Maternal Mental Health in Canada, 2018/2019

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Worldwide, maternal mental health problems are considered a significant public health issue. According to the World Health Organization, maternal mental health problems increase the risk of poor physical health for the mother and can also affect the health of the infant.

In Canada, almost one-quarter (23%) of mothers who recently gave birth reported feelings consistent with either post-partum depression or an anxiety disorder. The proportion of mothers reporting these feelings varied across provinces, ranging from 16% in Saskatchewan to 31% in Nova Scotia.

The 2018/2019 Survey on Maternal Health provides a snapshot of the mental health of mothers who gave birth between January 1, 2018 and June 30, 2018. These women were surveyed 5 to 13 months after giving birth. Statistics Canada conducted this survey in collaboration with partners at the Public Health Agency of Canada and Health Canada.

Younger mothers more likely to report feelings consistent with either post-partum depression or an anxiety disorder

After giving birth, mothers are likely to experience a wide range of feelings. Signs of depression or an anxiety disorder may appear within the first year after birth and can last for months or even years. These signs include feelings of sadness, worry, and fatigue. Unlike "baby blues," these feelings are more intense and longer lasting, and may not resolve on their own.

The proportion of mothers under the age of 25 reporting feelings consistent with either post-partum depression or an anxiety disorder was higher (30%) than all other age groups. By comparison, the proportion of mothers aged 25 and older reporting these feelings was 23%.

One in three mothers who report feelings consistent with either post-partum depression or an anxiety disorder have previously been told that they had depression or another mood disorder

One factor that increases the risk for feelings of post-partum depression or an anxiety disorder is having had previous experiences of a mood disorder, such as depression. As such, of those mothers who reported feelings consistent with either post-partum depression or an anxiety disorder, 31% had previously been told by a health professional that they had depression or a mood disorder prior to being pregnant. By contrast, among mothers who did not report these feelings in the survey, 11% had previously been told by a health professional that they had depression or a mood disorder prior to being pregnant.

Few mothers report thoughts of self-harm

Some people may experience thoughts of self-harm, which may occur with or without any signs of depression. Among mothers who reported feelings consistent with either post-partum depression or an anxiety disorder, 12% stated they had thoughts of harming themselves "sometimes" or "often" since the birth of their child. By contrast, for mothers who did not report these feelings, 1% stated they had a similar frequency of thoughts of self-harm.

Most mothers discuss mental health concerns with family, friends, or health professionals

Often, feelings consistent with post-partum depression or an anxiety disorder remain undiagnosed and untreated, in part because some of the signs are expected during the postpartum period.

Two-thirds (67%) of mothers who reported feelings consistent with either post-partum depression or an anxiety disorder, and almost one-quarter (23%) of mothers who did not report these feelings at the time of the survey, expressed having concerns about their emotions and mental health at some point since the birth of their child. Of





those who had concerns, 85% spoke to someone about them. Of those who spoke to someone, 47% talked to a spouse or partner, friend, or family member but not a professional; 46% spoke with both family or a friend and a professional (such as family doctor, nurse or midwife, psychiatrist, psychologist, or social worker); while 7% consulted a professional but not family or a friend.

Almost one-third (32%) of mothers who reported feelings consistent with either post-partum depression or an anxiety disorder, and 10% of mothers who did not have these feelings, reported receiving treatment for their emotions or mental health since the birth of their child. Of those who received treatment, 39% received counselling therapy, 38% received treatment in the form of medication such as anti-depressants, and 23% received treatment that included both medication and counselling.

Vast majority of mothers report being very satisfied or satisfied with their life

A well-rounded picture of mental health includes considering positive mental health in addition to problems. Self-rated mental health is an important indicator of well-being. In this regard, more than half of mothers (60%) rated their mental health as "excellent" or "very good." Among mothers who reported feelings consistent with post-partum depression or an anxiety disorder, just under one-quarter (24%) rated their mental health as "excellent" or "very good." By comparison, among mothers who did not report these feelings, more than two-thirds (70%) rated their mental health as "excellent" or "very good."

Satisfaction with life is another measure of well-being. The majority of mothers rated themselves as very satisfied (44%) or satisfied (48%) with life. This is in line with the life satisfaction levels of all women aged 15 to 49 as reported by the 2017 Canadian Community Health Survey, which found that 41% were very satisfied with their life and 54% were satisfied.

Very few mothers report use of cannabis or of opioids during pregnancy

To better understand mothers' experience during pregnancy and breastfeeding, mothers were asked about their use of cannabis and opioids. Women may use substances during pregnancy for a number of reasons. Some women may use cannabis during pregnancy or breastfeeding for medical or non-medical purposes.

Nationally, the proportion of mothers who used cannabis during pregnancy was 3%. The same proportion (3%) of mothers reported use while breastfeeding. The *Cannabis Act* (C-45) became law October 17, 2018, putting in place a new framework for controlling the production, distribution, sale and possession of cannabis in Canada. The survey was conducted after this date and women were asked to report their use of cannabis during their pregnancy, which occurred prior to the legalization and regulation of cannabis.

Substances such as opioids may be prescribed, or may be used for non-medical purposes. Opioid use during pregnancy was reported by 1% of mothers. This refers to any type of use, including medical use and non-medical use.

Note to readers

This survey was developed by Statistics Canada in collaboration with the Public Health Agency of Canada. The data were collected from November 29, 2018 to February 5, 2019.

The survey was conducted as part of the Rapid Stats program offered by Statistics Canada's Centre for Social Data Integration and Development to rapidly respond to pressing data needs. The target population of this survey was mothers who had given birth from January 1, 2018, to June 30, 2018, living in the provinces. The survey sampling frame consisted of women who had applied for the Canada Child Benefit up until October 2018.

Data collected include questions on participation in pregnancy and parenting support programs, general physical and mental health, life satisfaction, feelings of post-partum depression and anxiety, use of cannabis and opioids during pregnancy, use of cannabis during breastfeeding, and socio-demographic characteristics of the mother (age, marital status, highest level of education) and child (date of birth, age at time of survey).

The Edinburgh Postnatal Depression Scale is a short-form version of five items (EDS-5) and is a validated tool used to assess post-partum depression. A score was tallied from the 5 questions of the EDS; women with a score of 7 or higher were considered to have a moderate level of symptoms of post-partum depression in the week prior to completing the survey. The Generalized Anxiety Disorder [GAD]-2 scale was used to assess generalized anxiety disorder. The GAD-2 includes two questions that were scored on a scale; those with a score of 3 or higher were considered to have symptoms of generalized anxiety disorder in the two weeks prior to completing the survey. The data reported in this survey reflect that the respondent had feelings consistent with post-partum depression and/or an anxiety disorder and do not necessarily reflect a professional diagnosis of either condition.

The total sample size for this survey was 13,000. The survey response rate was 55% which resulted in 7,085 respondents. Approximately 66% of the respondents completed the survey online, while the remainder were contacted by interviewers to complete the survey over the telephone. Survey sample weights were applied so that the analyses would be representative of the Canadian population.

These data will be available in the Research Data Centres.

Data limitations and cautions

The survey frame includes only women who applied for the Canada Child Benefit, and would exclude situations such as stillbirths or when a child died shortly after birth.

This topic was last addressed in the 2006 Maternity Experiences Survey. However, the results cannot be directly compared due to methodological differences in how the surveys were conducted.

The information in this release is self-reported. Social desirability is a potential source of bias, and may be especially relevant to this analysis.

Not all relevant covariates were available in this short survey.

Definitions, data sources and methods: survey number 5283.

The Infographic "Maternal Mental Health in Canada," which is part of Statistics Canada – Infographics (11-627-M) is now available.

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; **STATCAN.infostats-infostats.STATCAN@canada.ca**) or Media Relations (613-951-4636; **STATCAN.mediahotline-ligneinfomedias.STATCAN@canada.ca**).