



**Maternal Mental Health and Cultural Competency:  
The Impact on Low Income African-American Women**



**Sherry L. Payne MSN RN CNE IBCLC**



---

---

---

---

---

---

**Quote**

"Women don't become mothers in a vacuum. They live in families, extended families, cultures, and societies. At each of these levels of social connection, mothers can be protected from or made more vulnerable to depression. The social factors related to depression include the amount of help she has with her baby and other children; the amount of emotional support she receives from her partner and others around her; her socioeconomic status; and her exposure to stressful life events."

Kathleen Kendall Tackett

---

---

---

---

---

---

**Perinatal Mood Disorders**

Perinatal mental illness is a significant complication of pregnancy and the postpartum period. It consists of mood and behavior instability that occurs during pregnancy or within a year of delivery. These disorders include depression, anxiety disorders, and postpartum psychosis. Perinatal depression and anxiety are common, with prevalence rates for major and minor depression up to 15% - 20% during pregnancy and the first 3 months postpartum.

---

---

---

---

---

---

### Consequences of Perinatal Mood Disorders

Mothers with PPD can experience feelings of extreme sadness, anxiety, fatigue and thoughts of hurting themselves or their child. The condition can also interfere with their ability to care for themselves or their infant.

---

---

---

---

---

---

### Considerations for low-income mothers

"Poverty also increases the likelihood of depression, and increases the difficulties new mothers experience because it limits support, access to medical care, and access to community resources. Poor mothers often face additional stresses as they deal with uncertain income, dangerous housing or neighborhoods, and the negative effects of being at the bottom of the social strata."

Kathleen Kendall Tackett

---

---

---

---

---

---

### Kathleen Kendall Tackett

- Black women are significantly more likely to report a history of trauma than white women. For example, in a national survey of 1,581 pregnant women, black women had more lifetime post-traumatic stress disorder (PTSD) and trauma exposure than white women. When looking at current prevalence of PTSD, black women were four times more likely to have PTSD than other women in the sample. This rate did not vary by socioeconomic status and it was explained by greater trauma exposure (Seng, Kohn-Wood, McPherson, & Sperlich, 2011).

---

---

---

---

---

---

### Listening to Mothers Survey

- ▶ In the Childbirth Connection's Listening to Mothers survey, 9 percent of the total sample met full criteria for PTSD following traumatic childbirth experiences, and 18 percent of the total sample had post-traumatic stress symptoms. When these numbers were broken out by ethnicity, 26 percent of black women had post-traumatic stress symptoms following their births, compared to 18 percent for the full sample and 14 percent of Hispanic women (Beck, Gable, Sakala, & Declercq, 2011).

---

---

---

---

---

---

### Sleep Quality

- ▶ In another study of 97 black and white adults, perceived unfair treatment for both groups was associated with poorer sleep quality, more daytime fatigue, shorter sleep duration and a smaller proportion of REM. Overall, blacks had lower sleep time and poorer sleep efficiency compared to whites (Beatty et al., 2011).

---

---

---

---

---

---

### Low Birth Weight Babies

- ▶ PTSD in pregnancy can lead to a number of serious complications including low birthweight and shorter gestation. For example, in one study of 839 pregnant women, women with PTSD in pregnancy had babies that weighed an average 283 g less than babies of women without PTSD. PTSD was a stronger predictor of low birthweight for African Americans babies than it was for other babies in the sample (Seng, Low, Sperlich, Ronis, & Liberzon, 2011).

---

---

---

---

---

---

### Another Study

- ▶ A psychiatric study by Katy Backes Kozhimannil and her colleagues yielded results that concluded that, "... there were significant racial-ethnic differences in depression-related mental health care after delivery." These results outline a stark reality for women of color: they are less likely to be screened for PPD, and less likely to get treatment and receive follow-up care. The results also showed that it was more likely for treatment teams to attribute symptoms of Black and Latin women to other ailments, and not PPD.

---

---

---

---

---

---

### KKT Conclusions

- ▶ The differences in initiation and continuation of care uncovered in this study imply that a disproportionate number of black women and Latinas who suffer from postpartum depression do not receive needed services. These differences represent stark racial-ethnic disparities potentially related to outreach, detection, service provision, quality, and processes of postpartum mental health care.

---

---

---

---

---

---

### Study

- ▶ A Disease You Just Caught: Low-Income African-American mother's cultural beliefs about PPD
- ▶ Women's Healthcare, November 2014
- ▶ McClain Sampson, Jacquelynn Duron, Melissa Maldonado Torres, and Michele Davidson
- ▶ [www.npwomenshealthcare.com](http://www.npwomenshealthcare.com)

---

---

---

---

---

---

### Factors that increase the risk of PMDs

- ▶ History of depression
  - ▶ Lack of social support
  - ▶ Young maternal age
  - ▶ Low income
- Additional factors for AA mothers
- ▶ Environmental stressors
  - ▶ Physical health problems
  - ▶ Perceived racism
  - ▶ Stigma associated with mental health issues
  - ▶ Discrimination in diagnosis and treatment

Sampson, Duron, Maldonado Torres, and Davidson, 2014

---

---

---

---

---

---

---

### Differences by Race

- ▶ Rates of PPD are nearly twice as high in low income, non-white women as they are in higher income white women.
- ▶ PPD tends to go undetected and untreated in low-income African-American women
  - They are less likely to undergo screening
  - They tend to minimize or disregard symptoms
  - They are less likely to utilize the healthcare system for mental health issues

Sampson, Duron, Maldonado Torres and Davidson, 2014

---

---

---

---

---

---

---

### Barriers to Treatment

- ▶ Perceptions of illness as personal weakness
- ▶ Unwillingness to disclose negative feelings to family and friends
- ▶ Fear of separation from children
- ▶ Stigma associated with mental health issues
- ▶ Lack of health insurance coverage
- ▶ Limited access to mental health services

Sampson, Duron, Maldonado Torres and Davidson, 2014

---

---

---

---

---

---

---

### Factors that Increase PPD Treatment

- ▶ Ongoing communication with healthcare providers
- ▶ Transportation assistance
- ▶ On-site childcare
- ▶ Availability of services in obstetric setting
- ▶ Shared decision-making with healthcare providers

Sampson, Duron, Maldonado Torres and Davidson, 2014

---

---

---

---

---

---

### Emerging Themes

- ▶ Overall lack of support from healthcare providers, partners, and community
- ▶ Pervasive belief that PPD is a personal weakness
- ▶ Belief that she could lose her children
- ▶ No culturally relevant education on PPD

Sampson, Duron, Maldonado Torres and Davidson, 2014

---

---

---

---

---

---

### African-American Women and Postpartum Depression

- ▶ Cultural Factors
  - In conflict with “Strong Black Woman” persona
  - Mistrust of healthcare system
  - Stigma related to mental health issues
  - They already live with a high degree of daily stress and significant trauma
- ▶ It is estimated that about 50% of PPD cases go undiagnosed, and may be higher in this population

Robyn Broomfield, 2014

---

---

---

---

---

---

**Karra Walker, PhD Perinatal Mental Health****American College of Nurse-Midwives**

- ▶ There is a lack of research specifically dedicated to women of color and postpartum mood or anxiety disorders. The data that does exist reveals higher prevalence due to a difference in lived experiences between needs and preferences of women of color with postpartum mood disorders, and dominate culture mediated treatment.
- ▶ A 2010 nationally representative study of (n = 3,051) pregnant women determined that "non-white and Hispanic women without a history of mental health were less likely to report poor antepartum mental health". (Witt, 2010) Other studies have suggested ethnic underrepresentation in mental health research (McGuire, 2006) (Wang, 2005), less satisfaction with services received (Diala, 2001), or negative beliefs about treatment (Cooper, 2003) (Miranda, 2004) contribute to prevalence underestimates for minority women in the United States.

---

---

---

---

---

---

**Beth Simpson MSW-Cultural Considerations**

Postpartum depression among African-American women:

- ▶ 1. Is found at a higher rate than postpartum depression in Caucasian women (Howell et al., 2005).
- ▶ 2. May be a result of lack of social support and more child-related duties among other issues.
- ▶ 3. Is associated with more physical issues (back pain, tiredness, headaches) in comparison to Caucasian women (Howell et al., 2005).
- ▶ 4. Manifests itself differently than with Caucasian women (Amankwaa, 2003).
- ▶ 5. Is often treated through the use of self-talk or by confiding in family and/or friends.
- ▶ 6. Is often culturally considered a sign of weakness.

---

---

---

---

---

---

**Implications of Studies**

- ▶ Often brings about feelings of guilt as African-American women feel that they can not live up to certain cultural ideas like the "Strong Black Woman" (Amankwaa, 2003).
- ▶ Is sometimes a secret, as African-American women may sometimes fear the cultural stigma attached to depression, as well as the negative consequences of confiding in the medical community.
- ▶ As Amankwaa (2003) describes, is sometimes recognized in the African-American culture as not having faith in God, being possessed by demons, or a form of punishment for wrongdoings.
- ▶ Is generally handled better in comparison to their white counterparts (Howell et al., 2005).

---

---

---

---

---

---

### Acceptability of Treatment

"African Americans are less likely than white persons to find antidepressant medication acceptable. Hispanics are less likely to find antidepressant medication acceptable, and more likely to find counseling acceptable than white persons. Racial and ethnic differences in beliefs about treatment modalities were found, but did not explain differences in the acceptability of depression treatment. Clinicians should consider patients' cultural and social context when negotiating treatment decisions for depression." (Cooper, 2003)

---

---

---

---

---

---

### Perinatal Mood Disorders and Breastfeeding

- ▶ Exclusive breastfeeding can attenuate the effects of trauma and mental anguish
- ▶ When breastfeeding is compromised, it can exacerbate other issues
- ▶ Facilitating successful breastfeeding may be one low cost way to support maternal mental health as well as infant and maternal physical health

- Kathleen Kendall Tackett

---

---

---

---

---

---

---

### Situational Depression

Situational depression is also known as adjustment disorder, and is triggered by tragic, sad, and disquieting events or circumstances in life that cause a person to be depressed and melancholic. Unlike clinical depression, situational depression is triggered by an external stress and usually goes away once the person learns how to cope or adapt to whatever happened.

---

---

---

---

---

---

---

### **Uzazi Village**

Mission: Eliminate perinatal health disparities in low resource communities

Vision: For every family, a healthy baby;  
For every baby, a healthy village

---

---

---

---

---

---

### **Sister Doula Program**

- ▶ Women from the community being served are trained to be Perinatal Community Health Workers
- ▶ Sister Doulas provide six visits: 3 prenatal, 1 intrapartum, 2 postpartum
- ▶ Screening for mental health complications are done during prenatal history taking and both postpartum visits
- ▶ Edinburgh Postnatal Depression scale is administered by Sister Doula, and interpreted by Perinatal Nurse Educator

---

---

---

---

---

---

### **Client Follow-up**

- ▶ High scores on assessment tool are followed up by Perinatal Nurse Educator
- ▶ Clients are referred locally to Pregnancy Resource Center (agency that provides case management for PMD treatment)
- ▶ Preferred treatment modalities include; peer support groups, medication, and individual counseling/psychotherapy

---

---

---

---

---

---

### Uzazi Village Resources

- Screening of every pregnant client
- Follow up with Perinatal Nurse Educator
- Referrals to community resources
- Advocacy with Medicaid case managers
- Assistance with transportation and childcare

---

---

---

---

---

---

### Developing Resources

- Our Fall academic intern will spend a year with Uzazi Village to set up a support group that is culturally specific to low-income African-American women at risk for or diagnosed with perinatal mood disorders. This will be a peer support group that will be open to the greater Kansas City community and located in the urban core.

---

---

---

---

---

---

### Edinburgh Postnatal Depression

1. I have been able to laugh and see the funny side of things.  
0 As much as I always could 1 Not quite so much now 2 Not so much now 3 Not at all  
2. I have looked forward with enjoyment to things.  
0 A lot 1 Not at all 2 Somewhat less than I used to 2 A lot less than I used to 3 Hardly at all  
3. I have blamed myself unnecessarily when things went wrong.  
0 No, not at all 1 Hardly ever 2 Yes, sometimes 3 Yes, very often  
4. I have been anxious or worried for no good reason.  
3 Yes, often 2 Yes, sometimes 1 No, not much 0, not at all  
5. I have found it hard to relax for no good reason.  
1 Yes, often 2 Yes, sometimes 3 No, not much 0 No, not at all  
6. Things have been too much for me.  
3 Yes, most of the time 2 I haven't been coping as well as usual 1 Yes, sometimes I haven't been coping as well as usual 0 No, most of the time I have coped well 0 No, I haven't been coping as well as ever  
7. I have been so unhappy that I have had difficulty sleeping.  
3 Yes, most of the time 2 Yes, sometimes 1 Not very often 0 No, not at all  
8. I have felt sad or miserable.  
3 Yes, most of the time 2 Yes, quite often 1 Not very often 0 No, not at all  
9. I have been crying more than I have been crying lately.  
3 Yes, most of the time 2 Yes, quite often 1 Only occasionally 0 No, never  
10. The thought of harming myself has occurred to me.  
3 Yes, quite often 2 Sometimes 1 Hardly ever 0 Never
- Cox, J.L., et al. Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 1987; 150:782-786.

---

---

---

---

---

---

---

---

---

---

---

### Citations

- ▶ Amankwaa, L. C. (2003). Postpartum depression among African-American women. *Issues in Mental Health Nursing*, 24, 297-316.
- ▶ Amankwaa, L.C. (2003). Postpartum depression, culture, and African-American women. *Journal of Cultural Diversity*, 10(1), 23-29.
- ▶ Beatty, D. L., Hall, M. H., Kamarck, T. W., Buysse, D. J., Owens, J. F., Reis, S. E., Matthews, K. A. (2011). Unfair treatment is associated with poor sleep in African American and Caucasian adults: Pittsburgh SleepSCORE Project. *Health Psychology*, 30(3), 351-359.

---

---

---

---

---

---

### Citations

- ▶ Beck, C. T., Gable, R. K., Sakala, C., & Declercq, E. R. (2011). Posttraumatic stress disorder in new mothers: Results from a two-stage U.S. national survey. *Birth*, 38(3), 216-227.
- ▶ Broomfield, R. (2014). African-American Women and Postpartum Depression. *Counselor Education Master's Theses*. Paper 163.
- ▶ Cooper, L. A., Gonzales, J. J., Gallo, J. J., Rost, K. M., Meredith, L. S., Rubenstein, L. V., & Ford, D. E. (2003). The acceptability of treatment for depression among African American, Hispanic, and White primary-care patients. *Medical Care*, 41(4), 479-489.

---

---

---

---

---

---

### Citations

- ▶ Diala, C. C., Muntaner, C., Walrath, C., Nickerson, K., LaVeist, T., & Leaf, P. (2001). Racial/ethnic differences in attitudes toward seeking professional mental health services. *American Journal of Public Health*, 91(5), 805.
- ▶ Howell, E. A., Mora, P. A., Horowitz, C. R. & Leventhal, H. (2005). Racial and ethnic differences in factors associated with early postpartum depressive symptoms. *Obstetrics and Gynecology*, 105(6), 1442-1450.
- ▶ McGuire, T. G., Alegria, M., Cook, B. L., Wells, K. B., & Zaslavsky, A. M. (2006). Implementing the Institute of Medicine definition of disparities: An application to mental health care. *Health Services Research*, 41(5), 1979-2005.
- ▶ Miranda, J., & Cooper, L. A. (2004). Disparities in care for depression among primary care patients. *Journal of General Internal Medicine*, 19(2), 4.

---

---

---

---

---

---

### Citations

- ▶ Seng, J. S., Kohn-Wood, L. P., McPherson, M. D., & Sperlich, M. A. (2011). Disparity in posttraumatic stress disorder diagnosis among African American pregnant women. *Archives of Women's Mental Health*, 14(4), 295-306.
- ▶ Seng, J. S., Low, L. K., Sperlich, M. A., Ronis, D. L., & Liberzon, I. (2011). Posttraumatic stress disorder, child abuse history, birth weight, and gestational age: A prospective cohort study. *British Journal of Obstetrics & Gynecology*, 118(11), 1329-1339.
- ▶ Sampson, M., Duron, J., Maldonado Torres, M., Davidson, M. (2014). A Disease You Just Caught: low-income African-American's mothers' cultural beliefs about postpartum depression. *Nurse Practitioner Women's Healthcare*.

---

---

---

---

---

---

### Citations

- ▶ Tackett, K. (2016). Depression in New Mothers (3<sup>rd</sup> Ed.) Praeclarus Press.
- ▶ U.S. Department of Health and Human Services. (n.d.). Healthy people 2020: Determinants of health. Retrieved from <http://www.healthypeople.gov/2020/about/DOHabout.aspx>
- ▶ Wang, P. S., Berglund, P., Olfsen, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Failure and Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 603.
- ▶ Witt, W., DeLeire, T., Hagen, E., Wichmann, M., Wisk, L., Spear, H., ... Hampton, J. (2010). The prevalence and determinants of antepartum mental health problems among women in the USA: A nationally representative population-based study. *Archives of Women's Mental Health*, 13, 425-437.

---

---

---

---

---

---

### Sherry L. Payne MSN RN CNE IBCLC



- ▶ Executive Director of Uzazi Village
- ▶ [www.uzazivillage.com](http://www.uzazivillage.com)
- ▶ [sherry@uzazivillage.com](mailto:sherry@uzazivillage.com)
- ▶ [www.lactspeak.com](http://www.lactspeak.com)
- ▶ Find us on Facebook and Twitter

---

---

---

---

---

---