



Substance Use and Postpartum Depression, Implications for Research and Treatment

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Background

While postpartum substance use receives little attention, available research shows the importance of examining this issue.¹

- Related child neglect and abuse.^{2,3,4}
- Generational cycles of abuse.^{5, 6}
- Consistent pattern of increased substance use in postnatal period (table 1).

Objective

Review literature on postpartum substance use to identify common findings & key areas for research.

Results

Depression was positively associated with cigarette, alcohol, and drug resumption postpartum.

PPD and substance use were positively associated, but their temporal relationship was unclear.⁸

Prenatal substance users had higher rates of PPD, but this could relate to other factors, such as poverty.

Variation in rates suggest that prenatal use of some substances increase PPD.

PPD may also make it more difficult for women with use history to abstain.

Prevalence varied by substance and population

Adolescent mothers were particularly vulnerable.⁶

Prenatally, women of high socioeconomic status used alcohol and marijuana, while low status women used other drugs.⁷

35+ studies considered postpartum substance use.

Prenatal substance use, young age, less education, stress, no partner, substance using partner, poor health, being Black, multiparous, and having late or no prenatal care were also positively associated with resumption.⁹⁻¹¹

Smoking relapse was triggered by specific events (e.g., medical crisis).¹²

The decision to quit prenatally and abstain postpartum were separate events.⁹

Discussion/Conclusion

Postnatal substance use can negatively affect the long-term health of mothers and children. Correlates of postpartum substance use suggest that women are socially, economically, or emotionally vulnerable. The postpartum period is a particularly tumultuous one, and at risk women require extra support to abstain. Research must assess the long-term outcomes and determine characteristics useful to identify candidates for intervention during the prenatal period when women are most likely to come into contact with care providers. Care providers must be aware of who is most at risk and possible triggers for use resumption.

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Table 1. Results from the National Surveys on Drug Use and Health: Women Aged 15-44 & Pregnant or with a Child < 1 year old

Year(s)	Reported Measure	Pregnant Women	Recent Mothers
2002-2005 ^A	Past Month Smoking	17.3%	23.8%
2002-2003 ^B	Illicit Drug Use	4.3%	8.5%
	Heavy Drinking	0.7%	1.8%
1999 ^{C-D}	Cigarette Smoking	18%	23.7%
	Illicit Drug Use	1.2%	2.5%
	Heavy Drinking	0.2%	2%
	Binge Drinking	3.3%	16%
	Cigarette smoking	17%	29.6%

A) <http://oas.samhsa.gov/2k8/pregnantAlc/pregnantAlc.htm>; B) <http://oas.samhsa.gov/2k5/pregnancy/pregnancy.htm>

Methods

Keyword searches using terms, such as postpartum depression and substance use, downloading sources in articles and using the cited by feature of search engines.

Drug and alcohol use may cause or exacerbate 7 of 10 child neglect/abuse cases.¹²

Substance use affected mother child interactions.¹³

Second hand smoke is associated with multiple health and development issues (e.g., asthma and cognitive deficit).¹⁴

Second hand smoke may be a primary risk for Sudden Infant Death Syndrome (SIDS).¹⁴

Parent based treatment may be likely to become Gold Standard for addicted mothers.¹⁵

Addicted mothers had better outcomes when mother child relationship were maintained.¹

Interventions that begin prenatally, relieve stress, and provide parenting assistance are especially promising.^{13, 15}

Mother/child residential treatment programs offer unique opportunities for combined substance and parenting intervention.¹³

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