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## Background

Around 9% of pregnant women and 10% of postpartum women may experience depression. To facilitate diagnosis and care:

- ✓ **Screen** all women at least once during the perinatal period, using a validated tool
- ✓ Conduct a **full assessment** of mood and emotional well-being at the postpartum visit
- ✓ **Refer** those who screen positive for a formal diagnosis, and treatment if needed

Source: ACOG

## Study Questions

- How many mothers felt that they needed treatment or counseling for postpartum depression, but did not get it?
- What were the reasons for not getting counseling or treatment?

## Methods

- Analyzed weighted data from 2017-2018 Kansas Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a population-based survey of mothers who have recently had a live birth.
- 95% confidence intervals (95% CIs) and Chi-square tests (significance level of 0.05) calculated in SUDAAN, version 11

## Contact information:

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**Our Mission:**  
To protect and improve the health and environment of all Kansans

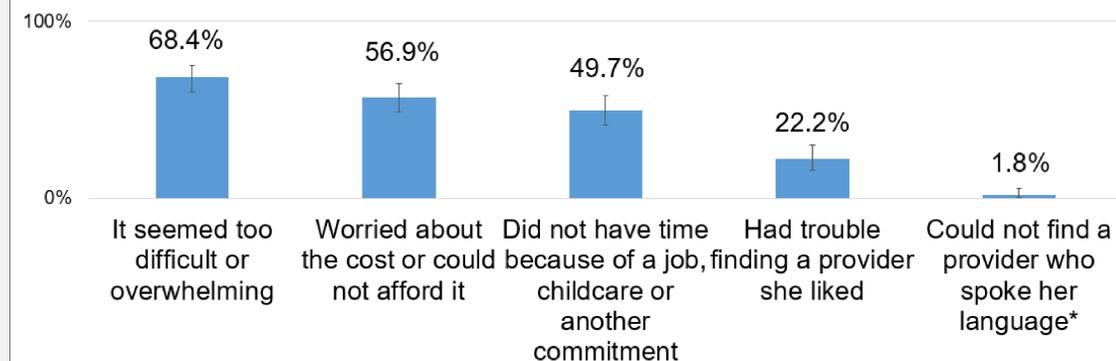
## Prevalence of not getting treatment or counseling for postpartum depression, despite a perceived need, as reported by Kansas women with a recent live birth (N = 1,920)\*

| Characteristic  | Weighted %  | 95% CI      |
|---|-------------|-------------|
| All   | 15.2        | 13.2 - 17.5 |
| Age, years <sup>†</sup>   |             |             |
| <20   | <b>18.9</b> | 10.8 - 30.9 |
| 20-24   | <b>18.6</b> | 13.8 - 24.6 |
| 25-34   | 15.1        | 12.5 - 18.0 |
| 35+   | <b>9.0</b>  | 5.5 - 14.3  |
| Race/ethnicity  |             |             |
| Non-Hispanic White  | 14.2        | 12.0 - 16.8 |
| Non-Hispanic Black  | 24.5        | 15.7 - 36.1 |
| Hispanic  | 15.0        | 9.3 - 23.1  |
| Non-Hispanic Other/Multiracial                                  | 18.3        | 11.0 - 29.0 |
| Education, years  |             |             |
| <12   | 16.2        | 10.1 - 25.0 |
| 12  | 16.6        | 12.4 - 21.9 |
| >12   | 14.6        | 12.3 - 17.4 |
| Marital status <sup>†</sup>                                     |             |             |
| Married   | <b>11.2</b> | 9.2 - 13.6  |
| Other   | <b>22.4</b> | 18.2 - 27.2 |
| WIC status during pregnancy <sup>†</sup>                        |             |             |
| Enrolled  | <b>21.5</b> | 17.0 - 26.9 |
| Not enrolled  | <b>12.6</b> | 10.5 - 15.0 |
| Postpartum health insurance status <sup>†</sup>                 |             |             |
| Private   | <b>12.9</b> | 10.7 - 15.6 |
| Medicaid  | <b>24.1</b> | 18.4 - 30.9 |
| None  | 15.0        | 9.9 - 22.2  |
| Indicated as having postpartum depressive symptoms <sup>†</sup> |             |             |
| No  | <b>10.9</b> | 9.0 - 13.1  |
| Yes   | <b>42.1</b> | 34.2 - 50.4 |

\* Unweighted sample size

<sup>†</sup> Statistically significant association (p-value < 0.05). Significantly different estimates are indicated in **purple** and **green** font.

## Reasons for not getting treatment or counseling, among those who reported not getting treatment or counseling for postpartum depression



\* May be statistically unreliable (relative standard error > 30%). Error bars represent 95% confidence intervals.

## Results

- **15.2%** of mothers reported not getting treatment or counseling for postpartum depression, despite a perceived need.
  - **42.1%** among mothers with postpartum depressive symptoms
- Prevalence varied by age, marital status, WIC status during pregnancy, and postpartum health insurance status
- Prevalence also varied by postpartum checkup attendance:
  - **24.5%** among women who did not have a postpartum checkup (95% CI: 16.8%, 34.3%)
  - **14.1%** among women who did (95% CI: 12.1%, 16.4%)
- Among those who went for a postpartum checkup and were asked if they were feeling down/depressed during the visit, **15.0%** did not get treatment or counseling for depression, despite a perceived need (95% CI: 12.7%, 17.6%).

## Conclusions

- Future strategies to increase screening for depression should account for common **barriers** to seeking care (e.g., cost, difficulty).
- Screening women for depression during well-child visits may help reach mothers who **do not attend** a postpartum checkup.
- Increasing screening during WIC visits may also help link more women to care, as **more than 1 in 5 women** who were enrolled in WIC during pregnancy reported not getting counseling/treatment for depression even though they thought they needed it.