

Untreated depression in pregnant people linked to poor birth outcomes

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Untreated depression in pregnant people is strongly linked to low birth weight and preterm birth, with Black pregnant people suffering worse outcomes than their white peers, according to a new meta-analysis led by



Shannon Simonovich, assistant professor at DePaul University's School of Nursing.

In a forthcoming article from the journal *Health Affairs*, Simonovich and her coauthors analyze 1,907 studies to track trends in adverse birth outcomes in the U.S. from 2010-2020. In this Q&A, Simonovich discusses the top findings as well as policy solutions. Simonovich is founder of the Maternal Child Health Initiative and was recently named a 40 under 40 Emerging Nurse Leader by the Illinois Nurses Foundation.

Why did you and your colleagues seek to examine trends in maternal mental health?

Rates of depression and anxiety are worsening, especially in the wake of the pandemic. In the U.S. we don't look often enough at maternal morbidity—diseases and conditions impacting pregnant people—and the way that it impacts childbearing people and their children.

From a life course perspective, birth outcomes have a major impact on outcomes in adults. A baby who is born early or small is more likely to have cardiovascular disease and chronic illnesses, such as Type 2 diabetes, as an adult. By addressing depression, we are not only able to improve the health of childbearing people, but we also keep a lens on the health of our future population.

Even though our data is focused on depression during pregnancy, depression doesn't end with the birth of the baby. It's often an arc that follows childbearing people through their early years as parents.

What did the meta-analysis show regarding depression and maternal mental health?



Our analysis shows that untreated depression during pregnancy leads to both short- and long-term implications for population health. It leads to babies who are born too small, which includes low birthweight as well as babies that are born early.

Our team includes experts in nursing, epidemiology, social work and medicine, so we used our different perspectives to inform a collective understanding of depression during pregnancy. This study is a follow-up to an earlier analysis that went up to 2010, and our results show that the issue of depression and poor outcomes is persistent. Previous research, however, did not examine the issue through the social construct lens of race.

We found that these are even bigger issues for Black pregnant people. Black childbearing people with untreated depression were twice as likely to give birth early and nearly two and a half times more likely to deliver a low-birthweight infant.

A lot of previous research does not account for race. When it comes to examining contemporary health outcomes of childbearing people and their children, scientists and clinicians need to include social determinants of health and need to make examining disparities among race and ethnicity a priority.

What are some of the policy recommendations you and the team make in response to these findings?

The first is screening. Depression during pregnancy is a highly treatable condition that we can screen for accurately and very easily. We call for universal screening for depression during pregnancy, using a validated instrument.



Next is measuring what works. How do we capture what's helping to mitigate those factors leading to poor outcomes and accurately report all of the data? Ensuring better study design and reporting allows teams like ours to disentangle the experience of <u>depression</u> during pregnancy and different outcomes dependent on the person's race or ethnicity. It's really only by understanding those nuances that we can create tailored interventions to really help.

Finally, we call on policymakers to support programs that help new parents and their children. The American Rescue Plan gives states the option to extend Medicaid postpartum coverage from 60 days to 12 months, and these safety net programs give families more support.

More information: Shannon D. Simonovich et al, Meta-Analysis Of Antenatal Depression And Adverse Birth Outcomes In US Populations, 2010–20, *Health Affairs* (2021). DOI: 10.1377/hlthaff.2021.00801

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