



POSITION STATEMENT

DEPRESSION IN WOMEN

The American College of Nurse-Midwives (ACNM) acknowledges that depression is a major public health problem which adversely affects millions of women and their families in the United States. It has become a leading cause of disability for women, with nearly twice as many women (12%) as men (6.6%) affected by a depressive disorder each year.(1) These figures translate to 12.4 million women and 6.4 million men.(2) Depressive disorders raise the risk for suicide, and women report attempting suicide 2 to 3 times as often as men.(3)

Depression occurs most frequently in women aged 25 – 44.(4) Approximately 10-15% of all new mothers will develop postpartum depression, which most frequently occurs within the first year after the birth of a child.(5) Depression occurs among all racial and ethnic groups. For vulnerable populations (low income, uninsured, and rural and minority populations), barriers to care are compounded by the lack of insurance coverage; problems with transportation and childcare; and a lack of culturally competent and geographically accessible care.(6) The sequelae of depression include a broad range of somatic, physical, emotional and behavioral problems that directly and indirectly impact the health of pregnant, postpartum and non-pregnant women and their families.

ACNM supports universal screening, treatment and/or referral for depression in women as a part of routine primary health care.(7) In addition, ACNM recognizes depression as a community problem, requiring a multi-disciplinary, community-based response.

Recognizing that depression and postpartum depression are important health issues and that women are often reluctant to seek help because of stigma and other impediments(8), it is the position of ACNM that:

- All certified nurse-midwives (CNMs) and certified midwives (CMs) should understand the dynamics of depression and postpartum depression; the impact of depression on the lives of women and their families; and the resources for treatment of depression that are available within the community.

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- CNMs/CMs, as advocates for and providers of primary women's health care, have a critical role to play in the integration of prevention, screening, treatment, and/or referral for depression into the care they provide for women.
- Public policies must be adopted which will increase the number of postpartum visits for all women(9); facilitate access to and reimbursement for mental health treatment; and promote research in this area.
- Further research must be done to identify and resolve gender, racial and socioeconomic disparities in the diagnosis and treatment of depression.

References

- 1) Regier, D.A., Narrow, W.E., Rae, D.S. et al. The de factor mental and addictive disorders service system. Epidemiologic Catchment Area prospective 1-year prevalence rates of disorders and services. Archives of General Psychiatry, 1993; 50(2):85-94
- 2) Narrow, W.E. One-year prevalence of mental disorders, excluding substance use disorders, in the U.S.: NIMH ECA prospective data. Population estimates based on U.S. Census estimated residential population age 18 and over on July 1, 1998. Unpublished.
- 3) Weissman, M.M., Bland, R.C., Canino, G.J., et al. Prevalence of suicide ideation and suicide attempts in nine countries. Psychological Medicine, 1999; 29(1):9-17.
- 4) National Institute of Mental Health: "Depression: Treat it. Defeat it." Accessed June 1999.
- 5) O'Hara, M., Swain, A. (1996) Rates and risk of postpartum depression-a meta-analysis. International review of Psychiatry, 8, 37-54
- 6) Shum, L.R.O. Forgotten Policy, An Examination of Mental Health in the U.S., the W.K. Kellogg Foundation, May 2001.
- 7) Beck, C.T., Gable, R.K. "Postpartum Depression Screening Scale" Western Psychological Services 2002.
- 8) National Mental Health Association. "American Attitudes about Clinical Depression and its Treatment" (March 27, 1996).
- 9) McArthur, Winder H.R., et al. Effects of the redesigned community postnatal care on women's health 4 months after birth: a cluster randomized control trial. The Lancet 2002; 359:378-385.

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