

The effect of immediate postpartum etonegestrel implants on postpartum depression.

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Background

- Immediate postpartum implant (IPI) placement prevents rapid repeat pregnancies in adolescents.¹
- Postpartum depression (PPD) affects approximately 1 in 10 women.²
- Progestin-only methods of contraception, such as the contraceptive implant, and their relationship with depression is unclear and understudied.

Immediate postpartum implant (IPI) placement in adolescents?

Pros:

- Reduces of rapid repeat pregnancy¹
- Cost effective²
- Highly desirable by patients
- High continuation rate³
- Takes advantage of access to care

Cons:

- Interferes with breastfeeding³
- Increases breakthrough bleeding⁴
- Increases rate of postpartum depression (PPD)?

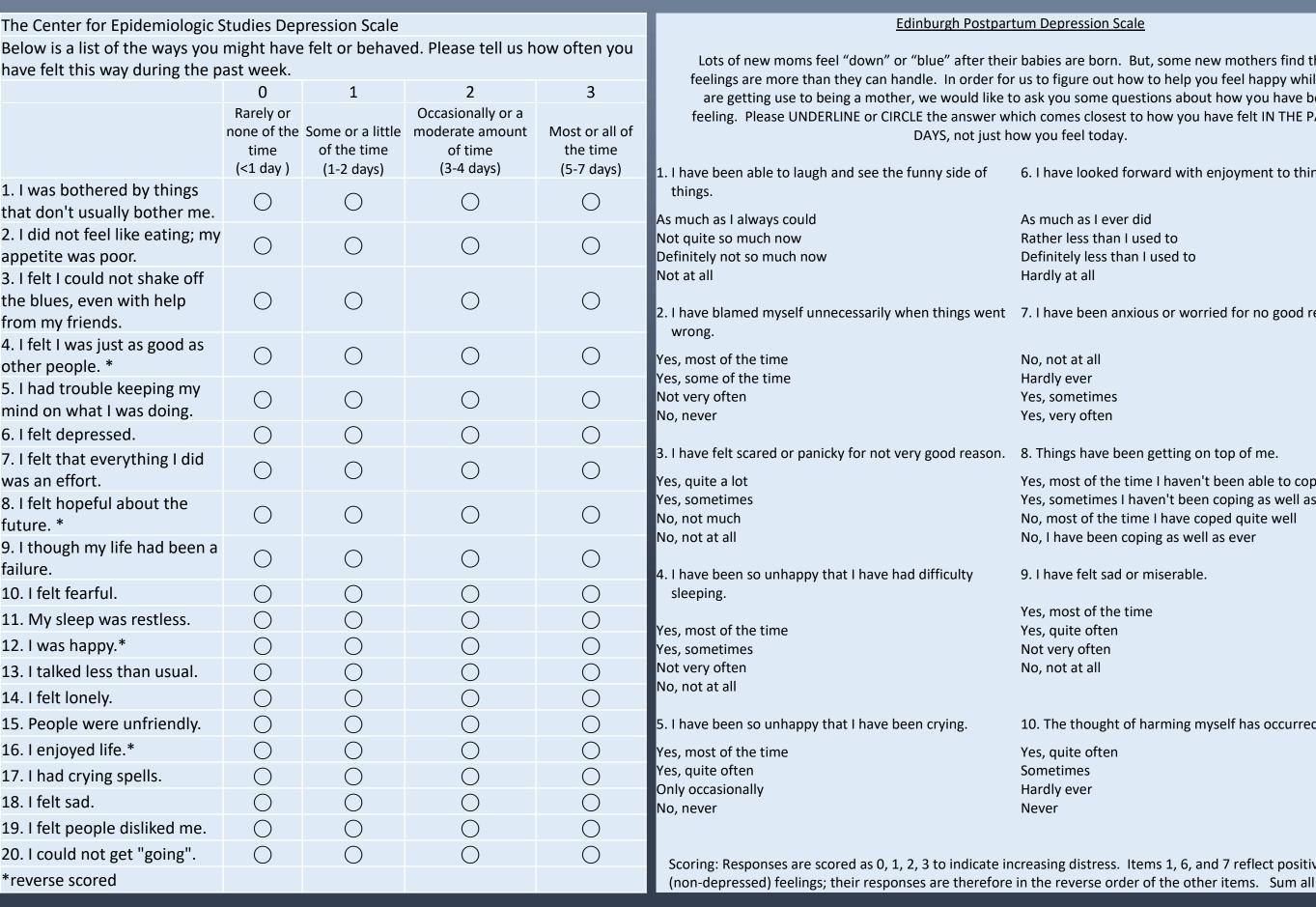
OBJECTIVE:

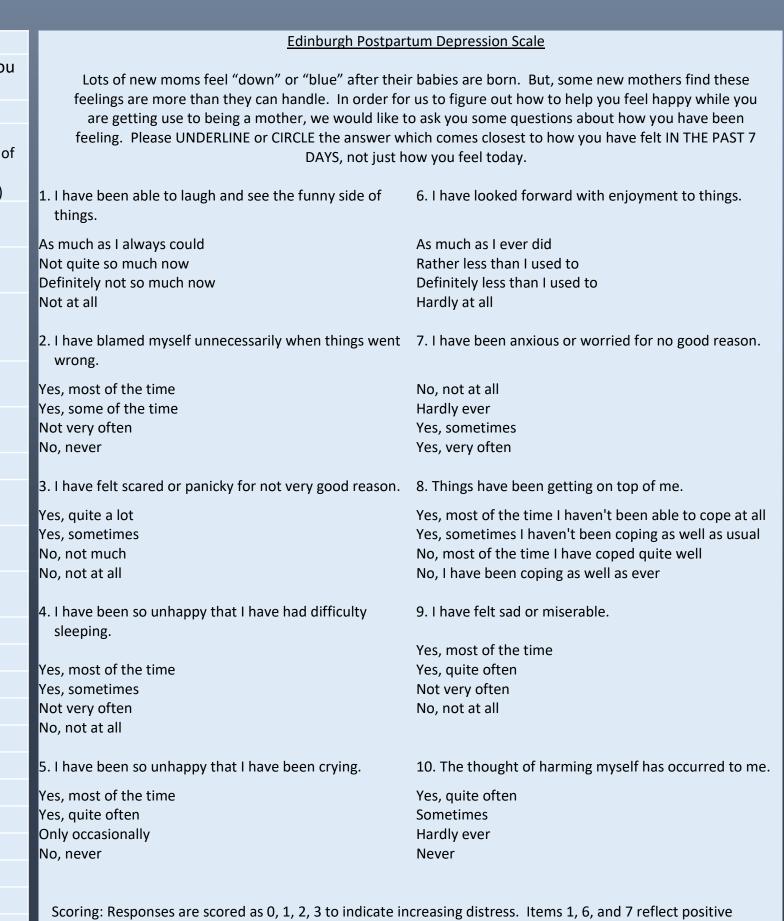
To examine the relationship between IPI and PPD.

HYPOTHESIS:

IPI placement does not increase rates of PPD when compared to other methods of PP contraception.

The CES-D and EPDS



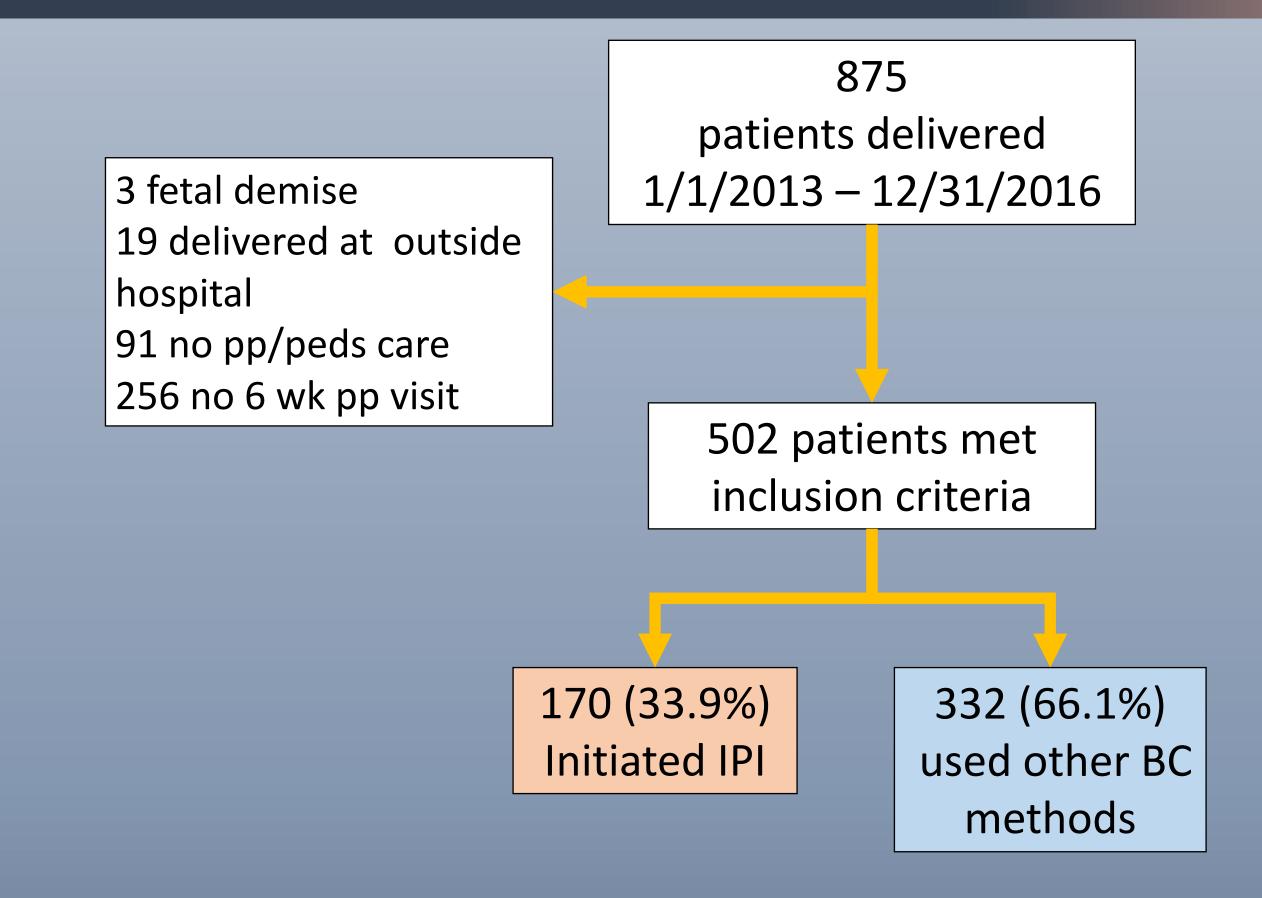


Methods

- RETROSPECTIVE COHORT OF ADOLESCENTS
- 13-24 years of age. Prenatal and postnatal care provided by the Colorado Adolescent Maternity Program (CAMP). Delivered at the University of Colorado Hospital. Pre- and postnatal depression screening performed at CAMP.
- Medical records review to identify: demographic, reproductive, & delivery characteristics; postpartum contraceptive initiation; pre- and postnatal depression scores.
- Depression evaluated using the Center for Epidemiologic Studies Depression scale (CES-D; prenatally⁵) and the Edinburgh Postpartum Depression Scale (EPDS; postnatally⁶).
- CES-D positive if score ≥24⁷; EPDS positive if score ≥10.6
- We compared women initiating contraceptive implants within 14 days of delivery (IPI) vs all others.

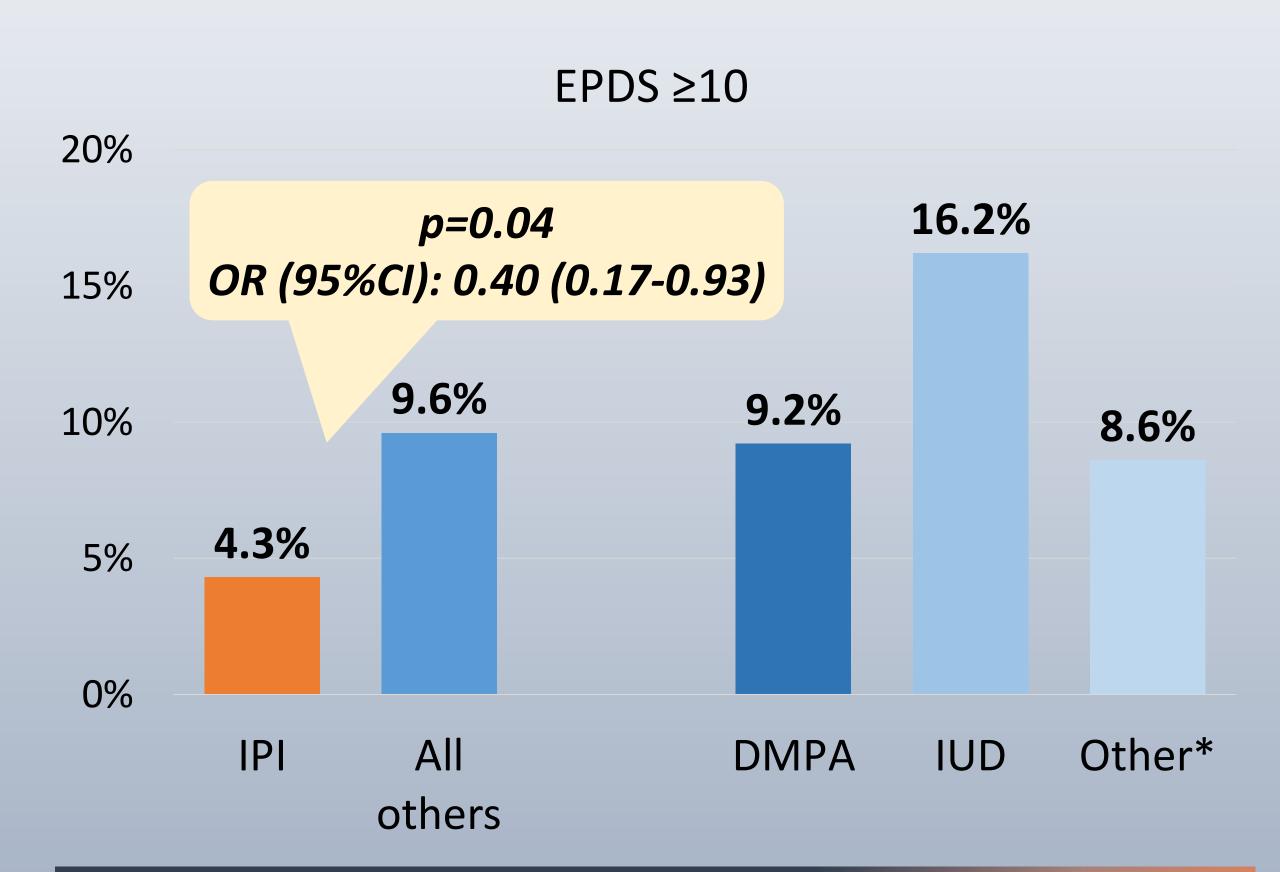
PRIMARY OUTCOME: Positive EPDS at 6-weeks postpartum⁸

Results



Characteristic	IPI n=170 32.7%	Other n=332 67.3%	p-value or OR (95% CI)
Age (years)	19.3 (14.3-22.2)	19.4 (13.9-22.2)	0.64
Primigravid	79.4%	74.7%	1.31 (0.74-2.04)
Primiparous	87.6%	84.6%	1.29 (0.75-2.22)
In school or graduated	69.5%	63.0%	1.34 (0.89-2.00)
Has relationship with father of child	89.3%	89.7%	0.96 (0.52-1.77)
Lives with parents	53.4%	59.5%	0.78 (0.52-1.17)
CES-D ≥24	12.0%	15.2%	0.77 (0.44-1.34)
C-section delivery	16.3%	12.9%	0.77 (0.48-1.31)
Preterm birth (<37 weeks gestation)	19.9%	11.9%	1.83 (1.10-3.05)
Low birth weight (<2500 gms)	12.9%	8.3%	1.64 (0.90-2.98)

Results



Discussion

- IPI placement reduces rapid repeat pregnancy, is cost-effective, highly desirable for patients, and has a high continuation rate in adolescents. 1,9
- IPI placement does not interfere with breastfeeding or increase breakthrough bleeding.
- IPI placement does not increase rate of postpartum depression in adolescent women. In this study, IPI users had lower rates of postpartum depression than those initiating other methods.
- Providers should encourage adolescent mothers to choose whichever highly-effective contraceptive method they prefer for postpartum use and be reassured that progestin-containing methods do not increase PPD.

References

- Tocce K, Sheeder J, Teal S. Rapid repeat pregnancy in adolescents: do immediate postpartum contraceptive implants make a difference?. Am J Obstet Gynecol. 2012;206(6):481.e1-481.e7.
- Vesga-López O, Blanco C, Keyes K, Olfson M, Grant BF, Hasin DS. Psychiatric disorders in pregnant and postpartum women in the United States. Arch Gen Psychiatry. 2008 Jul;65(7):805-15.
- Braga G, Ferriolli E, Quintana S, Ferriani R, Pfrimer K, Vieira C. Immediate postpartum initiation of etonogestrel-releasing implant: A randomized controlled trial on breastfeeding
- Wilson S, Tennant C, Sammel M, Schreiber C. Immediate postpartum etonogestrel implant: a contraception option with long-term continuation. Contraception. 2014;90(3):259-264.
- Radloff LS. The CES-D scale: A self-report depression scale for research in the general population. Appl Psychol Measure. 1977; 1:385-401.
- Cox JL, Holden JM, Sagovsky R: Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry. 1987; 150: 782.
- Roberts RE, Lewinsohn PM, Seeley JR. Screening for adolescent depression: A comparison of depression scales. J Am Acad Child Adolesc Psychiat. 1991; 30:58-66. Sheeder J, Kabir K, Stafford B. Screening for postpartum depression at well-child visits: is once enough
- during the first 6 months of life? Pediatrics. 2009 Jun;123(6):e982-8 Han L, Teal S, Sheeder J, Tocce K. Preventing repeat pregnancy in adolescents: is immediate postpartum insertion of the contraceptive implant cost effective?. Am J Obstet Gynecol. 2014;211(1):24.e1-24.e7.

Acknowledgements

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