

Longitudinal Examination of Depressive Symptoms among U.S. Parents who Gave Birth During the COVID-19 Pandemic

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Abstract : Background: Maternal depression is a serious health concern impacting between 10-16% of birthing persons. It is associated with difficulty in emotional interaction and the formation of attachment bonds between parent and infant. Longitudinally, maternal depression can have severe, lasting impacts on both parent and child, increasing the risk for mental, social, and physical health issues. Rates of prenatal depression have been higher among individuals who were pregnant during the first year of the COVID-19 pandemic. Pregnant persons are considered a high-risk group for poor clinical outcomes from COVID-19 infection and may also have faced or continue to face additional stressors such as financial burdens, loss of income or employment, and the benefits accompanying employment, especially among those in the United States (U.S.). It is less clear whether individuals who gave birth during the pandemic continue to experience high levels of depressive symptoms or whether symptoms have been reduced as a pandemic response has shifted. The current study examined longitudinal reports of depressive symptoms among individuals in the U.S. who gave birth between March 2020 and September 2021. Methods: This mixed-method study involved surveys and interviews with birthing persons (18-45 years old) in their third trimester of pregnancy and at 8 weeks postpartum. Participants also completed a follow-up survey at 12-18 months postpartum. Participants were recruited using convenience methods via an online survey. Survey participants included 242 U.S. women who self-reported depressive symptoms (10-item Edinburgh Postnatal Depression Scale) at each data collection wave. A subset of 23 women participated in semi-structured prenatal and 8-week postpartum qualitative interviews. Follow-up interviews are currently underway and will be integrated into the presentation. Preliminary Results: Prenatal depressive symptoms were significantly positively correlated to 8-week and 12-18-month postpartum depressive symptoms. Participants who reported clinical levels of depression prenatally were 3.29 times (SE = .32, $p < .001$) more likely to report clinical levels of depression at 18 months postpartum. Those who reported clinical depression at 8-weeks postpartum were 6.52 times (SE = .41, $p < .001$) more likely to report clinical levels of depression at 18 months postpartum. Participants who gave birth earlier in the pandemic reported significantly higher prenatal ($t(103) = 2.84$, $p < .01$) and 8-week postpartum depressive symptoms ($t(126) = 3.31$, $p < .001$). Data from qualitative interviews contextualize the findings. Participants reported negative emotions during pregnancy, including sadness, grief, and anxiety. They attributed this in part to their experiences of pregnancy during the pandemic and uncertainty related to the birth experience and postpartum period. Postpartum interviews revealed some stressors specific to childbirth during the COVID-19 pandemic; however, most women reflected on positive experiences of birth and postpartum. Conclusions: Taken together, findings reveal a pattern of persistent depressive symptoms among U.S. parents who gave birth during the pandemic. Depressive symptoms are of significant concern for the health of parents and children, and the findings of this study suggest a need for continued mental health intervention for parents who gave birth during the pandemic. Policy and practice implications will be discussed.

Keywords : maternal mental health, perinatal depression, postpartum depression, covid-19 pandemic

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