Maternal Depression in Montana, 2020-2022

Background

Depression (a persistent feeling of sadness, emptiness, or feeling down) is a common and serious illnesses, and can occur before pregnancy or during the perinatal period (during and after pregnancy).[1] Postpartum depression is depression that occurs after pregnancy and is different than the "baby blues" (feeling of sadness starting shortly after birth and lasting up to two weeks) that many women experience.[2] Postpartum depression can last months or years, can affect the ability to bond and care for babies, and if left untreated can impact mother's and baby's health.[3]

Fast Facts

- Mothers in Montana report a higher prevalence of depression compared to mothers nationally both prior to (21.8% vs 17.0%) and during pregnancy (19.3% vs 16.8%).
- One in four Montana mothers who reported depression during pregnancy also reported postpartum depression.
- Fewer mothers were screened for depression during their prenatal visit than their postpartum visit.

Healthcare providers can play a key role in diagnosing and treating depression. However, many are missing the opportunity to ask moms if they are experiencing depression. According to the Centers for Disease Control and Prevention (CDC), in 2018 about one in five women were not asked about symptoms of depression during a prenatal visit, and one in eight were not asked during a postpartum visit.[4]

The Montana Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of recent mothers about their experiences and behaviors before, during, and shortly after pregnancy. PRAMS aims to improve the health of Montana mothers and infants by collecting high-quality data that is representative of the Montana population. PRAMS asks respondents about their mental health as well as their interactions with health care professionals at different time periods. For the time periods before and during pregnancy PRAMS asks respondents if they experienced depression.

A total of 2,313 Montana mothers responded to PRAMS from 2020 to 2022, with an average weighted response rate of 54%. During that time, 19.5% of mothers reported they had depression during pregnancy and 13.5% reported they had depression postpartum which is higher than national estimates. One in four of those who reported depression during pregnancy also experienced postpartum depression. However, fewer mothers were screened for depression during their prenatal visit compared to those screened during their postpartum visit.

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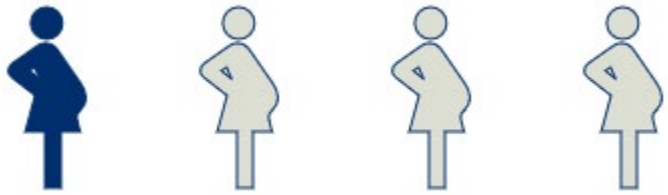
Depression in Montana Mothers

One in four Montana mothers who reported depression during pregnancy also reported postpartum depression.

% of mothers reporting depression during and after pregnancy, 2020-2022



More Montana mothers report depression prior to and during pregnancy than mothers nationally.

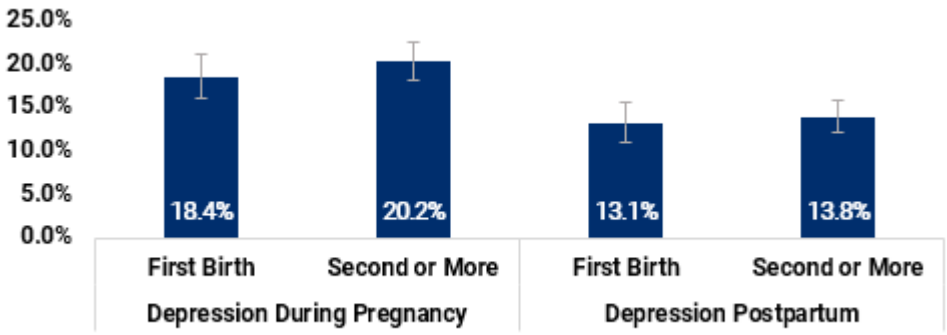
% of mothers reporting depression, 2020-2022

Mental Health Condition	Montana % (95% CI)*			National Data** % (95% CI)*
	2020	2021	2022	2022
Depression Before Pregnancy[a]	23.0% (19.7-26.6)	23.1% (20.5-25.9)	21.8% (18.9-25.0)	17.0% (16.4 17.7)
Depression During Pregnancy[a]	19.5% (16.5-23.0)	19.6% (17.3-22.2)	19.3% (16.6-22.4)	16.8% (16.1 17.4)
Postpartum Depression[b]	14.9% (12.3-18.0)	13.2% (11.3-15.5)	12.5% (10.3-15.1)	12.6% (12.0 13.2)

*Weighted percent (95% Confidence Interval). Weighted Percent is the estimated percent representing a population based on only a sample of the population. The weighted percent considers sampling, nonresponse, and noncoverage to calculate the estimate. Confidence Interval is a range of values that is likely to include the population value with a degree (i.e., 95%) of confidence.
**National Data are estimates that include PRAMS sites that meet or exceed the CDC response rate threshold for the survey year.
a Mothers who reported "yes" to experiencing depression before and during
b. Mothers who reported feeling down, depressed, or hopeless or having little interest or little pleasure in doing things usually enjoyed since birth

There was no significant difference in reported depression among Montana mothers based on the number of births they've experienced.

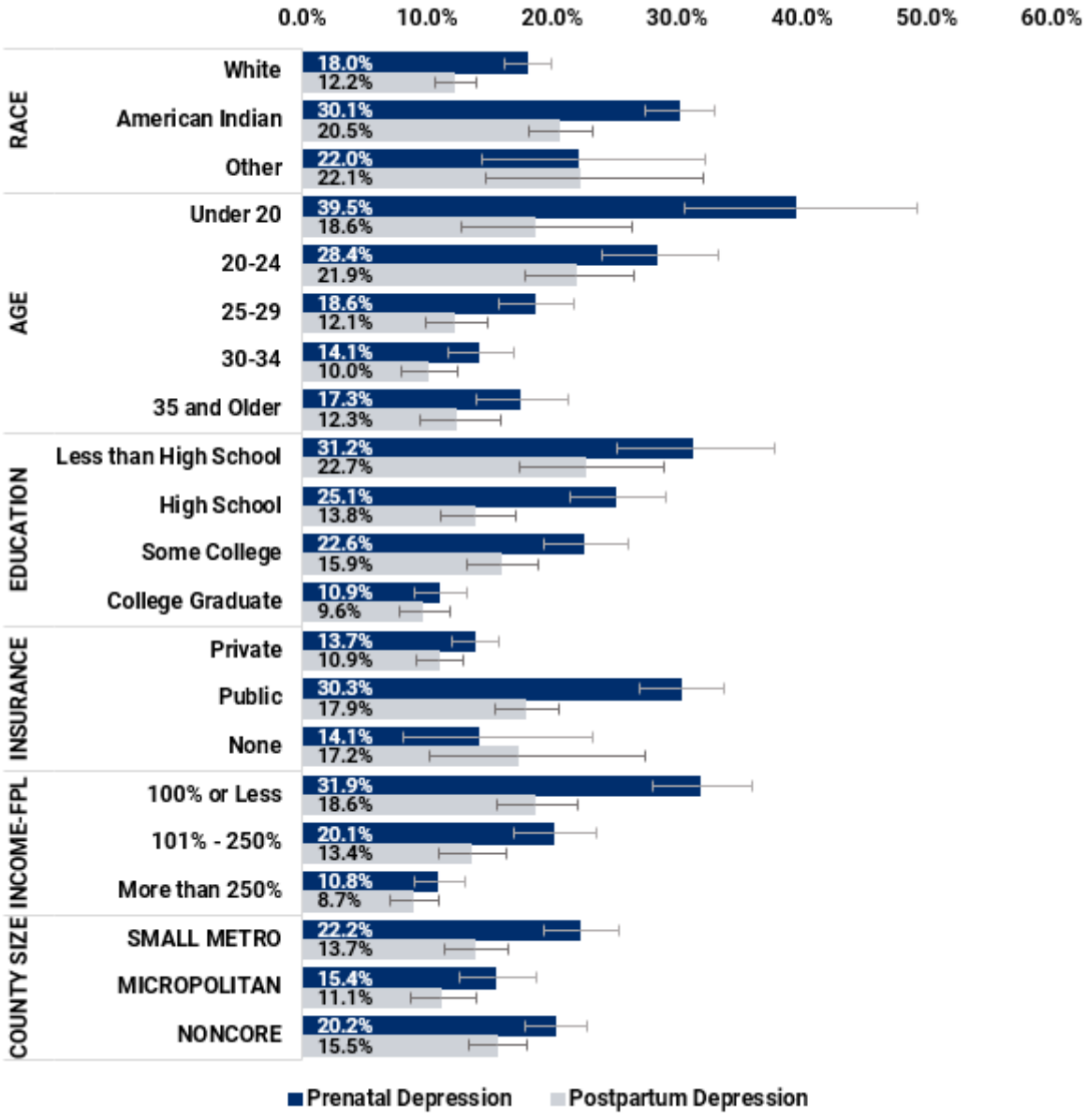
% of mothers reporting depression, 2020-2022



Among mothers who report depression during and after pregnancy, differences can be seen among subgroups of maternal characteristics. Those who are American Indian, 24 years of age or less, with educational attainment less than a college degree, on public health insurance, or have a household income of 250% or less of the federal poverty level report higher prevalence perinatal depression.

The proportion of mothers who experienced depression during and after pregnancy by maternal characteristics.

% of mothers reporting depression during pregnancy or postpartum by subgroup, 2020-2022

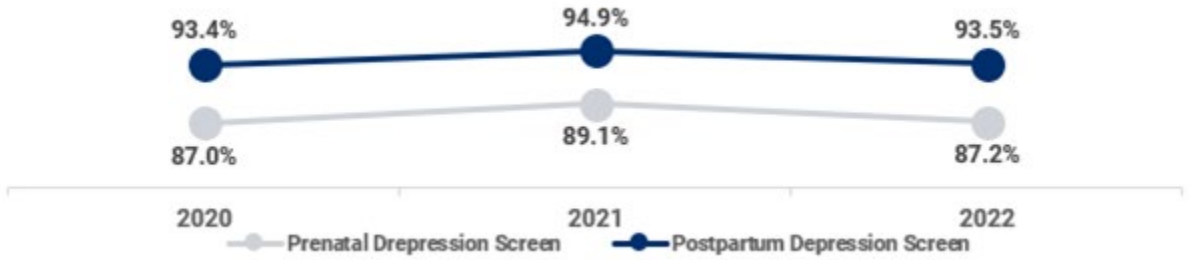


^NCHS Urban-Rural Classification Scheme for Counties
*Estimate have been suppressed because it is statistically unstable.

Depression Screening

Fewer mothers were screened for depression during their prenatal visit compared to those screened during their postpartum visit.

% of mothers screened for depression among those attending a health care visit



Call to Action

Healthcare provider recommendations for mental health screenings

- The American College of Obstetricians and Gynecologists (ACOG) Committee recommends screening pregnant individuals during the perinatal period for depression and anxiety. If screening is completed during this time, it should be completed after the birthing event, as well. Comprehensive assessments are encouraged within postpartum care visits to evaluate physical, social, and mental wellbeing. ACOG also recommends that obstetric providers follow evidence-based prescribing practices for pregnant individuals to treat perinatal mental health conditions.[6] Access the full list of ACOG recommendations within the Assessment and Treatment of Perinatal Mental Health Conditions brief.

National Objectives

Healthy People 2030:

- Increase the proportion of women screened for depression at their postpartum checkup. (MICH-D01)

Title V Maternal and Child Health Block Grant National Outcome Measure:

- Reduce the prevalence of postpartum depression.

Public health recommendations for promotion and education of perinatal mental health

- Public health officials are encouraged to promote national and local maternal mental health resources for pregnant and parenting individuals through public awareness campaigns.
- Public health professionals should advocate for programs and policies that support mental health screening. Promotion of attending health care visits during the perinatal period should be a part of public health campaigns to increase opportunities for mental health screening.
- Public health officials are encouraged to increase awareness of SUD resources such as treatment provider lists and closed-loop referral systems.

Resources

- National Maternal Mental Health Hotline
- National Suicide Prevention Lifeline
- PRISM Line

References

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Disclaimer

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $10MM designed to improve maternal health outcomes. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Suggested Citation

Maternal Mental Health in Montana, 2020-2022. Research & Evaluation Section, Early Childhood and Family Support Division, Montana Department of Public Health and Human Services. Published September 3,2025.https://dphhs.mt.gov/ecfsd/moms/Data.