Understanding the Effect of Military Stress on Postpartum Outcomes in Active Duty Women

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Abstract

INTRODUCTION: With the expansion of women’s role in the military, it is important to understand how the added stressors unique to military life affect their health as new mothers and to maintain the physical readiness of female soldiers, sailors, and airmen.

OBJECTIVES: The primary objective of this study was to identify stressors unique to women in the military that may contribute to adverse postpartum outcomes.

METHODS: All active duty and veteran women who experienced their first pregnancy and gave birth while in the military within the past ten years were invited to participate in the study. Participants completed a modified Postpartum Depression Predictors Inventory-Revised (PDPI-R) and demographic questionnaire. Data was collected through anonymous surveys administered online via social media channels associated with the Student Veteran Resource Center at UCSD and various support groups for female servicemembers on Facebook. Our primary outcome was to examine the unique risk factors related to military service that may have contributed to increased rates of PPD in a military sample.

RESULTS: A total of 260 active duty women and women veterans participated in the study. Of the 260 participants, 66.9% reported experiencing depression during their pregnancy and 50.8% experienced anxiety. Over half (58.5%), experienced depression and 61.2% experienced anxiety after pregnancy. Most were not treated for postpartum depression (89.2%). Themes identified in open-ended responses potentially contributing to PPD included: dual-military challenges, childcare hardships, military physical fitness difficulties, negative consequences for advancement opportunities, lack of command support, issues with healthcare providers/facilities, deployment stressors, lack of breastfeeding support and/or facilities, and maternity leave concerns.

CONCLUSIONS: An elevated prevalence of PPD was apparent among study participants. Major risk factors included lack of support from military peers, lack of breastfeeding support, and inadequate time to prepare for physical fitness assessments.

Policy Implications

Factors identified that may contribute to PPD outcomes:

- General lack of support from command
- Barriers to breastfeeding
- Inadequate time to heal and prepare for physical fitness assessment
- Difficulties acquiring child care
- Insufficient length of maternity leave time

Other findings:

- Higher rates of PPD were reported among enlisted women (67.8%) than officers (46.7%)
- Results show no difference in PPD outcomes when comparing those who received 12 weeks or more maternity leave to those who received less than 12 weeks (59% vs. 58.5%)

Discussion

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References