Reducing Health Disparities in Perinatal Mental Health

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Introduction & Background

- **Health Disparity Definition**: A health disparity is a preventable difference in health outcomes between groups that stems from social, economic, and environmental disadvantages (Braveman, 2014).
- **Perinatal mental health disorders** are the most common complication of pregnancy, affecting **15-20% of birthing people** (Guintivano et al., 2018).
- Mental health conditions contribute to **over 20% of maternal deaths**, making them the leading cause of **maternal mortality in the postpartum period** (CDC, 2022).
- **Black and Indigenous women** have **2-3x higher maternal mortality rates** compared to White women (Howell et al., 2018).
- Despite the high burden of illness, **more than half of those affected do not receive treatment** (Ko et al., 2020).

Citation:
•Guintivano, J., et al. (2018). *Current Psychiatry Reports, 20*(9), 76.
•CDC. (2022). Maternal mortality and morbidity. www.cdc.gov
•Howell, E. A., et al. (2018). *Obstetrics & Gynecology, 131*(2), 318-326.
•Ko, J. Y., et al. (2020). *JAMA Network Open, 3*(6), e208393.

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Goals For Today

1. Define **perinatal mental health disorders** and their impact.
2. Examine **racial, socioeconomic, and geographic disparities** in perinatal mental health care.
3. Identify **structural and systemic barriers** in diagnosis, treatment, and access to care.
4. Discuss **evidence-based strategies to improve equitable care** for perinatal mental health.

What is Perinatal Mental Health?

- **Perinatal period**: Covers pregnancy through **one year postpartum** (O'Hara & Wisner, 2014).
- **Includes**:
  - **Depressive disorders** (major depressive disorder with perinatal onset, persistent depressive disorder).
  - **Anxiety disorders** (generalized anxiety disorder, panic disorder, OCD).
  - **Trauma-related disorders** (perinatal PTSD, birth trauma).
  - **Psychotic disorders** (postpartum psychosis, schizophrenia, bipolar disorder).
- **Key concern:** Symptoms often go unrecognized by providers due to focus on physical health outcomes.

O'Hara, M. W., & Wisner, K. L. (2014). *Acta Psychiatrica Scandinavica, 129*(5), 318-325.

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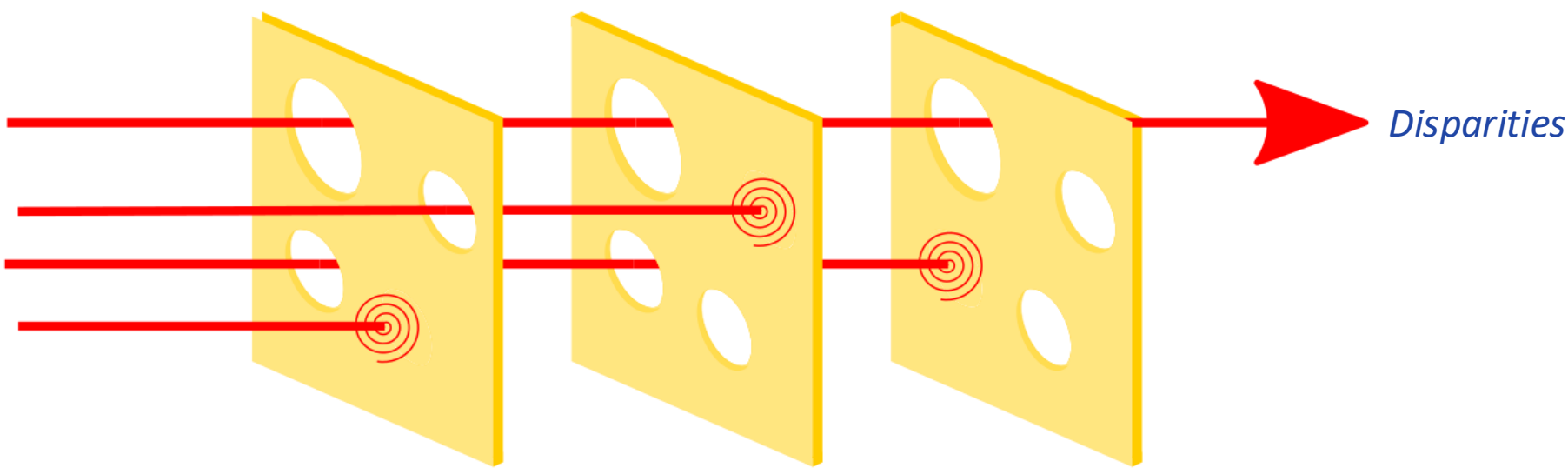
Swiss Cheese Model of Healthcare

Social/Environment factors
- Poverty
- Sexism
- Violence
- Availability of services

Individual factors
- Genetics
- Personality
- Stress response

Healthcare factors
- Screening availability
- Treatment availability
- Care design



Sujan AC, Nance N, Quesenberry C, Ridout K, Bhalala M, Avalos LA. Racial and ethnic differences in perinatal depression and anxiety. *J Affect Disord*. 2023;334:297-301. doi:10.1016/j.jad.2023.04.123

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Prevalence of Perinatal Mental Health

- **Perinatal Depression: 14-20% of postpartum women** develop postpartum depression (Wisner et al., 2013).
- **Black women experience PPD at nearly twice the rate** of White women but receive treatment at lower rates (Bailey et al., 2017).
- **Perinatal Anxiety Disorders:** Affect **up to 15%** of pregnant women (Fairbrother et al., 2016).
- **Perinatal PTSD:** 3-6% of women experience **birth trauma-related PTSD** (Yildiz et al., 2017).
- **Postpartum Psychosis:** Rare (1-2 per 1,000 births), but **50% risk of suicide or infanticide if untreated** (Bergink et al., 2016).

Wisner, K. L., et al. (2013). *JAMA, 310*(17), 1781-1791.Bailey, R. K., et al. (2017). *Journal of the National Medical Association, 109*(1), 48-54.Fairbrother, N., et al. (2016). *Journal of Affective Disorders, 192*, 101-109.Yildiz, P. D., et al. (2017). *Journal of Affective Disorders, 208*, 634-645.Bergink, V., et al. (2016). *American Journal of Psychiatry, 173*(12), 1179-1188.

Women's Mental Health

Women pre-pregnancy already have disparities in mental health

- 20% of women suffer from a mental health disorder
- Women are **2x as likely** to develop depression, PTSD or anxiety compared to men
- Women of color **less likely** to receive an eating disorder diagnosis
- **Higher risk of depression and anxiety** in non-Hispanic Black people

Existing disparities and factors influence treatment-seeking behaviors and presentation

- Asian populations less likely to report mental health symptoms
- Black populations' history with healthcare has led to mistrust of the system
- Native populations have the highest rates of PTSD due to intergenerational trauma, violence and systemic oppression
- Immigrant patients face language barriers, insurance barriers and fear of deportation
- LGBT women less likely to seek mental health care due to fear of discrimination

Sujan AC, Nance N, Quesenberry C, Ridout K, Bhalala M, Avalos LA. Racial and ethnic differences in perinatal depression and anxiety. *J Affect Disord*. 2023;334:297-301. doi:10.1016/j.jad.2023.04.123

Background of Disparities in Women

- Women earn less money and **have a 50% higher poverty rate**
- **More likely to be victims of violence**, including sexual and physical violence
- Female caregivers **spend 50% more time** caregiving than male caregivers, limiting time and support for treatment
- Women receive **more diagnoses for depression** than men, even for identical symptoms, and are prescribed more medications than men

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Racial & Ethnic Disparities

- **Women pre-pregnancy already have disparities in mental health**
  - Higher risk of depression and anxiety in non-Hispanic Black people
  - Cultural factors influence treatment-seeking behaviors and presentation
- **Black women are 50% less likely** than White women to receive treatment for perinatal mental health disorders (Howell et al., 2005).
- **Indigenous women have the highest rates of perinatal depression** but among the lowest access to treatment (Le et al., 2020).
- **Hispanic women have higher rates of postpartum anxiety** but are **less likely to be screened** (Grote et al., 2017).
- **Structural racism in healthcare** contributes to disparities in access and quality of mental health care.
- Implicit bias affects screening and treatment (Hall et al., 2015).Black women more likely to be labeled “noncompliant” rather than “in need of care” (Green et al., 2018).

Howell, E. A., et al. (2005). *Obstetrics & Gynecology, 105*(6), 1442-1450.Le, H. N., et al. (2020). *Journal of Racial and Ethnic Health Disparities, 7*(1), 98-107.Grote, N. K., et al. (2017). *Psychiatric Services, 60*(3), 313-321.

Socioeconomic Disparities

- **Medicaid covers 43% of all U.S. births** but only provides **60 days of postpartum coverage in many states** (Daw et al., 2020).
- **Rural women have 60% fewer perinatal mental health providers** than urban women (Ziller et al., 2019).
- **Housing instability, food insecurity, lack of paid leave** contribute to stress and depression (Slopen et al., 2016). Intimate partner violence increases risk (Lipsky & Caetano, 2007).
- **In states that have criminalized or banned abortion,** women of reproductive age report increased mental distress

Daw, J. R., et al. (2020). *Health Affairs, 39*(1), 85-93.Ziller, E. C., et al. (2019). *American Journal of Public Health, 109*(9), 1200-1208.
Thornburg B, Kennedy-Hendricks A, Rosen JD, Eisenberg MD. Anxiety and Depression Symptoms After the *Dobbs* Abortion Decision. *JAMA.* 2024;331(4):294–301. doi:10.1001/jama.2023.25599

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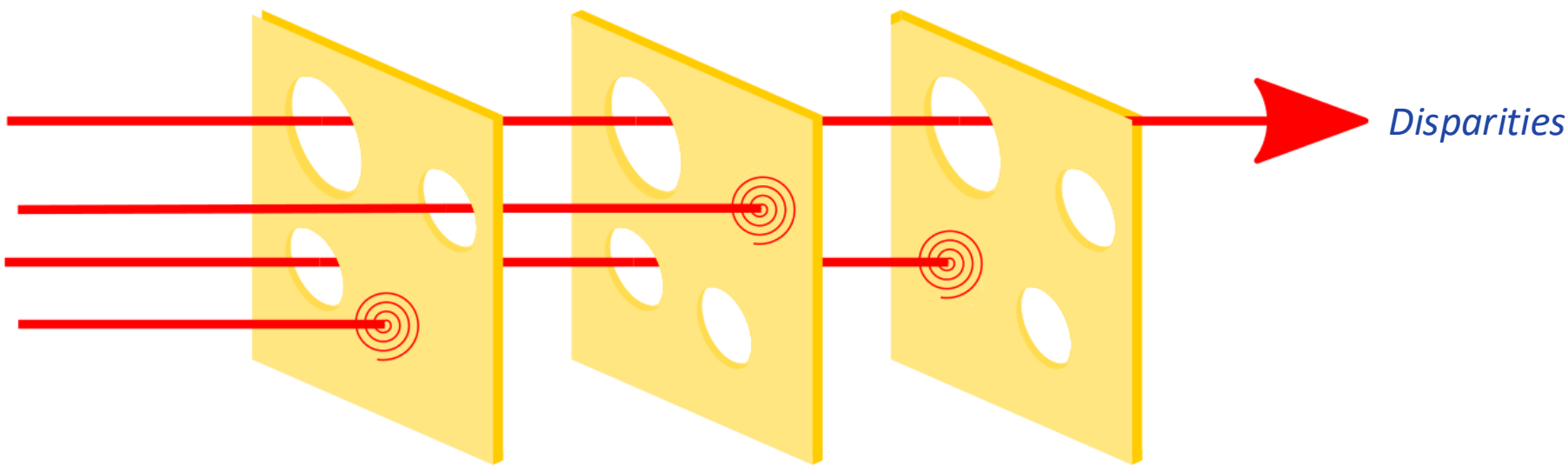

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Equitable Perinatal Mental Health Care

- Policy improvements
- Community-based interventions
- Provider-level solutions

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Policy & Advocacy Solutions

- **Expanding Medicaid postpartum coverage to 12 months**. Currently, **only 36 states have adopted this policy**, leaving millions of new mothers without coverage after 60 days postpartum (KFF, 2023).
- **Mandating perinatal mental health screenings at OB visits**. Studies show that **routine screening increases diagnosis rates by 30%** and leads to earlier interventions (ACOG, 2018).
- **Funding community-based maternal mental health programs**. Investment in perinatal mental health programs can lead to a **$3.60 return in economic benefits for every $1 spent**, reducing long-term healthcare costs (Chisholm et al., 2016).
- **Tracking maternal health statistics** (mortality, mental health disorders, etc.) can help develop policies

•Kaiser Family Foundation (KFF). (2023). Medicaid Postpartum Coverage Extension Tracker. *www.kff.org*
•American College of Obstetricians and Gynecologists (ACOG). (2018). *Obstetrics & Gynecology, 132*(5), e208-e212.
•Chisholm, D., et al. (2016). Scaling-up treatment of perinatal depression and anxiety: A cost-effectiveness analysis. *The Lancet Psychiatry, 3*(1), 15-23.

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Community-Based Interventions

- **Peer-led support groups improve outcomes**. Studies show that **women who participate in peer support groups have a 40% greater reduction in depressive symptoms** than those receiving standard care alone (Dennis & Hodnett, 2007).
- **Culturally tailored interventions increase engagement**. Community-based programs tailored to racial and ethnic minority groups **increase participation rates by up to 50%** compared to generic mental health interventions (Alvidrez et al., 2019).
- **Integrating mental health into prenatal and postnatal care improves adherence**. Women receiving integrated behavioral health services during OB visits are **twice as likely to follow through with mental health treatment** compared to those referred to external providers (Byatt et al., 2015).
- **Perinatal psychiatry access lines improve outcomes too!**

•Dennis, C. L., & Hodnett, E. (2007). Psychosocial and psychological interventions for treating postpartum depression. *Cochrane Database of Systematic Reviews, 4*, CD006116.
•Alvidrez, J., et al. (2019). The impact of culturally tailored mental health interventions for racial/ethnic minority populations. *Psychiatric Services, 70*(1), 49-58.
•Byatt, N., et al. (2015). Enhancing participation in depression care in outpatient obstetric settings. *Journal of Women's Health, 24*(10), 831-840.

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The Role of the Access Line

Increase Provider Confidence & Screening Rates

- OB/GYNs using access lines are **40% more likely to screen for perinatal mood and anxiety disorders**
- Providers report **improved confidence in managing perinatal mental health conditions** after consulting with access line psychiatrists.

Reduce Treatment Delays

- Access line referrals reduce time to treatment from **3-6 months to under 2 weeks**
- **Early intervention prevents worsening depression, anxiety, and suicide risk**.

Improve Treatment Engagement

- Women referred through perinatal access lines are **35% more likely to receive appropriate medication or therapy referrals**
- **Twice as likely to follow through with treatment** compared to standard OB/GYN referrals.

Enhance Maternal & Infant Outcomes

- Early psychiatric intervention reduces the severity of perinatal depression and anxiety.
- Linked to **lower preterm birth rates, better infant health, and stronger maternal-infant bonding**

•Byatt, N., et al. (2018). Enhancing perinatal depression treatment through provider education and collaborative care. *Psychiatric Services, 69*(12), 1229-1232.
•Byatt, N., et al. (2020). Impact of a perinatal psychiatric access program on treatment engagement. *Journal of Women's Health, 29*(3), 321-328.
•Kimmel, M. C., et al. (2021). Reducing treatment delays for perinatal mood and anxiety disorders: The role of psychiatric access programs. *Maternal and Child Health Journal, 25*(4), 679-686.
•Kozhimannil, K. B., et al. (2016). Integrating perinatal mental health care into primary care settings. *Journal of Perinatal & Neonatal Nursing, 30*(2), 134-145.

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Provider-Level Solutions

Routine Mental Health Screening & Early Identification

- Implement **universal perinatal mental health screening** at **every** prenatal and postpartum visit.
- Screen for **PTSD, birth trauma, and bipolar disorder**, not just depression.
- Recognize that **somatic symptoms (fatigue, GI distress, headaches, pain)** can indicate underlying mental illness.

Improving Diagnosis & Treatment

- Learn **psychotropic medication safety** in pregnancy and lactation to avoid unnecessary discontinuation
- Use **validated clinical pathways** to differentiate perinatal depression from **bipolar disorder or postpartum psychosis**.
- Consult **perinatal psychiatry access lines** for complex cases.

American College of Obstetricians and Gynecologists (ACOG). (2018). Screening for perinatal depression. *Obstetrics & Gynecology, 132*(5), e208-e212.
Grote, N. K., et al. (2017). Culturally relevant interventions for perinatal depression. *Psychiatric Services, 60*(3), 313-321.
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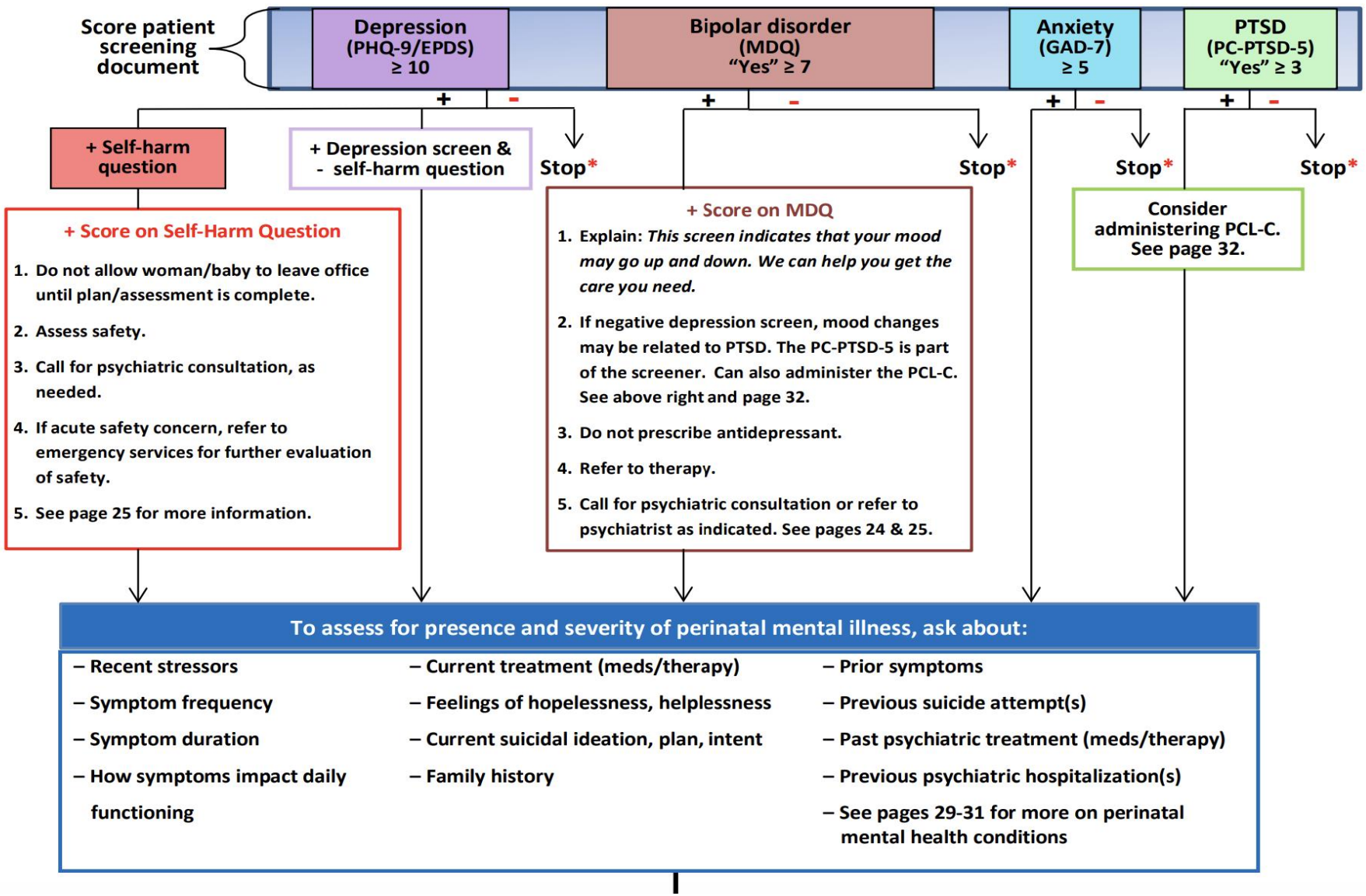
Screening

Lifeline for moms

Assessing Perinatal Mental Health



Provider-Level Solutions

Strengthening Referral Networks & Care Coordination

- Build **referral partnerships** with perinatal psychiatrists and therapists.
- Implement **Collaborative Care Models** where OB/GYNs co-manage patients with mental health specialists.
- Use **telepsychiatry** to **reduce access barriers** (especially in rural areas).

Addressing Provider Bias & Cultural Competency

- Black and Latina women are **50% less likely to receive treatment** despite equal symptom severity
- OB/GYNs should receive **training in culturally competent communication** and address **historical mistrust in medicine**.
- Offer **language-accessible care** and integrate **doulas or patient navigators** to improve engagement.

Expanding Postpartum Care Beyond the 6-Week Visit

- Shift toward **ongoing postpartum mental health monitoring** instead of a **single 6-week checkup** (ACOG, 2018).
- Implement **4th trimester care models** to track mental health through **12 months postpartum**.
- Advocate for **extended Medicaid postpartum mental health coverage** beyond 60 days.

•American College of Obstetricians and Gynecologists (ACOG). (2018). Screening for perinatal depression. *Obstetrics & Gynecology, 132*(5), e208-e212.
•Grote, N. K., et al. (2017). Culturally relevant interventions for perinatal depression. *Psychiatric Services, 60*(3), 313-321.
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”Under the hood” at the ACCESS line

- After you call the ACCESS line, *what happens?*
- *Access line outcomes*

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•Grote, N. K., et al. (2017). Culturally relevant interventions for perinatal depression.*Psychiatric Services, 60*(3), 313-321.
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Conclusion

- Disparities in perinatal mental health are **preventable** but require systemic change.
- **What will you change in your practice today?**

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Thank you!

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