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Minority Women Experiencing Postpartum Depression in Colorado

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

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OVERVIEW

Keywords: Postpartum Depression in Colorado

Minority Women Experiencing Postpartum Depression in Colorado

Goal Statement: Decrease the rate of suicide among minority women experiencing postpartum depression by increasing awareness of signs and symptoms of PPD and reducing the barriers that prevent minority women from seeking treatment for PPD.

Significant Findings: In Colorado, 1 in 9 new mothers will be impacted by PPD (Colorado Department of Public Health and Environment, n.d.). African American and Hispanic mothers have the highest rate of PPD among all ethnic groups in the United States and are less likely to seek treatment for PPD. To date, research on PPD has mainly focused on white mothers (Keefe, Brownstein-Evans & Rouland Polmanteer, 2016). PPD affects the new mother's ability to not only care for her newborn but also form a secure attachment with the newborn. When left untreated PPD can impact the mother's health and newborns development (CDC, 2020). PPD is the leading cause of maternal suicide and suicide attempts during this time(Pao, Guintivano, Santos & Meltzer-Brody, 2019). In Colorado, 2/3 of individuals who die by suicide are also suffering from some form of depression (Colorado Department of Public Health and Environment, n.d.).

Objectives/Strategies/Interventions/Next Steps: The community organization theory empowers groups within the community to identify common issues and resources. The use of this theory can help improve access to services and provide culturally appropriate services to minority women experiencing PPD (Keefe, Brownstein-Evans & Rouland Polmanteer, 2016). The Nurse-Family partnership intervention provides a foundation for minority women to develop

a positive and long-term relationship with physical health and mental health providers. This relationship can also be a protective factor for a new mother as they are more likely to consult someone, they feel they can trust. Nurses provide home visits to new mothers during their pregnancy. These home visits continue through the child's second birthday (Promising Practices Network, 2014).

INTRODUCTION
Minority Women Experiencing Postpartum Depression in Colorado

One of the most common complications associated with childbirth is pregnancy-related depression. Postpartum Depression (PPD) affects a new mother's ability to bond with and take care of their baby. When left untreated PPD not only impacts the mother's health but can also cause behavioral, eating, and sleeping issues for the baby (CDC, 2020). New mothers experiencing PPD have reported feeling stressed, worried, and anxious about their children. New mothers also reported having doubts about their ability to be a good mother. Almost half of the new mothers experiencing PPD will not seek treatment. Minority women are even less likely to seek treatment for PPD because there are fewer providers of color, appointment availability, and lack of time. Effectively treating and managing PPD has benefits for both the mother and baby (Keefe, Brownstein-Evans & Rouland Polmanteer, 2016).

PART 1: SCOPE AND CONSEQUENCES
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According to the CDC, 1 in 8 women will report symptoms of depression following the birth of a child. During prenatal visits, about 1 in 5 women were not asked about depression and more than half of pregnant women experiencing depression will not be treated. PPD will affect between 13-19% of new mothers following childbirth, but for new mothers of color, the rate is closer to 38% (Keefe, Brownstein-Evans & Rouland Polmanteer, 2016). Colorado has one of the highest rates of suicide in the country. In Colorado, 2/3 of individuals who die by suicide are also suffering from depression at the time of death. In Colorado 1 in 9 new mothers experience PPD, this estimate is more than likely higher due to underreporting of the number of new mothers experiencing PPD (Colorado Department of Public Health and Environment, n.d.).

African American and Hispanic mothers have the highest rate of PPD among all racial and ethnic groups in the United States. Professionals who work with new mothers of color are not familiar with the new mother's experiences because mothers of color are not well represented in the research on PPD. Research on PPD has mainly focused on white mothers who are married, have support from friends and family, earn a sufficient income, and are more likely to have positive relationships with both health and mental health providers. Mothers of color experiencing PPD are more likely to believe that depression is a normal part of motherhood resulting in them being less likely to seek help for PPD (Keefe, Brownstein-Evans & Rouland Polmanteer, 2016).

Decrease the rate of suicide among minority women experiencing postpartum depression by increasing awareness of signs and symptoms of PPD and reducing the barriers that prevent minority women from seeking treatment for PPD.

PART 2: SOCIAL-ECOLOGICAL MODEL
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PPD is caused by biological, psychological, and environmental factors (CDPHE, 2017). Risk factors for PPD include individual or family history of depression and anxiety, depression and anxiety during pregnancy, complications during pregnancy or delivery, stressful life events, and lack of a support system. Complications during pregnancy and childbirth can include pre-eclampsia, emergency cesarean section, fetal distress, and use of medical interventions (Hain, Oddo-Sommerfeld, Bahlmann, Louwen, & Schermelleh-Engel, 2016). Stressful life events can include poverty, underemployment, being a single parent, lack of resources, dangerous neighborhoods, conflict with a partner such as intimate partner violence (Keefe et al., 2016). Socioeconomic and sociocultural factors can also increase the risk of PPD among minority women. These factors include immigration, discrimination, poverty, unemployment, or underemployment (Pao, Guintivano, Santos & Meltzer-Brody, 2019).

There are several protective factors that may prevent or decrease a woman's chance of developing PPD. A helpful family support system can help promote physical and mental health in both the mother and baby. Fathers can provide mothers with support with validation and encouraging words. Fathers can also provide support in instrumental ways by helping intangible and financial ways. Other family members can provide support to a new mother by offering to watch the baby so the mother can have time to self and helping with the day-to-day activities (Keefe et al., 2016). A new mother's relationship with her parents can also serve as a protective factor against PPD. A new mother's bond with her mother influences her well-being during and after pregnancy. This bond can help a new mother make the transition to motherhood (Smorti, Ponti, & Pancetti, 2019). Having a positive and long-term relationship with physical health and

mental health providers can also be a protective factor for a new mother as they are more likely to consult someone, they feel they can trust. Peer support groups can also provide a protective factor for new mothers. Peer support groups can provide new mothers with a way of connecting with other mothers experiencing PPD (Keefe et al., 2016).

PART 3: THEORIES OF PREVENTION
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Theory of Planned Behavior

The theory of planned behavior (TPB) assesses the relationship between an individual's beliefs, attitudes, goals, behavior, and ability to influence the behavior (National Cancer Institute, 2005). TPB has been effectively used to explain different health behaviors such as smoking, alcohol consumption, utilization of health services, and breastfeeding. TPB consist of six concepts that explain an individual's ability to control their behavior. These concepts include attitude, behavioral intention, subjective norms, social norms, perceived power, and perceived behavioral control (LaMorte, 2019). PPD is shown to produce lower rates of breastfeeding, reduced maternal and infant attachment, and the likelihood of infants showing developmental delays. Untreated PPD can have negative effects on the mother's health and contribute to sleeping, feeding, and behavioral issues in the infant (Bauman, Ko, Cox, D'Angelo, Warner, Folger, Tevendale, Coy, Harrison, Barfield, & D'Angelo, 2020).

Community Organization

The theory of community organization empowers groups within a community to identify common issues and resources. Community groups also learn how to create and execute plans to

attain common goals. Community organization identifies three types of organization locality development, social planning, and social action. Locality development concentrates on developing consensus and ability among the identified group. Social planning emphasizes the ability to address common issues. Social action addresses social injustices and the community's ability to address and change common issues (National Cancer Institute, 2005). New mothers experiencing PPD do not always pursue mental health services and those who do often discover that these services are inappropriate or ineffective. Minority mothers often believe that the depression they experience is a normal part of motherhood and will refrain from seeking help. Their situations are often complicated by poverty, unemployment, or underemployment, being a single parent, reduced access to resources, and neighborhoods that are considered unsafe (Keefe et al., 2016).

Family Foundations

Family foundations (FF) are a proven/promising intervention that supports new parents as they learn to navigate the stress associated with new parenthood by improving support and co-parenting relationships. FF consist of eight prenatal and postnatal classes for new mothers. FF uses a skill-based application and interaction to improve the co-parenting relationship. The quality of a co-parenting relationship has been shown to influence positive outcomes associated with the mother and child (Promising Practices Network, 2014).

Nurse-Family Partnership

The nurse family partnership is a proven intervention that offers home visits with a registered nurse to new mothers. These visits begin during the new mother's pregnancy and will continue until the child's second birthday. This intervention consists of three goals. First, to

enhance the outcomes of pregnancy by identifying health-related behaviors. Second, promote competent parenting to enhance child health, development, and safety. Third, encourage pregnancy planning, educational goals, and employment opportunities to improve the new parent's life-course. The nurse family partnership has two secondary goals including connecting new parents to the health and social services and improving supportive relationships between new mothers, families, and friends. This intervention encompasses the theories of human ecology, human attachment, and the theory of self-efficacy (Promising Practices Network, 2014).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS
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In the United States, it is estimated that 10-15% of new mothers will experience PPD. This rate is higher among minority mothers. During early postpartum periods, 21-53% of Mexican American mothers experience depressive symptoms. Children born to mothers experiencing depressive symptoms are more likely to have an increased risk of behavioral, cognitive, and social problems. PPD in new mothers has negative health effects on infants including colic, sleep, lower weight gain, and increased physical health issues. The use of culturally informed interventions has shown to help lessen the effects that PPD has on both new mothers and their infants. Protective factors for Mexican American mothers include strong cultural values along with family and social support (Gress-Smith, Luecken, Lemery-Chalfant, & Howe, 2012).

The rates of PPD among marginalized populations are considerably higher when compared to white middle-class women in the United States. PPD can contribute to negative effects in both mother and infant including physical health outcomes, mother-infant bonding, and adverse child educational consequences. New mothers experiencing PPD are at an increased risk for reduced self-efficacy, a sense of self-worth, and feelings of sadness, worthlessness, and incompetence. Environmental issues such as access to prenatal care, family planning services, racial discrimination, and pay inequalities impact PPD among marginalized populations. When working with new mothers of marginalized groups, practitioners should understand how poverty, race, culture, and abuse contribute to PPD symptoms. Effective interventions include cultural humility and culturally responsive care for marginalized groups experiencing PPD (Maxwell, Robinson, & Rogers, 2019).

Increase Cultural Relevance

Cultural relevance can be increased by including the target population in the planning, implementation, and evaluation of PPD. Creation of an advisory committee that consists of marginalized new mothers who can discuss the concerns and unique issues that they experience following childbirth. Second, cultural relevance can be increased by addressing larger systems that contribute to injustices and disparities by challenging institutional barriers and policies to reduce oppression and racism. Third, cultural relevance can be increased by using prevention programs that build on strengths, social support, and encourage empowerment (Vera & Kenny, 2013).

Ethical Considerations

Stakeholders

Regular dialogue with stakeholders is crucial in prevention programs. Stakeholders should be regularly updated about the prevention program at the beginning, the half-way point, and the conclusion of the program. Updating stakeholders ensure a focus on preventing issues and encouraging positive and practical behaviors when developing prevention programs (Hage & Romano, 2013).

Informed Consent

The process of obtaining informed consent can be more challenging for prevention programs due to the number of individuals and systems participating. Obtaining consent from stakeholders is also important. Obtaining informed consent ensures individuals maintain autonomous involvement (Hage & Romano, 2013).

Confidentiality

The process of ensuring confidentiality can be complicated by using groups or community members. Issues for confidentiality include discussions covering sensitive topics and resources. Practitioners should explain any potential risk to confidentiality for the participants. This allows participants to make an informed decision about whether they should participate in the prevention program (Hage & Romano, 2013).

PART 5: ADVOCACY
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Institutional Level

One barrier that prevents minority women from accessing services at an institutional level is fear due to perceived discrimination and lack of confidentiality. Minority women are less likely to seek social services due to the fear that their children will be removed from their care (Baffour, Jones, Contreras, Baffour, Jones, & Contreras, 2006). An advocacy action that addresses this barrier includes bridging the gap between minority women and professional providers by encouraging the building of a professional relationship between minority women and health care providers. By developing a "sister-friend" relationship health care providers can reassure minority women that they can safely and confidentially accept services and be provided with a more informal linkage to available resources at an institutional level (Baffour et al., 2006).

Community Level

At a community level, barriers that prevent minority women from accessing services include lack of providers in inner-city and rural communities and the inability to pay for services due to lower-income and lack of health insurance. As of 2018, the uninsured rate among the African American population was 9.7% compared to 5.4% among the white population. Among African American populations 55% use private health insurance and 41.2% were enrolled in Medicaid or other public health insurance. Health Care premiums are almost 20% of their average household income (Taylor, 2019). An advocacy action that addresses this barrier includes increasing funding for community-based health care settings that provide culturally appropriate care by culturally competent providers. Providers should provide care that is familiar to the community, trustworthy, knowledgeable, and nonjudgmental (Muvuka, Combs, Ayangeakaa, Wendel, 2020).

Public Policy Level

       The lack of legislation related to PPD is a barrier that should be addressed when discussing minority women who experience PPD. Sixteen states have either passed legislation or have legislation pending that address PPD (Pirog & Good, 2013). Colorado is not one of these states. One advocacy action that could address this problem is creating legislation similar to the New Jersey Postpartum Depression Law of 2006. This law requires physicians, nurse midwives, and licensed health care providers to screen and educate pregnant women, new mothers, and their families about PPD. The American Academy of Pediatrics' Committee on the Psychosocial Aspects of Child and Family Development also encourages Pediatricians to include information and screening into well-child visits. This would benefit minority women in both identifying PPD symptoms and obtaining education about PPD as their pediatrician is most likely to be the one interacting with both newborn and new mothers during the first month of the newborn's life. (Pirog & Good, 2013).

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