

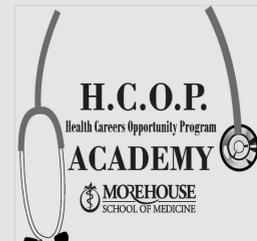
# Investigating the Relationship Between The Low Levels Of Access To Quality Care For Minority Women and Postpartum Depression

<sup>2</sup>Miriam Olajide, <sup>1</sup>Ernest Alema-Mensah, PhD

<sup>1</sup>Morehouse School of Medicine, HCOP Academy, Atlanta, 30310, United States

<sup>2</sup>Spelman College, Atlanta, 30314, United States

Miriam.olajide@spelman.edu



## Abstract

The following research will investigate the relationship between the level of access to care for minority women and postpartum depression in Georgia. The SAS software will be used to compile the data from the CDC website database NHANES. In summary, the project will fixate on how to increase access to quality care in minority women to reduce the risk of postpartum depression

## Introduction

Postpartum depression is the depression of a mother suffered after childbirth. Most often this is associated with the hormonal changes that a woman's body goes through. Postpartum depression more directly affects African American and Hispanic women, as they are more likely to get early onset postpartum depressive symptoms but little to no access to quality care.

Access to quality care is the adequacy of receiving health services to ultimately increase likelihood of desired health outcomes. The problem is many of minorities facing postpartum depression are often provided with little to no implementation to quality care. Although postpartum depression could be due to other factors aside from lack of access to quality care, awareness and prevention efforts are still needed to address both postpartum depression and quality care access.

## Objectives

The purpose of this research is to analyze the implemented care that minority women receive and the postpartum depression rates in minority women.

## Methods

Data was obtained from the National Health and Nutrition Examination Survey (NHANES). The data obtained shows the correlation between the quality of care that minority women receive and postpartum depression. Data was analyzed and presented as frequency. Analysis of survey data was done using the Statistical Analysis System (SAS)

## Results

Outcome	White	Black	Latina
Treatment initiation for postpartum depression	.07	.03	.04
Type of care initiated			
Follow-up (2nd visit or filled prescription in 120 days)	.64	.54	.55
Continued care (≥3 visits or filled prescriptions in 120 days)	.28	.24	.21

**Table 1: Bivariate Analysis: Treatment for postpartum depression and demographic variables**

shows a survey of women who have experienced postpartum depression and whether or not they have received immediate care. White women received immediate care for postpartum depression with a rate of 70%. Black and Latina women make up a smaller portion of the percentage for treatment initiation. Black and Latina women received the lowest rates of follow up or continued care after birth.

Ever been pregnant				
RPREGEVER	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1 Yes	351	3.58	351	3.58
2 No	9449	96.42	9800	100.00
Frequency Missing = 50278				

Currently pregnant				
RPREGNOW	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1 Yes	57	44.19	57	44.19
2 No	72	55.81	129	100.00
Frequency Missing = 59949				

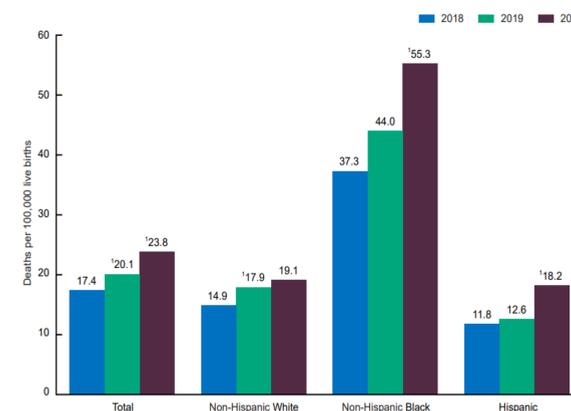
Recently pregnant				
RPREGFLYR	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1 Yes	15	46.88	15	46.88
2 No	17	53.13	32	100.00
Frequency Missing = 60046				

Pregnancy-related problem causes difficulty with activity				
RAFLHC34_	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1 Mentioned	101	70.63	101	70.63
2 Not mentioned	42	29.37	143	100.00
Frequency Missing = 59935				

Duration of pregnancy-related problem: Time unit				
RALUNIT34	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1 Day(s)	5	16.67	5	16.67
2 Week(s)	25	83.33	30	100.00
Frequency Missing = 60048				

**Table 2: Pregnancy related problems and demographics variable.**

Shows a survey of minority women who have been pregnant, are currently pregnant, or have recently been pregnant. 70% of minority women mentioned having difficulty with activity while pregnant and a staggering 83% reported pregnancy related problems in the first two weeks



**Figure 2: Maternal Mortality rates between ethnic races**

shows Non-Hispanic Black have the highest percentage of maternal mortality with a 37.3% in 2018, a 44.0% in 2019, and with 55.3% in 2020. Non-Hispanic White have the second percentage with 14.9% in 2018, 17.9 in 2019, and 19.1 in 2020. Hispanic have the third percentage with 11.8% in 2018, 12.6% in 2019, and 18.2% in 2020. In total the Maternal Mortality rates have steadily increased with 2020 being the year of highest percentage at 23.8%.

## Analysis & Discussion

Postpartum depression (PPD) perinatal depression is a serious mood disorder that creates bonding issues between a mother and her baby. This disorder can lead to future effects in a baby's mental and emotional development. PPD affects one in eight new mothers, but the risk is significantly higher for new mothers of color. (National Alliance On Mental Illness, 2022) When initial research was done on symptoms of PPD, they weren't necessarily studied on a diverse set of races. Due to this, there is a possibility that medical professionals could miss the physical symptoms present in minority women. This could be a small contribution as to why minority women are less likely to receive help during PPD.

There can be a multitude of actions to be taken to asses the problem. That is educating healthcare providers and the community of disparities that minority women may face in maternal mental health. A way to keep this continuous education is increasing diversity in the healthcare field. According to the study performed by The George Washington University Milken Institute School of Public Health, "... in 2019 about 12.1% of the entire U.S. workforce was Black, among the 10 health professions studied, Black representation ranged from 3.3% for physical therapists to 11.4% for respiratory therapists." ( GW institute of public health 2021) This lack of diversity in the healthcare field needs to be overcome to prevent the misdiagnosing of mental disorders in minority women.

## Conclusions

It can be concluded that 83% of minority women stated pregnancy related problems over a span of 2 weeks. 55.3% of black women face maternal mortality rates, making it the highest percentage. Black and Latina women make up the lowest percentage of treatment initiation after postpartum depression (0.3 or 0.4%) and the lowest percentage of follow up or continued care. In conclusion, the study demonstrates of the lack of access to quality care by minority groups and how it may correlate to postpartum depression.

## References

- Howell, E. A., Mora, P. A., Horowitz, C. R., & Leventhal, H. (2005, June). *Racial and ethnic differences in factors associated with early postpartum depressive symptoms*. *Obstetrics and gynecology*. Retrieved July 12, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4302723/>
- Kozhimannil, K. B., Trinacty, C. M., Busch, A. B., Huskamp, H. A., & Adams, A. S. (2011, June). *Racial and ethnic disparities in postpartum depression care among low-income women*. *Psychiatric services* (Washington, D.C.). Retrieved July 12, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3733216/>
- Addressing the increased risk of postpartum depression for black women*. NAMI. (n.d.). Retrieved July 12, 2022, from <https://www.nami.org/Blogs/NAMI-Blog/July-2021/Addressing-the-Increased-Risk-of-Postpartum-Depression-for-Black-Women>
- New Study finds severe lack of diversity in the health care workforce*. GW Today. (2021, March 30). Retrieved July 12, 2022, from <https://gwtoday.gwu.edu/new-study-finds-severe-lack-diversity-health-care-workforce>

## Acknowledgments

I would like to thank Dr. Alema-Mensah, Dr.Lockhart, Ms.Mattison, the HCOP Staff and the entire HCOP cohort for a great summer learning experience!