Study: low-income women more likely to suffer from postpartum depression

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Poor women in Iowa are much more likely to suffer from postpartum depression than their wealthier counterparts, a new University of Iowa study shows.

In the study of 4,332 new mothers from four Iowa counties, UI psychologist Lisa Segre found that 40 percent of Iowa mothers with a household income less than $20,000 suffered from clinically significant postpartum depression. In contrast, only 13 percent of new mothers with a household income of $80,000 or more were considered clinically depressed.

The study was recently published in the journal *Social Psychiatry and Psychiatric Epidemiology*. The mothers completed the Inventory to Diagnose Depression and sociodemographic interviews in the late 1990s; on average, participants had given birth 4.6 months prior to the survey.

"Forty percent of Iowa's lowest-income mothers are facing the double burden of being depressed and being poor," said Segre, adjunct assistant professor and research scientist in psychology, a department in the College of Liberal Arts and Sciences.

"Women who are poor already have a lot of stress, ranging from poor living conditions to concerns about paying the bills. The birth of an infant can represent additional financial and emotional stress, and depression negatively impacts the woman's ability to cope with these already difficult circumstances."

In a second study on race and postpartum emotions in Iowa, Segre found that African-American mothers are more likely than white mothers to experience depressed moods immediately after giving birth, but Latina mothers are less likely to experience depressed moods.

The data came from the Iowa Barriers to Prenatal Care Project Survey, a project funded by the Iowa Department of Public Health and directed by Mary Losch at the University of Northern Iowa's Center for Social and Behavioral Research. The survey, given to mothers in the maternity wards of Iowa hospitals, asks whether they felt sad or miserable much of the time over the previous two weeks. The study, which included responses from 26,877 English-speaking mothers who completed the survey in 2001-02, was published in the Journal of Reproductive and Infant Psychology.

Segre explained: "Other research indicates that strong social support can serve as a buffer against postpartum depression, and that poor social support is a major predictor of postpartum depression. Past studies have also shown that Latina mothers tend to have more social support, while African-American women tend to have weaker support networks." Segre speculates that these ethnic differences in social support might account for racial differences in the rate of depressed moods during the postpartum period.

Considered together, the results of both studies highlight the increased risk of postpartum depression among low-income and African-American women, and the need for early identification programs. Segre and UI Psychology Professor Michael O'Hara, a co-author of the studies, are therefore taking their research to the next logical step by working to help mothers suffering from postpartum depression.

The professors partnered with Healthy Start in Des Moines -- a federally funded program that educates and supports families in areas with infant

mortality rates above the national average -- to teach caseworkers and nurses to screen new mothers for depression. After Healthy Start began screening, social service agencies across the state wanted the professors' help implementing a screening process. In two years, Segre and O'Hara have trained 31 representatives to screen new mothers for depression; in turn, the representatives trained dozens more at their agencies.

Understanding that screening for depression is only the first step toward helping the mothers, Segre and O'Hara are also implementing and evaluating a new intervention for depressed mothers participating in the Des Moines Healthy Start program: "listening visits." The visits give mildly to moderately depressed mothers an opportunity to talk through problems with a caseworker or nurse. Modeled after the United Kingdom's "health visitors," the intervention allows mothers to work collaboratively with a professional they already know and trust, removing barriers to mental health treatment like cost, waiting lists, stigma or lack of providers, Segre said.

"A listening visitor is not a trained psychologist, but sometimes just having someone take the time to sit down and take a keen interest in what's going on with your life is enough," Segre said. "I'm not saying the listening visits are the cure-all, but for mild to moderate depression, they're a good start. And even if women need more treatment beyond the listening visits, our hope is that the listening visits will serve as an ice-breaker, helping women feel more comfortable with the idea of mental health treatment."

In 2005, a British health visitor came to Iowa to teach Healthy Start staff to conduct listening visits. The staff is making more and more use of the visits, Segre said. "It's a big change from not providing any mental health care, to providing screening and referral, and then to also providing in-home listening visits," she said. "It takes a while to feel comfortable doing that."

Source: University of Iowa