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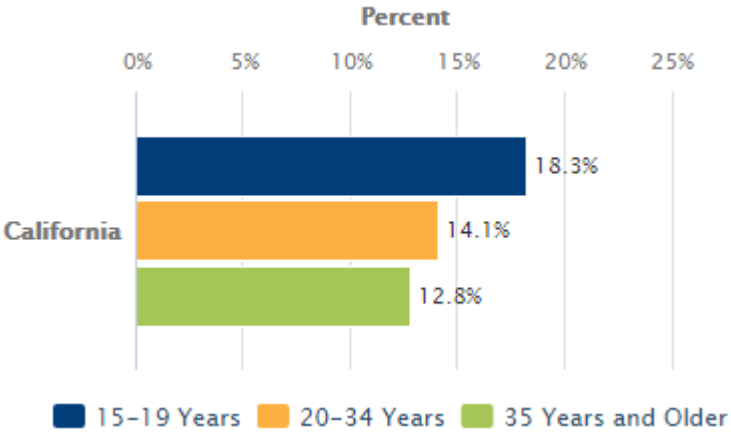
Maternal Emotional Health in California

Percentage of Women with a Recent Birth Experiencing Prenatal Symptoms of Depression, by Race/Ethnicity: 2013-2015

California	Percent
African American/Black	19.9%
Asian/Pacific Islander	10.3%
Hispanic/Latina	17.1%
White	9.5%
California - All	14.1%

Definition: Estimated percentage of women with a live birth who for a period of two weeks or longer during pregnancy felt sad, empty or depressed for most of the day and lost interest in most things they usually enjoyed, by race/ethnicity (e.g., an estimated 17.1% of Hispanic/Latina California women with a live birth in 2013-2015 experienced prenatal symptoms of depression).
Data Source: California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Division, & University of California, San Francisco, Center on Social Disparities in Health, *Maternal and Infant Health Assessment (MIHA) Survey* (Jun. 2018).

Percentage of Women with a Recent Birth Experiencing Prenatal Symptoms of Depression, by Maternal Age: 2013-2015



Definition: Estimated percentage of women with a live birth who for a period of two weeks or longer during pregnancy felt sad, empty or depressed for most of the day and lost interest in most things they usually enjoyed, by maternal age (e.g., among California women ages 15-19 with a live birth in 2013-2015, an estimated 18.3% experienced prenatal symptoms of depression).
Data Source: California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Division, & University of California, San Francisco, Center on Social Disparities in Health, *Maternal and Infant Health Assessment (MIHA) Survey* (Jun. 2018).

Percentage of Women with a Recent Birth Experiencing Prenatal Symptoms of Depression, by Health Insurance Coverage: 2013-2015

What It Is

Kidsdata.org provides estimates of the percentage of women with a recent birth who experience perinatal symptoms of depression (i.e., for a period of two weeks or longer feel sad, empty or depressed for most of the day and lose interest in most things they usually enjoy), which are measured both during pregnancy and after delivery. Data are available at the county level for prenatal and postpartum symptoms of depression overall, and at the state level by family income level, maternal age, prenatal health insurance coverage, and race/ethnicity.

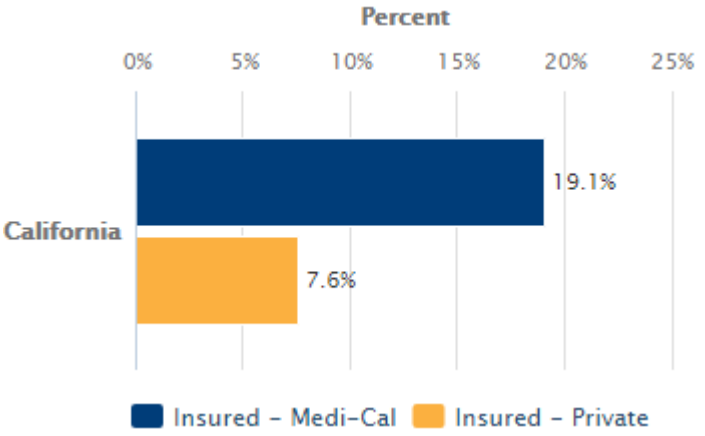
Why This Topic Is Important

The emotional and behavioral health of women before, during, and after pregnancy is central to the well being of the entire family. Depression during pregnancy, if untreated, puts women at increased risk for preterm births and low birthweight when compared to women without depression. Other negative outcomes associated with depression around the time of pregnancy include problems with mother-infant attachment, poor physical and cognitive development, and emotional and behavioral difficulties in childhood and adolescence. Paternal depressive symptoms during this period also can affect children's emotional and behavioral outcomes. Among mothers, symptoms of depression in the perinatal period are a strong predictor of depressive symptoms at four years postpartum.

Substance use around the time of pregnancy also can have serious adverse effects on mothers and children. Alcohol consumption, particularly binge drinking, is especially harmful during pregnancy and is associated with miscarriage, birth defects, stillbirth, sudden infant death syndrome, and a host of long-term physical, mental, and behavioral impairments, referred to as fetal alcohol spectrum disorders. Tobacco use during pregnancy is linked to preterm birth, low birthweight, and disruptions in children's intellectual and emotional development.

If a pregnancy is not planned before conception, pre-pregnancy risk behaviors can continue into the first weeks of pregnancy, before a woman realizes that she is pregnant. Public health initiatives increasingly are focusing on improving preconception health by targeting social and environmental factors that influence the health behaviors and health status of women entering pregnancy.

How Children Are Faring



Definition: Estimated percentage of women with a live birth who for a period of two weeks or longer during pregnancy felt sad, empty or depressed for most of the day and lost interest in most things they usually enjoyed, by prenatal insurance coverage type (e.g., an estimated 7.6% of privately insured California women with a live birth in 2013-2015 experienced prenatal symptoms of depression).
Data Source: California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Division, & University of California, San Francisco, Center on Social Disparities in Health, *Maternal and Infant Health Assessment (MIHA) Survey* (Jun. 2018).

Percentage of Women with a Recent Birth Experiencing Postpartum Symptoms of Depression, by Family Income Level: 2013-2015

California	Percent
0-100% of Federal Poverty Guideline	18.2%
101-200% of Federal Poverty Guideline	14.3%
Over 200% of Federal Poverty Guideline	9.2%
California - All	13.5%

Definition: Estimated percentage of women with a live birth who for a period of two weeks or longer after delivery felt sad, empty or depressed for most of the day and lost interest in most things they usually enjoyed, by family income level (e.g., among California women with a live birth in 2013-2015 and living in families with incomes below the federal poverty guideline, an estimated 18.2% experienced postpartum symptoms of depression).
Data Source: California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Division, & University of California, San Francisco, Center on Social Disparities in Health, *Maternal and Infant Health Assessment (MIHA) Survey* (Jun. 2018).

In 2013-2015, prenatal symptoms of depression were at least as common as they were postpartum: Statewide, estimates of women with a birth who suffered depressive symptoms during pregnancy and those who suffered symptoms of depression in the months after pregnancy each were 14%. Across counties with data, however, there was substantial variation. Prenatal symptoms of depression ranged from 9% in San Mateo County to 20% in Stanislaus County in 2013-2015, while postpartum depressive symptoms were 10% in Yolo County and 19% in San Joaquin County.

African American/black and Hispanic/Latina mothers had higher rates of perinatal symptoms of depression when compared with other groups in California; e.g., depressive symptoms during pregnancy were nearly twice as common for African American/black (20%) and Hispanic/Latina (17%) women as they were for either Asian/Pacific Islander or white women (10%) in 2013-2015. Women with Medi-Cal for prenatal insurance coverage had higher rates of perinatal depressive symptoms (19% prenatal, 17% postpartum) when compared with privately insured mothers (8% prenatal, 10% postpartum). In general, estimates of prenatal and postpartum symptoms of depression were highest among women in families with income below the federal poverty guideline (21% and 18%, respectively), and declined as income increased.

View references for this text and additional research on this topic:
https://kidsdata.org/topic/102/maternal-emotional-health/summary