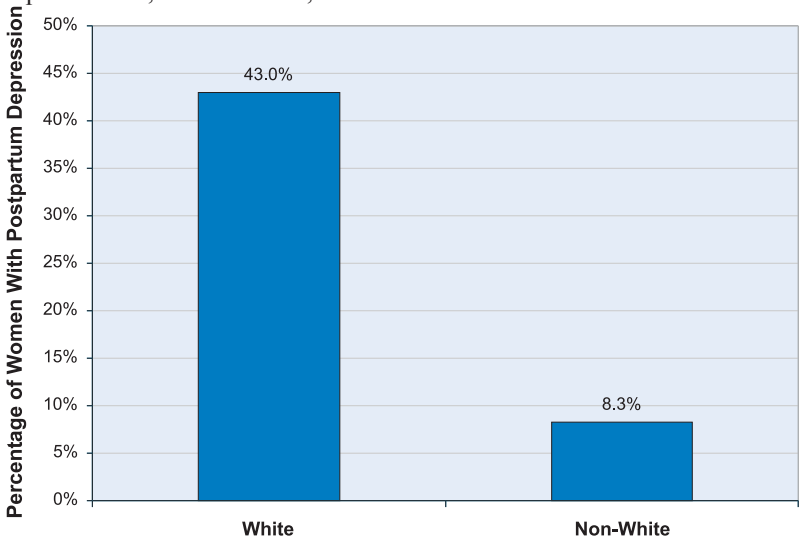
1. Horowitz, J. A., Goodman, J. (2004) A Longitudinal Study of Maternal Postpartum Depression Symptoms. *Research and Theory for Nursing Practice: An International Journal*, 18 (2/3), 149-163.

2. Postpartum Depression. The National Women's Health Information Center. Project of the U.S. Department of Health and Human Services, Office of Women's Health. Retrieved from http://www.4woman.gov/faq/postpartum.htm on October 25, 2006.

3. Genovese, Alisa. Thoughts and Essays: A Guide to Postpartum Emotional Difficulties Common Questions. Retrieved from http://www.supportgroupformothers.com/thoughts8.htm on October 25, 2006.

Women With PPD Who Sought Help by Race

Figure 3. Percentage of women who sought help by race, women who reported PPD, Utah PRAMS, 2004



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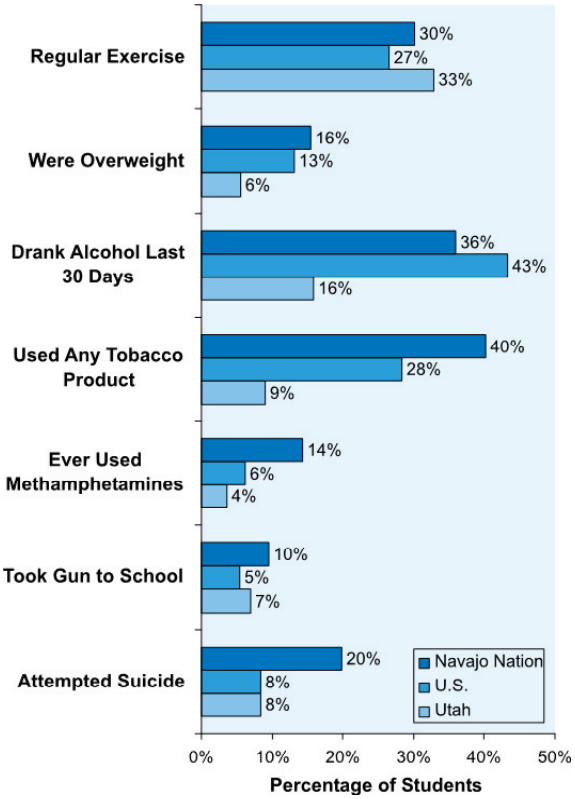
Breaking News, May 2007

Navajo Nation YRBS

The school-based Youth Risk Behavior Survey, sponsored by the Centers for Disease Control and Prevention, was started in 1991 and is now conducted every two years in most states and several local areas. One of the local area surveys was conducted in 2005 across state borders throughout the Navajo Nation. When compared with a national sample, survey results from Navajo Nation students in grades 9–12 showed several significant differences. Navajo students were more likely to use tobacco, less likely to consume alcohol, but more likely to use illegal drugs, including marijuana, cocaine, and methamphetamines. Perhaps most disturbing, however, were the results regarding injury. The Navajo students reported they were more likely to have carried a gun to school in the last 30 days, and to report that they had missed school because they felt unsafe either at school or on their way to or from school. Furthermore, 19.9% of the Navajo Nation students reported having attempted suicide in the last year, compared with only 8.4% in the national sample.

The YRBS data from all participating states and localities may be queried online at: http://www.cdc.gov/healthyyouth/yrbs. For public health information for Utah's American Indian tribes, contact Melissa Zito, Indian Health Liaison, Utah Department of Health, 801-538-7087, or mzito@utah.gov.

2005 Youth Risk Behavior Survey Results

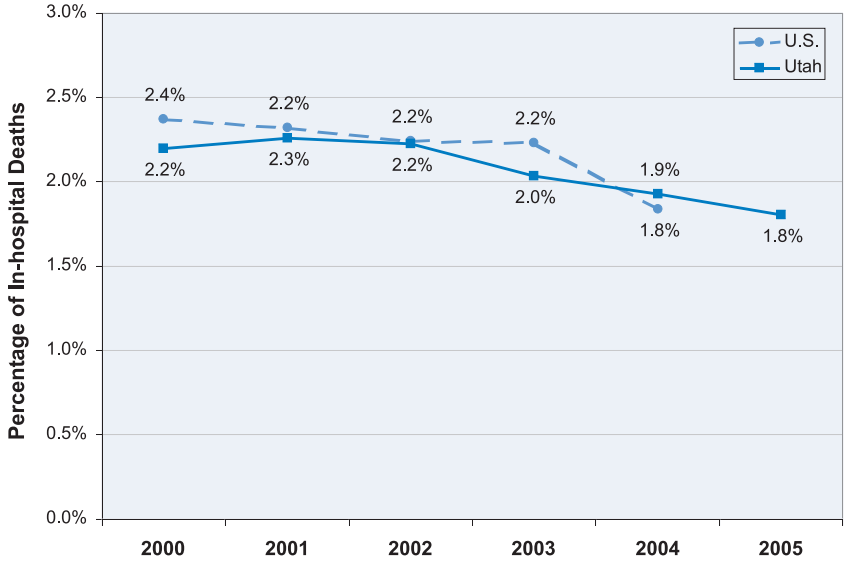


Community Health Indicators Spotlight, May 2007

Percentage of Deaths Among Utah Inpatients

Among inpatients in Utah's acute-care hospitals, the annual percentage of hospitalizations in which the patient died while in the hospital has decreased from 2.2% in 2000 to 1.8% in 2005, which is similar to the U.S. annual overall percentage (2.4% in 2000 to 1.8% in 2004). These percentages do not include maternity and newborn cases (source: Healthcare Cost and Utilization Project National Inpatient Sample and State Inpatient Databases).

Percentage of in-hospital deaths (excluding maternity and newborn cases), U.S. and Utah, 2000–2005



The five Medical Diagnosis Categories (MDCs) with the most in-hospital deaths from 2000 through 2005 were Respiratory System (decreasing from 4.8% in 2000 to 3.6% in 2005 in Utah, 6.4% to 5.6% in the U.S.), Circulatory System (2.7% to 2.4% in Utah, 3.0% to 2.6% in the U.S.), Nervous System (4.6% to 3.9% in Utah, 4.8% to 4.4% in the U.S.), Digestive System (1.8% to 1.4% in Utah, 2.3% to 2.0% in the U.S.) and Infectious and Parasitic Diseases (6.5% to 6.8% in Utah, 10.0% to 11.1% in the U.S. For all five categories, Utah has lower annual percentages than the U.S. In all categories but one, Infectious and Parasitic Diseases, the percentages are decreasing in both Utah and the U.S.

Additional information about the percentage of in-hospital deaths for selected conditions and procedures is available in the health care consumer reports on the MyHealthCare in Utah website, http://health.utah.gov/myhealthcare/.

Monthly Health Indicators Report

(Data Through April 2007)

Monthly Report of Notifiable Diseases, April 2007	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	45	19	110	65	1.7
Enterotoxigenic Escherichia coli (E. coli)	7	3	20	10	2.0
Hepatitis A (infectious hepatitis)	0	2	2	12	0.2
Hepatitis B (serum hepatitis)	3	4	9	12	0.7
Influenza†	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Measles (Rubeola, Hard Measles)	0	0	0	0	--
Meningococcal Diseases	0	1	6	2	2.7
Norovirus	2	0*	9	6*	1.6
Pertussis (Whooping Cough)	39	29	176	102	1.7
Salmonellosis (Salmonella)	31	18	78	61	1.3
Shigellosis (Shigella)	1	3	7	14	0.5
Varicella (Chickenpox)	64	67*	461	318*	1.5
Viral Meningitis	4	5	18	22	0.8

Notifiable Diseases Reported Quarterly, 1st Qtr 2007	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	19	16	19	16	1.2
AIDS	12	11	12	11	1.1
Chlamydia	1,125	801	1,125	801	1.4
Gonorrhea	172	111	172	111	1.5
Tuberculosis	14	6	14	6	2.2

Program Enrollment for the Month of April 2007	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	160,967	162,217	-0.8%	176,927	-9.0%
PCN (Primary Care Network)	17,067	16,000	+6.7%	15,653	+9.0%
CHIP (Children's Health Ins. Plan)	27,296	28,271	-3.4%	35,483	-23.1%

Medicaid Expenditures (in Millions) for the Month of April 2007	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	$ 7.4	$ 8.2	$ 79.3	$ 88.6	($ 9.4)
Inpatient Hospital	$ 13.5	$ 20.2	$ 145.7	$ 153.8	($ 8.2)
Outpatient Hospital	$ 7.0	$ 7.8	$ 62.1	$ 61.1	$ 1.0
Long Term Care	$ 20.6	$ 18.7	$ 154.8	$ 153.9	$ 0.9
Pharmacy	$ 9.7	$ 13.4	$ 104.9	$ 112.8	($ 7.9)
Physician/Osteo Services	$ 6.1	$ 7.0	$ 50.2	$ 53.5	($ 3.3)
TOTAL HCF MEDICAID	$ 131.9	$ 142.7	$ 1,186.0	$ 1,210.0	($ 24.0)

Health Care System Measures	Number of Events	Rate per 100 Population	% Change§ From Previous Year	Total Charges in Millions	% Change§ From Previous Year
Overall Hospitalizations (2005)	268,652	10.0%	-1.3%	$ 3,501.7	+8.6%
Non-maternity Hospitalizations (2005)	161,474	5.8%	-1.6%	$ 2,914.5	+8.2%
Emergency Department Encounters (2005)	664,523	25.0%	+3.5%	$ 553.2	+21.2%
Outpatient Surgery (2005)	308,300	11.7%	-0.5%	$ 947.7	+12.1%

Annual Community Health Measures	Current Data Year	Population at Risk	Number Affected	Percent/ Rate	% Change§ From Previous Year
Overweight and Obesity (Adults 18+)	2006	1,777,802	976,000	54.9%	+1.3%
Cigarette Smoking (Adults 18+)	2006	1,777,802	174,200	9.8%	-15.0%
Influenza Immunization (Adults 65+)	2006	217,313	156,700	72.1%	+3.4%
Health Insurance Coverage (Uninsured)	2006	2,582,371	306,500	11.9%	+2.5%
Motor Vehicle Crash Injury Deaths	2005	2,528,926	292	11.6 / 100,000	-4.5%
Suicide Deaths	2005	2,528,926	344	13.6 / 100,000	-11.1%
Diabetes Prevalence	2006	2,582,371	105,600	4.1%	-0.7%
Coronary Heart Disease Deaths	2005	2,528,926	1,567	62.0 / 100,000	-4.6%
All Cancer Deaths	2005	2,528,926	2,512	99.3 / 100,000	+0.4%
Births to Adolescents (Ages 15-17)	2005	58,374	917	15.7 / 1,000	+5.8%
Early Prenatal Care	2005	51,517	40,587	78.8%	+1.0%
Infant Mortality	2005	51,517	231	4.5 / 1,000	-13.3%
Childhood Immunization (4:3:1:3:3)	2005	50,043	37,100	74.1%	+3.9%

* Due to limited historical data, the average is based upon 3 years of data for norovirus, varicella, and West Nile virus infections.
† The 2006-2007 influenza season in Utah was very mild. As of May 18, 2007, 282 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at http://health.utah.gov/epi/diseases/flu
§ % Change could be due to random variation.
Note: Active surveillance has ended for West Nile Virus until the 2007 season.