



Overcoming Barriers to Perinatal Depression Treatment

Nancy Byatt, D.O., M.B.A.¹, Kathleen Biebel, Ph.D.¹, Liz Friedman, M.A.², Gifty Debordes-Jackson, M.A.¹, Jeroan Allison, M.D., M.S.¹, & Douglas Ziedonis, M.D., M.P.H.¹,

¹ University of Massachusetts Medical School, Department of Psychiatry ² MotherWoman, Inc.

Background

- Untreated perinatal depression is common¹ and has deleterious effects on mother, fetus/child and family^{2,3}
- Despite effective evidence-based treatment for perinatal depression, the majority of women do not get treatment⁴
- Obstetricians have not traditionally identified and/or responded to the mental health needs of perinatal women⁵
- While the majority of obstetric providers want to address depression,^{6,7} fear of liability, discomfort, and lack of knowledge/resources present barriers⁸
- These barriers are magnified by stigma, fear, and discomfort among mothers⁹
- Implementing supports for perinatal women within the traditional medical model poses many challenges to mental health and obstetric providers

Methods

Participants

- MotherWoman is a community-based organization dedicated to preventing and treating perinatal depression
- Four focus groups with MotherWoman clients, 3 months – 3 years postpartum who self-identified as having experienced perinatal depression or emotional crisis

Data collection

- Focus group probes targeted perceptions of the best practices to engage perinatal women in depression treatment and potential strategies for change
- Investigators met after each group to record observations and review verbatim notes
- Participants received gift cards for their participation

Data analysis

- Transcripts were reviewed, segmented, and coded by investigators using an iterative, constant-comparative process to identify emerging themes and recurrent patterns
- Inter-rater reliability of more than 90% was achieved by two investigators comparing randomly selected coded pages from focus group notes

Discussion

- Despite barriers, numerous facilitators to treatment were identified
- Supporting women's mental health during the perinatal time period should ideally be done in both the medical setting and community
- Supporting the mental health of perinatal women is a fundamental challenge with multiple opportunities for intervention and education
- Strategies to address perinatal depression include
 1. Training OB/Gyn and mental health providers in the detection, screening and management of perinatal depression
 2. Utilize the perinatal care setting to engage women in treatment by destigmatizing perinatal depression and providing flexible and timely referrals for mental health treatment
 3. Create flexible treatment options that go beyond medication management and emphasize psychosocial support during transition to motherhood

Results will

- Contribute to understanding the barriers and facilitators perinatal women experience when trying to access depression treatment
- Provide preliminary guidelines for the development of strategies to engage perinatal women in depression treatment in perinatal care settings
- Inform the development of interventions aimed to integrate depression and perinatal care

References

1. Gavin, N.I., et al., Perinatal Depression: a systematic review of prevalence and incidence. *Obstet Gynecol*, 2005, 106 (5):1071-83.
2. Zuckerman, B., et al., Depressive symptoms during pregnancy: relationship to poor health behaviors. *American Journal of Obstetrics and Gynecology*, 1989, 160 (5): 1107-11.
3. Salek-Pirfan, S.I., and Saccazzella, L.V., Implications of timing of maternal depressive symptoms for early cognitive and language development. *Clin Child Fam Psychol Rev*, 2006, 9 (1): 65-83.
4. Smith, W.V., et al., Success of mental health referral among pregnancy and postpartum women with psychiatric distress. *General Hospital Psychiatry*, 2009 31(2): 155-62.
5. Rothman, J.M., Managing perinatal mental health disorders effectively: Identifying the necessary components of service provision and delivery. *Psychiatry Bulletin*, 2008, 32:133-53.
6. Thomas Lettman, J.A., Dauber, S.E., Hasler, K., Paulson, J.P., Primary care physicians' beliefs and practices toward maternal depression. *J Women's Health (Larchmont)* 2006; 17:1483-90.
7. N. Saath, B., Jackson, E., West, S., Goyines, B., Survey of characteristics and treatment preferences for physicians treating postpartum depression in the general medical setting. *Community Ment Health J* 2008;44:47-56.
8. Biebel, K., Biebel, K., Landrau, K., Moore, S., Jackson, E., Debordes-Jackson, G., Ziedonis, D., Patient, Provider and System-level Barriers and Facilitators to Addressing Perinatal Depression: Perspective of Obstetric Providers and Support Staff. *Journal of Reproductive and Infant Psychology*. In Press.
9. Dennis, C.L., Chung-Lee, L., Postpartum depression help-seeking barriers and maternal treatment preferences: a qualitative systematic review. *Birth*, 2006, 33(1): 9-16.

Barriers and Facilitators to Perinatal Depression Treatment

Engage Obstetricians in Addressing Perinatal Depression

- Identify mental health as a critical concern worth addressing
- Acknowledge mental health fits within goals of healthy mother and baby

Provide a Support Network with Various Resources

- Provide flexible and varied referral options, recognizing that not all women want medications
- Support women in their transition to motherhood by addressing both mental health and obstetric concerns



Make systems-level changes that help women and their providers address perinatal depression

- Identify interventions that close clinical gaps in depression care including screening protocols, referral and resource guides, and provisions to ensure access to mental health care.

Women Experience Many Barriers to Accessing Care

- Women have many fears including concerns about losing parental rights, stigma, and involuntary psychiatric hospitalization
- Women perceive that perinatal care providers lack skills and knowledge regarding depression care
 - ❖ not sensitive or interested
 - ❖ often unable to recognize postpartum depression
 - ❖ judgmental
- Mothers unable to admit they cannot “do it all” due to shame and guilt

Integrate the prevention, detection and management of depression into perinatal care

- Develop screening processes and infrastructure to prevent and manage depression - examples include:
 - ❖ Provider trainings for all medical providers who encounter perinatal women
 - ❖ Prepare women through education; begin in first trimester and continue through the postpartum period
 - ❖ Create supportive environments in which women can trust trained providers