Postpartum Depression Among Adolescent Mothers

Between 2017 and 2019, 4,888 infants were born to adolescent mothers in Utah (13.4 births for every 1000 females age 15–19 years). Mothers younger than 20 are more likely to have used illicit drugs prior to pregnancy, smoked during pregnancy, received inadequate prenatal health care, had no partner support, had an unintended pregnancy, and experienced physical abuse when compared to older mothers.1,2

As these risk factors are associated with postpartum depression3, it is not surprising that when compared to other age groups women younger than 20 reported the highest rates of postpartum depressive symptoms on the Utah Pregnancy Risk Assessment Monitoring System (PRAMS) survey (Figure 1). Mothers with postpartum depressive symptoms (PPDS) are defined as those who answer “always” or “often” to the following questions on the PRAMS survey: 1) “Since your new baby was born, how often have you felt down, depressed, or hopeless?” and 2) “Since your new baby was born, how often have you had little interest or little pleasure in doing things?” These questions are based on the Patient Health Questionnaire (PHQ-2).

Despite successful efforts to reduce rates of adolescent pregnancy, the high rates of postpartum depression in this population remain an important public health concern. Obstetricians and pediatricians should ensure these mothers are screened for depression and provided with resources during their visits for postpartum care and pediatric well-baby visits. Maternal mental health information and materials in English and Spanish can be found at https://mihp.utah.gov/maternal-mental-health. Maternal mental health resources including counselors/therapists, support groups, and other types of providers trained in maternal mental health can be found on the statewide referral network: https://maternalmentalhealth.utah.gov. At this site, providers can be found based on location, provider type, and insurance type.