**Maternal Mental Health Among Utah Women**

**2023 Update**

### How Does Utah Stack Up?

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>Utah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers 18–19 yrs old</td>
<td>13%</td>
<td>14.8%</td>
</tr>
<tr>
<td>35-39</td>
<td>20.1%</td>
<td>24.2%</td>
</tr>
<tr>
<td>40+</td>
<td>32.9%</td>
<td></td>
</tr>
<tr>
<td>40+</td>
<td>15.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.4%</td>
<td></td>
</tr>
</tbody>
</table>

- **Women experiencing depression symptoms after the birth of a baby**
- **Entire population rate of self-reported lifetime depression**

### Race, Age, and Postpartum Depression Symptoms

- **Age**
  - Mothers 18–19 yrs old: 32.9%
  - 35-39: 15.3%
  - 40+: 8.4%

- **Race**
  - White: 15.3%
  - Hispanic/Latino: 15%
  - Other: 18%

### Symptoms Throughout Pregnancy

**Utah**

Women who delivered a live infant reported depression and/or anxiety symptoms before pregnancy, during the prenatal period, or during the postpartum period. The same subset...

- **42.8%** of Utah women reported depression or anxiety symptoms before pregnancy.
- **45.1%** experienced depression or anxiety symptoms before pregnancy.
- **44.3%** experienced anxiety symptoms during the prenatal period.
- **14.8%** experienced symptoms of postpartum depression.
LEADING CAUSES OF MATERNAL DEATHS

- Accidental drug-related deaths: 25%
- Suicide: 20%

Note: 75.0% of women had current or prior mental health conditions, such as depression and anxiety.

UTAH SCREENING RATES FOR DEPRESSION INCREASING

<table>
<thead>
<tr>
<th>Time Frame of Healthcare Visit</th>
<th>2017-2019</th>
<th>2020-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Pregnancy</td>
<td>43.7%</td>
<td>53%</td>
</tr>
<tr>
<td>Prenatal Period</td>
<td>68.9%</td>
<td>75%</td>
</tr>
<tr>
<td>Postpartum Period</td>
<td>85.9%</td>
<td>89%</td>
</tr>
</tbody>
</table>

RISK FACTORS

- Ambivalence Towards Pregnancy
- Chronic Disease
- History of Physical Abuse
- Lack of Partner Support
- Multiple Life Stressors
- No Education
- Poverty
- Traumatic Pregnancy, Labor, or Delivery
- Unintendend Pregnancy
- Unmarried Mother

WHAT CAN WE DO?

**Healthcare Providers**
- Improve screening rates of mothers (and of partners if present). Ensure that mental health resources are consistently shared with mothers, and that follow-up about diagnosis and treatment occurs as needed.

**Policymakers**
- Remain informed about state statistics & support screening and treatment programs.

**Everyone**
- Reduce stigma surrounding maternal mental health so those affected feel safe expressing their needs.

**Friends & Extended Family**
- Understand symptoms, advocate for mothers, and offer emotional and practical support.

**Women & Partners**
- Speak up and ask for help.

UTAH WOMEN & LEADERSHIP PROJECT

Jon M. Huntsman School of Business
Utah State University Extension
uwlp@usu.edu • www.utwomen.org