

Maternal depression associated with long-term economic instability

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Maternal depression after childbirth affects a mothers' economic welfare and financial stability up to 15 years later, according to a Rutgers study.

Perinatal [depression](#), which affects 13 percent of childbearing women in

the United States, has been linked to an increased risk of short-term household economic insecurity, but few studies have been conducted on long-term financial outcomes.

The study was published in the *American Journal of Preventive Medicine*.

Researchers looked at 4,362 U.S. women in the Fragile Families and Child Wellbeing Study who delivered between 1998 and 2000 and were followed until 2017. Interview data were combined with mothers' medical records and analyzed at three, five, nine and 15 years after delivery.

About 12 percent of the women met the criteria for a major depressive episode one year postpartum. The women who experienced [maternal depression](#) in the year after giving birth were more likely to be born in the United States, unmarried, have a lower household income and receive public assistance in the year before delivery.

The researchers found that maternal depression during the first year had a strong and sustained association with [economic hardship](#)—such as meeting [medical costs](#), experience of utility shut-offs, inability to pay bills and food and housing insecurity—up to 15 years later. Maternal depression was also associated with unemployment in the first three years after delivery and poverty three to nine years after delivery.

"These findings highlight the importance of screening and expanding access to mental health support services for [low-income](#) pregnant and postpartum women," says Slawa Rokicki, an instructor at the Rutgers School of Public Health. "Despite having higher rates of maternal depression, racial and ethnic minority groups have the lowest rates of accessing care. Comprehensive interventions are needed to address the barriers to screening and treatment and reduce health inequities."

"This research also has implications for the cost-effectiveness of maternal health interventions," adds study co-author Mark McGovern, assistant professor at Rutgers School of Public Health. "Our results imply that programs designed to lower the prevalence of maternal depression should be viewed not only as interventions that promote population health but also as interventions that increase economic well-being."

More information: Slawa Rokicki et al, Depression in the Postpartum Year and Life Course Economic Trajectories, *American Journal of Preventive Medicine* (2021). [DOI: 10.1016/j.amepre.2021.08.011](https://doi.org/10.1016/j.amepre.2021.08.011)

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