

During pregnancy, minority women have higher depression risk

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A new study finds that African-American and Asian/Pacific Islander women have double the risk that others do of becoming depressed before giving birth, after adjusting for socioeconomic risk factors.

Prenatal — or antenatal — depression can have serious repercussions. Depressed women run a much higher risk of outcomes such as preeclampsia, preterm birth and fetal death. Their infants might suffer long-term emotional, cognitive and physical problems.

Previous research comparing prenatal depression rates according to ethnic background has varied. Many studies have found white women at higher risk of this illness. Fewer have shown minority women to be at especially high risk.

“Clinicians may be under the false impression that women of color have lower rates of antenatal depression. I want to highlight that race and ethnicity can be risk factors for antenatal depression,” said lead author Amelia Gavin, Ph.D., an assistant professor in the school of social work at the University of Washington.

The study appears in the March/April issue of the journal *General Hospital Psychiatry*.

Gavin said that older research might not have included fully representative samples of [minority women](#), and many studies relied on women’s self-reporting rather than using diagnostic criteria to assess depression.

The new study looked at 1,997 women, average age 31, receiving prenatal care at one university-based hospital. The researchers used a screening tool to reach a diagnosis of depression.

“There’s a public perception that antenatal depression isn’t much of a problem among women in ethnic minorities,” said Steve Dukes, M.D., department chair for obstetrics/gynecology at Winter Park Memorial Hospital in Winter Park, Fla., a multiethnic community. “When you hear about this issue in the press, you tend to hear about it in Caucasian women. We can’t forget that it happens across the board.”

Dukes said that this study did not account fully for the contribution of socioeconomic factors, but said he still found its findings provocative and said he’d like to see a larger, multicenter study.

Many minority [women](#) seek care at community health centers and emergency departments, he said, so care providers in those settings need an awareness of antenatal depression. “A pregnant woman may walk into an ER saying ‘I have headaches...I can’t sleep... I have abdominal pain.’ They won’t walk in and say ‘I have depression.’ But the complaints they mention may have [depression](#) as an underlying cause.”

More information: Gavin AR, et al. Racial differences in the prevalence of antenatal depression. *Gen Hosp Psychiatry* 33(2), 2011.

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