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July 27th, 2023

Slipping Through the Cracks: A Systemic Literature Review of Postpartum Depression

Treatment Barriers among Black Birthing Parents

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2021

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An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Global Health
2023

Abstract

Slipping Through the Cracks: A Systemic Literature Review of Postpartum Depression Treatment Barriers among Black Birthing Parents

By Sarita Jarrett

Background: Postpartum depression (PPD) is a serious yet often overlooked illness that has been found to affect around 10% to 20% of people who give birth (Gavin et al., 2005). The prevalence of postpartum depression is often higher for Black people and other people holding marginalized identities (Erlach et al., 2010). A better understanding of the unique experiences of postpartum depression treatment among Black people who have given birth in the United States is needed.

Objective: This study aimed to explore the barriers that Black birthing parents may face in accessing and receiving treatment for postpartum depression.

Methods: Systemic database searches were conducted throughout the month of January in 2023. Three databases, identified with the help of a research librarian at Emory University, were used to search for previous literature exploring postpartum treatment barriers amongst Black birthing parents. Papers were screened for eligibility based on predefined inclusion criteria. Ultimately thirteen papers were identified and included in this review.

Results: From the findings of these studies, three key themes emerged around community perceptions of PPD and mental health treatment, PPD treatment utilization rates, and barriers to receiving care such as stigma.

Conclusions: Some of the identified barriers to PPD treatment among Black birthing parents include different cultural and societal perceptions of PPD and mental health care. While stigma has been found to be a barrier to PPD treatment for many, it does not account for the extremely low rates of PPD diagnosis and treatment among the Black community. Overall, there needs to be an increased focus on research and medical practices related to maternal mental health among Black communities in the United States.

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Acknowledgements

First and foremost, I would like to extend my deepest thanks and appreciation to Professor Rachel Waford Hall for allowing me to work with her on this project, and for all the support and guidance she has provided me. I would also like to thank Amanda Prophett for all her logistical help and support, as well as Shenita Peterson for teaching me so much about systemic literature review methodology. Thanks to Lorena Malave for consistently reminding me that the scary thoughts in my head are just those—thoughts. Finally, this is for all the children that have come from a home on fire, and for all the parents struggling to tame the flames. I see you.

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Slipping Through the Cracks: A Systemic Literature Review of Postpartum Depression Treatment Barriers among Black Birthing Parents

Postpartum depression (PPD) is a serious yet often overlooked illness that has been found to affect around 10% to 20% of people who give birth (Gavin et al., 2005). The prevalence of postpartum depression is often higher for Black people and other people holding marginalized identities (Erlich et al., 2010). Research has linked postpartum depression to various adverse health outcomes for the parent and child (ren). Effects linked to PPD include difficulties in bonding between parent and child and adverse developmental and educational outcomes for the child(ren). It has also been suggested that PPD and related illnesses, such as perinatal anxiety, can impact a child's development far beyond infancy (Rogers et al., 2020).

Previous scholarship has explored racial and ethnic differences in PPD prevalence and treatment; however, most studies combine all non-white people together, rather than explicitly looking at differences among specific racial or ethnic groups. A better understanding of the unique experiences of postpartum depression treatment among Black people who have given birth in the United States is needed. This literature review aims to garner better insight into the experiences of PPD treatment among Black birthing parents and to identify potential areas for effective and culturally considerate interventions. Not only is the prevalence of postpartum depression higher for Black birthing people, but previous research has shown that they are less likely to seek out and access help and medical care for their PPD (Kozhimannil et al., 2011). It is important to note that the extent of research currently existing on racial differences in PPD treatment-seeking behaviors/utilization was published ten or more years ago. This fact alone illustrates the dearth of academic focus on this issue. Therefore, the lack of accessing and receiving treatment for PPD and related mental health issues among this population must be further understood. One potential explanation is that there is a lack of culturally appropriate

treatment options and resources for parents, especially those holding multiple marginalized identities (e.g., Black and queer/trans* populations, disabled people of color, non-English speaking parents, etc.).

A systematic review of the literature was conducted to investigate the research question, “What are the barriers to accessing/receiving treatment for postpartum depression among Black birthing parents?” This literature review aims to garner better insight into the treatment options available and experiences/perceptions of accessing and receiving care among Black birthing parents, as well as to identify potential areas for effective and culturally considerate interventions. After database searches were conducted with key terms, and publications were screened based on inclusion criteria, 13 studies, published from 2006 to 2022, were included in this review. To our knowledge, this is the first systematic literature review exploring treatment barriers for PPD among Black birthing parents and illustrates the large gaps still prevalent in postpartum depression research. Further research and policy-related implications of this review’s findings will be discussed.

Background & Literature Review

Child and Maternal Health: A Global Issue

Maternal and child health is widely recognized to be an important public health issue not only in the United States but across the globe. The WHO has outlined multiple targets under the Sustainable Development Goal 3, which is focused on improving health and well-being worldwide. Some such targets include reducing maternal mortality, reducing neonatal and infant mortality, as well as working to promote mental health (World Health Organization, 2023). While considerable progress has been made across the globe to reach many of the goals and targets set out by organizations like the WHO, there is still much more work to be done. Most severe illnesses and deaths associated with pregnancy and giving birth are preventable (Kaiser Family Foundation, 2022). In the United States, maternal mortality has been increasing in recent years; meanwhile other countries with similar wealth and resources have largely seen a decrease (Hoyert, 2021). The 2021 maternal death rate in the US was 32.9 (maternal deaths per 100,000 live births), which is exponentially higher than many of the other more developed countries, where they have around two or three maternal deaths per 100,000 live births. Furthermore, over half of all maternal and pregnancy-related deaths occur during the postpartum period, which is up to one year after birth (The Commonwealth Fund, 2020). There needs to be increased attention on improving postpartum health and well-being in the United States.

Postpartum Depression: Overview

Pregnancy and birth are often very emotional and vulnerable times for many. Birthing people often experience new and sometimes fluctuating emotions before, during, and after birth. These experiences are so commonplace that society has created names for them, such as the “baby blues,” or feelings of sadness commonly experienced a few days after giving birth, which usually dissipate within a week or so. Postpartum depression (PPD), while somewhat similar to

the “baby blues,” is defined as a specific form of major depressive disorder and can be a severe problem for many parents, children, and families. The prevalence of PPD throughout the United States has been found to range from 8% to 23% (CDC, 2020). PPD has a higher prevalence than other birthing complications such as gestational diabetes or pre-term birth and is in fact the most common birthing complication (Grace, Evindar & Stewart, 2003).

The DSM-5 describes major depressive disorder as experiencing five or more symptoms (such as disturbances to sleep, weight loss or gain, fatigue, difficulty concentrating or thinking, feelings of worthlessness, as well as thoughts of self-harm, death, and/or suicide) within the same two-week period, with at least one of the symptoms being a depressed mood or loss of interest/pleasure. The diagnostic criteria for PPD are the same as those for major depressive disorder but specify that symptoms begin during pregnancy or within the four weeks after birth. This is because PPD is not recognized as a separate or unique diagnosis in the DSM-5, rather, it’s listed as a specifier of depressive disorder (American Psychiatric Association, 2013). Mental health issues significantly impact pregnant people, with suicide being one of the leading causes of birthing parental mortality (Wisner et al., 2013). Risk factors of postpartum depression include a variety of psychological and social aspects. Factors that past research found to be associated with an increased risk and/or incidence of PPD include having a history of mental health issues (such as depression or anxiety), a low socioeconomic status, experiencing interpersonal violence, being a young parent (15-19 years old), and having low social support (Davey et al., 2011; Escriba-Aguir & Artazcoz, 2011; Lancaster et al., 2010; Ludermir et al., 2010; Silva et al., 2012).

Mental health issues like PPD affect not only the people that are experiencing them, but their children, families, and loved ones as well. Previous research has found that symptoms of postpartum depression can impact children’s mortality and morbidity (Surkan et al., 2016). In

one study, infants of birthing parents diagnosed with MDD or PPD during or after pregnancy were found to have lower motor development scores at six months of age and lower language development scores at twelve months when compared to control groups (O’Leary et al., 2019). Another study found postpartum depressive symptoms experienced by birthing parents to be significantly associated with children’s cognitive development scores as well as social and emotional development (Urizar & Muñoz, 2022). More generally, PPD has been linked to various adverse health outcomes for both parent and child(ren), such as difficulties in bonding between parent and child, lower rates of initiating and maintaining breast- or chest-feeding (a term often used to describe breastfeeding within transmasculine or nonbinary individuals), and adverse emotional, developmental, and educational outcomes for the infant(s) (Rogers et al., 2020; Sharma & Sharma, 2012; Zhu et al., 2014). Increased postpartum mental health care is needed not only for the benefit of birthing parents but for the health and wellbeing of children and families.

Screening, Prevention, & Treatment

Definitions of PPD describe the onset of symptoms to be shortly after birth, typically sometime within four weeks postpartum. Guidelines from the American College of Obstetrics and Gynecologists (ACOG) recommend that birthing parents are screened for PPD at least once by a medical professional sometime during the perinatal period (American College of Obstetricians and Gynecologists, 2016). ACOG also stresses that pregnant and birthing people that have an increased risk for depression or PPD be monitored more closely. Women at greatest risk for postpartum depression also have the lowest adherence to follow-up care (Knights et al., 2016). Thus, early provision screening and prevention strategies are essential for birthing parents.

There are several valuable tools for screening PPD. One commonly used tool is the Edinburgh Postnatal Depression Scale (EPDS), which consists of a 10-item questionnaire (MGH Center for Women's Mental Health, 2015). The Postpartum Depression Screening Scale (PDSS) is also often used (Sit & Wisner, 2009). This screening tool is a 35-item questionnaire that was developed specifically for postpartum women. Both the EPDS and the PDSS have been validated for use in various populations. Screening tools that have not yet been validated for PPD and are less commonly used include the Hamilton Depression Rating Scale and the Beck Depression Inventory (APA, n.d., Venkatesh et al., 2014).

While randomized control trials (RCTs) for PPD prevention are limited, past research has investigated paths of preventing PPD among birthing parents. The exact biological mechanism(s) of PPD have yet to be elucidated, but one theory is that the extreme fluctuation of reproductive hormones (estrogen and progesterone) somehow contributes to the development of PPD. There have been a few studies that have looked at administering reproductive hormones shortly after birth in an attempt to mitigate the effects of having such a sudden drop in hormone levels, yet the findings suggest that the administration of hormones is associated with significantly higher scores on depression rating scales (Lawrie et al. 1998). Other studies have looked at administering different agents such as sertraline (Brand name: Zoloft, a common SSRI medication used to treat depression) or micronutrients like DHA and Calcium (Harrison-Hohner, 2001; Llorente et al., 2003; Wisner et al. 2004).

Other preventative interventions have been studied, such as the use of interpersonal therapy (IPT) or cognitive-behavioral therapy (CBT) sessions before and after birth, postnatal psychological debriefing, as well as psychosocial interventions such as providing postnatal support, antenatal and postnatal classes, etc. (Werner et al., 2015).

Treatment options for PPD are essentially the same as for other depressive disorders, with the two main interventions being medication and/or some form of psychotherapy. Selective serotonin reuptake inhibitors (SSRIs) are commonly prescribed to treat depression and anxiety and have been found to be relatively safe to use after birth, even if the parent is breast/chestfeeding. In more recent years, a new drug was approved by the US Food and Drug Administration for the treatment of PPD (Mayo Clinic, 2022). The drug, named Zulresso (brexanolone), is delivered as an intravenous infusion and requires the patient to stay in the hospital or an appropriate medical setting for two-three days under observation as it can cause severe sedation and loss of consciousness, among other potential side effects. Apart from medication, individual talk therapy is the most common method of treatment. Many modalities exist, with CBT being one of the most utilized. While research has shown the effectiveness of CBT in reducing PPD symptoms, there have recently been growing critiques and explorations of its usefulness among disempowered populations, such as among people of color or people experiencing homelessness and poverty (Ezawa & Strunk, 2022). A previous study revealed that therapists found traditional cognitive change methods of CBT to be less helpful for their Black patients, and there has also been research conducted to culturally adapt CBT for minoritized populations (Naeem et al., 2019; Ward & Brown, 2015; Windsor et al., 2015). Furthermore, it can be difficult for people to find the resources needed to see a therapist regularly. Data from a 2018 national survey on drug use and health revealed that some of the top reasons people did not receive needed mental health services was high cost, not knowing where to get services, and not having enough time (Conroy et al., 2020).

PPD often goes undiagnosed and un- or undertreated (Werner et al., 2015). This can be due to a number of reasons, such as cultural differences in how PPD is viewed and experienced, limitations of screening and diagnostic tools, difficulty accessing care, and parental fear/worry

over maintaining custody of children. Many birthing parents who are diagnosed with PPD and seek out treatment may feel uncomfortable taking SSRIs, especially if currently breastfeeding/chestfeeding. Many of these difficulties disproportionately affect racial, gender, and sexual minorities (Harari et al., 2022; Koning & Ehrenthal, 2019).

Mental health is extremely important and has been garnering increased attention in society in recent years. Protecting and caring for the mental health of vulnerable populations need to be prioritized. Birthing people are a vulnerable population that are at risk of developing mental illnesses, such as anxiety, PPD, postpartum psychosis, and other mood disorders. While there have been increasing studies focusing on PPD in minoritized populations, few studies focus solely on Black birthing parents. Populations that are already vulnerable/disempowered in society (based on age, race, gender, class, etc.) may be at an even greater risk of developing issues such as PPD. The reproductive health and experiences of PPD in marginalized populations need to be focused on and further studied to develop effective interventions to prevent, identify, and treat birthing people experiencing symptoms of PPD and mental distress.

Postpartum Depression in the Black Community

It would be remiss to discuss postpartum mental health among Black birthing people without some mention or understanding of the historical and social context of reproductive health and medicine within this population. The United States has a long-documented history of medical abuse on Black bodies. During slavery, Black people, especially women, were forced to reproduce and were often the victims of rape and sexual abuse. J. Marion Sims, who is known as the “Father of Modern Gynecology,” performed countless experimental medical procedures on Black women who were enslaved, such as cesarean sections and ovariectomies, without the use of anesthesia. This was not an uncommon medical practice at the time (Prather et al., 2018). The impacts of slavery and racism continue to have health impacts on the reproductive health of

Black communities in the United States to this day, as can be seen in the high rates of Black maternal and infant mortality (CDC, 2023). In the past ten or so years our understanding of racism as an important social determinant of health has expanded, but there is still a large lack of research and progress to be made in addressing racial inequities in medicine (APHA, 2022).

PPD prevalence has been found to be higher among Black birthing people as compared to white birthing people, with stigma and different cultural views of motherhood often being cited as barriers to people accessing and receiving the mental health postpartum care that they need. (Amankwaa, 2003; Ponting et al., 2020). Past research has linked measures of perceived racism with low birth weight, illustrating how the psychosocial impacts of racism can contribute to reproductive health outcomes (Dominguez et al., 2008). More recently, new research exploring the impact of stress and anxiety from racism on PPD among Black people has found experiences of racism to be associated with an increased probability of developing PPD and getting a PPD diagnosis (Bossick et al., 2022; Weeks et al., 2022). Even reported experiences of past childhood racism have been associated with increased PPD symptoms among Black birthing parents (Heldreth et al., 2016). There needs to be more research done on this, especially since the high rate of Black maternal mortality has become more well-known in society and has likely added additional stress to pregnant Black people. Further research addressing how experiences of racism and discrimination impact PPD treatment-seeking behaviors and utilization also needs to be conducted. Furthermore, the existing literature doesn't explore how multiple experiences of discrimination, such as those based on race, gender, socioeconomic status, nationality, and sexual orientation may intersect and uniquely impact experiences and prevalence of PPD.

In the United States, Black women and birthing people are three to four times more likely than their white counterparts to die from pregnancy-related complications (Feldman & Pattani, 2019). Black birthing people with higher incomes and/or education are still found to have higher

mortality rates than white people with lower incomes and/or education (Kliff et al., 2023; The Commonwealth Fund, 2020). Mental health issues such as PPD contribute to various adverse health outcomes and complications related to pregnancy and giving birth. Other social factors such as systemic racism, police brutality, lack of access to medical care, and financial struggles all may place extra burden on Black birthing parents trying to have a healthy pregnancy, birth, and postpartum period (Osinubi, 2022). While Black birthing parents are more at risk for PPD and other postpartum health complications, they are less likely to receive treatment for PPD as compared to white birthing parents (Feldman & Pattani, 2019). Stigma around mental health in the Black community is often cited as a major reason for this lack of PPD treatment. But with the high prevalence and heavy burden PPD places on Black birthing parents in the US, one has to wonder if there's more at play than just stigma.

Maternal and child health is an important area of focus in global public health. While the United States is a more developed country with plenty of resources, adverse maternal health outcomes have only increased in recent years (Hoyert, 2021). One such outcome is postpartum depression, which can negatively impact the health and wellbeing of the birthing parent and their loved ones. PPD disproportionately affects Black birthing parents, thus it is critical that proper care and treatment is targeted towards this population. In order to gain a better understanding of PPD treatment experiences, this project focuses on the central question, "What are the barriers to accessing and receiving treatment for postpartum depression among Black birthing parents?" There is a need to better understand the experiences and barriers of accessing and receiving care for PPD among Black birthing parents in the United States. This literature review aims to address this need.

Methods

Postpartum depression is a major health concern for birthing parents and their loved ones, and a better understanding of how PPD impacts different minority groups, such as Black Americans, is needed. This review was conducted to systemically identify, compile, and analyze the existing literature on the experiences and barriers of accessing and receiving care for PPD among Black birthing parents in the United States to address this need.

Database Search Strategy

The guiding research question for this review was “What are the barriers to accessing and receiving treatment for postpartum depression among Black birthing parents?” Three different databases, PubMed, Embase, and Web of Science, were used to search for existing and peer-reviewed literature that met the inclusion criteria. These databases were identified and selected with the help of a research librarian at Emory University in Atlanta, GA, and are all commonly used for biomedical and life science publications, such as global public health topics. Search strings for this review included terms related to postpartum/peripartum depression, Black or African American populations, and terms related to treatment access, utilization, and barriers. The specific list of search terms used can be found below.

*Database Search Key Words and Terms**

Maternal Depression	African American	Access to Care
Perinatal Depression	Black	Barriers
Peripartum Depression		Therapy
Postpartum Depression		Treatment
PPD		Treatment Access
		Treatment Adherence
		Treatment Utilization

**This does not depict the exact database search input but is the overall format and terms used for each search string created*

Inclusion Criteria

Published peer-review literature investigating barriers and limitations to treatment of PPD among Black birthing individuals throughout the United States were included. Albeit the primary population of focus was Black people/African Americans residing in the United States, articles looking at other non-white populations were also included. Birthing people of all gender identities and sexual orientations were included, however, it is worth noting that most studies focused on cisgender and heterosexual Black women or did not collect data on participant's sexual orientation and gender identity. It should be noted that where data on other racial groups was included, it will not be discussed in this review unless it pertains to the primary population of interest.

Exclusion Criteria

Publications were excluded if there was no English translation available, or if the focus was on another related post-partum mental health issue (psychosis, anxiety, bipolar disorder, etc.). Full-text versions of each publication were accessed through the Emory library database; in the event that a full-text version could not be accessed, the paper was excluded from review. Due to the limited number of studies published regarding this topic and specific population, publications were not excluded based on publication date.

Data Analysis

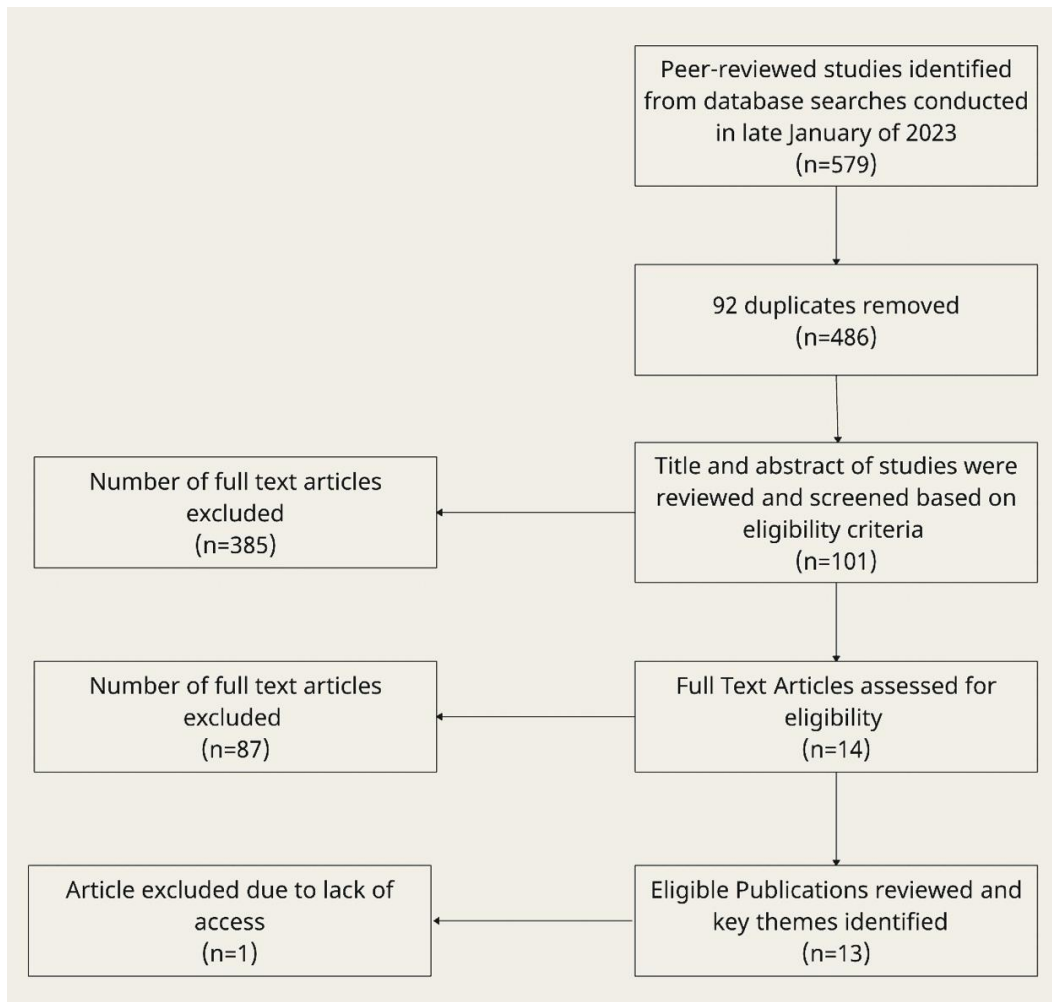
The citation management software, Zotero, was used to collect and organize database search results. Once database searches were complete, the systemic review management software, Covidence, was used to identify and eliminate duplicates, along with further study eligibility screening. Of the 579 unique studies initially identified, only thirteen were included in this review (see Figure 1 for study flowchart). Once all eligible papers were identified, a data extraction form was created with Google Forms, and each eligible paper was reviewed, and its

results collected. Through a qualitative analysis of the included studies, key themes were identified among eligible papers and grouped by key results (see Figure 2 for a list of studies included in the review and key findings). Three key themes emerged from the literature: 1) Perceptions of PPD and mental health treatment, 2) Racial differences in utilization patterns, and 3) Stigma and other identified barriers.

Ethical Considerations

This project was exempt from approval by Emory's International Review Board (IRB) as this was a literature review that did not involve any human subjects. The reporting of this systemic literature review has been informed and guided by the standards set in the 2020 Preferred Reporting Items for Systemic Reviews and Meta-Analyses (PRISMA) statement (Page et al, 2021).

Figure 1: Study Selection Flowchart



Adapted from PRISMA Statement Flow Diagram [Page et al, 2021].

Figure 2: Key Findings of Included Studies

<i>Reference</i>	<i>Study Design & Method</i>	<i>Key Findings & Recommendations</i>
(Avalos et al., 2022)	<i>Quantitative, Cohort</i>	<ul style="list-style-type: none"> ◆ Higher acceptability of psychotherapy over antidepressant medications among Black birthing parents
(House et al., 2020)	<i>Quantitative</i>	<ul style="list-style-type: none"> ◆ Black birthing parents less likely to be referred to counseling, even when presenting PPD symptomology
(Iturralde et al., 2021)	<i>Qualitative</i>	<ul style="list-style-type: none"> ◆ Often difficult for non-white birthing parents to recognize their symptoms and experiences as PPD ◆ Non-white birthing parents reportedly feared consequences of depression diagnosis in terms of economics or legality (immigration status, employment, etc.) ◆ Time and work were often cited as barriers to seeking treatment
(Bodnar-Deren et al., 2017)	<i>Quantitative</i>	<ul style="list-style-type: none"> ◆ Black birthing parents found to be less likely to accept medication or counseling for the treatment of PPD ◆ Stigma, while present among Black birthing parents, did not explain the racial differences in treatment acceptability observed
(Kozhimannil et al., 2011)	<i>Quantitative, Cohort</i>	<ul style="list-style-type: none"> ◆ White birthing parents found to be more likely to initiate treatment ◆ Black parents less likely to receive follow up or continued care, and had a lower chance of refilling medication prescriptions for PPD treatment compared to white counterparts ◆ Black birthing parents were more likely to initiate outpatient therapy than medication for PPD
(Karvonen et al., 2022)	<i>Quantitative, Cohort</i>	<ul style="list-style-type: none"> ◆ Black parents were more likely to have a mental health related emergency department visit or hospitalization compared to white parents, even when

		controlling for characteristics such as previous mental health care utilization
(Lara-Cinisomo et al., 2018)	<i>Commentary</i>	<ul style="list-style-type: none"> ◆ Black and other non-white birthing people are more vulnerable to PPD and perinatal depression and may face additional barriers to diagnosis and treatment ◆ Healthcare providers must build trust and increase education of PPD among non-white populations ◆ Healthcare providers must be trained and have the knowledge to appropriately refer Black birthing people to necessary care ◆ Culturally acceptable resources and treatment options need to be available to vulnerable populations
(Huang et al., 2007)	<i>Quantitative</i>	<ul style="list-style-type: none"> ◆ Highest rate of PPD symptoms found among Black people; higher depression symptoms also among adolescents, single parents, and those with a lower socioeconomic status ◆ Non-white parents and foreign-born parents were about twice as likely to think that they didn't need help or not talk to a doctor compared to white and US-born parents
(H. O'Mahen et al., 2011)	<i>Quantitative</i>	<ul style="list-style-type: none"> ◆ Black birthing parents reported higher levels of depression stigma compared to white counterparts
(Kinser & Masho, 2015)	<i>Qualitative</i>	<ul style="list-style-type: none"> ◆ Black adolescents who were pregnant or had given birth reported experiencing high levels of stress, depression, and feelings of isolation ◆ Study participants expressed interest and demand for group-based activities that promoted community and provided education on emotion regulation as well as how to identify depression symptoms and resources for treatment options
(H. A. O'Mahen & Flynn, 2008)	<i>Quantitative</i>	<ul style="list-style-type: none"> ◆ Black birthing people found to be significantly more likely to speak to a religious leader (i.e., a pastor) with regards to PPD related symptoms and experiences of distress, and expressed less confidence in treatments delivered from a professional context, as well as relying on friends or family

		<ul style="list-style-type: none"> ◆ Black parents reported that structural barriers, rather than knowledge or attitudinal barriers, were a major impediment to accessing care
(Song et al., 2004)	<i>Quantitative</i>	<ul style="list-style-type: none"> ◆ Black birthing people were half as likely to use mental health services compared to white birthing people, even when other model variables were controlled for (i.e., age, marital status, etc.) ◆ Higher amount of emergency mental health usage during postpartum period
(Salameh et al., 2019)	<i>Quantitative</i>	<ul style="list-style-type: none"> ◆ White birthing people found to have significantly higher rates of receiving mental health care compared to other racial and ethnic groups ◆ Black parents had lower odds of receiving a diagnosis for depression, even when they met all depression criteria ◆ Study participants reported that the biggest barriers to receiving mental health care were stigma/opposition, time and transportation limitations, and lack of knowledge of where to seek help

Results

There were 579 related studies identified through the database searches conducted (refer to Figure 1: Study Selection Flowchart). Ninety-two of them were identified as duplicates and removed. Another 385 articles were removed upon review of the title and abstract based on the study eligibility criteria outlined in the Methods section. This left 101 articles that underwent a full review, with 87 more that were excluded for not meeting criteria (i.e., research outside of the US, research on postpartum psychosis or bipolar disorder, etc.). One paper, while meeting eligibility criteria, was not included as the full text could not be retrieved. This left thirteen papers that were ultimately included in the review, all of which were published between 2004 and 2022. From the findings of these studies, three key themes emerged around community perceptions of PPD and mental health treatment, PPD treatment utilization rates, and barriers to receiving care. The table in Figure 2 of the previous chapter highlights the distinct results each study contributes to the literature.

Perceptions of PPD and Mental Health Treatment

The first theme found in several of the included studies was the perceptions and attitudes of PPD and subsequent treatment. Three studies asked participants about their acceptability of prescription medication and psychotherapy and found that Black birthing people were less likely to accept and/or trust treatment from a professional setting compared to their white counterparts. There was also a higher acceptability of therapy or counseling over medication treatment for PPD (Bodnar-Deren et al., 2017; Kozhimannil et al., 2011; Avalos et al., 2022). An important finding that multiple studies presented was that it was often difficult for birthing parents to recognize and label their symptoms and experiences as depression. A few studies also found that knowing when and/or how to get help was a difficulty, with non-white parents being twice as likely to believe that they did not need help when compared to white parents (Iturralde et al.,

2021; Huang et al., 2007). One of the few qualitative studies included in this review found that non-white birthing parents reported fearing the consequences of a postpartum depression diagnosis, such as interfering with child custody, employment, or immigration status (Iturralde et al., 2021). Overall, several of the studies illustrated that Black birthing parents often had different perceptions on what PPD was and how, or if, it should be treated by medical professionals. This is an important finding as it gives insight into why PPD often goes undiagnosed and untreated, especially in Black and other non-white populations. It also illustrates a need to better educate parents about what is and is not normal to experience postpartum, and the help and resources that medical professionals can offer.

Racial differences in PPD Treatment Utilization and Reception

Another common theme explored in the literature was on the racial differences in PPD treatment utilization and reception. Several studies analyzed this by compiling health record and insurance data of people who had given birth in the US. A study published in 2019 found that Black birthing parents were less likely to receive a diagnosis for depression, even when meeting all the diagnostic criteria (Salameh et al., 2019). This is not a new finding, as lower diagnostic rates of mental health issues, such as depression and anxiety disorders, among Black communities is a common trend in the United States (Schwartz & Blankenship, 2014). Other studies found that Black birthing people were also less likely to receive related referrals and follow-up care, and less likely to get prescriptions filled even when they were prescribed medication for depression (House et al., 2020; Kozhimannil et al., 2011). Studies looking at emergency mental health utilization among Black parents postpartum found that they were more likely to be hospitalized or go to the emergency room for mental health emergencies (Karvonen et al., 2022; Song et al., 2004). This may indicate that there is an unmet need for increased

screening, preventative treatment measures, and referrals to appropriate mental health care amongst this population.

Not much research was found exploring patterns of informal treatment utilization, although one study found that Black birthing people felt more comfortable and likely to seek out religious leaders like church pastors for help coping with PPD symptoms (H. A. O'Mahen & Flynn, 2008). A qualitative study conducted focus groups with Black pregnant and birthing people and found that there was a high interest in community group-based activities that could help with emotional regulation, such as yoga classes (Kinser & Masho, 2015).

While the research included in this review was centered around race and PPD treatment barriers, a few of the studies also explored additional social determinants of health that could impact one's ability to seek out, access, and receive treatment for PPD. Researchers Huang et al. found that while Black birthing parents experienced higher rates of PPD-related symptoms, this was even more so if they were young (15-19 years of age), single parents, and/or had a lower socioeconomic status (Huang et al., 2007). This study also gathered information on where participants were born and found similar patterns of receiving PPD treatment among foreign-born parents compared to US-born parents. Additionally, a few studies included various measures of social support and found it to be important for improving postpartum mental health outcomes. (H. A. O'Mahen & Flynn, 2008; Huang et al., 2007).

Stigma and other Identified Barriers

A number of the reviewed studies looked at stigma and/or asked participants questions regarding barriers to accessing postpartum mental health treatment. Stigma around depression and mental health treatment has been found to be higher among Black birthing populations, and that stigma impacts the type of formal and informal treatment Black parents may seek out, with them being less likely to rely on friends and family but may be more willing to go to other

respected community members, such as a church pastor (H. O'Mahen et al., 2011). However, a more recent study found that stigma did not adequately explain the racial differences in mental health treatment that were observed (Bodnar-Deren et al., 2017). Another study conducted a quantitative survey asking participants about the extent that various potential barriers prevented them from seeking treatment, and looked at structural, knowledge, and attitudinal barriers. The researchers conducting the study found that structural barriers, such as health insurance coverage, transportation, and childcare, were cited as being the biggest impediment, rather than barriers related to knowledge and attitude or stigma (H. A. O'Mahen & Flynn, 2008).

Policy and Medical Practice Recommendations

While further discussion around policy implications and recommendations will be examined in later sections, there were a few studies that specifically asked participants about, and focused on, changes to medical practices and policies relating to PPD diagnosis and treatment among Black birthing populations. One paper emphasized the need for healthcare providers to build trust among Black and other minority populations, as well as need to increase their patient education of PPD (Lara-Cinisomo et al., 2018). The authors also briefly discuss the need for more culturally acceptable resources and treatment options available. A recent qualitative study conducted focus groups with Black birthing parents and OB/GYN clinicians discussing the difficulties experienced in PPD treatment (Iturralde et al., 2021). Participants (both clinician and lay-people) talked about the lack of knowledge and awareness of PPD and perinatal depression among OB/GYN and mental health medical providers, and made overall recommendations for increased outreach, education, preventative care, and flexibility to decrease burden of lack of treatment initiation/reception.

Discussion

This review explored the current literature on the barriers Black birthing parents face in accessing and receiving treatment for postpartum depression. While barriers to PPD treatment is very much a global issue, the scope of this project was limited to Black populations in the United States. Thirteen papers, all peer-reviewed, were included in the review, and were published between 2004 and 2022. Based on the findings of the reviewed studies, three key themes emerged around community perceptions of PPD and mental health treatment, PPD treatment utilization rates, and barriers to receiving care such as stigma. These results give valuable insight that can inform future research and postpartum mental health care policies and practices.

One of the findings of this review is that it is often difficult for birthing parents to recognize and label their symptoms and experiences as PPD, as well as knowing when or how to get help for PPD symptoms (Iturralde et al., 2021; Huang et al., 2007). This is further supported by the colloquial data and knowledge that can be found in news articles and blog posts on PPD within the Black community. For example, in an entry from the blog *Postpartum Progress*, a Black woman shares her experience with PPD, writing that:

“Not a single person told me about postpartum depression as I came to experience it. Sure, I received pamphlets from my OBGYN about it, but they only mentioned feeling sad, depressed, and having the ‘baby blues’” (Stone, 2012).

This highlights the gap between what the “standard experience” of PPD is and PPD symptoms in clinical settings, and the variety of different symptoms that people—especially non-white people—may experience. In fact, research has shown that Black people often experience depression differently than their white counterparts (Perez et al., 2022). The gap between how PPD is described clinically and how it is experienced among Black people contributes to several treatment barriers. People need to be able to understand their experience and be able to put what

they are experiencing into words in order to ask for help. If medical providers lack the knowledge of how PPD may present differently in non-white populations, then it can be even more difficult for these groups to get the diagnoses and treatment they need. In fact, multiple studies included in this review found that Black birthing people were less likely to utilize and receive care or treatment for PPD (House et al., 2020; Kozhimannil et al., 2011).

The importance of increased awareness of differences in PPD presentation can also be seen in another article published online. In the article, a Black woman talks about her work and experiences in maternal health, saying that:

“I was finding that a lot of women that we were interviewing were struggling postpartum, didn’t have the language and they were being overlooked by their physicians because they were flying through the Edinburgh that we use for postpartum depression. They were passing it with flying colors” (Norwood, 2021).

This quote, and the subsequent article it comes from, highlights how birthing parents’ ability to recognize and describe their experiences of PPD can play an important role in being connected to the care they need. The quote also suggests that some of the diagnostic tools used for PPD may not sufficiently screen Black patients. While the effectiveness of the current diagnostic tools for PPD screening among minoritized populations is outside the scope of this project, it is certainly an area necessitating further study and attention.

With all the blog posts, articles, and community resources/knowledge existing on PPD within the Black community, one wonders why this topic has not been focused on more in traditional scholarship. Why are Black people’s voices not being heard or seen in academia and formal research? Part of this is likely due to systemic barriers that limit access to such spaces. Black women for example, have fewer degrees in higher education in comparison to white counterparts (Cohen, 2016). Furthermore, the health concerns of Black people are often not

treated seriously. Studies show that many doctors today still falsely believe that Black people feel less pain than their white counterparts, and that Black patients are less likely to have their pain adequately treated in part due to this (Hoffman et al., 2016). This is likely especially pervasive among groups of people holding multiple marginalized identities, for example, Black women must face both racial and gender bias when navigating the healthcare system. In order for further research and funding to be allocated to health issues like PPD among Black populations, medical professionals, researchers, and people in positions of power need to actually take Black people's health seriously and consider Black lives as valuable and worthy of improving.

One particular study in this review had participants from low-income backgrounds who were enrolled in Medicaid. The researchers found that Black birthing people were half as likely to use mental health services compared to white birthing people. This indicates that while financial expenses can often serve as a barrier to PPD treatment for parents, even among low-income groups racial differences in PPD treatment reception can be seen (Song et al., 2004). This finding implies that there is more to the low rates of PPD treatment among Black communities than can be explained by the financial burden. A more recent study analyzing data on income and maternal mortality has revealed that Black birthing parents with high incomes are still disproportionately affected by maternal health outcomes when compared to white parents of similar incomes, further supporting this idea (Kliff et al., 2023). It seems that there is a variety of interconnected factors that can hinder one's ability to access and receive the necessary treatment when struggling with PPD. The literature describes that time, work, and transportation limitations were all major barriers to treatment, as well as stigma or opposition from friends and family, and a general lack of knowledge of how or where to seek help (Iturralde et al., 2021; Salameh et al., 2019). These findings highlight a need for better patient education on PPD and resources to seek help, as well as treatment options that allow for flexibility and help combat

additional barriers, such as having appointment availability outside of work hours, allowing parents to bring infants to sessions/appointments with them or offering childcare, etc. These findings also suggest that increased resources and knowledge will not be sufficient in improving access to PPD treatment for non-white populations without more comprehensive systemic changes that address racism and bias in healthcare and society at large.

The few qualitative studies included in this review provided unique insight into improvements that can be made to increase PPD treatment rates among Black birthing parents. In one study, participants expressed interest and demand for group-based activities that promoted community and provided education on emotional regulation as well as how to identify depression symptoms and resources for treatment options (Kinser & Masho, 2015). Another study also found that perinatal/postpartum depression therapy groups offered distinct benefits like social support and flexibility (such as allowing parents to bring infants to group sessions), and that these sorts of practices can ameliorate the extra burden of finding childcare or transportation needed to access PPD treatment (Iturralde et al., 2021). Participants in qualitative studies also talked about lack of knowledge/awareness of PPD and perinatal depression among OB/GYN and mental health medical providers, indicating that there is an overlap between OB/GYN and mental health care that is not adequately being addressed. Thus, it can be postulated that: 1) there is a lack of awareness on what PPD is and the resources available among minoritized communities, and 2) the typical treatment avenues for PPD do not adequately address the distinct needs of Black birthing parents. A more flexible and collective care-based approach would be more beneficial for Black postpartum people as opposed to a more individualized one-on-one format that traditional talk therapy often takes in the US. These findings also suggest that increased training of medical professionals on maternal mental health and issues like PPD would combat some of the barriers to care.

While the high prevalence of PPD and low treatment utilization rates among Black populations have been shown, this then begs the question of how Black birthing parents treat and cope with their PPD. Clearly not enough Black people struggling with PPD symptoms are being connected to the care they need. Therefore, more research needs to be done on informal methods of treatment, such as seeking out spiritual or community support, to better inform the development of future interventions and better address the needs of Black birthing parents.

Perhaps one of the greatest findings from the published literature is the dearth of academic research focused on PPD among Black communities. There is clearly a gap between lived experiences within certain populations and what is currently known and focused on in academic research. While it is easy to come across news articles, blog posts, and stories shared on social media about the undue burden of PPD on Black birthing parents, finding peer-reviewed literature that explicitly focuses on the topic is much more challenging. The research that does exist seems to be centered on more surface-level questions, such as focusing on how the prevalence of PPD differs among different racial groups or looking at the rate of PPD treatment utilization. There is a lack of research on related or confounding variables like social support, geographical location, access to general healthcare, job/income, etc.

Limitations

One of the limitations of this project is that the studies reviewed were almost entirely quantitative in design, often consisting of surveys administered to study participants or relying entirely on medical records or insurance data. Quantitative designs limit the nuance and insight that could be garnered by allowing people to talk about their experiences and everyday realities in their own words. Additionally, data sources like insurance data and medical records are convenient and reduce the self-report bias that often comes with patient experience surveys, yet

they only can give information on people that accessed formal medical care. As the focus of the project was on barriers to care access, this is certainly a concerning limitation.

Additionally, some of the studies used different measures for the same thing, such as for PPD. For example, some studies relied on documented medical diagnoses, whereas others screened participants with the EDPS or a similar diagnostic tool. Still others simply gathered data on PPD-related symptoms and used that to categorize their results. This makes it difficult to compare results across studies. Another limitation is that only peer-reviewed articles published in English and that could be accessed by the author were included. The data synthesis and analysis were all conducted by the author, which means that there is likely more bias than there would be if there were multiple reviewers. As this is a review and analysis of existing literature, the subsequent findings will be limited to whatever research has currently been done. This review is also limited in that only three databases were searched and does not include searches done by hand or of grey literature. Furthermore, this project focuses solely on experiences of depression related to the postpartum period among birthing parents. This is not to say that parents who do not experience pregnancy or birth cannot also experience PPD or similar mental health struggles, but just that PPD among non-birthing parents and partners is outside the scope of the current project.

Public Health Implications & Recommendations

Far too often, academic research priorities have been focused on the physical health and well-being of white people. This review brings attention to several important avenues for future study and focus. Firstly, mental health in general requires more attention in the field of public health. The impact of poor mental health can affect all other aspects of one's life: physical health, social health/relationships, income, etc. Mental health screening and treatment is especially important during times of increased vulnerability, such as before and after one gives

birth. As it is known that certain groups are more at risk for PPD and similar postpartum health issues, targeted interventions need to be developed and implemented among these communities. Future studies need to be done to better understand the racial differences of PPD experiences, such as how might racial stress or fear of poor health outcomes impact maternal mental health. More qualitative studies need to be conducted to better understand the experiences of Black birthing people, especially among sub-groups within the population, like Black queer and trans* birthing parents. Beyond more (and improved) research, there is also a need to change current policies and practices to improve postpartum mental health care. Medical professionals need to be aware of PPD and the importance of screening and working with patients to initiate treatment when necessary. Training of medical providers in fields like OB/GYN and maternal health should include how to recognize symptoms and connect patients to resources and care for PPD and similar mental health issues. Provider education on how PPD symptomology may present differently in different populations should also be included. But it's not just medical providers that can benefit from increased awareness and education of PPD and mental health issues. More education and conversations on PPD among lay communities can help people to better be able to recognize when they are experiencing PPD symptoms and to know when and/or how to ask for help. Increased awareness can also combat barriers related to stigma found within communities.

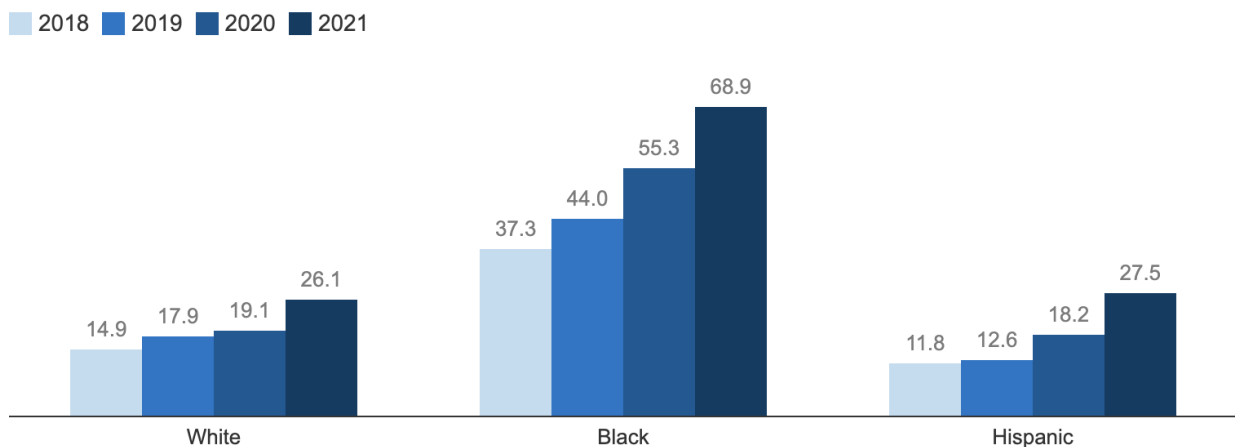
Expanding programs like Medicaid and telehealth options can increase access to medical and mental health care. This is because Black people in the US are more likely to have public health insurance (US Department of Health and Human Services, 2022). In fact, Medicaid covers over 65% of the births of Black children (Cezair, 2022). In the US, there are still around 30 million people that do not have health insurance (Tolbert et al., 2022). Expanding programs like Medicaid would allow more people to get health insurance and ultimately access the care that they need. At the same time, the treatments for PPD being offered need to be culturally

acceptable and appropriate. It is one thing to be able to access treatment options, and another altogether to have treatment options available that are engaging and perceived to be acceptable and beneficial. One way this could be done is to develop programs and group therapy options for Black birthing parents with community partners and organizations.

In recent years, the rate of maternal mortality has increased in the United States (Hoyert, 2021). Not only has the overall rate of maternal mortality increased, but the gap between mortality rates for Black and white people also continues to grow (Miller et al., 2023). Figure 3 below illustrates the trends of maternal mortality in the US as well as the growing racial disparities.

Figure 3: US Maternal Mortality Data by Race in Recent Years

Maternal Mortality (per 100,000 births) by Race/Ethnicity, 2018-2021



Note. The data are from the United States Government Accountability Office (GAO), *Maternal Health: Outcomes Worsened and Disparities Persisted During the Pandemic*, GAO-23-105871 (Washington, D.C.: October 2022). The figure is from Artiga, S., & Hill, L. (2022, November 1). *Racial disparities in maternal and infant health: Current status and efforts to address them*. Kaiser Family Foundation

If these trends are allowed to continue, the racial disparities in infant and maternal health will only continue to grow. PPD will remain as one of the most common birthing complications, and racial disparities in PPD treatment utilization and reception will also grow. If further research and academic focus on these topics is not granted, it will be difficult to combat many of the PPD treatment barriers Black people face. Research is needed to better be able to design interventions and make policy changes that can improve the health and wellbeing of Black birthing parents in the US, as well as to secure the funding for making such changes.

Conclusion

Atop the USAID's main webpage for maternal and child health, this quote can be found: "A mother's chance of surviving childbirth or a child's chance at celebrating their fifth birthday should not be determined by where they live or are born, or their race or ethnicity, or their family's income status" (USAID, 2023). While this is a very nice sentiment, it is quite ironic coming from an organization that is based in the US, which has the worst maternal and infant mortality rates of all MDCs. Often issues like maternal mortality are thought to be primarily located outside of countries like the US; this is clearly not the case. Further research and efforts from public health and medical fields are needed to improve the mental health care of birthing parents in the US. There also needs to be increased recognition of Black queer, nonbinary, and trans* birthing parents, and the distinct challenges that they may face in terms of accessing "maternal" healthcare. The research that currently exists on PPD among Black trans* birthing parents is nearly nonexistent. I can't help but wonder about all of the people, many of whom hold intersecting marginalized identities, that are slipping, unseen and unheard, through the cracks of today's maternal and postpartum healthcare. Organizations that claim to care about

maternal and child health need to be contributing to actual policy changes, so that one day the quote on the USAID webpage will be more than just a sentiment, but a fact.

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Appendix: Important Definitions and Acronyms

Term/Acronym	Definition
BDI	Beck Depression Inventory
BP	Birth Parent
CBT	Cognitive Behavioral Therapy
CDC	Centers for Disease Control and Prevention
Chestfeeding	A term often used to describe breastfeeding within transmasculine or nonbinary individuals
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
EPDS	Edinburgh Postnatal Depression Scale
IPT	Interpersonal Therapy
Maternal health/mortality/etc.	Use of the word maternal throughout this paper is because it is still the standard terminology used today. The author recognizes that not all people who give birth and care for children identify as mothers or women, and gender-inclusive language is used when possible
MDC	More Developed Country
MDD	Major Depressive Disorder
PDSS	Postpartum Depression Screening Scale
PPD	Postpartum Depression
SSRI	Selective Serotonin Reuptake Inhibitor
Trans*	An umbrella term used to describe transgender, non-binary, gender-fluid and gender expansive people
USAID	United States Agency for International Development

WHO	World Health Organization
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