

Depression, anxiety, and stress frequently co-occur in Black pregnant individuals: Study

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Black pregnant individuals frequently experience more than one mental health concern, according to findings published by Susan Gennaro, Ph.D., RN, FAAN, Professor in the William F. Connell School of

Nursing at Boston College, and colleagues in The Nurse Practitioner. They say prenatal screening and treatment for stress is warranted in addition to care for depression and anxiety.

"Prenatal interventions for Black people should aim to address mental health distress and treat high depression, [anxiety](#), and [stress](#)," the research group recommends.

Depression, anxiety, and stress are common in Black pregnant people and commonly co-occur

At three U.S. urban clinics, the researchers were involved in determining whether pregnant Black patients were eligible for a trial of cognitive–[behavioral therapy](#) tailored to racial/ethnic minority people. At less than 19 weeks of gestation, 452 patients ages 18 to 40 completed the Edinburgh Postnatal Depression Scale, the General Anxiety Disorders–7 Scale, and the Perceived Stress Scale.

In total, 194 patients (43%) screened positive for depression, anxiety, and/or stress:

- 19% were only depressed
- 1.5% were only anxious
- 10% were only stressed
- 3.6% were depressed and anxious
- 25% were depressed and stressed
- 8% were anxious and stressed
- 33% were depressed, anxious, and stressed

All told, then:

- 81% reported depression alone or with anxiety or stress

- 46% reported anxiety alone or with depression or stress
- 76% reported stress alone or with depression or anxiety

The findings support changes in prenatal mental health screening

National [prenatal care](#) guidelines call for screening for depression and anxiety, Dr. Gennaro and her colleagues note, but screening is far from universal.

"Screening occurs more frequently in the [postpartum period](#) than during pregnancy, and, when screened, pregnant people are less likely to receive evidence-based care than when they are postpartum. In fact, over a third of pregnant people have never received screening and these numbers are higher in minorities."

Moreover, the results of this study indicate the necessity of adding screening for stress to prenatal care, the authors say.

"While all pregnant people need to be screened, attending school and being younger were additional risk factors and may warrant further consideration for people who have borderline screening scores."

On average, screening for depression, anxiety, and stress in this study added only 10 minutes to the prenatal visit. "Screening using validated tools . . . allows focused attention to the full scope of symptomatology, which is particularly important given the overlap of some mental health symptoms, such as appetite and sleep changes, with normal physiologic adaptations to pregnancy," the researchers explain.

They add that individuals who acknowledge [self-harm](#) on question 10 of the Edinburgh Postnatal Depression Scale should immediately be

assessed further so they can be referred to the appropriate care, potentially including emergency psychiatric evaluation or social work.

More information: Susan Gennaro et al, Depression, anxiety, and stress in pregnant Black people, *The Nurse Practitioner* (2023). [DOI: 10.1097/01.NPR.00000000000000117](https://doi.org/10.1097/01.NPR.00000000000000117)

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