

Identifying Unmet Needs in Postpartum Depression (PPD) Care

Despite mental health conditions being common during pregnancy and postpartum, PPD is often inconsistently diagnosed^{1,2}

- PPD screening recommendations differ across professional societies³⁻⁸
- Based on state Medicaid policies, screening is recommended but not required in most US states⁹
- Screening recommendations may not be applied consistently¹

PPD is primarily treated with psychotherapy and pharmacotherapy^{10,11}

There are few pharmacotherapy options specifically indicated for PPD¹²



Antidepressants are the most commonly prescribed type of medication for PPD, but most lack a specific FDA indication for PPD¹²

The choice of medication may depend on¹²:

Breastfeeding considerations

Interactions with other medications

Disease severity

Comorbid conditions

Patient preference

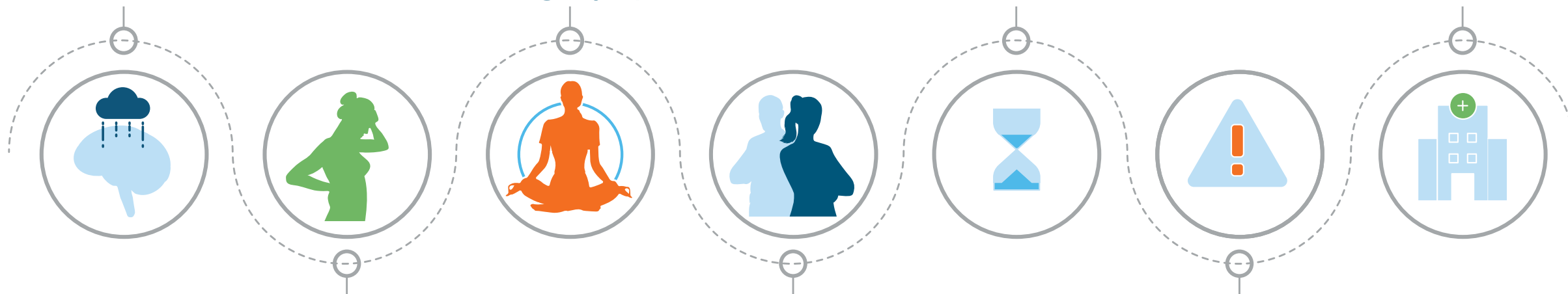
Multiple barriers may prevent or delay patients from seeking treatment for PPD^{13-15,a}

Fear of being labeled with a mental health disorder¹³

Preference to self-manage symptoms¹⁴

Time constraints¹⁵

Accessibility and proximity to mental health care¹³



Stigma¹³

Lack of partner and family support¹³

Negative beliefs about treatment dependence, instability, or safety¹⁴

Many patients with PPD may not receive any treatment¹⁶

There is an urgency to effectively treat PPD symptoms¹⁷

Delayed improvement in depressive symptoms in PPD may significantly worsen outcomes for the patient and their babies¹⁸



Chronic maternal depressive symptoms have been associated with:

- Fewer positive interactions between mothers and babies^{18,b}
- Less competency with feeding their baby^{18,b}
- Insecure infant attachment^{19,c}
- Increased behavioral problems in their children^{20,d}
- Lower vocabulary scores in their children^{20,d}

^aBased on data from a compilation of single and multi-site qualitative studies in the US and Canada from 2013-2018.¹³⁻¹⁵ ^bBased on a US study that analyzed data from mothers who gave birth to children between July 1986 and August 1991.¹⁸ ^cBased on an Australian longitudinal study.¹⁹ ^dBased on an Australian study that analyzed data from mothers and their children born between 1981 and 1984.²⁰

PPD = postpartum depression; US = United States.

1. Bauman BL, et al. *MMWR Morb Mortal Wkly Rep.* 2020;69(19):575-581. 2. Wang Z, et al. *Transl Psychiatry.* 2021;11(1):543. 3. ACOG Committee Opinion No. 757: Screening for Perinatal Depression. *Obstet Gynecol.* 2018;132(5):e208-e212. 4. Position statement on screening and treatment of mood and anxiety disorders during pregnancy and postpartum. American Psychiatric Association website. Accessed July 31, 2023. <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Screening-and-Treatment-Mood-Anxiety-Disorders-During-Pregnancy-Postpartum.pdf>. 5. Earls MF, et al. *Pediatrics.* 2010;126(5):1032-1039. 6. Reports of Reference Committees. Resolution 910. Improving Treatment and Diagnosis of Maternal Depression Through Screening and State-Based Care Coordination. 2017:352-353. American Medical Association website. Accessed July 31, 2023. <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/hod/i17-reference-committee-reports.pdf>. 7. Siu AL, et al. *JAMA.* 2016;315(4):380-387. 8. Clinical Preventive Service Recommendation, US Preventive Services Task Force (USPSTF). Depression. American Academy of Family Physicians website. Accessed July 31, 2023. <https://www.aafp.org/family-physician/patient-care/clinical-recommendations/aafp-cps/overview.html>. 9. Medicaid Policies for Caregiver and Maternal Depression Screening during Well-Child Visit by State. National Academy for State Health Policy. Accessed July 31, 2023. <https://nashp.org/maternal-depression-screening/>. 10. Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum. *Obstet Gynecol.* 2023;141(6):1232-1261. 11. Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum. *Obstet Gynecol.* 2023;141(6):1262-1288. 12. Brown JVE, et al. *Cochrane Database Syst Rev.* 2021;2(2):CD013560. 13. Bell L, et al. *Issues Ment Health Nurs.* 2016;37(9):651-659. 14. Henshaw EJ, et al. *Soc Sci Med.* 2016;160:102-110. 15. Iturralde E, et al. *BMC Pregnancy Childbirth.* 2021;21(1):512. 16. Cox EQ, et al. *J Clin Psychiatry.* 2016;77(9):1189-1200. 17. Earls MF. *Pediatrics.* 2019;143(1):e20183529. 18. Campbell SB, et al. *Dev Psychol.* 1995;31(3):349-357. 19. McMahon CA, et al. *J Child Psychol Psychiatry.* 2006;47(7):660-669. 20. Brennan PA, et al. *Dev Psychol.* 2000;36(6):759-766.



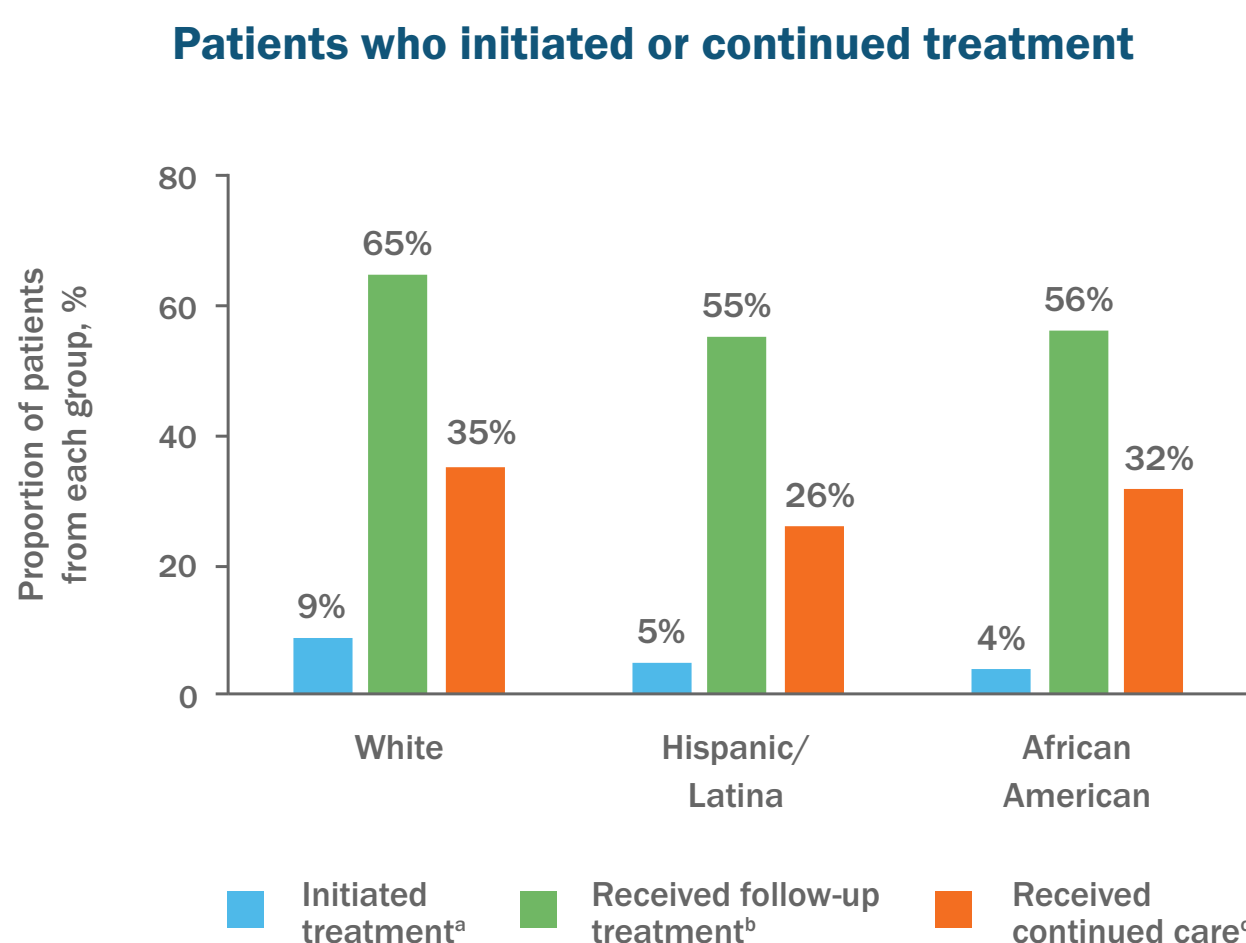
Recognizing Health Inequities in Postpartum Depression (PPD) Care

African American and Hispanic/Latina patients may be less likely to seek, initiate, or continue treatment for PPD symptoms compared to white patients¹⁻³

Studies show that African American and Hispanic/Latina women were more likely to develop and/or report PPD symptoms compared to white women¹

However, among low-income patients with PPD, African American and Hispanic/Latina patients were **less likely to initiate and continue treatment** compared to white patients³:

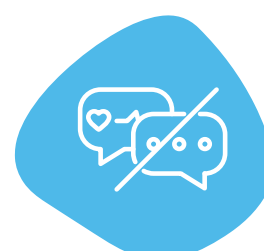
Compared to white patients with PPD symptoms:



African American and Hispanic/Latina patients with PPD symptoms were **less likely to completely trust the medical system**^{4,5}

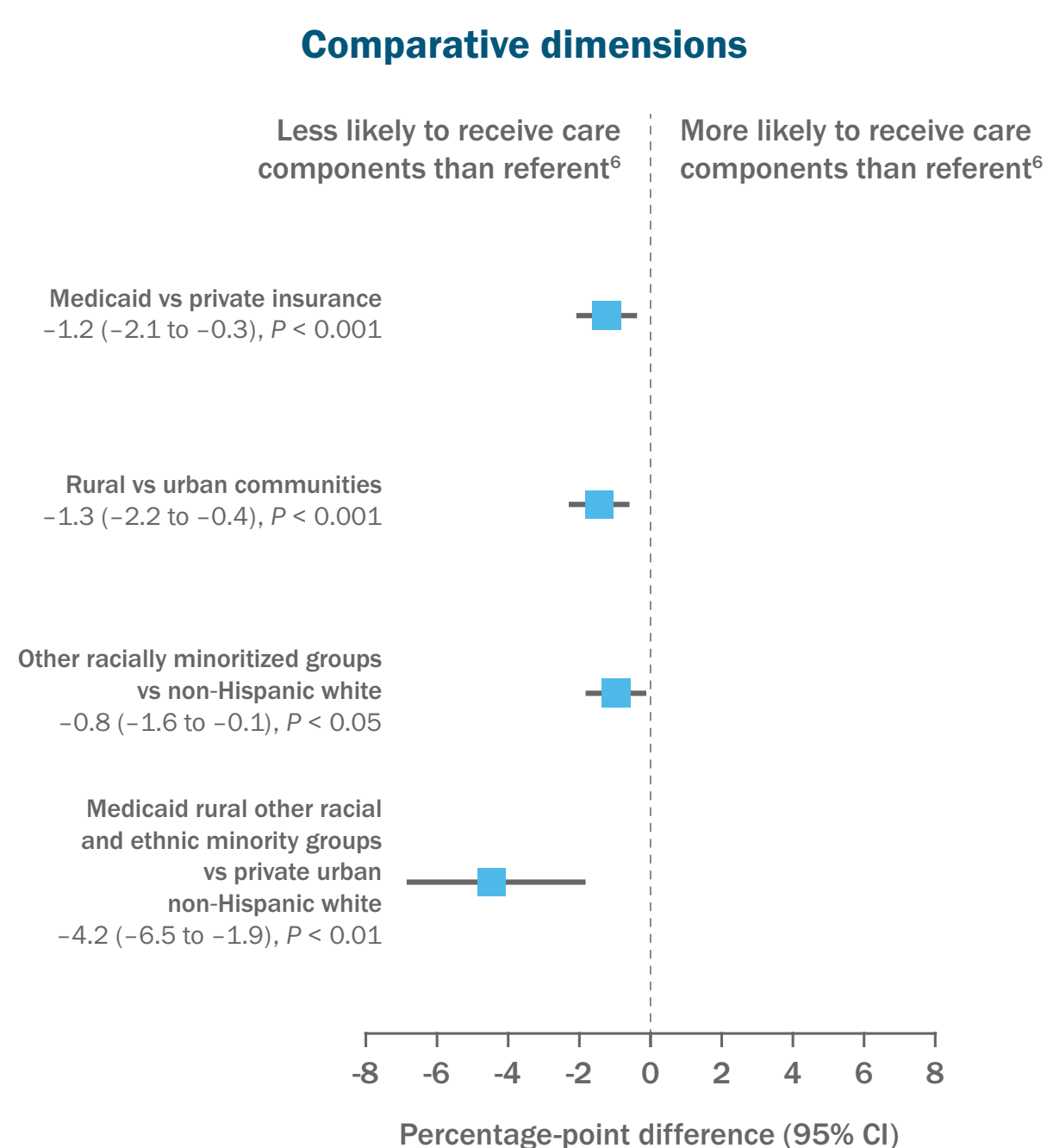


African American patients were **less likely to accept prescription medication and mental health counseling** and more likely to accept spiritual counseling for PPD treatment⁵



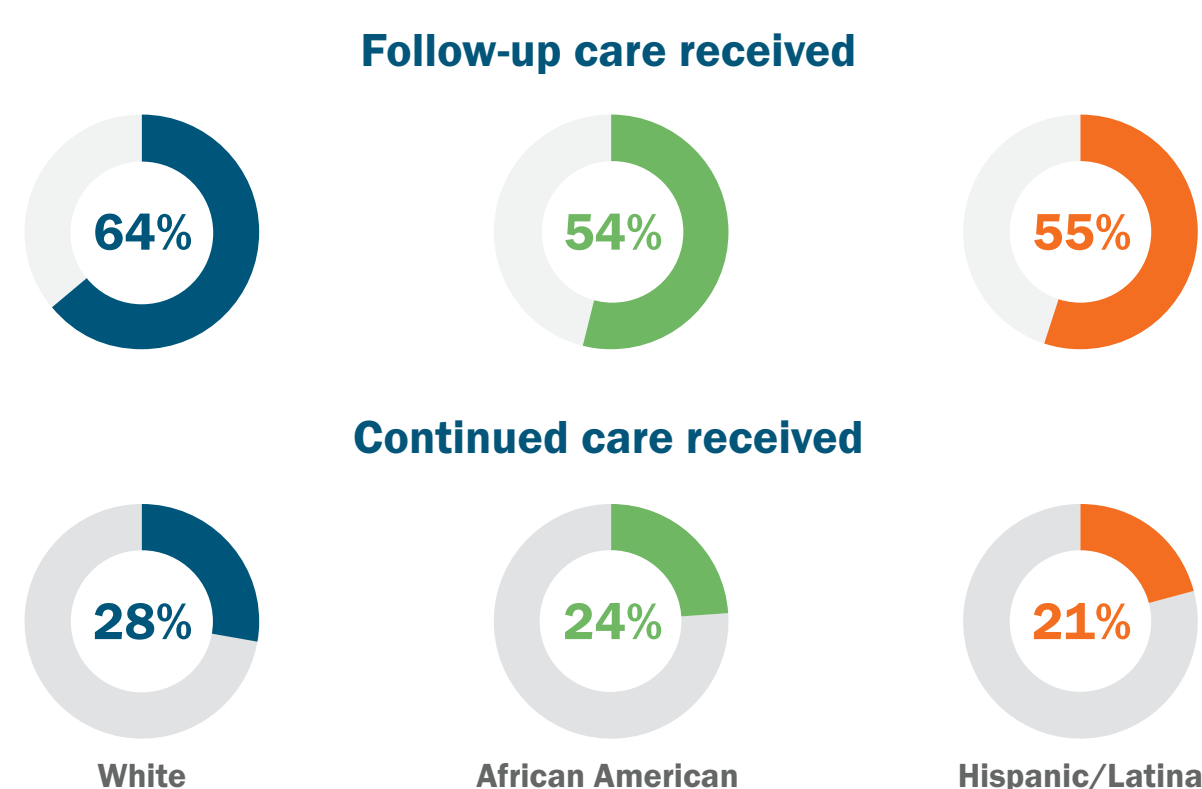
Hispanic/Latina patients were **less likely to seek mental health consultations** for PPD symptoms²

Minority individuals and those who live in rural areas and have Medicaid may be more likely to receive inadequate postpartum care, compared to those who live in urban areas and have private health insurance⁶



While receiving antenatal care, **more than 50% of patients** who screened positive for potentially having PPD were **deemed to not need additional follow-up** by a clinical social worker⁷

In women who initiate PPD care, **white women are more likely to receive follow-up and continued care** compared to African American and Hispanic/Latina women³



^aTreatment initiation was defined as antidepressant medication or outpatient mental health services in the six months after delivery.³ ^bFollow-up treatment was defined as filling an antidepressant prescription for the second time (refill) or receiving a second outpatient mental health visit.³ ^cContinued care was defined as filling a prescription for an antidepressant medication at least 3 times or having ≥3 outpatient mental health visits during the acute treatment phase.³

CI = confidence interval; PPD = postpartum depression; US = United States.

1. Cannon C, Nasrallah HA. *Ann Clin Psychiatry*. 2019;31(2):138-143. 2. Dagher RK, et al. *Arch Womens Ment Health*. 2021;24:781-791. 3. Kozhimmanil KB, et al. *Psychiatr Serv*. 2011;62(6):619-625. 4. Howell EA, et al. *Obstet Gynecol*. 2005;105(6):1442-1450. 5. Bodnar-Deren S, et al. *Matern Child Health J*. 2017;21(7):1457-1468. 6. Interrante JD, et al. *JAMA Health Forum*. 2022;3(10):e223292. 7. Mestad R, et al. *Soc Work Public Health*. 2016;31:557-564.

