A Descriptive Study of Depression, Substance Abuse, and Intimate Partner Violence Among Pregnant Women
This presentation is based on the study of pregnant women enrolled in the Augusta Partnership for Children, Inc’s., Healthy Start program between June 2005-June 2009.
Evaluation Team

- Robetta McKenzie, Ed.D., Augusta Partnership for Children Inc., Executive Director/Healthy Start Project Director
- Kisha B. Holden, PhD, Assistant Professor, Morehouse School of Medicine
- Vikki Pruitt, MPH, Deputy Director/Healthy Start Project Coordinator
- Katrina Aaron, MSA, Community Health Programs Research/Evaluation Manager
Our rationale for conducting this study was to

- Validate the scope of depression, IPV, substance abuse among our clients.
- Determine if there were co-occurring issues among clients.
- Establish tailored approaches for providing support services and facilitating referrals to community resources.

This was based on the fact that

- Some of our clients were disclosing mental, emotional, and behavioral health problems.
- Some were reporting intimate partner violence (IPV).
- Some were reporting self and/or partner use of substances.
Learning Objectives

Participants will:

- gain an awareness of the interrelatedness of depression, substance abuse and intimate partner violence.
- learn how to work collaboratively with other community agencies to address multiple issues impacting on pregnant women and how to replicate in their own communities.
- gain an understanding of the need and value of using research to inform programmatic decisions.
Overview of Augusta Partnership for Children, Inc.

A 501(c)(3) collaborative which includes over 120 partner agencies, organizations, and individuals in the community representing

- local government;
- education;
- businesses;
- health/medical services organizations;
- faith-based community;
- social service organizations;
- youth serving organizations;
- consumers of services; and
- private citizens.
OVERVIEW OF AUGUSTA PARTNERSHIP FOR CHILDREN, INC.

OUR VISION
Our children will have the tools and support to become healthy, educated and responsible adults.

OUR MISSION
To develop and sustain partnerships that provide services to improve the lives of children and their families.
GOAL 1: IMPROVE THE LIVES OF CHILDREN AND FAMILIES

Note: Two additional goals include collaboration and sustainability

Benchmark Objectives:

- Reduce the infant mortality rate from 9.5/1000 in 2007 to 9.1/1000 by 2011.

- Reduce the percentage of infants weighing less than 5.5 lbs. (2,500 grams) from 11.4% in 2008 to 9.3% by 2011.

- Reduce the rate of teen pregnancy for girls age 15-17 from 53.0% in 2008 to 47.5% by FY 2011.

Note: There are other benchmark objectives that impact child health and school success.
Complications experienced by women during pregnancy are associated with the presence of depression, substance abuse, and/or intimate partner violence (IPV).

Co-occurring instances of depression, substance abuse and/or IPV among women may elevate their risk for maladaptive pregnancy issues, and subsequent psychosocial and behavioral health problems.

The presence of poor mental health and IPV among pregnant women are risk factors that may contribute to women engaging in adverse health behaviors, such as substance abuse and not seeking prenatal care.
Review of Literature
Depression

- Unaddressed depression during pregnancy due to a lack of identification or engagement in treatment has been found to contribute to numerous negative health outcomes.

- Prevalence rates of depression among US pregnant women range from approximately 12-24%.
An increase in substance use among pregnant women has occurred in the United States over the last 30 years.

Alcohol, tobacco, and other substance use during pregnancy have been found to be associated with birth defects, low birth weight, and child mental/developmental delays.
Approximately 5.2% of pregnant women in the United States experience IPV annually.

Young women’s experiences of IPV during pregnancy have been reported to be associated with poor coping strategies including: drug use, drinking, and engagement in maladaptive behaviors.
**Study Methodology**

Process

- Identified the target population enrolled between 2005-2009.
- Extracted client information from the client records regarding demographics, scored related to depression, substance abuse and IPV screenings.
- Entered information in the database for analysis.
- Analyzed data and reported findings to APC.
Study Methodology

Assessment Measures

- **Healthy Start Client Enrollment Form** (developed by APC)

The following widely used self-report assessment measures that have adequate psychometric properties were selected for use:

- **Edinburgh Postnatal Depression Scale**: 10 item screening tool used to identify symptoms of depression among pregnant and/or post-partum women.

- **Woman Abuse Screening Tool (WAST)**: 8 item questionnaire used to identify and assess women experiencing emotional and/or physical abuse.

- **Four Ps Drug Abuse Screening Tool**: 4 item assessment used to provide an index of drug use and related problems.
Data Analysis

- Descriptive Statistics
- Pearson Product-Moment Correlation Analysis
STUDY POPULATION DEMOGRAPHICS

- Total Number of Study Participants: 602 women
- Race/Ethnicity
  - American Indian/Alaska Native: 4
  - Asian: 6
  - Black: 428
  - Hispanic: 109
  - Multi-racial: 1
  - Native Hawaiian/Pacific Islander: 2
  - White: 48
- The participant’s ages ranged from 11 to 45; with a median age of 24 years old.
**Study Population Demographics**

- **Marital Status**
  - Approximately 83% of the women were single, 11% were married, 1.7% were divorced, 2% separated.

- **Education (highest level of education)**
  - 37% reported completion of high school (graduation)
  - 25% completed some high school
  - 4.8% completed a GED program
  - 13% completed middle school
  - 4.8% completed elementary school
  - 8.5% completed some college
  - 3.1% completed college
  - 2.4% completed some vocational training
STUDY POPULATION DEMOGRAPHICS

- **Employment and Household Income**
  - 67% of women reported being unemployed
  - 88% of women reported an annual household income of approximately $0-$10,830 per year
  - 6.5% of women reported an annual household income of approximately $10,830-$14,570

- **Healthcare Insurance Status**
  - 90% of the women reported having health insurance; and 74% of these individuals reported coverage by Medicaid
Depression

- 30% of the women scored 10 or higher on the Edinburg Depression Screening Instrument during their pregnancy.

- 24% of the women scored 10 or higher on the Edinburg Depression Screening Instrument after the delivery of baby.

Note that any woman that screened positive for depression was referred for further assessment and treatment at a local mental healthcare facility.
Means and Standard Deviations for Scores on the Edinburg Depression Screening Instrument

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Pretest (during pregnancy)</th>
<th>Posttest (after pregnancy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ages</td>
<td>7.01 (5.68)</td>
<td>6.76 (5.33)</td>
</tr>
<tr>
<td>17 &amp; Under</td>
<td>8.33 (4.46)</td>
<td>5.60 (5.30)</td>
</tr>
<tr>
<td>18-25</td>
<td>7.01 (5.57)</td>
<td>6.84 (5.69)</td>
</tr>
<tr>
<td>26-35</td>
<td>6.85 (6.04)</td>
<td>6.75 (4.84)</td>
</tr>
<tr>
<td>36-45</td>
<td>6.77 (5.35)</td>
<td>7.17 (3.76)</td>
</tr>
</tbody>
</table>

- Depression scores were highest among teens 17 years old and under during their pregnancies
- Depression scores were highest among older women ages 36-45 years old post pregnancy
Drugs and Alcohol Use

- 584 of the 602 women responded to questions about drug and alcohol use (18 did not respond to the question).

- 24 of the 584 women reported using drugs or alcohol during their pregnancy.

- 15 of the 584 women reported having a problem with drugs or alcohol in the past.

- 20 of the 584 women reported that their partners have used drugs or alcohol.

- 20 of the 584 women suspected that their partner(s) were addicted to drugs and/or alcohol.
Self Reported Intimate Partner Violence

- 6% IPV
- 94% No Reported IPV

N = 602
Women
PEARSON CORRELATION COEFFICIENTS FOR PRE AND POST DEPRESSION SCORES, DRUG/ALCOHOL USE BY PARTICIPANTS AND PARTNERS AND EXPERIENCE OF INTIMATE PARTNER VIOLENCE
- **Depression and IPV**
  - A significant positive relationship was found between depression and intimate partner violence during pregnancy ($r= .26$, $p< .001$) and after for 36 of the women.

- **Depression and Substance Abuse**
  - A significant positive relationship was found between depression and substance use during pregnancy ($r= .16$, $p< .001$) and after delivery of baby for 24 of the women.
  - A significant positive relationship between depression during pregnancy and substance abuse of partner was also indicated ($r= .14$, $p< .001$) for 20 women of the women.

- **Substance Abuse and IPV**
  - A significant positive relationship was found between substance abuse by partner and interpersonal violence ($r= .19$, $p< .001$) towards the mother for 36 of the women.
Findings

Validate that

- there are co-occurring issues among our clients.

- relationships between depression, substance abuse, and intimate partner violence among our clients are similar to other studies that have yielded comparable results.
Study Limitations

- Frequency and time periods that assessments were given to clients.

- Use of face-to-face interviews may have increased use of social desirability among clients particularly regarding sensitive questions that were asked.

- Size of population which cannot be applied to the general population.
**Study Implications**

Reinforced the need to

- ensure prenatal screenings, education, and preventative measures are undertaken for this high risk population of women.

- identify community based programs that can better assist women with addressing depression, substance abuse, and intimate partner violence during their pregnancy.

- Track follow-up, and monitor referrals provided to support the general well-being and success of women.
Next Steps for APC Healthy Start Staff, Partners and Providers
 Assess tools currently being used for prenatal screenings.

 Refine protocols for timely referrals, follow-up and intermediate support to women experiencing psychosocial issues such as depression, substance abuse, and IPV.

 Identify culturally tailored evidence based education and prevention to improve the recognition of depression, substance abuse, and IPV for pregnant women.
- Identify additional resources within the community that can assist women at risk for depression, substance abuse, and IPV.

- Offer provider trainings to help identify and address psychosocial issues for pregnant women.

- Identify viable strategies to encourage clients to complete mental health and community referrals.
References


Dr. Robetta D. McKenzie, Ed.D
Executive Director
Augusta Partnership for Children, Inc.
706-721-7415
rmckenzie@augustapartnership.org
www.augustapartnership.org