



POSITION STATEMENT

Depression in Women

Recognizing that depression and perinatal depression are important health issues and that women are often reluctant to seek help because of stigma and other impediments,¹ the American College of Nurse-Midwives (ACNM) maintains the following:

- All certified nurse-midwives (CNMs®) and certified midwives (CMs®) should understand the dynamics of depression and perinatal 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.
- CNMs/CMs, as advocates for and providers of women's primary health care, should integrate prevention, universal screening, treatment, and/or referral for depression into the care they provide for women.²
- Public health policies should be adopted that encourage universal screening, treatment and/or referral for depression in women as a routine component of primary health care.
- Public health policies should be encourage that will increase the number of postpartum visits for all women,³ facilitate access to and reimbursement for mental health treatment, that recognize depression as a community problem requiring a multi-disciplinary, community-based response..
- Further research should identify and resolve gender, racial, and socioeconomic disparities in the diagnosis and treatment of depression.

Depression is a major public health problem that adversely affects millions of women and their families in the United States. It has become a leading cause of disability for women, and twice as many women (12.6 %) as men (6.3%) are affected by a depressive disorder each year.⁴ These figures translate to 12.4 million women and 6.4 million men.⁴ Those with depressive disorders have increased risk for suicide, and women report attempting suicide 2 to 3 times as often as men.⁵ Furthermore, approximately 1 in 10 mothers (10.2%) suffer from a major depressive disorder each year, with young mothers and mothers with young children at highest risk.⁶

Depression occurs most frequently in women aged 25 – 44,⁵ and 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.¹ 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 lack of insurance coverage, problems with transportation and childcare, and a lack of culturally competent and geographically accessible care.¹

The sequelae of depression include a broad range of somatic, physical, emotional, and behavioral problems that directly and indirectly affect the health of pregnant, postpartum and non-pregnant women and their families. Thus primary health care should include universal screening, treatment and/or referral for depression in women² and community based, accessible services using a multi-disciplinary team approach should be available.

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