It is not uncommon for women to experience some form of mild mood changes during or after the birth of a child. Reasons for the mood changes experienced during this time vary. Common reasons include, but they are not limited to, lack/disruption of sleep, limited social support, and/or bio-chemical changes the body is experiencing related to pregnancy and childbirth. Approximately 15 to 20% of women experience more significant symptoms of anxiety and depression in the year after giving birth. The percentages are even higher for women who are dealing with poverty, and can be twice as high for teen parents. In addition to experiencing depression and anxiety during and/or after pregnancy, other mental health disorders include, but are not limited to, pregnancy or postpartum obsessive compulsive disorder (3-5%), postpartum post-traumatic stress disorder (9%), bipolar mood disorders, and postpartum psychosis (0.1-0.2% of births). The American Congress of Obstetricians and Gynecologist (ACOG), American Academy of Pediatrics (AAP), and US Preventive Services Task Force recommend that all pregnant and post-partum mothers be screened for Perinatal Mood and Anxiety Disorders (PMAD) using a standardized, validated tool. A common industry standard tool used to screen for PMAD is the Edinburgh Post Natal Depression Scale (EPDS). Other industry standard tools used to screen for depression include the Patient Health Questionnaire 9 (PHQ-9), Beck Depression Inventory, Beck Depression Inventory II, Center for Epidemiologic Studies Depression Scale, and Zung Self-rating Depression Scale. Further assessments and/or appropriate referrals by the healthcare provider should be made for those screening positive. In addition to referrals for further assessment/diagnosis and community based resources providers may also refer clients with high risk and identified barriers to care to the County MCAH program for further case management and coordination.


The Santa Barbara County Emergency Medical Services (SBC EMS) Agency, within the Public Health Department, is responsible for the oversight and regulation of the medical care provided in the “pre-hospital” system. This oversight reviews all 911 responses by fire departments, ambulances and emergency medical helicopters, and all transports to local medical facilities for care and further treatment. A key component of our responsibility is to identify issues in local processes that have room for improvement. As many know, Sudden Cardiac Arrest (SCA) continues to be a leading cause of death in the United States. Roughly, 326,000 people of all ages experience an out of hospital, non-traumatic, 911-assessed cardiac arrest each year. In 2010, the SBC EMS Agency began participation in the
Cardiac Arrest Registry to Enhance Survivability (CARES,) developed by Emory University and the Centers for Disease Control. Upon review of SBC 2011 data, it was determined that only 14% of individuals who experienced the type of cardiac arrest with the highest probability of survival were actually surviving to return home. In response, the EMS Agency, with the guidance of Dr. Angelo Salvucci, the EMS Medical Director, developed a Cardiac Arrest Management Plan that was implemented by every EMS first responder agency in the County, e.g. all fire departments, ambulance services and dispatch centers. The goal of this collaborative program is to “maximize the number of cardiac arrest patients that wake up and return home to their families.” Every agency has invested time and resources to implement this training and process to better serve our communities. As a result, each year has seen drastic improvement in our cardiac arrest outcomes, and currently the survival rate is up from 14% to a high of 53%! Santa Barbara County is now in the top 3% of communities in the United States for cardiac arrest survival outcomes.

In honor of those who have beaten the odds, the EMS Agency is hosting the County’s first Cardiac Arrest Survivor Celebration on February 13, 2017. Cardiac arrest survivors and their families have been invited to attend a recognition event that will also be a reunion with those that were involved in their care, including bystanders, friends, dispatchers, firefighters, EMTs, paramedics, police officers, and hospital staff. As the ‘Chain of Survival’ becomes stronger all across our County, we see that it truly takes a team of people working together to bring cardiac arrest survivors back to their families to live a long and happy life.

Influenza Season Update – Disease Control Program

Influenza activity is widespread across California resulting in severe illness, especially among immunocompromised and elderly persons. The severity of influenza illness is attributed to the predominant circulating Influenza A/H3N2 strain, which typically causes more severe disease. This year’s influenza vaccine matches the circulating strain in our community and vaccination is still the best defense against the flu. Antiviral medication is encouraged to help reduce the severity of illness when given early during symptom onset.

For anyone who has not yet received a flu shot this season, it is not too late. Influenza activity usually continues for several months, and typically peaks in February. Because it takes about two weeks after vaccination for antibodies that protect against influenza, it is best to get vaccinated as soon as possible. Influenza vaccination is recommended for all persons aged six months and older, including pregnant women.

For more information about influenza visit the Santa Barbara County Public Health Department’s website at www.sbcphd.org/IZ or CDPH influenza web page. Visit the HealthMap Vaccine Finder to find out where you can get a flu shot!

Epidemiology Program Updates

- 2016 Fourth Quarter Reportable Communicable Diseases Counts for the County: http://cosb.countyofsb.org/uploadedFiles/phd/EPI/2016%20CD%204th%20QT.pdf
- Updated reports available on the Epidemiology Reports webpage: http://cosb.countyofsb.org/phd/epi.aspx?id=40517
  ◦ 2016-2017 Seasonal Influenza Report - The local influenza report updated every two weeks.