a) Title: Barriers and Facilitators to Addressing Perinatal Depression in Obstetric Settings
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Background: Perinatal depression is common and can cause suffering for mother, fetus/child and family. The perinatal period is an ideal time to detect and treat depression due to regular contact between mothers and health professionals.   Despite the opportune time and setting, depression is under-diagnosed and under-treated in the obstetric setting. Caring and committed providers are frustrated and confused, and mothers do not feel heard or understood by their providers.

Objectives: (1) Identify postpartum women's perspective on how perinatal depression is addressed in obstetric settings; (2) Identify strategies for improvement of the delivery of depression care in OB/Gyn settings; and, (3) Inform the development of interventions aimed to improve the delivery of perinatal depression care in obstetric settings.

Methods: Four, two hour focus groups were conducted women 3 months – 3 years postpartum (n=27), who identified experiencing symptoms of perinatal depression. Focus group data were analyzed using a grounded theory approach.

Results: Participants reported individual, provider and systems-level barriers and facilitators to seeking perinatal depression treatment. Women reported feeling stigmatized, afraid of losing parental rights, and described negative experiences with medical providers, including feeling dismissed by providers and uncomfortable discussing mental health concerns. A lack of provider knowledge and skill sets to address depression was noted by participants. Participants recommended an integrated approach, including psychoeducation, peer-support, and provider education/training to improve perinatal depression care in the obstetric setting.

Conclusion: Individual, provider and systems-level barriers hinder women from addressing issues of perinatal depression and receiving appropriate care. These data suggest strategies that integrate depression and obstetric care to support OB/Gyns providers and staff in their roles as front line providers to perinatal women. Future efforts could focus on the development of multidisciplinary treatment strategies that utilize patient psychoeducation and provider training and education to overcome barriers and engage women in depression treatment.