

Overcoming Barriers to Addressing Perinatal Depression: Perspectives of Women



Major Depressive Disorder is the leading cause of disability among women of reproductive age.¹ Up to 18% suffer from depression during pregnancy, and as many as 19% of new mothers develop postpartum depression.² Perinatal depression, described as depression that occur either during pregnancy or within the first year after delivery,² has deleterious effects on infant attachment, behavior and development.^{3,4} Although 90% of women and OB/Gyns will participate in depression screening, it does not improve treatment entry or outcome.^{6,7} Despite the availability of effective evidence-based treatments⁸ and frequent contact with OB/Gyn providers, perinatal depression remains underdiagnosed and under-treated.^{5,9-11} Understanding the perceptions of women who have experienced perinatal depression may inform needed changes in screening, assessment, treatment, and prevention.

Research Goals

1. Identify barriers women with perinatal depression encounter in accessing and following through with depression treatment.
2. Elicit ways in which barriers to the treatment of perinatal depression can be overcome in obstetric settings to facilitate the participation of perinatal women in treatment.

Study Design

This study is a collaborative effort between University of Massachusetts Medical School researchers and the leadership of MotherWoman, a community-based organization in Amherst, Massachusetts that supports and empowers mothers and provides Postpartum Depression trainings for healthcare professionals.* Researchers are conducting four, two-hour focus groups with women who self-identify as having experienced depression and/or anxiety during pregnancy and/or the postpartum period. Participants are recruited from MotherWoman networks across Western Massachusetts.

Anticipated Contribution to Postpartum Treatment for Perinatal Women:

Findings from this study will:

- Contribute to the understanding of barriers that perinatal women experience when accessing depression care.
- Provide preliminary data for the development of strategies to improve the delivery of depression care in obstetric settings.

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Funder: UMMS Faculty Scholar Award; **Time Frame:** 2011 – 2012; **Contact:** Nancy.Byatt@umassmemorial.org

*For more information on MotherWoman, visit: <http://www.motherwoman.org/>

References

1. WHO. (2008). *The Global Burden of Disease 2004*. Geneva: World Health Organization.
2. Gavin, N. I., Gaynes, B. N., Lohr, K. N., Meltzer-Brody, S., Gartlehner, G., & Swinson, T. (2005). Perinatal depression: a systematic review of prevalence and incidence. *Obstetrics and Gynecology*, 106, 5, 1071-83.
3. Paulson, J. F., Keefe, H. A., & Leiferman, J. A. (2009). Early parental depression and child language development. *Journal of Child Psychology and Psychiatry*, 50, 3, 254-262.
4. Deave, T., Heron, J., Evans, J., & Emond, A. (2008). The impact of maternal depression in pregnancy on early child development. *Bjog: an International Journal of Obstetrics & Gynaecology*, 115, 8, 1043-1051.
5. Smith, M. V., Shao, L., Howell, H., Wang, H., Poschman, K., & Yonkers, K. A. (2009). Success of mental health referral among pregnant and postpartum women with psychiatric distress. *General Hospital Psychiatry*, 31, 2, 155-162.
6. Birndorf, C. A., Madden, A., Portera, L., & Leon, A. C. (2001). Psychiatric symptoms, functional impairment, and receptivity toward mental health treatment among obstetrical patients. *International Journal of Psychiatry in Medicine*, 31, 4, 355-65.
7. Kozhimannil, K. B., Adams, A. S., Soumerai, S. B., Busch, A. B., & Huskamp, H. A. (2011). New Jersey's Efforts To Improve Postpartum Depression Care Did Not Change Treatment Patterns For Women On Medicaid. *Health Affairs*, 30, 2, 293-301.
8. Weissman, M. M., Pilowsky, D. J., Wickramaratne, P. J., Talati, A., Wisniewski, S. R., Fava, M., Hughes, C. W., et.al. (2006). Remissions in maternal depression and child psychopathology: a STAR*D-child report. *Jama: the Journal of the American Medical Association*, 295, 12, 1389-98
9. Kim, J. J., La, P. L. M., Corcoran, M., Magasi, S., Batza, J., & Silver, R. K. (2010). Barriers to mental health treatment among obstetric patients at risk for depression. *American Journal of Obstetrics and Gynecology*, 202, 3.
10. Marcus, S. M., Flynn, H. A., Blow, F. C., & Barry, K. L. (2003). Depressive Symptoms among Pregnant Women Screened in Obstetrics Settings. *Journal of Women's Health*, 12, 4, 373-380.
11. Carter, F. A., Carter, J. D., Luty, S. E., Wilson, D. A., Frampton, C. M. A., & Joyce, P. R. (2005). Screening and treatment for depression during pregnancy: a cautionary note. *Australian and New Zealand Journal of Psychiatry*, 39, 4, 255-261.