Putting Research to Work for Military Families



Maternal Depression Screening During Prenatal and Postpartum Care at a Navy and Marine Corps Military Treatment Facility

Spooner, S., Rastle, M., & Elmore, K. (2012). Maternal depression screening during prenatal and postpartum care at a Navy and Marine Corps military treatment facility. *Military Medicine*, 177(10), 1208-1211. doi:10.7205/milmed-d-12-00159

SUMMARY: Survey data from wives of male Service members who were receiving obstetric care at a Navy and Marine Corps military treatment facility were used to evaluate rates of perinatal depression and assess the impact of deployment as a risk factor. Results suggested relatively low rates of perinatal depression, although rates of depression did vary according to husbands deployment status.

KEY FINDINGS:

- Five percent of surveys indicated high risk for depression at each time point (i.e., initial obstetric visit, 28- to 32-gestational weeks, and six weeks postpartum).
- At the initial obstetric visit, there was a significantly higher proportion of depression among women whose husbands were deployed than those whose husbands were not deployed.
- At six-weeks postpartum, there were a significantly higher rate of depression among women whose husbands were deployed or preparing to deploy compared to those whose husbands were not deployed.
- There were no differences in the proportion of positive depression screens according to deployment status at the 28- to 32-gestational week appointment.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Offer suppor groups to pregnant women whose husbands are deployed or are preparing to deploy in order to reduce the risk of depression
- Offer childcare for military mothers struggling with postpartum depression
- Publish information to military families regarding the symptoms of postpartum depression and resources that can help families cope

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend that military hospitals routinely screen for depression among pregnant mothers
- Promote the development and continuation of maternal support programs throughout the deployment cycle
- Recommend the development of educational campaigns (e.g., information on websites, posters in clinics) regarding depression related to pregnancy.

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METHODS

- Retrospective medical record data were used for the current study; women had to have completed a depression screen and reported their husbands deployment status during an obstetric visit to be included.
- Data were collected between October 1, 2007 and June 30, 2009.
- Records were from the Naval Hospital at Camp Pendleton, which provides services for mostly Marine and Navy families.

PARTICIPANTS

- A total of 3,882 depression screens were included in the analysis; 1,724 were completed at the initial visit, 1,058
 were completed at the 28- to 32-gestational week visit, and 1,100 were completed at the six-week postpartum visit.
- Only medical records of spouses of an Active Duty Service member were included in the study.
- No additional demographic data is provided.

LIMITATIONS

- The analyses were limited to a single measure of depression and a single question regarding husbands deployment status, which may influence the results.
- Other factors that may have influenced results (e.g., demographics, medical history, etc.) were not assessed.
- The sample was from a single military hospital that had supportive programs for women in the prenatal and postpartum periods, likely limiting the ability to generalize the findings.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Systematically evaluate the effectiveness of maternal support programs to assess their effectiveness in reducing perinatal depression
- Utilize focus groups or individual interviews to more deeply explore the mental health challenges of military mothers during pregnancy
- Assess other factors related to Service member deployment (e.g., length, frequency) to consider their impact on their wives levels of depression

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