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Overcoming Barriers to Perinatal Depression Treatment

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Background
• Perinatal depression is common1 and has deleterious effects on mother, fetus/child and family.2
• Despite effective evidence-based treatment for perinatal depression, most women do not get treatment.3
• Obstetricians have not traditionally identified and/or responded to the mental health needs of perinatal women.4
• Caring and committed providers are frustrated and confused5 and mothers do not feel seen, heard or understood by their providers.6
• Implementing supports for perinatal women within the traditional medical model poses many challenges to mental health and obstetric providers

MotherWoman supporting perinatal women
MotherWoman is a community-based perinatal support organization dedicated to preventing and treating perinatal depression through an innovative organizational change approach, the Community-Based Perinatal Support Model (CBPSM). This model includes:
1. Peer-led support groups for perinatal women
2. Organizational change interventions that include structured screening and referral, health care provider trainings and networks, and resource and referral guides

Methods
Participants
• First focus groups with MotherWoman clients, 3 months – 2 years postpartum who self-identified as having experienced perinatal depression or emotional crisis

Data collection
• Focus group probe targeted perceptions of the best practices to engage perinatal women in depression treatment and potential strategies for change
• Investigators met after each group to record observations and reviewverbatim notes
• Participants received gift cards for their participation

Data analysis
• Transcripts were reviewed, segmented, and coded by investigators using an iterative, content-comparative process to identify emerging themes and document patterns
• Inter-rater reliability of more than 90% was achieved by two investigators comparing randomly selected coded pages from focus group notes

Discussion
• Despite barriers, numerous facilitators to treatment were identified
• Supporting women’s mental health during the perinatal time period should ideally be done in both the medical setting and community
• Supporting the mental health of perinatal women is a fundamental challenge with multiple opportunities for intervention and education

Strategies to address perinatal depression include
1. Offer training to OB/Gyn and mental health providers in the detection and screening of perinatal depression
2. Prepare women for the postpartum period through psychoeducation and peer-support
3. Create flexible treatment options that go beyond medication management and emphasize transition to motherhood

Results will
• Contribute to understanding the barriers and facilitators perinatal women experience when trying to access depression treatment
• Provide preliminary guidelines for the development of strategies to engage perinatal women in depression treatment
• Inform the development of interventions that aim to integrate the treatment of perinatal depression into medical settings

Women Experience Many Barriers to Accessing Care
• Women have many fears including concerns about losing parental rights, stigma, and involuntary psychiatric hospitalization
• Medical providers may lack skills and knowledge regarding mental health care
• Not sensitive or interested
• Often unable to recognize postpartum depression
• Judgmental
• Mothers unable to admit they cannot “do it all” due to shame and guilt

Engage Obstetricians in Addressing Perinatal Depression
• Identify mental health as a critical concern worth addressing
• Acknowledge mental health fits within goals of healthy mother and baby
• Recognize perinatal mental health as critical

Provide a Support Network with Various Resources
• Provide flexible and varied referral options, recognizing that not all women want medications
• Support women in their transition to motherhood by addressing both mental health and medical concerns

Create flexible treatment options in a low stigma setting
• Identify interventions that fit the needs of perinatal women including peer-support groups, home-based psychotherapy, and programs where mothers can bring children

Integrate the prevention, detection and management of depression into perinatal care
• Develop screening processes and infrastructure to prevent and manage depression - examples include:
  • Provider trainings for all medical providers who encounter perinatal women
  • Prepare women through education; begin in first trimester and continue through the postpartum period
  • Create supportive environments in which women can trust trained providers

References
6. Dennis CL, Chung-Lee L, Postpartum depression help-seeking barriers and maternal treatment preferences; a qualitative systematic review.