



Postpartum Depression: Identifying Risk Factors and Barriers-to-care Among Low-Income Women: A Systematic Review

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BACKGROUND

- Peripartum Depression is a public health concern that affects mothers, their children and families.
- If untreated, it can lead to long-term complications that affects birth outcomes, maternal-child attachment, cognitive, emotional and behavioral development of offspring, familial dynamics
- According to DSM-5, PPD is not a standalone diagnosis.
 - Individuals must meet criteria for MDD during pregnancy or up to one year postpartum before a peripartum specifier can be placed.

US Estimated Prevalence:

- 10-20% Pregnant and postpartum women
- 30-44% Black women

Risk Factors:

- Prior psychiatric history, low socioeconomic status and poor educational attainment.

Barriers-to-Care:

- can affect screening practices, treatment initiation and adherence.

OBJECTIVES

1. Identify factors that increase the risk of postpartum depression among low-income women.
2. Identify socioecological barriers that impact screening and access to mental health services.

METHODS

- **Study design:** A Systematic Review
- **Data Sources and Searches:** PubMed®, MEDLINE, Google Scholar
- **Eligibility criteria:** Female patients, **low-income (<100% FPL)**, published 2015-2019, included quantitative and/or qualitative descriptive design
- **Keywords:** *Peripartum depression, Postnatal depression, Postpartum depression, Patient Health Questionnaire, Psychiatric Status Rating Scale, Low-income population, Social Determinants of Health*
- **Independent variable(s):** Postpartum Depression (PPD)
- **Dependent variable(s):** Psychosocial risk factors, Barriers-to-care

RESULTS

- 61 articles were retrieved with search.
- 35 were excluded after reviewing abstracts and titles.
- 26 full-length articles reviewed and 5 were included.

Age (range)	14-45		
	n	%	
Race, Ethnicity	Black	1,288	57.5
	Hispanic	539	24.1
	White	403	18.0
Insurance status (range)		%	
	Public	39-70	
	Uninsured	~40	

Study Design	2 cross-sectional, 1 prospective cohort, 1 case-control 1 RCT
Methods	3 quantitative studies, 2 qualitative studies (semi-structured interviews)

Figure 1: Radar Plot Representing the Cumulative Amount of Risk Factors (Lifetime Psychiatric Disorders and Adverse Life Events) Experienced by Cases Compared to Controls.



DISCUSSION AND CONCLUSIONS

Conclusions

- **Risk Factors:** Personal or familial history or psychiatric disorders, exposure to at least two adverse life events
- **Barriers-to-Care:** Individual (stigma, mistrust of healthcare providers), Intrapersonal (lack of social support), organizational (prolonged wait-times) and policy (lack of mandated screening guidelines).

Limitations

- **Selection bias:** Limiting date range to 2015-2019 led to a limited number of studies that were included.
- Descriptive study, lacks associational risk factors
- Limited number of databases; PsychINFO would have produced additional studies

IMPLICATIONS

- Healthcare provider knowledge of risk factors related to PPD can improve targeted screening practices among **low-income women**.
- **Low-income women** could benefit from the creation of safe spaces that encourage the disclosure of depressive-type symptoms.
- Future interventional studies aimed at barriers-to-care are needed to assess their impact on timely diagnosis and the treatment of PPD among **low-income women**.
- Studies should assess the outcome of integrated care across various specialties (Ob-Gyn, Pediatrics, Family Medicine) on timely diagnosis and treatment among **low-income women**.