



Wyoming
Department
of Health



PUBLIC
HEALTH
DIVISION



WYOMING
PRAMS

Quarterly Snapshot

March 31, 2025
Maternal Mental Health



Executive Summary

Approximately one in four adults in the United States is affected by a mental health condition.¹ Maternal mental health conditions affect about 10% of pregnant women and 13% of postpartum women worldwide.² Both depression and anxiety disorders are treatable, and most people who are treated for these disorders lead productive lives.^{3,4} Untreated depression before and during pregnancy can lead to poor prenatal care, increased risk of pregnancy and delivery complications (miscarriage, preterm birth, and low birth weight), and a higher likelihood of having postpartum depression.^{5,6}

Wyoming PRAMS (Pregnancy Risk Assessment Monitoring System) data showed that only 52.6% of women reported being asked if they felt down or depressed before their pregnancy, and 77.2% reported being asked this question during their pregnancy. This increased to 87.4% of women reporting being asked this question after their pregnancy. Women who were 15-24 years of age, women living at 0-100% FPL (Federal Poverty Level), unmarried women, women with 12 years or fewer of education, and women enrolled in WIC (Women, Infant & Children) were most likely to report depression as a health condition in the three months before their pregnancy, as well as during their pregnancy.



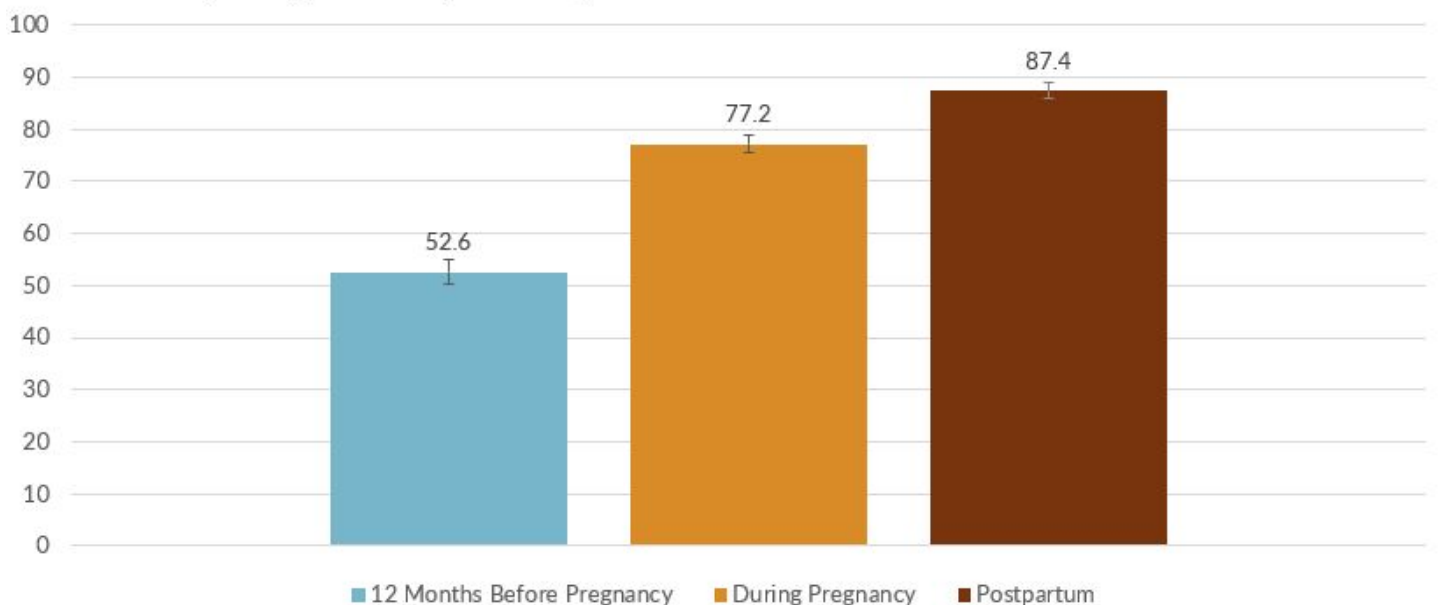
Mental Health Care Visits Accessed among Women Before Pregnancy

According to 2016-2022 WY PRAMS data, **16.0%** of women reported having a healthcare visit for depression or anxiety in the 12 months before they got pregnant. According to the 2019-2021 National Health Interview Survey, the percent of women aged 18-44 who had received any mental health treatment in the past 12 months ranged from 23.8%-28.6%.⁶

Out of the **21.1%** of women who reported having depression as a health condition during the three months before pregnancy, **50.4%** of them reported having a healthcare visit for depression or anxiety in the 12 months before they got pregnant.

Women asked by a Health Care Worker if they were Feeling Down or Depressed Before, During, and After Pregnancy

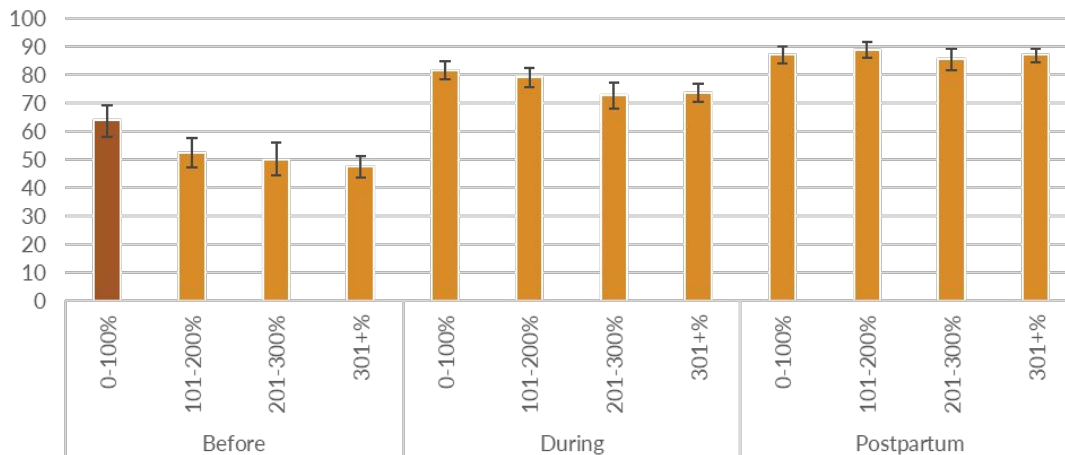
More women reported being asked if they were feeling down or depressed **as they progressed through pregnancy into the postpartum period**
Percent of women who reported being asked by a healthcare worker if they were feeling down or depressed, (WY PRAMS, 2016-2022)





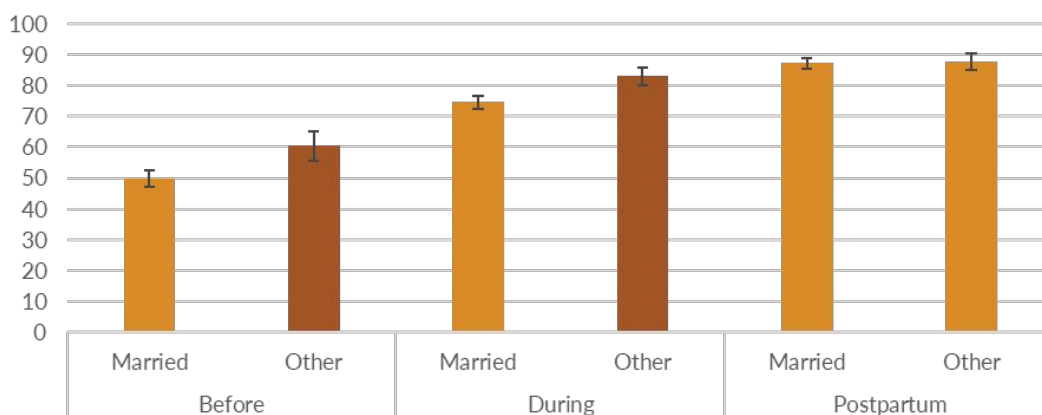
Women Asked by a Health Care Worker about being Down or Depressed

Percent of women asked by a healthcare worker if they were feeling down or depressed before pregnancy, while pregnant, and during the postpartum period by Federal Poverty Level (FPL)



More women living at 0-100% of the Federal Poverty Level (FPL) reported being asked by a healthcare worker if they were feeling down or depressed during the twelve months before pregnancy (64.0%) compared to women living at all three higher FPLs. No differences were observed during pregnancy and postpartum period.

Percent of women asked by a healthcare worker if they were feeling down or depressed before pregnancy, while pregnant, and during the postpartum period by marital status

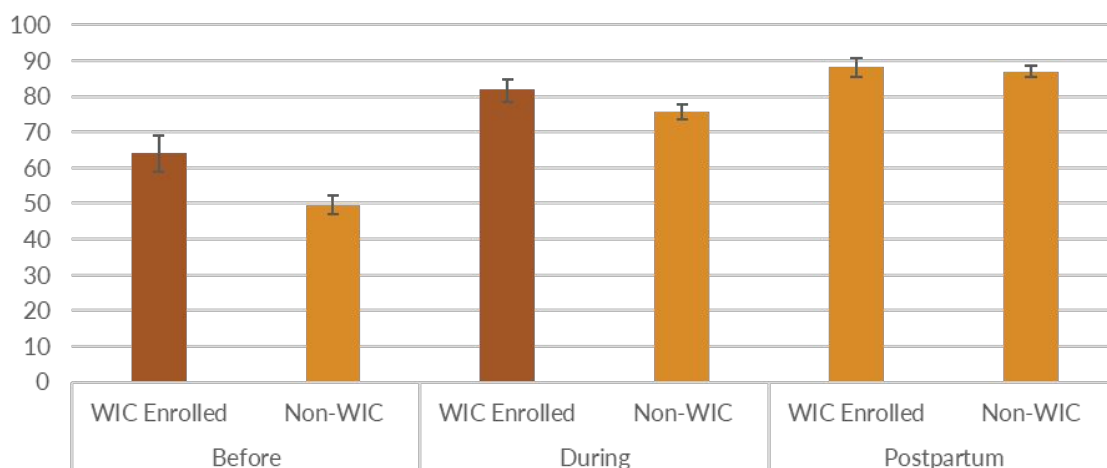


More unmarried women reported being asked by a healthcare worker if they were feeling down or depressed during the twelve months before pregnancy (60.5%) compared to married women. Similarly, more unmarried women reported being asked by a healthcare worker if they were feeling down or depressed during pregnancy (83.1%) compared to married women. No differences were observed during the postpartum period.



Women Asked by a Health Care Workers about being Down or Depressed

Percent of women asked by a healthcare worker if they were feeling down or depressed before pregnancy, while pregnant, and during the postpartum period by WIC enrollment



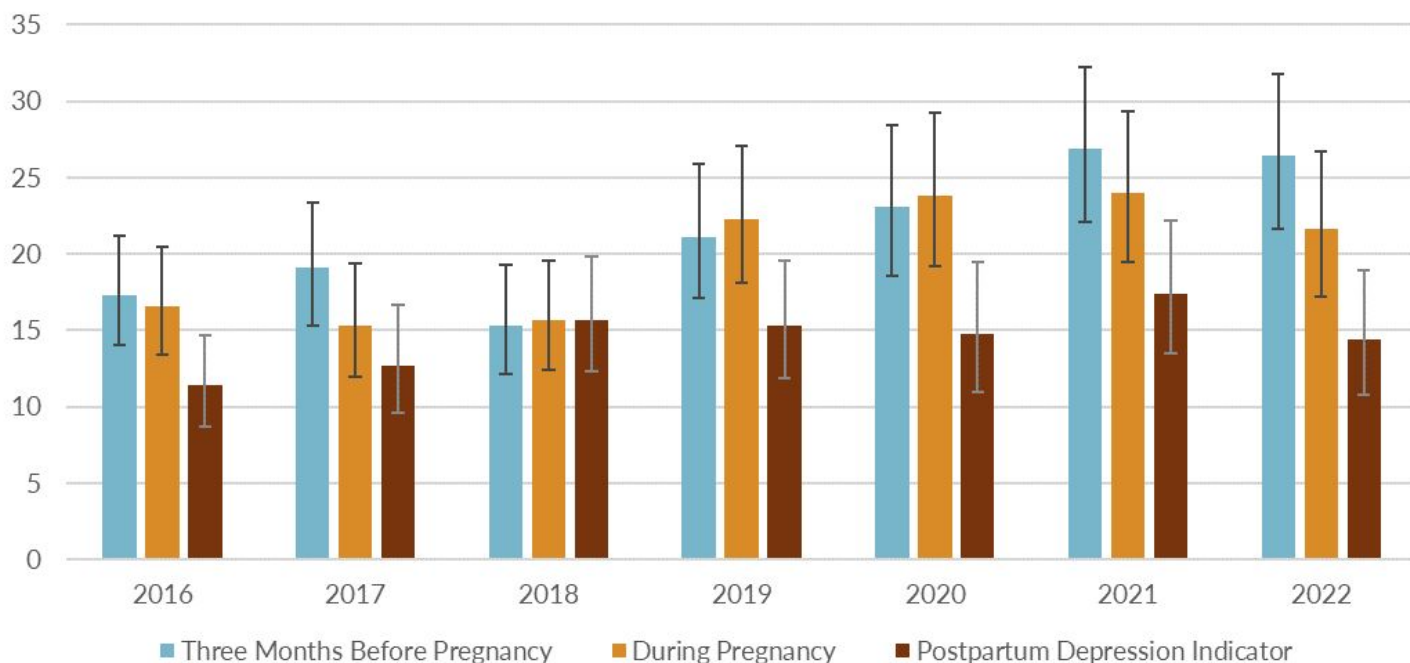
More women enrolled in WIC reported being asked by a healthcare worker if they were feeling down or depressed during the twelve months before pregnancy (64.1%) compared to those not enrolled in WIC. Similarly, more women enrolled in WIC reported being asked by a healthcare worker if they were feeling down or depressed during pregnancy (81.8%) compared to those not enrolled in WIC. No differences were observed during the postpartum period.

There were no differences in the percentage of women who reported being asked if they were feeling down or depressed by a healthcare worker before pregnancy, while pregnant, or during the postpartum period by age or education.



Mental Health Over the Years

Percent of women who reported having depression before pregnancy **increased** from 2018 to 2021



- The percentage of Wyoming women who reported having depression three months before pregnancy ranged from 15.3% in 2018 to 26.9% in 2021, with 2018 being lower than both 2021 and 2022.
- The percentage of Wyoming women who reported having depression during pregnancy ranged from 16.6% in 2016 to 21.6% in 2022.
- The percentage of Wyoming women who met the criteria for the postpartum depression indicator was highest in 2021 at 17.4% and varied from 2016 to 2022, with 11.4% being the lowest in 2016.

WY PRAMS plans to continue monitoring trends over time for potential changes in the future.

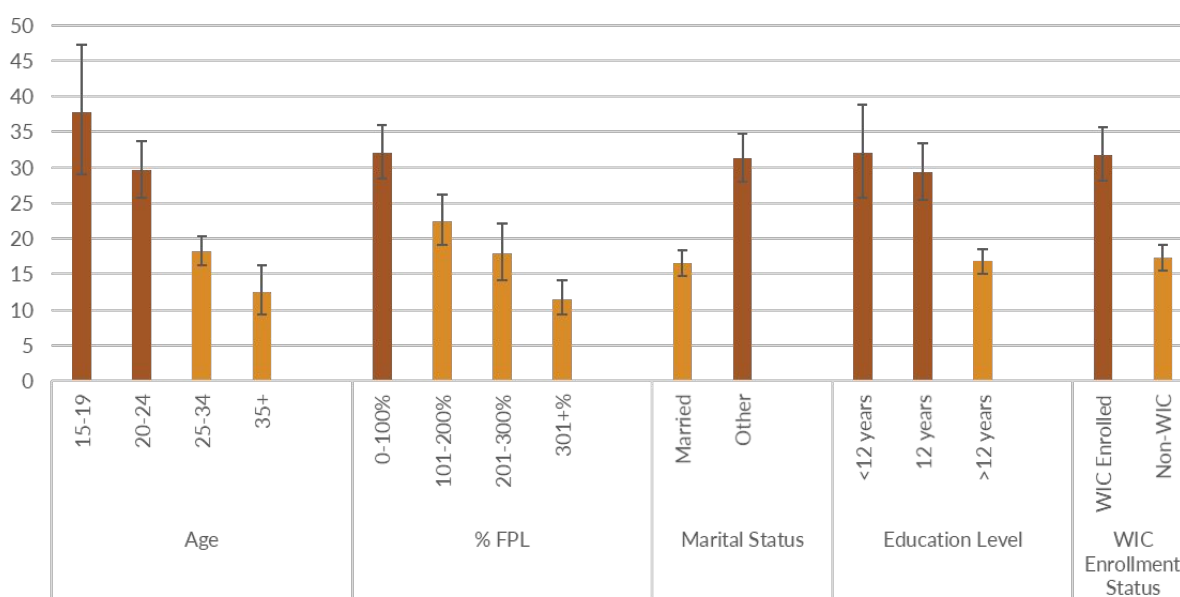


Maternal Mental Health before and during Pregnancy

According to 2016-2022 WY PRAMS data, **21.1%** of women reported having depression as a health condition during the three months before they got pregnant, and **19.7%** of women reported having depression as a health condition during their most recent pregnancy.

Groups highlighted in red were more likely to report having depression three months before pregnancy

Percent of women who reported having depression three months before pregnancy by select demographics, (WY PRAMS, 2016-2022)



- More women aged 15-19 and 20-24 reported having depression three months before pregnancy (37.8% and 29.6%) compared to older women.
- More women living at 0-100% of the FPL reported having depression three months before pregnancy (29.9%) compared to women living at all three higher FPLs.
- More unmarried women reported having depression three months before pregnancy (31.3%) compared to married women. PRAMS does not have questions that explicitly examine social support; however, whether or not a woman is married can potentially be a proxy for the amount of social support she has, a protective factor for depression.⁷
- More women with 12 or fewer years of education also reported having depression three months before pregnancy (32.0% and 29.3%) compared to women with more education.
- More women enrolled in WIC reported having depression three months before pregnancy (31.8%) compared to those not enrolled in WIC.

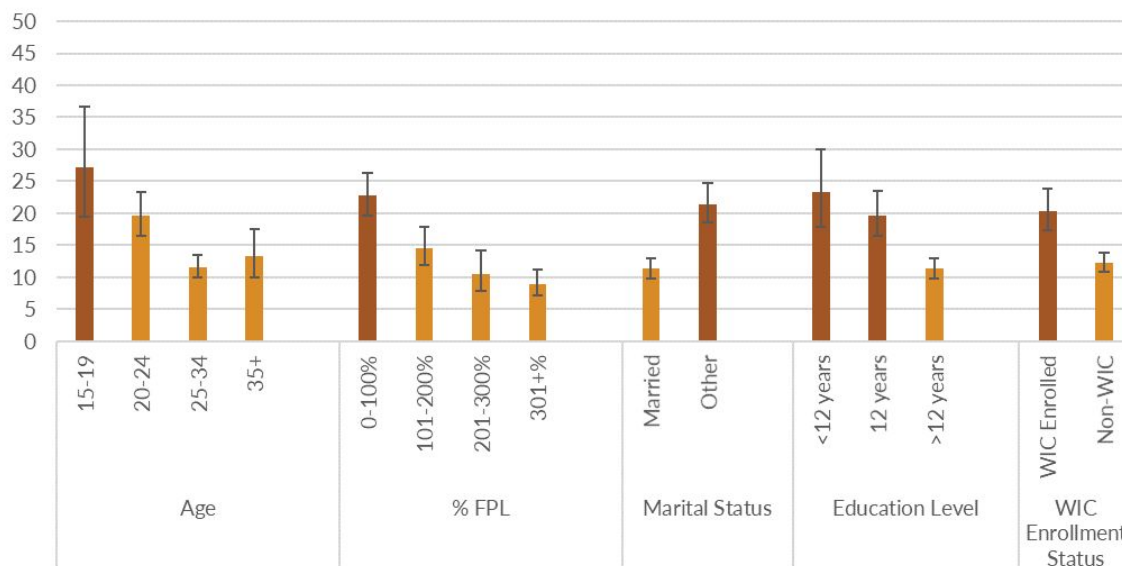
Similar trends were observed in the select demographics when looking at women who reported depression during their most recent pregnancy.



Postpartum Depression Indicator

Groups highlighted in red were more likely to report postpartum depression

Percent of women who reported postpartum depression by select demographics, (WY PRAMS, 2016-2022)



- More women aged 15-19 met the postpartum depression indicator (27.2%) compared to women 25 years and older.
- More women living at 0-100% of the FPL met the postpartum depression indicator (22.8%) compared to women living at all three higher FPLs.
- More unmarried women reported having postpartum depression indicator (21.4%) compared to married women.
- More women with 12 or fewer years of education met the postpartum depression indicator (23.4% and 19.7%, respectively).
- More women enrolled in WIC reported having met the postpartum depression indicator (20.4%) compared to those not enrolled in WIC.

According to 2016-2022 WY PRAMS data, **25.1%** of women reported *sometimes* feeling down, depressed, or hopeless since their new baby was born, and **9.2%** of women reported feeling this way *always or often*.

According to 2016-2022 WY PRAMS data, **19.9%** of women reported *sometimes* feeling little interest or pleasure in doing things they usually enjoyed since their new baby was born, and **10.3%** of women reported feeling this way *always or often*.



Postpartum Depression in Women and Potential Risk Factors

Potential risk factors that increase stress or are related to stress that women can experience during pregnancy, delivery, and postpartum were examined to determine if any stressors were associated with experiencing postpartum depression. The potential contributors that showed differences are listed below.

Experienced Food Insufficiency

Women who reported eating less than they felt they should because there wasn't enough money to buy food were considered to experience food insufficiency

Out of the women who experienced food insufficiency, **30.3%** had postpartum depression compared to 12.8% of those who did not experience food insufficiency.

Food Insufficiency:
30.3% (24.5-36.8)
No Food Insufficiency:
12.8% (11.4-14.3)

Experienced Racial Bias

Women who reported feeling emotionally upset as a result of how they were treated based on their race during the 12 months before their baby was born were considered to experience racial bias.

Out of the women who experienced racial bias, **37.3%** had postpartum depression compared to 13.6% of those who did not experience racial bias.

Racial Bias:
37.3% (28-47.6)
No Racial Bias:
13.6% (12.2-15.1)

Smoking Any Time

Women who reported smoking at any point during the two years before their new baby was born were more likely to report postpartum depression than nonsmokers.

Out of the women who reported smoking during the two years before giving birth, **22.6%** had postpartum depression compared to 12% of those who did not report smoking.

Smoking: **22.6% (19.2-26.4)**
No Smoking: 12% (10.6-13.6)





Stressors and Postpartum Depression

Number of Stressors

Among women who experienced 3-5 or 6 or more stressors in the 12 months before pregnancy, **21.2%** and **26.0%** had postpartum depression respectively. Comparatively, of women who experienced 1-2 or no stressors, 12.4% and 9.2% had postpartum depression, respectively.

No Stressors:	9.2% (7.2-11.6)
1-2 Stressors:	12.4% (10.5-14.6)
3-5 Stressors:	21.2% (18.0-24.9)
6 or More Stressors:	26% (19.5-33.6)

Partner-Related Stressors

Women were considered to have experienced partner-related stressors if they reported experiencing any of the following in the 12 months before they became pregnant: separated or divorced from their husband or partner; argued with their husband or partner more than usual; their husband or partner said they didn't want them to be pregnant; and/or experienced abuse during pregnancy by husband/partner or ex-husband/ex-partner.

Out of the women who reported experiencing partner-related stressors, **23.3%** had postpartum depression compared to 11.6% of those who did not report experiencing partner-related stressors.

Partner-Related Stressors:
23.3% (19.9-27.0)

No Partner Related Stressors:
11.6% (10.2-13.2)

Trauma-Related Stressors

Women were considered to have experienced trauma-related stressors if they reported experiencing any of the following in the 12 months before they became pregnant: being homeless or having to sleep outside, in a car, or in a shelter; their husband, partner, or themselves went to jail; and/or someone very close to them had a problem with drinking or drugs.

Out of the women who reported experiencing trauma-related stressors, **25.0%** had postpartum depression compared to 12.3% of those who did not report experiencing trauma-related stressors.

Trauma-Related Stressors:
25.0% (20.9-29.5)

No Trauma Related Stressors:
12.3% (10.9-13.9)



Stressors and Postpartum Depression

Women were considered to have experienced financial stressors if they reported experiencing any of the following in the 12 months before they became pregnant: moving to a new address; husband or partner losing their job; losing their job even though they wanted to go on working; and/or having problems paying the rent, mortgage, or other bills.

In this analysis, financial stressors were examined with the above responses included, but also examined with the response to *moving to a new address* not included. A woman responding yes to “moving to a new address” could account for housing instability and/or displacement; however, it could also capture financial stability, potentially making this a protective factor that does not accurately capture financial stress.

Financial Stressors (with moving stressor)

Out of the women who reported experiencing financial stressors, 10.5% had postpartum depression compared to **18.6%** of those who did not report experiencing financial stressors.

Financial Stressors:
10.5% (8.9-12.4)

No Financial Stressors:
18.6% (16.4-21.0)

Financial Stressors (without moving stressor)

Out of the women who reported experiencing **financial stressors**, **23.3%** had postpartum depression compared to 11.5% of those who did not report experiencing financial stressors.

Financial Stressors:
23.3% (20.0-26.9)

No Financial Stressors:
11.5% (10.0-13.1)



Technical Data Reference:

In the **Pregnancy Risk Assessment Monitoring System (PRAMS)** survey, depression as a health condition before and during pregnancy is self-reported by women who complete the survey. **A woman is considered to have postpartum depression** if she answers “always” or “often” to either of the following questions:

- Since your new baby was born, how often have you felt down, depressed, or hopeless?
- Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?

In this document, the words “**more**” or “**less**” refer to statistically significant differences. Wyoming PRAMS estimates are computed using sampling weights. Statistical significance between weighted estimates was established utilizing chi-square tests with a 0.05 significance level. 95% confidence intervals are displayed after the estimates in parentheses.

Statistical significance helps to determine whether a result is likely due to chance or if there is real evidence of a difference or relationship. If something is statistically significant, it means the result is unlikely to have happened randomly and is likely meaningful.

PRAMS data does not look at causation. While correlation can imply causation in some cases, it is important to remember that PRAMS cannot show causation. While there may be overlap between different demographics and other variables, they are each examined as individual variables to get a more accurate picture of associations/correlations.

If you are interested in exploring this topic or other topics further please reach out to wdh-wyprams@wyo.gov



References:

1. Mental Health America. 2024. *Depression in Women*. [Accessed 2024, November 19]
2. World Health Organization. 2024. *Mental Health, Brain Health and Substance Use*. [Accessed 2024, November 19]
3. American Psychiatric Association. April 2024. *What is Depression*. [Accessed 2024, November 19]
4. American Psychiatric Association. April 2024. *Anxiety Disorders*. [Accessed 2024, November 19]
5. National Institute of Mental Health. October 9, 2004. *Depression in pregnant women and mothers: How children are affected*. [Accessed 2024, November 19]
6. U.S. Centers for Disease Control and Prevention. September 2022. *Mental Health Treatment Among Adults Aged 18-44: United States, 2019-2021*. [Accessed 2024, November 19]
7. Georgia State University. December 4, 2008. *Marital Status as a Proxy Measure of Social Support and its Influence on Health Status and Depression Rates*. [Accessed 2024, November 19]

Helpful Resources:

988 Lifeline in Wyoming:

<https://health.wyo.gov/publichealth/prevention/wivpp/suicide-prevention/988-suicide-crisis-lifeline/>

National Maternal Mental Health Hotline: 1-833-TLC-MAMA (text or call)

<https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline>

Pregnancy and Postpartum Resources: <https://www.cdc.gov/hearher/index.html>

Wyoming Maternal and Child Health Unit Website: <https://health.wyo.gov/publichealth/mch/>

Wyoming Maternal and Child Health Epidemiology Unit Website:

<https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch-epi/>

Wyoming PRAMS Website:

<https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch-epi/pregnancy-risk-assessment-monitoring-system-prams/>