

Perinatal Depression Outcomes and Cost Consequences— Synthesis of Research Findings

OVERVIEW

Perinatal depression is defined as an episode of depression any time during pregnancy, or up to 12 months after pregnancy. As many as 18% of all pregnant women will have an episode of depression some time within their pregnancy, with 11% of these occurring within the first trimester.¹ Although depression is serious at any stage of life, during pregnancy and the early years of childhood it influences not only the mother but also the child's development. Children of depressed mothers are at greater risk for developing socio-emotional and behavioral problems which can lead to difficulty in school and increased aggression.² Depressed mothers are also less likely to play with their children or to exhibit safe parenting practices such as using car seats and covering electrical sockets.³

ECONOMIC IMPACT

The economic impact of depression in general has been well documented, with costs from treatment and lost productivity totaling 100.4 billion dollars, inflation adjusted to 2006.⁴ The economic impact of perinatal depression has not been teased out of these figures, but considering the effects on the family in addition to the effect on the mother, there are likely to be substantial economic implications associated with the condition.

INTERVENTION

Effective treatment is available for depression, including the use of medication and/or psychotherapy. Medication is generally recommended for treatment of major depression and may be used in conjunction with psychotherapy. Perinatal depression, however, has been found to be substantially underdiagnosed, and more vigorous efforts are needed to promote screening and follow-up.

STATE ACTIVITIES

States have recently begun addressing this issue, prompted in part by the Maternal and Child Health Bureau's launching of a perinatal depression initiative. Activities include:

- Developing online provider training in perinatal depression (VA)
- Conducting onsite training for providers, helping clinics integrate screening into regular patient flow (IL, MD)
- Working with mental health and medical professionals and other state agencies to secure reimbursement for depression screening (IL)
- Collaborating with other agencies to coordinate outreach activities

¹ Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol*. 2005 Nov;106(5 Pt 1):1071-83.

² Shonkoff JP, Phillips DA, eds. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: Institute of Medicine, National Research Council, Board on Children, Youth, and Families; 2000.

³ McLearn KT, Minkovitz CS, Strobino DM, Marks E, Hou W. The timing of maternal depressive symptoms and mothers' parenting practices with young children: implications for pediatric practice. *Pediatrics*. 2006 Jul;118(1):e174-82.

⁴ Greenberg PE, Kessler RC, Birnbaum HG, Leong SA, Lowe SW, Berglund PA, Corey-Lisle PK. The economic burden of depression in the United States: how did it change between 1990 and 2000? *J Clin Psychiatry*. 2003 Dec;64(12):1465-75.