

University of Massachusetts Medical School

eScholarship@UMMS

Community Engagement and Research
Symposia

2011 Community Engagement and Research
Symposium

Nov 4th, 8:30 AM - 3:30 PM

Overcoming Barriers to Perinatal Depression Treatment

Nancy Byatt

University of Massachusetts Medical School

Et al.

Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/chr_symposium



Part of the [Community Health and Preventive Medicine Commons](#), [Maternal and Child Health Commons](#), and the [Psychiatry and Psychology Commons](#)

Repository Citation

Byatt N, Biebel K, Friedman L, Allison JJ, Ziedonis DM. (2011). Overcoming Barriers to Perinatal Depression Treatment. Community Engagement and Research Symposia. <https://doi.org/10.13028/3mcr-k415>. Retrieved from https://escholarship.umassmed.edu/chr_symposium/2011/posters/4

Creative Commons License



This work is licensed under a [Creative Commons Attribution-NonCommercial-Share Alike 3.0 License](#). This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Community Engagement and Research Symposia by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.



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

Barriers and Facilitators to Perinatal Depression Treatment

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, most women do not get treatment⁴
- Obstetricians have not traditionally identified and/or responded to the mental health needs of perinatal women⁵
- Caring and committed providers are frustrated and confused⁵ and mothers do not feel seen, heard or understood by their providers⁶
- Implementing supports for perinatal women within the traditional medical model poses many challenges to mental health and obstetric providers

MotherWoman supporting perinatal women

MotherWoman is a community-based grassroots organization dedicated to preventing and treating perinatal depression through an innovative organizational change approach, the Community-Based Perinatal Support Model (CPSM). This model includes:

1. Peer-led support groups for perinatal women
2. Organizational change interventions that include structured screening and referral, health care provider trainings and networks, and resource and referral guides

Methods

Participants

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. Offer training to OB/Gyn and mental health providers in the detection and screening of perinatal depression
 2. Prepare women for the postpartum period through psychoeducation and peer-support
 3. Create flexible treatment options that go beyond medication management and emphasize 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
- Inform the development of interventions that aim to integrate the treatment of perinatal depression into medical settings

References

1. Gavin NI, 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. Sohr-Preston, SI, and Sacramella LV, Implications of timing of maternal depressive symptoms for early cognitive and language development. *Child Fam Psychol Rev*, 2006. 9(1):65-83.
4. Smith MV, et al., Success of mental health referral among pregnancy and postpartum women with psychiatric distress. *General Hospital Psychiatry*, 2009 31(2):155-62.
5. Rothera IOM, Managing perinatal mental health disorders effectively: Identifying the necessary components of service provision and delivery. *Psychiatric Bulletin*, 2008. 32:131-33.
6. Dennis CL, Chung-Lee L, Postpartum depression help-seeking barriers and maternal treatment preferences; a qualitative systematic review. *Birth*, 2006. 33(1): 9-16.

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
- Recognize perinatal mental health as critical

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 medical concerns



Create flexible treatment options in a low stigma setting

- Identify interventions that fit the needs of perinatal women including peer-support groups, home-based psychotherapy, and programs where mothers can bring children

Women Experience Many Barriers to Accessing Care

- Women have many fears including concerns about losing parental rights, stigma, and involuntary psychiatric hospitalization
- Medical providers may lack skills and knowledge regarding mental health 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