

## **Maternal Mental Health Strategy: Building Capacity for Saskatchewan**

Maternal Depression is an increasingly urgent health problem.<sup>1</sup> According to the World Health Organization depression is the number one cause of disability in women worldwide.<sup>2</sup> Up to 20% of women may experience depression in pregnancy or postpartum.<sup>3</sup> We have reported that 29.5% of Saskatchewan high-risk pregnant women are depressed.<sup>4</sup> Women depressed in pregnancy are at risk for further and more severe depressions, such as postpartum depression. Untreated it can lead to psychosis, homicide, and suicide.<sup>5-7</sup>

Andrea Yates, the Texas mother who drowned her 5 children, and incidentally was a Registered Nurse, raised awareness of postpartum depression and psychosis.<sup>8</sup> While they may not have made the headlines, sadly, we have had maternal suicides in Saskatchewan and only a few years ago a new mother attempted to kill her 3 young children.

While death is the gravest outcome of untreated maternal depression, there are other potentially deleterious effects, particularly during pregnancy. Women who are depressed are more likely to use alcohol, drugs, and tobacco and are less likely to have adequate prenatal care.<sup>9-11</sup> Their pregnancies are more likely to end prematurely and have obstetrical complications<sup>11</sup> and their babies are at increased risk for lower Apgar scores, lower birthweight, less frequency and shorter duration of breastfeeding.<sup>11-13</sup> Children of mothers who are depressed are more likely to experience growth, attachment, psychological, behavioural, and developmental problems than children of mothers not depressed.<sup>14-16</sup>

Increased awareness and early identification can promote primary prevention and optimal treatment. British Columbia has a framework for prenatal and postpartum depression screening and care<sup>17</sup> and BestStart in Ontario held a postpartum depression campaign in 2007-8.<sup>18</sup> There has been increased awareness in Saskatchewan through a recent conference “Unmasking Postpartum Depression” in Regina, but we need to make a difference for individual women and their families.

The Maternal Mental Health Strategy: Building Capacity in Saskatchewan is a project that is funded through research funds from the Royal Bank of Canada (RBC) Community Development Fund at the University of Saskatchewan in partnership with the Saskatchewan Prevention Institute and the Health Quality Council, and with support from the Saskatchewan Public Health and Psychiatric Associations. Our goal is to increase the capacity to identify and support women at risk for mental health problems in Saskatchewan. The strategy includes an awareness campaign and engaging women and stakeholders to make policy recommendations to the Government of Saskatchewan.

Depression is treatable; however, too many women suffer in silence, unsure of what they are experiencing and too frightened to tell anyone. Increasing our capacity to identify and support these women will help to improve the health of families in Saskatchewan.

## References:

1. WHO. *Women's Mental Health: A Public Health Concern* <[http://searo.who.int/EN/Section1243/Section1310/Section1343/Section1344/Section1353\\_5282.htm](http://searo.who.int/EN/Section1243/Section1310/Section1343/Section1344/Section1353_5282.htm)>. Accessed 2006. WHO, 2006.
2. Allen LA, Woolfolk RL, Escobar JI, Gara MA, Hamer RM. Cognitive-behavioral therapy for somatization disorder: a randomized controlled trial. *Arch Intern Med.* 2006;166( Arch Intern Med. 2006 Jul 24;166(14):1512-8.):1512-8.
3. Marcus SM, Flynn HA, Blow FC, Barry KL. Depressive symptoms among pregnant women screened in obstetrics settings. *Journal of Women's Health.* 2003;12(4):373-80.
4. Bowen A, Stewart N, Baetz M, Muhajarine N. *Antenatal depression in socially high-risk women in Canada* Accessed doi:10.1136/jech.2008.078832, 2009.
5. Blazer DG. Mood disorders: Epidemiology. In: Sadock BJ, Sadock VA (eds). *Comprehensive textbook of psychiatry*. Volume 1. Philadelphia: Lippincott Williams & Wilkins, 1999:1298-308.
6. Heron J, O'Connor TG, Evans J, Golding J, Glover V, O'Connor TG. The course of anxiety and depression through pregnancy and the postpartum in a community sample. *Journal of Affective Disorders.* 2004 May;80(1):65-73.
7. Morris-Rush JK, Freda MC, PS B. Screening for postpartum depression in an inner-city population. *Am J Obstet Gynecol.* 2003 May;188(5):5217-9.
8. Wikipedia. *Andrea Pia Yates* <[http://en.wikipedia.org/wiki/Andrea\\_Yates](http://en.wikipedia.org/wiki/Andrea_Yates)>. Accessed 2004 February 6. Wikipedia.
9. Kahn RS, Zuckerman B, Bauchner H, Homer CJ, Wise PH. Women's health after pregnancy and child outcomes at age 3 years: a prospective cohort study. *Am J Pub Hlth.* 2002;92(8):1312-8.
10. Bonari L, Bennett H, Einarson A, Koren G. *Risks of untreated depression during pregnancy* <[HTTP://WWW.CFPC.CA/CFP/2004/JAN/VOL50-JAN-CLINICAL-1.ASP](http://www.cfpc.ca/cfp/2004/jan/vol50-jan-clinical-1.asp)>. Accessed 2004 May 1. Motherisk Update, 2004.
11. Chung TKH, Lau K, Yip ASK, Chiu HFK, Lee DTS. Antepartum depressive symptomatology is associated with adverse obstetric and neonatal outcomes. *Psychosomatic Medicine.* 2001;63(5):830-4.
12. Hellin D, Waller G. Mother's mood and infant feeding: Prediction of problems and practices. *Journal of Reproductive and Infant Psychology.* 1992;10:39-51.
13. Zuckerman B, Bauchner H, Parker S, Cabral H. Maternal depressive symptoms during pregnancy and newborn irritability. *J Dev Behav Pediatr.* 1990;11(4):190-4.
14. Murray L, Cooper PJ (eds). *Intergenerational transmission of affective and cognitive processes associated with depression: infancy and the pre-school year*. Oxford: Oxford University Press; 2003. 17-42. p.
15. O'Connor TG, Heron J, Golding J, Beveridge M, Glover V. Maternal antenatal anxiety and children's behavioural/emotional problems at 4 years: Report from the Avon Longitudinal Study of Parents and Children. *British Journal of Psychiatry.* 2002;180:502-8.
16. Wilkerson DS, Volpe AG, Dean RS, Titus JB. Perinatal complications as predictors of infantile autism. *International Journal of Neuroscience.* 2002 Sep;9(112):1085-98.

17. **BC Reproductive Mental Health Program. *Addressing Perinatal Depression: A framework for BC's Health Authorities* <  
[http://www.healthservices.gov.bc.ca/mhd/pdf/Perinatal\\_Brochure.pdf](http://www.healthservices.gov.bc.ca/mhd/pdf/Perinatal_Brochure.pdf)>.**  
Accessed. Ministry of Health, Victoria BC, 2006.
18. **Dawson H. *Postpartum Mood Disorders Provincial Public Awareness Campaign "Life with a new baby is not always what you expect"* Toronto: Best Start Resource Centre 2008**