

Interpersonal violence during pregnancy partially mediates the association between Adverse Childhood Experiences and postpartum depression (ND PRAMS 2017-2020)

Nishat Sultana¹, Lexie Schmidt¹, Grace Njau², Matthew Schmidt², Anastasia Stepanov², RaeAnn Anderson³, Amy Stiffarm⁴, Anna Charlotta Kihlstrom⁵, Tara Stiller⁵, and Andrew Williams^{1,5}

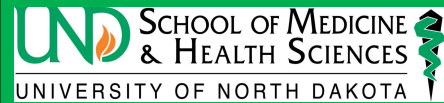
1) Department of Population Health, School of Medicine & Health Sciences, University of North Dakota, ND.

2) North Dakota Department of Health & Human Services, Bismarck, ND

3) Department of Psychology, College of Arts & Sciences, University of North Dakota, Grand Forks, ND

4) Health Mothers Healthy Babies – Montana Coalition, Helena, MT

5) Department of Indigenous Health, School of Medicine & Health Sciences, University of North Dakota, Grand Forks, ND



Research Question

Does IPV surrounding pregnancy mediate the association between ACEs and PPD?

Background

-Postpartum depression (PPD) is a significant public health issue, impacting approximately 1 in 8 women across the United States.

-Both IPV and ACEs have been linked to adverse physical and mental health problems.

-ACEs also increases risk for IPV

-However, little data regarding the relationship between ACEs, IPV, and PPD exist

Methodology

- The sample includes women (weighted n = 43535) from the North Dakota Pregnancy Risk Assessment Monitoring System (2017-2020)

- PPD was self-reported to two questions regarding recent hopelessness and recent displeasure. Subjects identified as having PPD if they answered 'Yes' to either question.

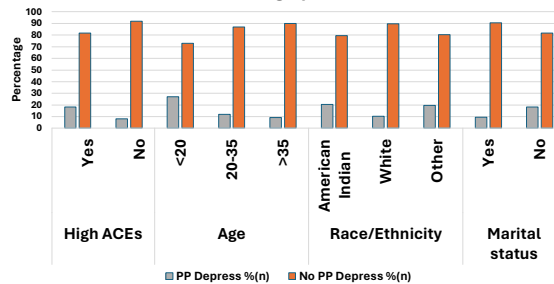
- Participants self-reported yes/no to 10 Adverse childhood experiences regarding abuse, household challenges, and neglect. Those with ≥ 2 ACEs were identified as 'High ACEs'

- PROC CAUSALMED estimated odds ratio mediation effects and 95% confidence intervals to examine IPV as a potential mediator between ACEs and PPD.

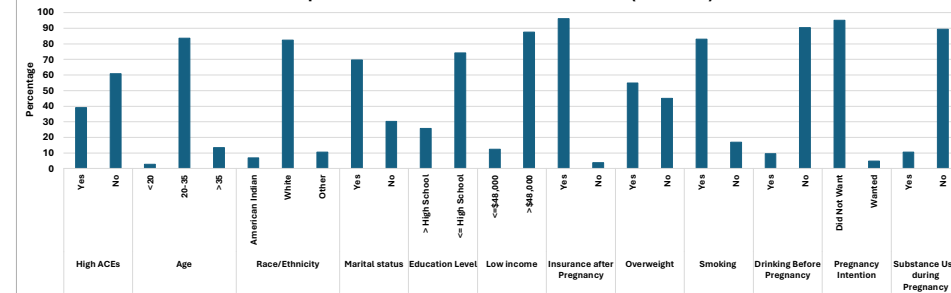
-All models were adjusted for maternal demographic and health factors and weighted for complex survey design.

Results

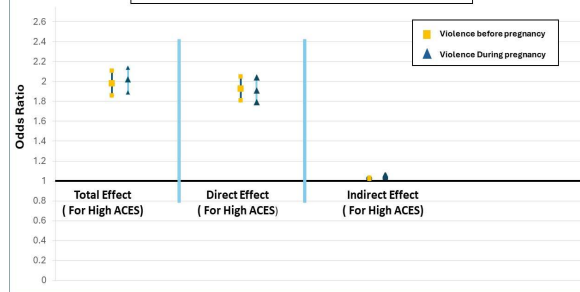
Postpartum Depression by High ACEs and key demographics



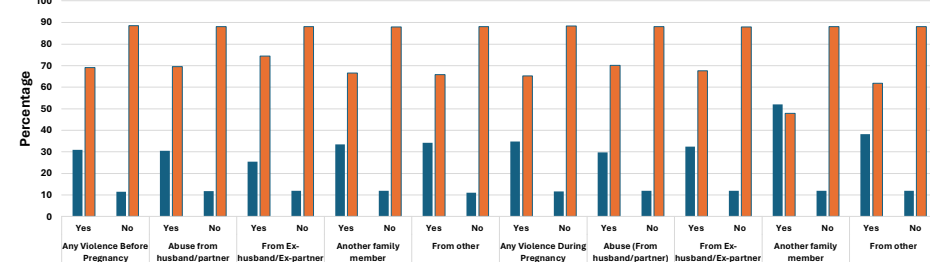
Sample distribution 2017-2021 ND PRAMS (n=43535)



Association between High ACEs and PPD as mediated by IPV odds ratio and 95% CIs



Prevalence of Postpartum Depression by Perpetrator of Violence



Discussion

- ACEs strongly predict PPD, yet IPV during pregnancy explains 10% of the effect of ACEs on PPD

- Interpersonal violence plays a meaningful role in the association between ACEs and PPD

- Screening for ACEs and IPV in family planning and prenatal visits

- Case management-type services may be appropriate; need to identify at-risk people early on, and link them with services

Acknowledgments

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