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Overcoming Barriers to Perinatal Depression Treatment

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Barriers and Facilitators to Perinatal Depression Treatment

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

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

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

Methods

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

Data collection
- Focus group protocols 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 review verbatim notes
- Participants received gift cards for their participation

Data analysis
- Transcripts were reviewed, segmented, and coded by investigators using an iterative, constructivist 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
  - Managing perinatal mental health effectively: identifying the necessary components of service and delivery.

Results

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

References


Background

- Perinatal depression is common and has deleterious effects on mother, fetus/child and family.
- Despite effective evidence-based treatment for perinatal depression, most women do not get treatment.
- Obstetricians have not traditionally identified and/or responded to the mental health needs of perinatal women.
- Caring and committed providers are frustrated and confused and mothers do not feel seen, heard or understood by their providers.
- 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 grassroots 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.

Accessing Care