

Postpartum Mood Disorders

Introduction

Information in this report is presented from the Rapid Risk Factor Surveillance System (RRFSS). RRFSS is an on-going telephone survey occurring in various public health units across Ontario. On a monthly basis, a random sample of adults in Leeds, Grenville and Lanark counties, aged 18 years and older, is interviewed regarding a variety of risk behaviours, knowledge, attitudes and awareness about health related topics of importance to public health. The survey was conducted by the Institute for Social Research (ISR) at York University, on behalf of the Leeds, Grenville and Lanark District Health Unit.

The focus of this report is on Postpartum Mood Disorders (PMD). The purpose of the RRFSS questions on PMD is to determine community awareness of the signs and symptoms of baby blues and postpartum depression and where women with postpartum depression could go for help.

This report includes data collected in Leeds, Grenville and Lanark from January to August 2006, during which time there were 693 people included in the sample. Data from RRFSS modules are analyzed following standard RRFSS data analysis protocols. All results are weighted to adjust for household size. Estimates are presented with 95% Confidence Intervals (C.I.). A 95% Confidence Interval indicates that there is a 95% probability that the true value of the variable measure (proportion) is contained within the interval. When the data is presented in a table, a * indicates that the estimate must be treated with caution due to sampling variability and a ** indicates the estimate is suppressed due to small cell size/high sampling variability.

Highlights

- Almost 90% of respondents had heard of postpartum depression and about 45% of these could identify at least two different symptoms. Sadness/crying was by far the most commonly cited symptom. Other symptoms were less frequently identified.
- Over 50% of respondents had heard of the “baby blues”. Again, many noted that “sadness/crying” was a symptom; another large group of respondents thought that the symptoms were similar to postpartum depression, but shorter in duration and/or less severe. Most respondents were unfamiliar with the expected duration of the baby blues. (This was cited as less than two weeks by the module developers)
- Over 80% recognized that postpartum depression required professional help. About 40% thought that the baby blues also required professional help.
- While a strong majority of both males and females had heard of post partum depression, the proportion of females was significantly higher than males (95% compared to 83%). Males were also less familiar with the symptoms of postpartum depression.
- Females were more than twice as likely as males to have heard of baby blues.

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Data Results

Question 1:: Have you heard of the phrase “postpartum depression”?

Of the 693 respondents, 89.8 % (C.I. 87.5-92.1) had heard of postpartum depression (PPD). When analyzed by gender, 95.1% (C.I. 93.0-97.2) of females reported familiarity with the term compared to 82.8% of males (C.I. 78.5-87.1).

Question 2: What are some of the symptoms of postpartum depression?

Only these respondents who had heard of PPD were then asked about the symptoms. As seen below, almost three-quarters of respondents identified sadness and/or crying as a symptom of PPD. Also, 15.8% (13.1-18.5) answered that they did not know any symptoms of PPD.

As shown in the table below, the category “other” contained a substantial number of responses. This category represents responses provided by interviewees that were not coded into the pre-defined categories at the time of the interview. Some of these responses could be coded into pre-existing categories; others might be accurate but not fit into the existing categories; or some might be inaccurate. A review of these responses would yield additional information that could be used to improve the accuracy of the survey estimates. Examples of responses found in the “other” category include “suicidal”, “withdrawn”, “lonely” “negative thoughts”.

Reported symptoms of postpartum depression, n=524

Symptom categories	%	95% C.I.
Sadness/Crying: feeling down, depressed, tearful, emotional, feeling empty	73.3	69.5-77.1
Frustration/Irritability/Anger: moody, can't stand baby crying, annoyed, resentment, overwhelmed, difficulty concentrating, stressed	32.8	28.8-36.8
Anxiety/Fears: worry, panic attacks, scary thoughts, fear they cannot take care of baby	13.4	10.5-16.3
Sleep/Appetite/Energy changes: can't sleep. Sleeping too much, tired, exhausted, fatigue, constantly having to do something, not eating, eating too much	23.7	20.1-27.3
Guilt/feelings for baby: feeling inadequate, ashamed, incapable, no feeling for baby, don't feel connected to baby, don't love baby	20.1	16.7-23.5
Other	23.2	19.6-26.8

Question 3: Have you heard of the phrase “baby blues”?

Of the 693 respondents, 52.7 % (47.2-58.2) had heard of the phrase “baby blues”.

Question 4: What are some symptoms of “baby blues”?

Only those 374 respondents who had heard of baby blues were asked to identify symptoms. Of these, 78% individuals offered to identify some symptoms, as shown in the table below. Similarly with PPD, sadness and/or crying was the most frequently reported symptom of “baby blues”.



Reported symptoms of baby blues, n=374

Symptom categories	%	95% C.I.
Sadness/Crying: feeling down, depressed, tearful, emotional, feeling empty	54.5	48.8-60.2
Frustration/Irritability/Anger: moody, touchy, can't stand baby crying, annoyed	10.7	7.2-14.2
Anxiety/Fears: worry, feeling inadequate	5.2*	2.7-7.7
Sleep/Appetite/Energy changes: can't sleep, sleeping too much, tired, exhausted, fatigue, constantly having to do something, not eating, eating too much	11.6	8.0-15.2
Feelings for baby: no feelings, don't feel connected to baby, don't love baby	8.8	5.6-12.0
Same/similar to postpartum depression but less serious and/or lasts for shorter time etc	39.1	33.6-44.6
Other	14.5	10.5-18.5

Question 5: How long do you think the “baby blues” last after the birth of a baby: one week or less, about two weeks, about three weeks, about four weeks, or five weeks or longer?

This question was put to the 374 respondents who stated that they had heard of the “baby blues”. As shown in the table below, just over one-third of respondents incorrectly thought that the “baby blues” lasted 5 weeks or longer, while only 12.6% correctly identified that “baby blues” lasts for about 2-weeks.

Awareness of the duration of baby blues, n=374

Duration of baby blues	%	95 % C.I.
1 week or less	8.5*	5.7-11.3
About 2 weeks	12.6	9.2-16.0
About 3 weeks	9.4	6.4-12.4
About 4 weeks	10	7.0-13.0
5 weeks or longer	37.9	33.0-42.8
Don't know	21.1	17.0-25.2

Question 6: Do you think postpartum depression requires professional help? Do you think baby blues requires professional help? Do you think baby blues, postpartum depression, both or none of these require professional help?

41.2% (C.I. 37.4-45.0) thought PPD required professional help and a further 41.3% (C.I. 37.5-45.1) thought both conditions required professional help. Only a few respondents thought that only the baby blues required professional help.



Question 7: Where do you think a woman could go for help?

This question was posed only to those respondents who believed post-partum depression required professional help. The vast majority thought that a woman, who required professional help, should seek it from a physician. The Health Unit was the second most frequently stated source for help.

Awareness as to where a woman could go for help with PPD, n=529

Source of Help	%	95% C.I.
Physician (doctor, family doctor/physician, OBGYN, walk-in clinic, hospital, emergency room)	87.0	84.1-89.9
Mental Health Services (psychiatrist, psychologist, social worker, Canadian Mental health Association, nurse, nurse practitioner)	15.5	12.4-18.6
Support Group (church, peers, support group)	4.5*	6.3-20.0
Family/friends	6.2*	4.1-8.3
Local Health Unit/Department	21.9	18.4-25.4
Telephone help line (distress line, Telehealth)	**	
Self Help (Internet, books, magazines, library)	**	
Other	**	