Depression among women of childbearing age*

ore than just feeling sad or down or having the blues, many women like yourself, in your late teens to early 50s, can develop a mental illness called depression. Yes, depression is an *illness*, not a sign of weakness, and it is treatable. If you think you might have depression, see your healthcare provider (HCP) to find out, and to get the treatment you need.

What is depression?

Many women, including pregnant women and women who have recently given birth, experience depression. Just like other illnesses, depression has symptoms, including:

- A low or sad mood
- Loss of interest in fun activities
- Changes in eating, sleep, and energy
- Problems in thinking, concentrating, and making decisions
- Feelings of worthlessness, shame, or guilt
- Thoughts that life is not worth living

When many of these symptoms occur together and last for more than 1-2 weeks at a time, this is depression. According to a national survey, about

Act now!

If you are thinking about harming yourself, or know someone who is, tell someone who can help immediately.

- Call 911 or go to a hospital emergency room to get immediate help or ask a friend or family member to help you do these things.
- **Call** this toll-free, 24-hour hotline to talk to a trained counselor at the National Suicide Prevention Lifeline: 1-800-273-8255 (TTY: 1-800-799-4889).
- **Don't** be alone.
- Don't leave another person alone if she or he is in crisis.

11% of non-pregnant women of childbearing age experienced major depression in the previous year.¹

What is postpartum depression?

Postpartum depression is depression that occurs after having a baby. Symptoms of postpartum depression are similar to those of depression, but they also include:

- Trouble sleeping when your baby sleeps (more than the lack of sleep new moms usually get)
- Feeling numb or disconnected from your baby
- Having scary or negative thoughts about the baby, like thinking someone will take your baby away or hurt your baby
- Worrying that you will hurt the baby
- Feeling guilty about not being a good mom, or ashamed that you cannot care for your baby

According to the same national survey, 8%-19% of women who gave birth within the past year reported having frequent postpartum depression symptoms.

I just had a baby. Why am I having such a hard time now?

Being a mom is hard! For some women, the journey to becoming a mom is hard too. You may have heard of postpartum depression, but many women don't know that depression can occur *during* pregnancy (it's called *perinatal depression*) or with other events, such as losing a baby or having trouble getting pregnant. According to the same national survey mentioned above, about 8% of women who were pregnant during the past year experienced depression during their pregnancy.¹

Did you know that the following experiences may put some women, including you, at higher risk for depression than others?

- Having a hard time getting pregnant:
 Depression affects many women who experience infertility.
- Having twins or triplets: Mothers of multiples, compared with women who give birth to just one baby, have a greater risk of developing depression.

- Losing a baby: Women who experience miscarriage (losing a baby early in pregnancy), stillbirth (losing a baby late in pregnancy), or death of a newborn are more likely to experience depression.
- Having a baby as a teen: Teen moms are more likely than older moms to have postpartum depression.
- Having premature labor and delivery: These mothers have a significantly higher risk for depression.
- Having a baby who is different: A mother's risk for depression increases if the baby has a birth defect or disability.
- Pregnancy and birth complications: Some studies have shown an increased risk for depression among women who experienced complications and hospitalization during pregnancy or an emergency C-section.
- Having a baby who is sick or in the hospital:
 Women with sick or hospitalized babies may be at increased risk for depression, as well as stress and anxiety.
- Having a healthy pregnancy and childbirth:
 Women having a difficult pregnancy or childbirth
 are not the only ones who experience depression.
 Depression can also occur among women with a
 healthy pregnancy and healthy birth.

That sounds like me. But how do I know if what I'm experiencing is depression? What should I do?

Depression is common. If you are worried about the way you have been feeling, you need to tell your HCP about your concerns. Answering these questions may help you determine whether what you are experiencing is depression. During the past 2 weeks, how often have you felt...

- Little interest or pleasure in doing things?
 Not at all
 Several days
 More than half the days
 Nearly every day
- Down, depressed, or hopeless?
 Not at all
 Several days
 More than half the days
 Nearly every day

If you answered "more than half the days" or

What about fathers?²

About 4% of fathers experience depression in the first year of their child's life. By a child's 12th birthday, about 21% of fathers will have experienced one or more episodes of depression.

Younger fathers, those with a history of depression, and those of lower education and income were most likely to experience depression.

"nearly every day" to either question, you may be depressed and should seek help from an HCP. Your HCP can help figure out whether you have depression or not, and she or he can help find the best treatment for you.

If I don't do anything about my depression, will it eventually go away on its own?

The depression may eventually go away without help. It could also get worse instead of better. There are effective treatments for depression that may include medication or talking with a trained therapist. The best way to deal with depression is to see an HCP or a counselor. The earlier you seek help, the better you may do.

You're not alone.

Many women feel this way. You are not alone. There are treatments to help you feel better. Talk to your HCP so you can feel like yourself again.

References

- 1. Ko JY, Farr SL, Dietz PM, Robbins CL. Depression and treatment among U.S. pregnant and nonpregnant women of reproductive age, 2005-2009. *J Womens Health (Larchmt)*. 2012;21(8):830-836.
- 2. Davé S, Petersen I, Sherr L, Nazareth I. Incidence of maternal and paternal depression in primary care: a cohort study using a primary care database. *Arch Pediatr Adolesc Med.* 2010;164(11):1038-1044.

Content source: Centers for Disease Control and Prevention, Division of Reproductive Health, National Center for Chronic Disease Prevention, and Health Promotion. http://www.cdc.gov/reproductivehealth/Depression/

*Readers are invited to photocopy Patient education pages in the journal and distribute them to their patients.