Study offers new insights on postpartum depression among women of color

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Health care providers and human service agencies often manage postpartum depression with formal mental health treatments and antidepressant therapies, but for new, low-income mothers of color these interventions often provide little relief from the mood disorder that sometimes follows childbirth, according to a new study led by a University at Buffalo researcher.

"These mothers need help with concrete things such as transportation, greater flexibility with their service providers and a more understanding work environment," said Robert Keefe, an associate professor in UB's School of Social Work and the paper's lead author.

The study, published in the journal *Social Work in Mental Health*, is among the first to provide first-person perspectives from African-American and Latina mothers regarding their experiences with postpartum depression and the types of formal and informal services that help manage their depression.

"Researchers have never talked to mothers of color who walked through the depression and come out the other end, to ask how they did; what would have helped? What recommendations do you have to give us?" says Keefe. "We found that a lot of things helpful to white women were not helpful to mothers of color."

Postpartum depression affects between 13 to 19 percent of all new mothers, but the rates are much higher for new mothers of color,

reaching upward of 38 percent. Yet, Keefe says, very few studies have been done on this group.

Research on postpartum depression has grown substantially since the late 1990s, but, since mostly white women had access to services, most of the research samples were drawn from this non-representative sample of the general population.

Estimates reveal that up to 60 percent of women of color don't receive services, according to Keefe. That means the research is missing a large segment of the population, he says.

"The treatment and services derived from research tended to be psychotherapeutic, which helped mothers with intact families and who had ongoing relationships with doctors," says Keefe. "But doing that kind of focused individual therapy wasn't reaching mothers from lower income groups who might not have an ongoing relationship with a primary care physician or who may not be married or coupled."

In fact, many of the treatments and services designed to help mothers were having the opposite effect.

"Without sick leave benefits, keeping a health care appointment meant missing work, but going to work meant missing health care appointments and many of these providers close cases after as few as two missed appointments," says Keefe. "What's needed here are fundamental services, like a ride to the doctor; an employer with enough compassion that if paid time-off is not an option at least there's support for having taken time off."

Keefe says the importance of church emerged as one of the most consistent responses from new mothers.

"Not so much religion, as being part of a spiritual community," he says. "Many of the churches were able to provide what these new mothers needed: they were helping them with access to services, providing rides and offering child care."

The next step for the researchers is to begin working with these churches and church leaders to reach out pregnant women and postpartum mothers in the community.

"So many of the research and intervention studies are based on white mothers," says Keefe. "We want to take these findings and educate social workers and agencies in light of the results."

Provided by University at Buffalo

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